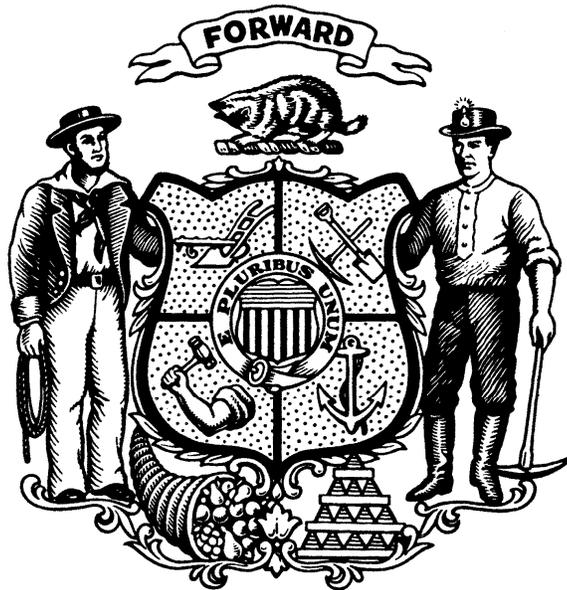


INSTRUCTIONS FOR APPLYING



To Become An

AGING AND DISABILITY RESOURCE CENTER



Updated December 23, 2011

Wisconsin Department of Health Services
Division of Long Term Care
P-00312 (1/2012)
dhs.wisconsin.gov

Aging and Disability Resource Center Application Process and Timeline

- DHS releases Aging and Disability Resource Center (ADRC) application.
- ADRC applicants may submit Notice of Intent to Submit Application when planning is far enough along for them to know they will be submitting an application and have county board support.
- Applications may be submitted whenever an applicant is ready to apply. Applications will be accepted at any time, but should be submitted no later than 3 months before anticipated start-up of the ADRC and 5 months before the start-up of a managed care organization (MCO), where applicable.
- Applications will be reviewed by DHS.
 - DHS will identify any areas where additional work is needed to fulfill ADRC application requirements and request additional information as appropriate.
 - A site visit and/or oral interview may occur.
 - Applicant amends application, as necessary.
- DHS will issue a written notice of application approval and projected date when funding is expected to be available, if known. Approval means that an application is eligible to receive funding, when funding is available. It is not an award of funds.
- DHS will award the ADRC contract.

**E-mail Notice of Intent, Questions and Completed
Application to:**

**Aging and Disability Resource Center Team
Department of Health Services
One West Wilson Street, Room 450
P.O. Box 7851
Madison, WI 53707-7851**

E-mail: DHSRCTeam@wisconsin.gov

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Section I. General Information

I-1 Introduction

Aging and Disability Resource Centers (ADRCs) are welcoming, attractive, accessible places where older people and people with disabilities can go for information, advice, and help in accessing services. They provide a central source of reliable and objective information about a broad range of programs and help people to understand the various long term care options available to them. By enabling people to make informed, cost-effective decisions about long term care, they help people conserve their personal resources, health and independence and reduce the demand for public funding for long term care by delaying or preventing the need for potentially expensive long term care services. ADRCs help people to apply for programs and benefits, and serve as the single access point for publicly funded long term care. ADRCs are also available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. Services are provided at the resource center, over the telephone or in visits to an individual's home.

ADRCs began in 1999 and are currently operating in 22 counties. The Governor has set the goal of implementing ADRCs statewide by mid-2010 in conjunction with managed care expansion.

Further information about ADRCs is available on the Department's internet site at: <http://DHS.wisconsin.gov/LTCare/Generalinfo/RCs.htm>

I-2 Purpose

This document provides information needed to prepare and submit an application for the implementation of an Aging and Disability Resource Center (ADRC) in conjunction with the managed care expansion component of Wisconsin's Long-Term Care Reform Initiative.

I-3 Procuring and Contracting Agency

The application review and approval process and any contract resulting from this application will be administered by the Wisconsin Department of Health Services. The Contract Administrator is Janice Smith, Bureau of Aging and Disability Resources:

Janice Smith, Director of Resource Center Development
Department of Health Services
Division of Long Term Care
1 W. Wilson St, Room 450
P.O. Box 7851
Madison, WI 53707-7851

Telephone: 608.266.7872
Fax: 608.267.3203
E-mail: Janice.Smith@wisconsin.gov

I-4 Funding and Duration of Contract

The Wisconsin Department of Health Services will enter into a contract with each ADRC which specifies the required functions of the ADRCs and the funding level the State will

provide to support these functions. See ADRC Information Bulletin #14 for updated information regarding the funding levels available to each county and multi-county funding incentives.

The funding from the Department will be a combination of State General Purpose Revenue (GPR) and federal funding. Federal Medicaid administration matching funds are available for long-term support functional screen and information and assistance activities related to Medicaid, according to the methodology submitted by the Department to the Centers for Medicare and Medicaid Services (CMS). ADRCs are expected to implement 100% time reporting in order to be able to claim the appropriate federal matching funds.

The ADRC contract shall be effective on the date indicated on the contract and shall run for the remainder of the calendar year from that date, with an option by mutual agreement of the agency and contractor, to renew annually.

I-5 Who May Submit an Application?

- An applicant agency may be any of the following according to Wisconsin Statutes s. 46.283:
 - A Wisconsin county agency or aging unit
 - A Wisconsin tribe (eligible within the same framework as Wisconsin counties throughout this document)
 - A consortium formed by two or more counties and/or tribes or aging units
 - A Family Care District
 - A nonprofit entity in coordination with a county, tribe or consortium of counties/tribes, when the counties or tribes have declined to apply to operate an ADRC
- Applications for ADRCs serving counties or regions that have been identified as ready and eligible for managed care expansion will be given priority in the review and approval process and in awarding funds.

I-6 Collaboration with Local Agencies and Stakeholders

Applicants are expected to coordinate with managed care expansion planning, work collaboratively with local public agencies serving older people and people with disabilities and to involve consumers and other stakeholders from the community at large, including mental health and substance use representatives, in the development of the ADRC.

Stakeholders

Planning for an ADRC must involve all key stakeholder groups representative of the populations served and the key service network representatives for the elderly and adults with disabilities, including representatives of mental health and substance use services networks.

Experience indicates that a majority of the customers of the ADRC will be older persons or their families. Older persons and staff representing county aging units shall be involved in planning the ADRC to meet the needs of seniors, avoid redundancy, and meet requirements of the Older Americans Act. The expertise of the aging units should be incorporated into the operation of the ADRC whenever possible, through the integration of aging unit and ADRC functions. In addition, the ADRC should take advantage of the skills of older volunteers in the design and delivery of ADRC services.

The information, assistance and benefits advocacy needs of persons with physical disabilities require particular attention to issues of accessibility, self-determination, the

interplay of benefits and employment, and other unique issues. The applicant shall demonstrate the involvement of persons with physical disabilities in planning the ADRC, and demonstrate a commitment to training staff to provide customer service that responds to preferences for self-direction.

Adults with developmental disabilities will depend upon the ADRC to gain access to publicly funded care, as well as to acquire information about community resources and opportunities. Persons with developmental disabilities and their representatives shall be involved in planning the ADRC, and providing advice about the kinds of information and assistance they will require from the ADRC. The applicant is expected to demonstrate adequate expertise in serving persons with developmental disabilities.

The ADRC is not a provider of mental health services. However, the ADRC is expected to provide information and assistance services, including assistance in accessing a wide range of community services available to the general population, provide benefits counseling, and facilitate access to crisis intervention and emergency services to persons with mental illness and/or substance use disorders, regardless of age or co-occurring disability.

Local Agencies

The applicant must provide assurances that the application is fully supported by county and/or tribal aging units, social services, community programs and long-term support units, whether they are in the same or separate county departments, to assure strong collaboration.

At a minimum, the following county or tribal programs should be actively engaged in the planning and operation of the ADRC.

- Aging programs
- Long-term care waiver programs, including Family Care, Community Integration Programs for people with developmental disabilities, Community Options Programs for elders and people with physical disabilities, and PACE/Partnership
- Programs for people with mental illness and substance use disorders
- Social services programs for adults
- Income maintenance units.

In addition, consultation with the local public health department is advisable. Applicants must demonstrate a commitment to participation from all partner organizations, including a willingness to reevaluate current practices for delivering access to services and to realign those services within the ADRC model.

All applications must be accompanied by county board and/or tribal government resolution(s) endorsing the application and making a commitment to complete full implementation of the ADRC for all target groups within one year of beginning operations or in accordance with a Department approved plan for services to specific target populations by the MCO, whichever comes first.

Managed Care Organizations

Planning for the ADRC should be coordinated with the planning for managed care expansion, where applicable.

An ADRC must be in operation at least two months prior to start up of a publicly funded managed long term care program in order to provide functional eligibility determination, choice counseling and other enrollment-related activities. Needed coordination includes: timing of the ADRC and managed care organization (MCO) start-up dates; establishing channels for communication; sharing information about benefits, services and other factors related to choice counseling and enrollment/disenrollment; developing procedures for

transitioning current Waiver program participants to managed care, enrolling persons from the long term care wait list, and enrolling new long term care applicants; and developing the enrollment plan and related protocols and memorandums of understanding.

1-7 Service Area

An ADRC service area may include one or more counties and/or tribes, provided the service area is comprised of neighboring counties and each county is a full partner in the application process. Counties currently served by an existing ADRC may apply as part of a larger regional consortium.

The Department strongly encourages multi-county rather than single county ADRCs in order to leverage efficiencies and improve service delivery. Examples of where multi-county collaboration is beneficial include the purchase and operation of a Management Information System (MIS), maintaining a resource database such as SAMS-IR, staff training, marketing and outreach activities, development of public information materials, and collaboration with regional service providers. Cost savings in administrative functions may enable the ADRC to provide more direct service staff in each county and to respond more quickly to consumer requests. Combined budgets may also make it possible to hire staff that is specially trained in the functions of the resource center and in the needs of the different target populations it serves.

Section II. Scope of Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) provide information and assistance on issues affecting older people, people with disabilities, mental health issues, or substance use disorders and their families. ADRCs also serve as a “single entry point” for access to public benefits, as well as counseling and advocacy to overcome barriers to using benefits. As a clearinghouse of long-term care information, ADRCs are also available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. ADRCs provide services by telephone, visits to an individual’s home, and in accessible community centers. ADRCs are also a catalyst for community prevention strategies to prevent or delay the use of publicly funded long-term care.

Requirements for ADRCs are summarized below and described in detail in the contract between the Wisconsin Department of Health Services, Division of Long Term Care and the ADRC (See <http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/contract/index.htm>).

II-1 Goals of the Aging and Disability Resource Center

The goals of an ADRC are as follows:

- Present a welcoming face to the entire community that is attractive, accessible, non-bureaucratic, non-threatening and confidential
- Reach and serve a broad base of elderly people and adults with physical disabilities, developmental disabilities, substance use disorders or mental illness, and their families regardless of income or condition
- Provide reliable and objective information to help people access resources and make informed decisions about long-term care and other needs related to age or disability
- Promote wellness and prevent or delay chronic illness and disability
- Delay or prevent the need for long-term care services and/or public funding for these services
- Identify people at risk for abuse or neglect, and connect them to services or benefits
- Provide benefits counseling to elders and adults with disabilities
- Provide transitional services to families whose children with physical or developmental disabilities are preparing to enter the adult service system
- Provide a single entry point for access to publicly funded long-term care programs
- Provide enrollment and disenrollment counseling for persons entering or leaving the publicly funded long term care system.

II-2 Target Populations

At full implementation and no later than one year following the date when the ADRC begins operations, the ADRC 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:

- Adults with developmental disabilities
- Adults with physical disabilities
- People age 60 and older, including healthy elders and elders with disabilities or chronic health problems

- Adults with mental illness and/or substance use disorders (for information and assistance, disability benefits specialist and emergency response as described in the ADRC contract)
- Young adults with disabilities who are preparing to transition into the adult service network (for transitional services as described in the ADRC contract)

New ADRCs will be required to serve the same target populations as those served by the managed care entity in their service area by the time the managed care organization (MCO) begins operation and may phase in services to other target populations according to an approved implementation plan.

ADRCs are expected to have demonstrated competencies relating to, be responsive to the needs of, and to be accessible to all of the populations they serve.

II-3 Mandatory Services

The following is a summary description of the services that ADRCs are expected to make available to members of their target populations, as required under the terms of the ADRC contract. The more detailed language of the full contract is available at <http://www.dhs.wisconsin.gov/lc/lc/adrc/professionals/contract/index.htm>.

Your application must include a description of how the proposed ADRC will provide each of the following services.

II-3.1 Marketing, Outreach and Public Education

The ADRC shall have a marketing and outreach strategy to inform the public about ADRC services and to maintain a distinct identity for the ADRC in the community, so that it will not be confused with other entities or programs, such as the MCO, Veteran's Services, elder abuse agency, Senior Center or Independent Living Center (ILC).

II-3.2 Information and Assistance

The Aging and Disability Resource Center shall provide information and assistance (I&A) to members of the target populations and their families, friends, caregivers, advocates and others who ask for assistance on their behalf. Information and assistance can be provided in person, including home visits and walk-ins, over the telephone, via e-mail, or through written correspondence.

Information and assistance is a professional service which involves: 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 whether the needs were met. Because people may not know to ask for a specific service by name, it is important that the I&A specialist have the time to establish a personal rapport, understand the individual's concerns, and be able to offer potential resources and solutions.

At a minimum, the ADRC must provide I&A on the following areas:

- Living arrangements related to long-term care (e.g., information and assistance to people considering a move due to health, disability or frailty)
- 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)

- Paying for long-term care related services (e.g., public programs, long-term care insurance, other private resources)
- Health (e.g., health promotion, prevention, recuperative care, disease, conditions, dementia, medically related care)
- Adult protective services, abuse, neglect, domestic violence, and financial exploitation
- Behavioral health (e.g., mental health, substance use disorders)
- Employment, training and vocational rehabilitation
- Financial and other basic needs (e.g., benefits, Medicaid, Medicare, health insurance, food, money, shelter, paying for medical care and medications)
- Transportation
- Home maintenance (e.g., chores, yard work, home safety)
- Legal issues (e.g., power of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances)
- Education, recreation, retirement, life enhancement, volunteerism

Information and assistance service must be available continuously for at least eight hours a day, Monday through Friday. During I&A service hours, a system must be in place to ensure that callers speak directly to a person (not a machine), except during unusual circumstances. After-hours callers must be informed of what to do in the case of an emergency or urgent need.

II-3.3 Long-Term Care Options Counseling

The Aging and Disability Resource Center shall provide options counseling to help people make informed choices about long-term care. Options counseling is a more time intensive service than information provision and includes a face-to-face meeting wherever possible. It is intended to help consumers evaluate their strengths and preferences and weigh their options, in addition to educating them regarding available long-term care services.

Options counseling is typically provided as an extension of I&A when a person is dealing with major life decisions or when considering admission to or relocation from a nursing home or assisted living facility.

Options counseling shall cover the following:

- 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;
- The full range of long-term care options available to the individual, including home care, community services, case management services, MCO or waiver services, residential care, and nursing home care;
- The sources and methods of both public and private payment for long-term care services and the functional and financial criteria for receiving MCO or waiver services and services from the Medicaid fee-for-service system;
- How Estate Recovery and Spousal Impoverishment regulations affect various living arrangements and programs; and
- Factors that the individual might want to consider when choosing among the various long-term care programs and benefits.

Options counseling shall be made available to private pay individuals and families as well as to persons eligible for public funding. Long-term care options counseling must be objective, thorough and responsive to the needs of the individual. Counseling shall not

attempt to persuade the individual to choose one program or provider or withhold information about any suitable program or provider.

II-3.4 Pre-Admission Consultation and Assistance with Resident Relocations

ADRCs help people make informed decisions about moving to or relocating from a nursing home or assisted living facility.

Nursing homes, CBRFs and RCACs are required to provide prospective admissions with information about the ADRC. ADRCs provide pre-admission consultation on request, including discussion of the range of care settings and options available to meet the person's long term care needs; the financial implications of the various options, ways to evaluate facility quality and appropriateness, the programs which may be available to help pay for the person's care, and the eligibility requirements and procedures.

ADRCs are also the designated local contact agency for referrals from nursing homes under MDS Section Q, which identifies people who want to relocate from the facility to the community. The ADRC contacts the resident and offers information and assistance, options counseling and other services, as appropriate, to help with the relocation. ADRCs also provide information and assistance, options counseling and eligibility and enrollment related functions to residents of nursing homes that are downsizing or closing. In both cases, ADRC services are intended to supplement, not replace, the role of the nursing home discharge planner. The ADRC is not responsible for developing the individual relocation plan or making relocation arrangements.

II-3.5 Elderly Benefits Counseling

The ADRC is responsible for ensuring that people have access to the elderly benefit specialist (EBS). Elderly benefit specialists perform the following activities for persons age 60 and older:

- Provide accurate and current information on a comprehensive array of private and government benefits and programs, especially Medicare and Social Security
- Provide information and technical assistance about how to obtain or recover benefits, including pension and retirement benefits, long-term care insurance and Medicare supplemental insurance
- Assist potential applicants for Medicaid, benefits administered by the Social Security Administration, Food Share, and Medicaid waivers to determine whether eligibility is likely, and to understand required documentation
- Provide consumer and volunteer training and technical assistance to develop self and family advocacy, including use of Long-Term Care Ombudsmen, Medigap Hotline, Office of the Commissioner of Insurance, and consumer protection resources
- Provide information and advocacy regarding Medicare benefits and on the processes for securing prescription drug coverage.
- Provide information on consumer rights, complaint, grievance and appeals processes related to Medicare, managed care, private health insurance and Medicaid
- Provide advice and assistance in preparing and filing complaints, grievances, and appeals at various levels
- Negotiate on behalf of individuals with Medicaid waiver eligibility staff, staff of MCOs, service providers, or the state regarding disputes over long-term care services
- Consult with and attend all training events sponsored by legal back-up resources provided under contract by the Department to determine appropriate interpretation of law and appropriate action to assist in resolution of concerns

The EBS may be employed by the ADRC, by an aging unit that is separate from the ADRC, or by another organization. The EBS should be headquartered at the ADRC unless employed by a separate aging unit or a legal services agency. If not employed by the ADRC, the ADRC shall have an agreement with the employing organization regarding coordination of services.

II-3.6 Disability Benefits Counseling

ADRCs are required to develop a disability benefits counseling program to ensure that 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.

Disability benefit specialists (DBSs) perform the following activities:

- Provide accurate and current information on a comprehensive array of private and government benefits and programs
- Provide information and technical assistance about how to access such benefits
- Assist potential applicants for private and government benefits and programs to locate and gather verifying data, both financial and non-financial
- Provide information on consumer rights, complaint, grievance, and appeals processes
- Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, as well as beyond
- Make appropriate referrals for employment and other disability-related counseling and services, (e.g., Pathways to Independence, Independent Living Centers, Work Incentives Planning and Assistance, Disability Rights Wisconsin)
- Provide representation, as appropriate, for individuals with developmental disabilities, physical disabilities, substance use disorder or mental illness as needed in administrative hearings as well as in other formal or informal grievance steps
- Consult with and attend all training events provided under contract by the Department to determine appropriate interpretation of law and appropriate action to assist in resolution of concerns

Disability benefit specialists may be staff of the ADRC or of another public or private organization. When a DBS is on the staff of another organization, the ADRC shall have a contract with this organization which indicates that the DBS shall meet all the requirements described in this contract, be located in the ADRC, and coordinate activities with those of the ADRC, and which describes the responsibilities of the respective organizations.

Policies and procedures for the DBS program can be found at <http://DHS.wisconsin.gov/disabilities/benspecs/stats.htm>.

II-3.7 Access to Publicly Funded Long-Term Care Programs (Family Care, Family Care-Partnership, PACE and IRIS)

ADRCs are the designated entry point for publicly funded long term care, including Family Care, the PACE and Partnership programs, and IRIS, and provide a variety of functions related to eligibility and enrollment.

Functional Eligibility Determination.

Where managed care is available, ADRCs are responsible for performing the initial functional eligibility screen for prospective managed care enrollees. In counties without a managed long-term care program, the functional screen may be done by either the ADRC or the long term care unit. The ADRC must have policies in place to ensure the quality of the screens it performs. Staff who perform the screens must be trained and certified.

Financial Eligibility.

ADRCs facilitate the financial eligibility process by helping consumers understand the financial eligibility criteria and procedures, gather the necessary documentation to support the financial eligibility determination process, and complete the necessary application forms, either manually or on line at www.access.wisconsin.gov. The county economic support unit is responsible for financial eligibility determination.

Enrollment and Disenrollment Counseling.

ADRCs provide enrollment counseling to persons who are eligible for Family Care, IRIS or other publicly funded long term care benefits and their families or representatives. This is intended to assist persons with the decision about whether or not to enroll and the choice about which available program best meets their needs. Enrollment counseling must be objective and shall in no case attempt to persuade the individual to choose one program or provider or withhold information about any suitable program or provider.

ADRCs also provide information and counseling to assist persons in the process of voluntarily or involuntarily disenrolling from Family Care managed care organizations and IRIS. This includes providing information about clients' rights and grievance procedures, advocacy resources to assist in resolving complaints and grievances, services and program options available to the person if disenrollment occurs, and the availability of assistance with re-enrollment.

Assistance in Processing Enrollments and Disenrollments.

ADRCs submit signed enrollment forms to the income maintenance unit to complete the enrollment process and, in the case of disenrollment, send copies of completed disenrollment forms to both the income maintenance unit and the MCO or IRIS Independent Consultant Agency.

Managing Wait Lists

ADRCs are responsible for maintaining a waiting list for publicly funded long term care consistent with policy direction provided by the Department and for enrolling eligible individuals in the program of their choice as resources become available.

Urgent/Emergency Enrollments into Publicly Funded Long Term Care

ADRCs enroll eligible individuals with urgent or emergency needs into publicly funded long term care as provided for in the 2011 Wisconsin Act 23 and consistent with direction provided by the Department.

Documentation of Enrollment Related Policies and Procedures

The ADRC shall develop and submit for Department approval an enrollment plan which describes its policies and procedures for carrying out its eligibility and enrollment related functions. This plan shall include descriptions of the role of the ADRC, income maintenance unit, MCO, ICA and others involved in the eligibility determination and enrollment process.

II-3.8 Access to Other Public Programs and Benefits

ADRCs help people access public programs and benefits. When an individual contacts the ADRC and appears to be either eligible to receive or interested in receiving Medicaid, SSI, SSI-E, SSDI, FoodShare, LIHEAP, W-2, Childcare Caretaker Supplement or other public benefits, the ADRC shall refer the individual to the county, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits. ADRCs are also responsible for helping people access appropriate mental health and substance abuse services.

The ADRC shall develop policies and procedures and, where possible, enter into MOUs or other agreements regarding the process for making referrals and accessing services.

II-3.9 Short-Term Service Coordination

To the extent financial and personnel resources permit, the ADRC shall provide short-term service coordination 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. ADRCs shall have protocols to assure that these services remain short-term in nature.

II-3.10 Access to Emergency Services

While ADRCs are neither expected nor required to be emergency service providers, they must develop protocols to assure that people are connected with the appropriate providers of emergency services. ADRC 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. During business hours, Aging and Disability Resource Center staff shall follow protocols established by the 911 service, mental health crisis intervention services, or other emergency resources in the community when they identify a situation involving immediate risk. These 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.

ADRCs shall enroll eligible people with urgent or emergency needs into publicly funded long term care as provided for in 2011 Wisconsin Act 23 (the 2011-13 biennial budget) and consistent with policy direction provided by the Department.

II-3.11 Access to Elder/Adults-at-Risk and Adult Protective Services

As the central point of contact for older people and people with disabilities, the ADRC may receive calls related to abuse and neglect and is responsible for assuring that the appropriate agencies receive and respond to reports.

The ADRC shall be prepared to identify persons who may be at risk of abuse or neglect and have procedures to assure that people in need are promptly connected with the responsible entities for:

- Abuse and neglect services
- Assistance in obtaining physical custodial care, housing, medical care, medications and food
- Voluntary or court ordered protective services under ch. 55, Wis. Stats., when needed to protect an individual or protect others from the individual
- Law enforcement, domestic violence, mental health services, and emergency detention under ch. 51, Wis. Stats., when needed
- Guardianship
- Watts reviews
- Representative payee
- Domestic violence services involving vulnerable adults
- Sexual assault services involving vulnerable adults

While a county may choose to designate the ADRC as the (elder) adults-at-risk or APS agency or to co-locate adults-at-risk or APS staff at the ADRC, these services cannot be funded with ADRC grant funds.

II-3.12 Transitional Services for Students and Youth

The ADRC shall coordinate with school districts, the children's long-term support system, the Division of Vocational Rehabilitation and other support providers in the ADRC's service area to help young adults with physical disabilities, developmental disabilities, or mental illness experience seamless entry into the adult service system. ADRC staff provide information and assistance and disability benefit specialist services to assist in the transition. While eligibility determinations may not be made until the young person is age 17 years and 6 months or older, the Department encourages ADRCs to provide information in advance of the date to facilitate planning.

II-3.13 Prevention and Early Intervention Services

The ADRC shall provide information on risk and safety issues and on prevention and early intervention measures as part of its public education and I&A activities and shall identify risk factors and opportunities for prevention and early intervention as a routine part of its LTC options counseling.

The ADRC are expected to 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.

ADRCs are encouraged to participate in evidence based prevention and early intervention programs and activities as opportunities and funding permit.

II-3.14 Customer and Systems Advocacy

The ADRC shall inform people of their rights and responsibilities; provide information about rights to long-term care services and benefits, self-advocacy, and independent advocacy services; assist people who need help in understanding how to resolve service system disputes or violation of rights complaints, appeals and grievances with units within the county, state or federal government, and other service providers; and assist in linking people with advocates when needed.

The ADRC is responsible for assuring 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. The ADRC shall link individuals with appropriate advocacy resources, including the elderly and disability benefit specialists, federally designated protection and advocacy organizations, Board on Aging and Long-Term Care Ombudsman, and other state or local advocacy organizations.

II-4 Mandatory Administrative Requirements

II-4.1 Name of the Aging and Disability Resource Center

Standardization in naming of ADRCs is intended to make it possible for consumers and families to identify and readily locate aging and disability resource center services in any location in the state. The ADRC must 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. The full name of the ADRC may include a subtitle to identify its location.

A regional ADRC shall have a single name that is used consistently throughout the ADRC service area.

II-4.2 Governing Board

The ADRC shall have a fully functioning governing board, committee or commission no later than six months following start-up of the ADRC and, preferably, by the time the ADRC begins operation. Governing board membership shall reflect the ethnic and economic diversity of the geographic area served by the ADRC. A minimum of one-fourth of the members of the governing board shall be older persons or persons with physical or developmental disabilities or their family members, guardians or other advocates. If a tribal government headquarters is located in an ADRC's service area, the ADRC shall have a Native American on its governing board, committee or commission.

No member of the governing board may have any direct or indirect financial interest in a managed care organization.

The governing board has the following responsibilities:

- Be accountable for the mission and goals of the ADRC
- Oversee development of a mission statement for the organization that is consistent with the goals of ADRCs
- Determine the structure, policies and procedures of the ADRC within state guidelines and local governance structure
- Recommend hiring and, if authorized, hire the ADRC director
- Develop a budget, monitor expenditures and oversee operations of the ADRC
- Monitor and ensure the quality of services provided by the ADRC
- Review ADRC customer complaints and appeals to determine if there is a need to change policies and procedures or improve performance
- Gather information about the adequacy of the long term care system and Identify unmet needs
- Assure input from consumers, service providers, and local constituents in general in the policies, practices and goals of the ADRC

- Represent the interests of all target groups served by the ADRC
- When directed by the Department, designate members to participate in a regional long term care advisory committee.

A regional ADRC shall have a single governing board, committee or commission with representation from each participating county or tribe.

II-4.3 Location and Physical Plant

Aging and Disability Resource Centers are identifiable, accessible and welcoming places where all people can come for information and assistance. The location of the ADRC should be clearly displayed on signs on the inside and outside of the building. Visitor parking should be available close to the building entrance and the site should be easily accessible via public transportation, where available.

The ADRC should have a clearly defined and welcoming reception area where members of the public are greeted by an individual ready to assist them. The reception area should include display space for fliers, pamphlets and other information materials so that visitors can easily browse. In addition to the public space, the ADRC should have private spaces where benefit specialists and other ADRC staff can meet and have confidential conversations with consumers and families.

The ADRC should have adequate storage space for both confidential and non-confidential files and resource materials. Preferably, there should be space to accommodate staff growth and equipment as the ADRC expands its services, especially if regional expansion is planned.

The ADRC communications capabilities should include high speed internet, where available, an ADRC website to communicate with the client population and general public; its own dedicated telephone number with toll free access within its service area; and a well-publicized e-mail address.

The ADRC shall be open during the days and hours when their county or tribal agencies are normally open for business and shall have the capacity to arrange occasional after-hours appointments as necessary. A regional ADRC should be reachable by telephone have at least one of its branch or satellite offices open at any given time during standard business hours, but need not have all branch offices open at the same time.

II-4.4 Complaints and Appeals

The ADRC shall develop due process procedures to review and resolve complaints about the services provided by the ADRC, including benefit specialist services, and how it will handle appeals and grievances related to functional eligibility and enrollment in long term care programs. These procedures shall include both informal and formal internal complaint resolution processes, access to the Department's process, and access to the State's fair hearing process.

II-4.5 Community Needs Identification

The ADRC shall have an ongoing process for identifying the unmet needs of its target populations in order to focus its outreach, education, prevention and systems advocacy activities. This process should involve people who use aging and disability services and their representatives, local governments and agencies, community service organizations, public health agencies, and others who are in a position to know about long-term care needs. The needs identification process should identify segments of the target

populations which are unserved or underserved as well as types of services or facilities that are in short supply. Information about unmet needs shall be shared with the ADRC governing board, regional long term care advisory committees, and the Department as well as with local elected officials and MCOs in the ADRC's service area where appropriate.

II-4.6 Reporting and Records

ADRCs are responsible for submitting data reports to meet the funding program requirements, qualify for federal financial participation, evaluate service quality and adequacy, and inform state and local decision-making. Required reports include:

- Monthly time reports for claiming federal Medicaid match
- Monthly expenditure reports on [F-80862](#) – CARS Expenditure Report by Activity (Excel) or on [F-80600](#) – CARS Expenditure Report.
- Annual expenditure reports
- Quarterly activity reports
- Governing board agendas and minutes
- ADRC annual update
- Disability Benefit Specialist quarterly reports

ADRCs are required to use the disability benefit specialist client database.

ADRCs shall also participate, on request, in data collection that is needed to further profile ADRC customers or to evaluate the effectiveness of the ADRC.

II-4.7 Management Information System (MIS)

ADRCs are required to have management information systems that include a resource data base, have client tracking and encounter reporting capability, support production of required management reports, and are compatible with systems used by the Department of Health Services. The resource database is needed to support provision of complete, accurate and up-to-date information and referrals. Client tracking includes, but is not limited to, recording client demographics, tracking client needs, generating service referrals, and providing follow-up to determine whether outcomes have been met. Management information systems are also used to develop reports to document and evaluate performance.

ADRCs may use SAMS-IR or may choose to meet this requirement with a different system that provides the same data in a compatible format.

A regional ADRC should use a single client tracking database and a single resource database for its entire service area.

II-4.8 Accessibility and Cultural Competence

ADRCs are expected to be able to effectively serve people who have physical or functional limitations, language differences or cultural differences that may make it difficult for them to access, communicate or use the services of the resource center. Toward this end, ADRCs are required to:

- Be physically accessible and comply with the Americans with Disabilities Act.
- Have the ability to meet face-to-face with people where they live on an as needed basis.
- For people with cognitive disabilities, provide opportunities for family members, friends and others who know the individual and can convey the person's needs and preferences to be included in the provision of ADRC services.
- Have the capacity to communicate with those who do not speak English, people who are deaf or hard of hearing, and people with physical or visual impairments. This may involve using foreign language interpreters, sign language interpreters, TDD, Wisconsin Relay, Braille, large print, or other special communications techniques.
- Provide services in a manner that is respectful of and responsive to its customers' racial, ethnic and cultural identities.

The ADRC is responsible for paying for interpreters or securing communication assistance at no cost to consumers.

II-4.9 Quality Assurance

The ADRC shall develop and implement a quality assurance and improvement plan, including policies and procedures to ensure the quality of ADRC services, for monitoring and evaluating ADRC performance, and for practicing continuous quality improvement within the ADRC.

II-5 Staffing Requirements

An ADRC shall have a single director, regardless of whether the ADRC is a single county or multi-county organization. The ADRC director shall supervise the ADRC's staff, be responsible for the performance of the ADRC and have authority over its subcontractors. The director shall keep the ADRC governing board informed about ADRC matters and receive advice and direction from the governing board.

ADRCs should be staffed with full-time positions to the extent possible. There shall be at least one full-time position devoted to information and assistance, and all other positions providing I&A, options counseling, and eligibility and enrollment related functions must be half-time or more in the ADRC.

All staff of the ADRC shall have general knowledge of all target populations served and the ability to access information about aging and disability related services in the ADRC service area. The ADRC shall also have staff with specific in-depth knowledge and experience relating to each of the target groups and demonstrated expertise in each of the services the ADRC provides.

ADRC staff performing information and assistance, options counseling, benefits counseling, and administration of the long-term care functional screen and other professional services must meet the following requirements:

- 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 and at least one year of experience working with the target populations of the ADRC or, in the event that the individual lacks such a degree and such experience, approval from the Department to waive the requirement, based either on the individual's post-secondary education and experience or on a written plan to provide the individual with additional training.

- Staff shall be certified by the Department to administer the functional screen before administering the screen.
- At least one I & A Specialist per ADRC shall be certified by the Alliance of Information and Referral Systems (AIRS) within one year of the initial date of operation of the ADRC or within one year of hire, whichever comes later.
- Disability benefit specialists shall complete the practitioner level training required by the Department at the first available opportunity.

The ADRC is responsible for ensuring that staff receives initial training to orient them to their responsibilities and provide required levels of knowledge and ongoing training to enhance the knowledge and capability of the ADRC.

Section III. Preparing and Submitting a Application

III-1 Notice of Intent to Submit an Application

Applicants are requested to submit a Notice of Intent to Submit an Application via e-mail to the Aging and Disability Resource Center Team at DHSRCTeam@wisconsin.gov using form [F-00053](#). The Notice of Intent is for work planning purposes and does not commit an agency to submitting an application.

III-2 Timeline

Applications may be submitted at any time following release of this application, following the application process and timeline on page ii of these instructions.

III-3 General Instructions

The evaluation and approval of applications will be based on the information submitted in the application together with any subsequent revisions, supplements, presentations or interviews which may be requested by the Department if clarification is needed. Failure to respond to each of the requirements in the application may delay approval or be the basis for rejecting an application.

III-4 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this application.

III-5 Presentations and Interviews

Applicants are required to discuss their application with Department staff. This discussion may be in person or via conference call. The purpose of the discussion is for applicants to demonstrate understanding of and ability to meet the ADRC contract requirements, answer questions, and identify areas in the application that may need further work. Key project personnel, including subcontractor personnel, should participate in this discussion.

III-6 Clarification and/or Revisions to the Specifications and/or Contract Requirements

Questions concerning the application forms and instructions may be directed to Janice Smith, Director of the Office for Resource Center Development (ORCD), to the ORCD regional quality specialist serving the area where the proposed ADRC is located, or to the Aging and Disability Resource Center Team at: DHSRCTeam@wisconsin.gov.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of the application, these revisions or supplements will be put in writing on the ADRC web page and provided to all applicants who have submitted a Notice of Intent to Submit an Application.

III-7 Executed Contract to Constitute Entire Agreement

In the event of contract award, the contents of these application instructions and forms including addenda and revisions, the application of the successful applicant, and any additional terms agreed to, in writing, by the Department and the Contractor, shall become part of the contract. Failure of the successful applicant to accept these as a contractual agreement may result in cancellation of the award.

If an approved application does not fully meet the requirements contained in the ADRC contract template, the Department will communicate what additional steps must be taken to comply and this communication will become part of the award agreement.

The following priority will be used if there are any conflicts or disputes:

- Official grant award, including any written communication from the Department regarding steps needed to comply with contract requirements
- ADRC contract
- ADRC Application Instructions and Forms
- Application submitted to DHS

III-8 Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request.

III-9 Submitting the Application

Applicants must submit an original, five (5) hard copies and an electronic copy of all required application materials for their application to be accepted.

Electronic documents should follow the following naming conventions: Name the completed electronic application document, "ADRC--[name of county(ies) being served]". For example, "ADRC--Racine County." Name electronic attachments using the following naming convention: "ADRC - [name of county(ies) being served]--[name section or subsection to which the attachment is applicable]". For example, "ADRC-Racine County – Organization Chart".

Applications should be e-mailed to DHSRCTeam@wisconsin.gov. The original and hard copies of the applications should be sent to:

Janice Smith, Director of Resource Center Development
Department of Health Services
Division of Long Term Care
1 W. Wilson St, Room 450
P.O. Box 7851
Madison, WI 53707-7851

III-10 Withdrawal of Applications

Applicants may withdraw an application in writing at any time before a contract is signed. Any such withdrawal shall be coordinated with the managed care expansion planning and application process.

Section IV. Application Format and Contents

IV-1 Application Format and Signatures

The application should be prepared using the application form [F-00052](#).

Answers to the questions on the application form should be in 12-point font with 1.5 or 2 line spacing, with the name of the applicant included in a header or footer of each page. The original and hard copies should be printed on 8.5 by 11-inch paper.

An authorized signature is required on the Applicant Identification Page of the application.

The application should not exceed 45 pages, excluding worksheets and attachments. It may have fewer pages if all requirements are met. A recommended number of pages for each section is provided on the application form to provide guidance. These are recommendations, not requirements. Reviewers will appreciate clarity and conciseness in all sections.

IV-2 Application Organization

The application form and materials are arranged in the following order:

- Part I. Applicant Information
- Part II. Executive Summary (2 page maximum)
- Part III. Project Proposal (45 page maximum)
 - A. Administrative Framework
 - B. ADRC Services
 - C. Customer Service Process
 - D. Implementation Timeline
 - E. Budget and Budget Narrative, including personnel and subcontract worksheets
- Part IV. Attachments
 - A. County Board and/or Tribal Government Resolution(s) Authorizing the ADRC Application
 - B. Letters of Support from Cooperating Organizations
 - C. Organizational Charts for the Proposed ADRC
 - D. Designation of Confidential and Proprietary Information
 - E. Other Attachments (optional)

IV-3 Application Content

Applications should describe how the ADRC will meet the administrative requirements and provide each of the mandatory services described in Section II of these instructions, using the questions on the application form in Appendix B as a guide.

Part I - Applicant Information

The first page of the application contains identifying information regarding the applicant and any managed care organization planned for the ADRC service area.

Part II - Executive Summary (2 pages maximum)

The purpose of the Executive Summary is to condense and highlight the contents of the application in a manner that provides the readers with an understanding of the entire application. This section should include an identification of the county(ies) served by the ADRC, a description of the overall approach to the scope of work for the ADRC described in Section II of these instructions, and a statement of the relationship between the ADRC proposal and managed care expansion. It should also highlight any unique characteristics of the application.

Part III - Project Proposal (not to exceed 45 pages, excluding worksheets and attachments)

A. Administrative Framework

Describe how the organizational and administrative requirements for ADRCs contained in the ADRC contract and summarized in Section II of these instructions will be met.

B. Provision of ADRC Services

Describe how the required ADRC services described in the ADRC contract and summarized in Section II of these instructions will be provided.

C. Customer Service Process

Describe or attach a flow chart that diagrams the process by which a customer will obtain services from the ADRC. Include the following, at a minimum: 1) how a customer will receive I&A, options counseling and/or benefits counseling as their primary service; and 2) how a customer will access long term care services via the resource center. To the extent possible, indicate how many different people the customer will have to talk to, how often he or she will be required to repeat the same information, and how long the process will typically be expected to take.

D. Implementation Timeline

Using the format in Appendix B, describe the timetable for making required ADRC services available to the public. Identify any requirements relating to target populations, mandatory services, staff qualifications or administrative requirements described in Section II Scope of Aging and Disability Resource Centers which your ADRC will be unable to meet immediately upon the effective date of the contract and show when these requirements will be met.

E. Budget and Budget Narrative

Budget Worksheets

Line-Item Budget. Provide an estimated 12 month budget for the ADRC using the worksheet provided in form [F-00052a](#). Some line items may not be applicable to all applicants. Additional line items may be added as needed. Fringe benefits

should be calculated utilizing the applicant's current rate. There will be an opportunity to amend the budget when the contract is issued.

Personnel Worksheet. List the position title, functions, FTE, and salary for each ADRC position, using the personnel worksheet provided in form [F-00052a](#).

Subcontract Worksheet. If the applicant plans to subcontract, complete the subcontract worksheet provided in form [F-00052a](#) with as much information about the subcontractor services, identity and cost as is available.

Budget Narrative

Provide a separate justification for those line items in the budget that are not self-explanatory, even if the information has been described elsewhere in the application. For those item(s), describe what the item is and why it is needed to fulfill the objectives of the application.

Other Costs

- a. Office Operations: Specify the projected expense for office items and materials such as telephone, printing, office furniture, etc. Indicate funding source if not charged to ADRC grant.
- b. Leased Space: Indicate whether space is for public use or office use and where it is located.
- c. Staff Travel: The following information should be provided:
 - Who is traveling
 - Purpose of travel
 - Destination(s)
 - Basis for calculation (i.e., estimated number of miles traveled x mileage reimbursement rate)
- d. Other Costs: The following information should be provided:
 - The nature of the expenditure and the purpose of the cost
 - If indirect costs (administrative and operational expenses not related to the aforementioned categories) are included, the amount should not exceed 10% of the sum of personnel and other direct costs.

Subcontracts

For each proposed subcontract, the following information should be provided:

- The scope of services to be provided
- Why the subcontract is necessary to fulfill the project objectives
- The basis for calculating the requested amount

Note: The prime contractor (i.e., the ADRC grant recipient) is responsible for contract performance when subcontractors are used. Subcontractors must also abide by all terms and conditions of the contract. The Department should not be named as a party to a subcontract. The prime contractor maintains fiscal responsibility for its contracts, which includes reporting expenses associated with the subcontract to the Department.

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

Part IV - Attachments

The application should include the following attachments:

- A. County Board and/or Tribal Government Resolution(s) Authorizing the ADRC Application
- B. Letters of Support
- C. Organization Chart
- D. Designation of Confidential and Proprietary Information
- E. Other Attachments (optional)

See Section V. Forms and Attachments for format and content guidelines for these attachments.

Section V. Forms and Attachments

V-1 Notice of Intent to Submit

E-mail the Notice of Intent to Submit to the Aging and Disability Resource Center Team at DHSRCTeam@wisconsin.gov. Please use form [F-00053](#).

V-2 Application Forms

Use the application forms [F-00052](#) (*Application for Aging and Disability Resource Center*) and [F-00052a](#) (*ADRC Annual Budget, Personnel Worksheet and Subcontract Worksheet*) to complete the application.

V-3 County Board / Tribal Government Resolution(s) Authorizing the ADRC Application

Attach a resolution from each participating county or tribal government authorizing submission of the ADRC application. The resolution should identify the applicant organization(s) and authorize the organization(s) to apply on behalf of the county or tribe. If the application is for a multi-county ADRC, this should be indicated in the resolution.

V-4 Letters of Support

Attach letters of support from the commission on aging and local long term support committee or local long term care council.

V-5 Organization Charts

Attach two organization charts, one describing the internal organization of the ADRC and the other describing how the ADRC relates to its governing board and other agencies and organizations in the long term care system. The internal organization chart should identify the functions, staffing and reporting relationships within the ADRC. It should also indicate names and lines of authority between all key project personnel. The external organization chart should show the relationship of the ADRC to its governing board, county board(s), other key units of county government, long term care districts, and managed care organizations that have committed to collaborate under this application.

V-6 Designation of Confidential and Proprietary Information

This is the opportunity for applicants to designate particular pages or paragraphs that they consider confidential, do not want shared with other applicants, nor want to be considered public information. The applicant should also state if no pages or paragraphs are to be so designated.

Section VI. Approval Process

VI-1 Review and Evaluation of Applications

VI-1.1 Review Process

Department staff will review each application to make certain all parts of the application were submitted. Completed applications will be reviewed and compared to application requirements. Applicants may be requested to submit additional information, to meet with or make a presentation to Department staff to support and clarify their application, or to amend their application to better meet requirements. Applicants may also submit revisions or clarifications at their own initiative. The Department may request interviews, and/or request presentations and use the results in evaluating the application.

VI-1.2 Evaluation Criteria

To be approved, an application must provide all information, assurances and attachments requested on the application form in Appendix B of this document and must document how all the requirements described in Section II will be met. Applications should demonstrate knowledge and understanding of the mission of the ADRC, the needs of the target groups, the resources available to meet these needs, the scope of required ADRC services, and a realistic plan to reach these goals.

VI-1.3 Right to Reject Applications and Negotiate Contract Terms

The Department reserves the right to reject any and all applications. The Department may negotiate the terms of the contract, including the award amount, with the selected applicants prior to entering into a contract.

VI-2 Awarding of Contract

VI-2.1 Award and Final Offers

The Department will award contracts only to those applicants who satisfy the evaluation criteria.

VI-2.2 Notification of Approval

All applicants who respond to this application process will be notified in writing of the approval status of their application. Approval means that an application is eligible to receive funding, when funding is available. It is not an award of funds.

VI-2.3 Appeals Process

Applicants may appeal a decision not to approve an application. Notices of Intent to Protest and protests are to be made in writing to the Administrator of the Division of Long Term Care. Protestors should make their protests as specific as possible and must identify statutes and Wisconsin Administrative Code provisions that are alleged to have been violated.

Any written Notices of Intent to Protest the denial of approval must be filed with:

Administrator
Division of Long Term Care
Department of Health Services
One West Wilson Street, Suite 550
Madison, Wisconsin 53707

Notices of Intent to Protest must be received in the Administrator's office no later than ten (10) working days after the Notice of Denial is issued.

Written protests must be received within fifteen (15) working days after the Notice of Denial is issued.

The decision of the Administrator may be appealed to the Secretary of the Department of Health Services within five (5) working days of issuance. The appeal must allege a violation of a Wisconsin statute or a section of the Wisconsin Administrative Code.

VI-3 Termination of Contract

A contract issued subsequent to application approval may be terminated by the Department at any time at its sole discretion by delivering 30 (thirty) days written notice to the contractor. Upon termination, the Department's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred with the prior written approval of the Department. In the event that the contractor terminates the contract, for any reason whatsoever, it will refund to the Department within 30 (thirty) days of said termination, all payments made hereunder by the Department to the contractor for work not completed or not accepted by the Department. Such termination will require written notice to that effect to be delivered by the contractor to the Department not less than 30 (thirty) days prior to said termination.