Enrollment Counseling
ADRC Operations Manual

This chapter applies to aging and disability resource centers (ADRCs) and to Tribal aging and disability resource specialists (Tribal ADRSs) who provide long-term care options counseling, herein referred to as "agency" or "staff."

I. Introduction

Enrollment counseling, or "choice counseling" as defined in [42 CFR § 438.2](#), is provided to customers who have been found eligible for and have decided that they would like to proceed with enrollment into publicly funded long-term care. Staff providing enrollment counseling must follows all policies and procedures required by the Wisconsin Department of Health Services (DHS), as described in detail below. ADRC specialists should not proceed with enrollment counseling until options counseling has occurred and the customer has been found both functionally eligible and financially eligible.

II. Requirements for performing enrollment counseling

A. Participation during enrollment counseling

Enrollment counseling is a one-on-one consultation between the ADRC specialist and the customer and must be provided in a setting that ensures the customer's privacy. The customer may choose to invite family members, friends, or other persons acting responsibly on their behalf to participate in enrollment counseling with them. If the customer has been legally determined incompetent, then the guardian or another person authorized to sign the enrollment form must attend the enrollment counseling session, with or without the customer present.

To limit the possibility of providers influencing a customer's enrollment decisions, the following individuals are prohibited from participating in enrollment counseling sessions, even if their sole purpose for being there is to act as a witness to the customer's signature on the enrollment form:

- Employees, spouses of employees, or representatives of a managed care organization (MCO), IRIS consultant agency (ICA), or fiscal employer agency (FEA)
- Facility, agency, or other paid care provider(s)

However, if any of the above individuals are also the customer's guardian, spouse, relative, or a supporter identified in a Supported Decision-Making Agreement (F-02377), they may then attend enrollment counseling sessions with the customer. A Supported Decision-Making Agreement makes it possible for a person to designate trusted people to help them gather and understand information, compare options, and communicate their decisions to others. These agreements do not restrict the person's rights to make decisions.

B. Required components of enrollment counseling

Staff must complete all the following components as part of the enrollment counseling process. Staff should also reference the Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915).

1. After functional and financial eligibility are confirmed, explain the basic features of the programs that area available in the customer's county, including financial and functional eligibility, and cost-sharing requirements, if applicable. These options vary by county, so it is critical that the staff member know which options are available in their service area and provide the appropriate version of the publication How to Enroll in Medicaid Long-Term Care Programs (P-02845a, P-02845b, and P-02845).

2. Ensure that information and other materials are accessible to customers with visual impairments and other communication barriers by providing the information in alternative formats and languages.

3. Review, discuss, and provide the customer with unbiased and objective information comparing covered benefits, provider networks, responsibility for coordination of care, opportunities for self-direction and choice, and other features of Family Care, IRIS, and, where available, Family Care Partnership and PACE, using only DHS-approved materials (See section D). ADRCs

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must adhere to the 1915(c) waiver language which states, "The SMA [state Medicaid agency] provides ADRCs with unbiased, person-centered enrollment counseling materials that meet CMS requirements for readability, availability in prevalent languages, and annual updates."

4. Provide additional unbiased and objective information that is relevant to the customer's choice, using only materials developed by DHS. Provide information about the MCO provider networks and directories, quality, and performance indicators, and other MCO-, ICA-, and/or FEA-specific details, such as location and service areas, to address the customer's interests, questions, and concerns. Provide information about program-covered medication and drug formularies for Family Care Partnership and PACE MCOs in areas where these programs are available.

5. Once the customer selects a program, review the appropriate DHS-approved MCO, ICA, and/or FEA scorecards with the customer and provide other objective, DHS-approved information comparing the available MCO, ICA, and FEA options. Provide this information even if there is only one MCO, ICA, or FEA option available to the customer.

6. After confirming that a customer is functionally and financially eligible for publicly funded long-term care, you must provide information to the customer within five business days so the customer can use the information to make a selection among Family Care, IRIS, and, where available, Family Care Partnership and PACE, as well as available MCOs, ICAs, and FEAs.

7. Discuss the enrollment process and the timing of enrollment, including any potential delays, and monthly cost share amounts, if applicable, and establish the customer's desired Family Care, Family Care Partnership, or PACE enrollment date.

8. Refer customers who want to pursue enrollment into IRIS to the ICA of their choice. Provide the ICA with the information necessary to complete the enrollment process, as indicated in the Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915).

9. Obtain a signed enrollment form from customers who decided to enroll in managed care, in accordance with DHS's Changes to Who Can Sign Health Care Applications and Long-Term Care Forms on Behalf of Incompetent or Incapacitated Adults (DMS Operations Memo 24-07) Use the standard enrollment or authorization forms provided by DHS.

10. Inform the customer about their right to voluntarily disenroll from any program at any time by contacting the ADRC or Tribal ADRS. Provide information about the customer's right to disenroll, the disenrollment process (see Disenrollment Counseling,

P-03062-03b), the right to appeal, the ombudsman, and other resources to assist with dispute resolution, and the opportunity to enroll in other programs for which the customer is eligible. Utilize the appropriate What's Next? (P-00088VA, P-00088W, P-00088U, or P-00088X) publication and the Addressing Concerns About My Program (P-00088Y) publication during this step of the process. These can be found in Section D. DHS-approved materials.

C. Processing enrollments for managed care and IRIS

Staff must follow the process outlined in the Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915), that describes the roles of the different agencies responsible for providing accurate, efficient, and timely eligibility determination and enrollments into publicly funded long-term care.

D. DHS-approved materials

Information About Multiple Programs	Family Care	IRIS	Partnership	PACE
How to Enroll in Medicaid Long-Term Care Programs: • IRIS and Family Care (P-02845A) • IRIS, Family Care, and Partnership (P-02845B) ◦ IRIS, Family Care, Partnership, and PACE (P-02845)	Cost Share: FAQ (P-00088Z) Family Care at the Non-Nursing Home Level of Care (P-00088Q) Family Care Program Overview (P-00088D) Self-Directed Supports in Managed Care (P-00088L) Self-Directed Supports: FAQ (P-00088N)	Cost Share: FAQ (P-00088Z) IRIS Program Overview (P-00088M) MCO, ICA, and FEA Maps, Scorecards, and Guides (interactive webpage) IRIS Authorization (F-00075) IRIS: What's Next? (P-00088VA)	Cost Share: FAQ (P-00088Z) Family Care Partnership Program Overview (P-00088F) Self-Directed Supports in Managed Care (P-00088L) Self-Directed Supports: FAQ (P-00088N) MCO, ICA, and FEA Maps, Scorecards, and Guides (interactive webpage)	Cost Share: FAQ (P-00088Z) Programs of All-Inclusive Care for the Elderly (PACE) and PACE Centers Program Overview (P-00088H) Self-Directed Supports in Managed Care (P-00088L) Self-Directed Supports: FAQ (P-00088N) MCO, ICA, and FEA Maps, Scorecards, and

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Information About Multiple Programs	Family Care	IRIS	Partnership	PACE
Services Included in Adult LTC Programs: • IRIS and Family Care (P-00088OA) • IRIS, Family Care, and Partnership (P-00088OB) • IRIS, Family Care, Partnership, and PACE (P-00088O) Which Long-Term Care Program is Best for Me? • Family Care or IRIS (P-00088T) • Family Care, Partnership/PACE or IRIS (P-00088C) Your Care Team: • Family Care and Partnership (P-00088G)	MCO, ICA, and FEA Maps, Scorecards, and Guides (interactive webpage) Family Care Program Enrollment Form and Instructions (F-00046) Family Care: What's Next? (P-00088W) Addressing Concerns About My Program (P-00088Y)	Addressing Concerns About My Program (P-00088Y)	Partnership Enrollment Form (F-00533) Partnership: What's Next? (P-00088U) Addressing Concerns About My Program (P-00088Y)	Guides (interactive webpage) PACE Enrollment Form (F-02483) PACE: What's Next? (P-00088X) Addressing Concerns About My Program (P-00088Y)

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Information About Multiple Programs	Family Care	IRIS	Partnership	PACE
• Family Care, Partnership, and PACE (P-00088E) Differences Between Family Care, Partnership, and PACE (P-00088J)				

E.   Enrollment counseling for specific population groups and other limitations

1.   Urgent services

The staff member shall consider an Urgent Services Agreement (F-02140) when a customer has significant health and safety risks that may result in detrimental harm to the applicant and there are no other resources or adequate supports available within the 30-day financial eligibility determination period.

To be considered for urgent services:

- The customer must be determined functionally eligible.
- The need for services should be considered immediate.
- The service(s) to meet the customer's needs are in the Family Care or Partnership benefit package and are not available through other long-term care programs.

When an urgent service situation occurs, the agency must inform the customer prior to referring them to an MCO for urgent services that if they are found to be ineligible for publicly funded services, they will be liable for the cost of care management and any other services provided by the MCO while financial eligibility was pending. The agency must obtain the customer's signature on the Urgent Services Agreement (F-02140) to indicate acceptance of this responsibility before making the referral to the MCO. The Urgent Services Agreement (F-02140) must accompany the enrollment form. MCOs may deny the request for an urgent services enrollment.

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For additional information regarding this process, refer to the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915)](#).

2. Incarcerations

When an individual who is residing at a Department of Corrections or Department of Health Services institution or treatment center would like help to enroll in a publicly funded long-term care program, the ADRC or Tribal ADRS will receive the [Facility Referral to ADRC/Tribal ADRS for Publicly Funded Long-Term Care (F-02500)](#). Agencies are encouraged to utilize DHS's [Guidance for Enrolling Individuals who are Being Released from a Department of Corrections or Department of Health Services Institution or Treatment Center into Publicly Funded Long-Term Care (P-02009 20-12)](#), which describes the process for eligibility determination and enrollment. If the individual chooses to enroll in a publicly funded long-term care program, the ADRC specialist must obtain the customer's signature on the [Pre-Release Enrollment Agreement (F-02702)](#) to indicate the customer's acceptance of this responsibility before referring the customer to an MCO or ICA.

3. Money Follows the Person (MFP)

Staff are required to use the [Money Follows the Person brochure (P-00448)](#) to discuss Wisconsin's Money Follows the Person (MFP) Demonstration with each resident of an institution who is enrolling in Family Care, Partnership, PACE, or IRIS. If the customer consents to participate in MFP, the staff member must obtain the [Informed Consent for Participation in Wisconsin's Money Follows the Person (MFP) Demonstration (F-20941)](#) from the participant.

The ADRC or Tribal ADRS is responsible for notifying DHS when a customer enrolls as an MFP participant. Send a copy of the MCO enrollment form or IRIS authorization form and the MFP consent form to dhsmfp@dhs.wisconsin.gov or dhscclmfp@dhs.wisconsin.gov. This is in addition to sending the enrollment materials to the customer's selected MCO, ICA, or FEA.

a. Pretransition eligibility

To be eligible for federal MFP funding, a customer must meet the following pretransition eligibility criteria:

- The individual must have resided in a qualifying institution for at least 60 days. Medicare skilled rehabilitation days cannot be included in the 60-day period, but Medicare skilled nursing days can be counted.

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- Qualifying institutions include skilled nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and institutions for mental disease if paid by Medicaid.
- The individual must receive Medicaid benefits for institutional services for at least one day prior to transitioning from the facility or institution.
- The ADRC or Tribal ADRS is not responsible for determining whether the customer will reside in the institution for 60 days or more. The staff member working with the customer should complete the form for any person residing in an institution and submit the form to DHS as described below. The length of residence and the living arrangement to which the person relocates will be determined by the MCO or ICA.

b.   Long-term care eligibility

The person must meet Family Care, Partnership, PACE, or IRIS functional eligibility at the nursing home or non-nursing home level of care.

c.   Eligible living arrangement:

The individual must relocate to an eligible living arrangement to qualify for MFP. Eligible living arrangements include:

- A house owned or leased by the individual or individual's family member.
- An apartment with an individual lease and where the individual or individual's family has domain and control.
- An adult family home where no more than four unrelated individuals reside.
- Certain residential care apartment complexes (RCACs) where an individual has a separate key to the apartment and signs a lease separate from the service agreement.

The ADRC or Tribal ADRS is not responsible for determining whether the customer will move to an eligible living arrangement. This is the responsibility of the MCO or ICA in which they choose to enroll.

4. BadgerCare or SSI HMO

If an ADRC or Tribal ADRS learns—through the customer or when viewing the iC functionality tab in ForwardHealth interChange (FHiC)—that the customer is currently enrolled in a BadgerCare or SSI HMO, then they must follow this procedure prior to enrolling the customer in a long-term care program:

a. If a customer requests an enrollment date for the first of the following month, the ADRC or Tribal ADRS must enter the enrollment date in FHiC, via the enrollment wizard, up to the last day of the month prior to the actual enrollment date.

b. The enrollment date must be the first of the following month or later. The FHiC enrollment wizard will automatically end the HMO the last day of the month prior to the enrollment date.

c. If a customer has an immediate need that impacts their health or safety, a mid-month enrollment date into Family Care, Partnership, or PACE, then the ADRC specialist must send the following information to the assigned regional quality specialist (RQS):

(1) The reason why the enrollment cannot be delayed until the first of the following month.

(2) The customer's name, date of birth, and member ID.

The RQS will notify the ADRC or Tribal ADRS when the enrollment can be entered into FHiC.

5. Youth transition

Enrollment into an adult long-term care program must occur on or after an individual's 18th birthday and no later than the first of the month following their 18th birthday. This is to ensure there is no gap in services after a youth transitions to adulthood. The ADRC or Tribal ADRS must work with children's program staff to ensure the disenrollment from any children's long-term care programs and enrollment in adult long-term care programs is coordinated. The ADRC or Tribal ADRS must indicate on the enrollment or referral form that the person is currently enrolled in a children's long-term support (CLTS) waiver, along with the CLTS worker's name and contact information. Staff should carefully review Transition of Eligible Participants from Children's to Adult Long-Term Care Programs (DMS Numbered Memo 2022-05) to understand the roles and responsibilities of the ADRC or ADRS, the process, and special circumstances.

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The DHS publication Preparing for Life as an Adult: Transition Planning for Youth (P-00413A) is a helpful guide that agencies can provide to customers.

6. FEA/ICA conflict

Staff providing enrollment counseling to customers who select the IRIS program should be aware of the limitation regarding enrollment. Please refer to the FEA scorecard for information about any conflicts of this sort.

7. FEA transfer requests

Upon a customer's request to transfer to a different FEA, the ADRC or Tribal ADRS must discuss the referral and transfer date to a new FEA in accordance with the IRIS FEA Transfer Calendar (P-02239). The ADRC or Tribal ADRS must then complete the FEA Transfer Request (F-02764) with the customer. Once the request is complete, the ADRC or Tribal ADRS must send a copy of the request form to the ICA. FEA enrolments and transfers are outlined in the FEA Enrollments and Transfers Policy (P-03107).

FEA transfer requests cannot proceed if the customer has already transferred FEAs (or has enrolled in the program) during a consecutive transfer period, as identified on the IRIS FEA Transfer Calendar (P-02239).

8. Institutes for mental disease (IMDs)

An individual between the ages of 21 and 65 must be disenrolled from a long-term care program if admitted to an IMD for more than one day, unless they are receiving residential substance use disorder treatment in the IMD or were an IMD resident immediately prior to turning age 21.

The ADRC or Tribal ADRS may re-enroll the individual upon receiving a request from the individual, MCO, ICA, or facility. The enrollment date may not occur prior to discharge, enrollment counseling, and signing of the enrollment or referral form. Staff should consult the Medicaid Eligibility Handbook for rare exceptions to the re-enrollment criteria.

9. Partnership

Staff working in counties where Partnership is offered should be aware of the nuances of eligibility for this program. The CMS Rule 42 CFR § 422.50 requires a person to be living in the Partnership program's service area in order to enroll in the Partnership plan. A person who is not physically present or currently living in the county in their county of residence is not eligible to enroll in the Partnership program. ADRC specialists and Tribal ADRS staff should not offer the Partnership program as an option to customers

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who are not physically present or currently living in their county of residence. This includes customers who are protectively placed in another county, temporarily living with a friend or relative in another county, or physically present in another county without a place to live. If the customer moves back to their county of residence, they may choose to transfer to the PACE or Partnership program.

10. Program of All-Inclusive Care for the Elderly (PACE)
ADRC specialists working in counties where PACE is offered should be aware of the nuances of PACE eligibility.

PACE is an innovative model that provides a range of integrated preventative, acute care, and long-term care services to manage the often complex medical, functional, and social needs of frail older adults. PACE was created to provide an individual, their family members and caregivers, and professional health care providers with the flexibility to meet health care needs while continuing to live safely in the community.

To participate in PACE qualified individuals must:

- Be age 55 years or older.
- Reside in a county where PACE is available.
- Have an ability to live safely in a community setting at the time of enrollment.
- Meet a nursing home level of care as determined by the long-term care functional screen.

42 CFR § 422.50 requires a person to be living in the PACE program's service area when enrolling in the PACE plan. Therefore, a person who is not physically present or currently living in their county of residence is not eligible to enroll in the PACE program. ADRC specialists and Tribal ADRS staff should not offer the PACE program as an option to customers who are not physically present or currently living in their county of residence. This may include customers who are protectively placed in another county, temporarily living with a friend or relative in another county, or physically present in another county without a place to live. If the customer moves back to their county of residence, they may choose to transfer to the PACE or Partnership program.

Staff must complete an initial long-term care functional screen for any individual interested in participating in PACE. However, unlike other publicly funded long-term care programs, PACE does not require enrollees to be to be financially eligible for Medicaid.

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F.   Documentation

Document every encounter with or on behalf of a customer in the statewide reporting and case management system. For detailed instructions on how to complete the entry, refer to the [PeerPlace User Guide for ADRC Specialists and Tribal ADRSs](#).

III. Collaborating with other aging and disability programs

A.   Options counseling

To identify whether a customer is eligible for and interested in enrollment counseling, the ADRC or Tribal ADRS must first provide options counseling.

B.   Disenrollment counseling

At times, customers may wish to disenroll from their current program and enroll in a new program. In these situations, the ADRC or Tribal ADRS must begin by providing disenrollment counseling to the customer. Through disenrollment counseling, the ADRC or Tribal ADRS may identify that the customer is interested in enrolling or being referred to a different publicly funded long-term care program. If the customer is still eligible, then staff would provide enrollment counseling.

C.   Functional eligibility determination

To provide enrollment counseling, the ADRC or Tribal ADRS must first complete a functional eligibility determination. In most ADRCs, the staff that provide functional eligibility determination also provide enrollment counseling.

D.   Financially eligibility determination

To receive enrollment counseling, a customer must first be determined financially eligible for publicly funded long-term care. The ADRC or Tribal ADRS does not determine financial eligibility; however, they may assist in the application process. It is important to note that PACE does not have financial eligibility requirements like other publicly funded long-term care programs.

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E.   Advocacy

The agency must be knowledgeable about customer rights, appeal processes, and advocacy resources. As part of the enrollment counseling process, staff should provide customers with information about these topics.

IV.   Operational policies and procedures

A.   Statutory and other references

- Wisconsin Stat. § 46.283
- Wisconsin Admin. Code Ch. DHS 10
- CFR 42 Ch. IV
- Medicaid Managed Care Rule
- 1915 (b) waiver
- 1915 (c) waiver
- Family Care, Partnership, and PACE Contracts with MCOs
- IRIS Work Instructions (P-00708A)
- Medicaid Eligibility Handbook

B.   Agency requirements

DHS prohibits ADRCs and Tribal ADRSs from being located in the same building as an MCO, ICA, or FEA. Co-location with any of these entities creates the appearance of a conflict of interest. DHS also prohibits staff who perform any eligibility and enrollment duties to be co-located with entities contracted to provide care management services for an MCO, ICA, or FEA. If any of the agencies move into the same building as an ADRC or Tribal ADRS, the ADRC or Tribal ADRS must notify DHS within three business days.

An agency representative is not allowed to provide agency services to a customer if they are:

- Related to the customer by blood or marriage or related to any paid caregiver of the customer.

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- Financially responsible for the customer.
- Empowered to make financial or health-related decisions on behalf of the customer.
- Hold financial interest in any entity that is paid to provide care for the customer.
- Serve in a policy or decision-making position for any entity that provides or could provide direct services to the customer.

ADRCs and Tribal ADRS agencies must establish mitigation plans for any staff person or board member that is dually employed with an entity that may have a relationship with the agency, such as a long-term care provider or health care provider. The ADRC or Tribal ADRS must make the mitigation plan available to DHS upon request. Mitigation plans must be reviewed and approved by the ADRC's governing board chair and a designated county or Tribal official, such as local corporation counsel.

The ADRC or Tribal ADRS must provide information on the informal and formal processes for resolving grievances regarding the ADRC, MCO, ICA, FEA, or other long-term care or health care program or provider. This information must include whom to contact if the person has a problem with the ADRC, MCO, ICA, FEA, or other program, provider, or service.

ADRCs and Tribal ADRSs must refer to DHS's Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915) for details regarding each agency's responsibility in the enrollment process for publicly funded long-term care. ADRCs and Tribal ADRSs may participate in the DHS's review and revisions of the Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs (P-02915).

Employees of the ADRC or Tribal program partner and any of its subcontractors who provide information and assistance, options counseling, benefits counseling, long-term care functional screening, enrollment counseling, or other professional responsibilities must have a Bachelor of Arts or Science degree or a license to practice as a registered nurse in Wisconsin. In addition, they must have the equivalent of at least one year of full-time experience in a health or human services field working with one or more of the client populations served by the ADRC or Tribal ADRS. Qualifying work experience may be paid or unpaid and may include internships, field placements, and volunteer work.

The ADRC or Tribal ADRS supervisor must obtain approval from DHS by submitting a Request for Approval of Alternative Staff Experience and/or Training (F-00054) prior to making a job offer to a candidate that lacks the degree or experience described above.

C.   Supervision

ADRC and Tribal ADRS supervisors who oversee staff that perform enrollment counseling are responsible for:

- Mitigating conflicts of interests and perceived conflicts of interest that are brought to them by the staff.
- Ensuring that staff are using only DHS-approved materials for enrollment counseling.
- Ensuring timely completion and submission of the ADRC/Aging/Tribal User System Access Request (F-02000) for new staff.
- Ensuring timely completion and submission of the ADRC/Aging/Tribal User System Access Request (F-02000) for staff that have resigned or been terminated from their position or are no longer performing job duties that require access to certain systems.

Staff providing enrollment counseling must be directly supervised by the ADRC director or by another supervisory position within the agency. Supervisors are expected to maintain expertise in enrollment counseling requirements and best practices in order to support agency staff.

Supervisors are encouraged to provide regular feedback to their staff on how well they are performing enrollment counseling. Providing feedback to staff providing enrollment counseling is a great way to help them fine tune their skills and grow in their abilities. This can be done using the Enrollment Counseling Feedback Tool Instructional Guide (P-01068) and Enrollment Counseling In-Person Feedback and Documentation Tool (P-01068A). The feedback tool is designed to provide both agency staff and supervisors with the opportunity to evaluate enrollment counseling in action. Observations are meant to give the supervisor the opportunity to observe staff providing enrollment counseling and for the staff to receive feedback from their supervisor on their skills. Annually, each staff must be observed providing information and assistance, options counseling, or enrollment counseling using the appropriate supervisor observation and support tools.

Maintaining relationships with the MCOs and ICAs that serve the same geographic area as the ADRC or Tribal ADRS is important and encouraged. Supervisors may choose to hold regular meetings with these agencies to discuss processes and other workflows.

D.   Allowable funding sources and expenses

ADRC Operations Manual: Fiscal Management (P-03062-16)

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E. Policy requirements

- [ADRC Customer and Staff Rights and Responsibilities (P-02923-02A)](#)
- [Appeal Policy for Adverse Benefit Determinations (P-02923-01)](#)
- [Changes to Who Can Sign Health Care Applications and Long-Term Care Forms on Behalf of Incompetent or Incapacitated Adults](#) (DMS Operations Memo 24-07)
- [ADRC Operations Manual: Confidentiality (P-02923-06)](#)
- [Conflict of Interest Policy (P-02923-03)](#)
- [Complaint Policy (P-02923-02)](#)

F.   Training and certification requirements

Knowledge of long-term care resources, programs, and supports is critical to the professional responsibility of enrollment counseling. Staff providing enrollment counseling are strongly encouraged to complete the following modules in the [Learning Management System](#):

- ADRC Orientation
- ADRC Specialists Initial Training
- Motivational Interviewing

The Office for Resource Center Development and other aging and disability network partners regularly offer training and continuing education opportunities that are beneficial to staff who provide options counseling. Staff are strongly encouraged to participate in the following opportunities:

- In-person or online training opportunities for staff
- ADRC and Tribal ADRS skills training
- Professional conferences, such as the Aging, Disability, and Independent Living Network Conference

ADRC specialists and Tribal ADRSs are strongly encouraged to participate in other DHS training opportunities, including professional conferences. This includes, but is not limited to, the Aging, Disability, and Independent Living Network Conference, the

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national Inform USA Conference, and the Inform Wisconsin Conference. An up-to-date schedule of trainings can be found on the ADRC Calendar of Events.

G.   Reporting and system requirements

ADRC specialists and Tribal ADRSs must document their encounters with customers, including the nature of the inquiry, information discussed, resources shared, decisions made, and next steps in the statewide reporting and case management system. For detailed instructions on how to complete the entry, refer to the PeerPlace User Guide for ADRC Specialists and Tribal ADRSs.

Staff who provide enrollment counseling are required to complete 100% time and task reporting (P-03062-10) for federal Medicaid administrative claiming. Detailed information on 100% Time and Task Reporting (P-03062-10) can be found within that section of this manual.

To enroll customers into publicly funded long-term care programs, staff must be able to access the ForwardHealth system. This system is also used as a tool to gather information, when needed, about customer eligibility in other programs such as SSI HMOs. Staff must also have access to CARES with read-only rights to be able to view progress with the Medicaid application process. Instructions for requesting access to ForwardHealth system and CARES are available in the ADRC/Aging/Tribal User System Access Request: Form Instructions (F-02000A).

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