

**Applies to:**  
**ADRC**  
**Tribal ADRS**

## **Long-Term Care Functional Eligibility Determinations**

### **Technical Assistance**

**Last Revised: January 2021**

This policy applies to aging and disability resource centers (ADRCs) and tribal aging and disability resource specialists (tribal ADRS), herein referred to as “agency” or “staff,” respectively.

### **Introduction**

The publicly funded long-term care programs, Family Care, Program of All-Inclusive Care for the Elderly (PACE), Partnership, and IRIS, require an initial long-term care functional screen (LTCFS) to determine eligibility. ADRCs and tribal ADRS complete the initial functional eligibility determination and are required to do so within 30 days of the customer’s agreement to proceed with the LTCFS. Some circumstances may cause a delay in completing the LTCFS. This technical assistance document describes the processes staff must follow during long-term care functional eligibility determinations, including those specific to situations in which they anticipate it will take more than 30 days to determine functional eligibility and after determining long-term care eligibility.

### **Administrative Code Rule**

[Wisconsin Admin. Code § DHS 10.31\(6\)](#) describes the decision date and notice requirements for ADRCs and tribal ADRS when determining functional eligibility. If there is a delay in determining functional eligibility, the agency will notify the customer in writing that there is a delay, specify the reason for the delay, and inform the customer of their right to appeal the delay by requesting a fair hearing under Wis. Admin. Code § DHS 10.55. The agency will also notify the customer in writing of its determination of functional eligibility.

### **30-Day Determination Period**

The agency will explain the process to apply for publicly funded long-term care when, as part of the options counseling process, it is identified that the customer may benefit from public long-term care services and the customer expresses interest. Once the customer states that they would like to proceed with the LTCFS process, the 30-day period to determine functional eligibility begins. Staff should take care to note in their client tracking system the date on which a customer states that they would like to proceed with the LTCFS process.

If staff anticipate that it may take more than 30 days to determine functional eligibility, the agency is required to send a letter to the customer outlining the reason for delay using Aging and Disability Resource Center Notice of Delay in Benefit Determination form ([F-02721A](#)).



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This time period is specific to the determination of functional eligibility. All determinations regarding financial eligibility, including a delay in application process, are completed by the income maintenance consortium.

## Notification of Level of Care Results

Agencies are required to notify customers in writing of the results of their LTCFS determination, using Aging and Disability Resource Center Notice of Benefit Determination form ([F-02721](#)).

## Rights to Appeal

Customers have the right to appeal adverse benefit determinations, including determinations of a non-nursing home level of care and functional ineligibility.

Customers also have the right to appeal a LTCFS delay over 30 days.

Staff will include the Request for a State Fair Hearing-ADRC form ([F-00236A](#)) when notifying a customer of delay in determining functional eligibility or an adverse benefit determination.

For additional policy and procedure information for adverse benefit determinations, staff should review the [Appeal Policy for Adverse Benefit Determinations](#).

## More Information

Questions about ADRC and tribal ADRS roles and responsibilities related to the required timeline for completing an LTCFS and notification of the results should be directed to your assigned regional quality specialist.