

Long-Term Care Functional Screen

ADRC Operations Manual

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

I. Introduction

The aging and disability resource center (ADRC) and Tribal aging and disability resource specialist (ADRS) assure that customers who request access to and indicate potential eligibility for publicly funded long-term care are informed about and assisted in accessing these programs. The agency is responsible for administering the initial long-term care functional screen to determine a customer's functional eligibility for managed long-term care and IRIS. Staff may complete the long-term care functional screen (LTCFS) as part of the discovery process of [options counseling](#) (P-03062-02).

II. Requirements for Performing the Long Term Care Functional Screen

A. Performing the long term care functional screen

General expectations:

Staff certified to complete the functional screen will complete the initial long-term care functional screen to determine a customer's functional eligibility for managed long-term care and IRIS. Staff certified to complete the screen will do so whenever they receive a request or expression of interest in applying for publicly funded long-term care from a customer or from someone acting on their behalf, and when the customer applying indicates to staff that they have a condition requiring long-term care. The agency will perform a LTCFS for residents of its service area who appear to be financially eligible for publicly funded long-term care and wish to relocate from a nursing home. The agency will administer the LTCFS consistent with the instruction in the [Wisconsin Long-Term Care Functional Screen Instructions \(P-00946\)](#).

Per [Wis. Admin. Code § DHS 10.31\(6\)](#), the agency shall determine functional eligibility as soon as practicable, but not later than 30 days from the date the ADRC receives a request or expression of interest. 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 30-day timeline for completing the screen begins once the customer accepts the staff's offer to complete the screen. 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 the [Aging and Disability Resource Center Notice of Delay in Benefit Determination form \(F-02721A\)](#). 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. Staff will include the [Request for Fair Hearing–ADRC form \(F-00236A\)](#) when notifying a customer of delay in determining functional eligibility or an adverse benefit determination.

Staff should always ask if a customer would like to have family or others present when a screen is performed and must allow family and others to be present during a screening.

The agency will not knowingly misrepresent or knowingly falsify any information on the LTCFS. Doing so could result in a finding of Medicaid fraud.

Performing Screens for Private-Pay Customers:

The agency will also conduct the LTCFS for private-pay customers interested in purchasing care management or other services from the MCO or upon request from the income maintenance consortium to start the clock on asset assessments.

Performing Courtesy Screens for Another Agency:

A customer seeking long-term care services may temporarily reside outside of an agency's geographic service region. In these instances, it is acceptable for the agency in the county of responsibility to ask another agency to complete the LTCFS as a courtesy. This may be important to meet required timeframes for completion of the long-term care functional screen and to provide timely access to long-term care services for that customer.

While it is best practice to assist in the completion of a courtesy screen when time and staffing allow, agencies are encouraged to review these requests on a case-by-case basis. If your agency does not have adequate staffing ability to complete a courtesy screen at the time of request, it is acceptable to decline the request. If your agency can complete a courtesy screen, it is helpful to respond to the request promptly to meet the required statutory timelines for completing the LTCFS.

If your agency can complete a timely courtesy screen, consult with the agency in the county of responsibility for any corresponding documents that would help in the completion of the courtesy LTCFS including, but not limited to, protective placement information, guardianship information, and any medical records with diagnosis. If the agency in the county of responsibility does not have this

information, then the agency completing the courtesy screen should obtain the necessary records. Once an agency has completed a LTCFS courtesy screen, it should transfer the completed screen back to the agency in the county of responsibility. The agency in the county of responsibility will provide the customer with options counseling and [information about their appeal rights](#) if they were found functionally ineligible.

B. Long-Term care functional screen determinations

[Wisconsin Admin. Code § DHS 10.31\(6\)](#) describes the decision date and notice requirements for agencies when determining functional eligibility. The agency must notify the customer in writing of its determination of functional eligibility.

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

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 an LTCFS delay over 30 days.

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

C. Transferring the long-term care functional screen between screening agencies

The agency must follow the requirements outlined in the [Enrollment and Disenrollment Process Desk Aid for Public Funded Long-Term Care Programs](#) (P-02915), when transferring the long-term care functional screen to an MCO or ICA.

Agencies are required to obtain written, informed consent prior to transferring a long-term care functional screen for any purpose other than enrollment into an MCO or ICA. This information is contained in the required ADRC [Confidentiality Policy \(P-02923-06\)](#).

D. Rescreening guidelines

In Family Care, PACE, Partnership, and IRIS, an initial LTCFS is required to establish eligibility prior to receiving services. Thereafter, an annual LTCFS is required to ensure continued functional eligibility. Annual recertification screens for MCO enrollees are performed by the MCO. Annual recertification screens for IRIS participants are performed by the ICA. The LTCFS may

be completed more frequently at an individual's request; however, there are instances where the completion of multiple screens is not appropriate. The following technical assistance outlines these instances.

ADRCs and Tribal ADRC Partner Agencies are the only entities that complete initial screens. The completion of an initial screen does not prohibit the ability to complete a rescreen on a later date after an initial screen is completed. The agency has the discretion at the time of the screen to complete a rescreen or a new initial screen.

Please refer to the LTCFS instructions section [2.8 Screening and Rescreening Requirements](#) for additional information.

[Rescreens when the agency's initial screen finds an individual to be functionally ineligible or eligible at the non-nursing home level of care](#)

Agency staff conduct the initial LTCFS to determine initial functional eligibility for long-term care programs. When an individual is found functionally ineligible, functionally eligible with limited program options, or eligible at the non-nursing home level of care for publicly funded long-term care services, the screener will review the screen to ensure the LTCFS was completed accurately. The review includes the following:

- Review of the LTCFS and any related health information to ascertain that all current, pertinent information has been included.
- Review of the LTCFS instructions to assure the correct responses have been selected with the applicant's assessed needs.
- Review of the LTCFS and supporting documentation with the local screen liaison and/or Department of Health Services' screen team to assure the LTCFS is completed accurately.

On occasion, an individual requests one or more rescreens after having been correctly found functionally ineligible, functionally eligible with limited program options, or eligible at a non-nursing home level of care. An individual has the right to request the redetermination of their functional eligibility for long-term care services; however, screening agencies are not obligated to rescreen a person upon every request and should set a reasonable condition upon which a rescreen will be completed. This reasonable condition may include receipt of additional or new information not known to the screener at the time of the earlier screening about a medical, cognitive, or physical condition, diagnosis, or functional limitation; or information from a physician or other professional confirming there has been a significant change in the person's medical, cognitive, or physical condition. The information should be confirmed and should detail how the change has impacted the person's functional ability. A physical or cognitive change is significant when the change affects the level of assistance the person requires.

[Rescreens when an IRIS participant requests an LTCFS rescreen](#)

An individual may be initially determined eligible at a nursing home level of care by the ADRC and then, subsequently, determined functionally ineligible or eligible at a non-nursing home level of care by the ICA. If the individual requests a rescreen by the agency

under these circumstances, then staff should not complete a rescreen. However, the staff may help to reconcile the two screens when the ICA requests assistance.

There are procedures at the ICA and DHS to assist individuals when they are subsequently determined functionally ineligible or eligible at the non-nursing home level of care. If the participant continues to be dissatisfied with the screen result, he or she may appeal the LTCFS eligibility results. MetaStar coordinates all functional screen appeals for the ICAs. All appeals that are submitted to MetaStar are also sent to DHS for concurrent review.

Rescreens when a MCO member requests an LTCFS rescreen

A MCO member who is currently enrolled at the nursing home level of care may seek the ADRC's assistance because he or she does not believe that the LTCFS completed by the MCO is complete and accurate and would like the ADRC or Tribal ADRCs to complete a screen for comparison. In these instances, staff should not complete a rescreen, and the individual should be referred back to the MCO.

Additionally, an individual may initially be determined to be eligible at a nursing home level of care by the agency and then, subsequently, determined functionally ineligible or eligible at a non-nursing home level of care by the MCO. If the individual requests a rescreen by the agency under these circumstances, then staff should not complete a rescreen. However, the agency staff may help to reconcile the two screens when the MCO requests assistance.

There are procedures at the MCO and DHS to assist individuals when they are subsequently determined functionally ineligible or eligible at the non-nursing home level of care. If the participant continues to be dissatisfied with the screen result, he or she may appeal the LTCFS eligibility results. MetaStar coordinates all functional screen appeals for the MCOs. All appeals that are submitted to MetaStar are also sent to DHS for concurrent review.

Rescreens when a member remains in the same program, but requests a transfer from one agency to another (MCO to another MCO or ICA to another ICA)

An individual may decide to transfer from their current agency and receive services from another agency. In these cases, the staff would be notified of this change by the individual or decision-maker and would initiate the [Member Requested Disenrollment or Transfer Form \(F-00221\)](#). Agency staff are not required to review the functional screen and recalculate eligibility in these instances.

Rescreens when a member transfers from a MCO to an ICA

A participant may decide to disenroll from a MCO and enroll into an ICA. In these cases, the staff would be notified of this change by the individual or decision-maker and would initiate the [Member Requested Disenrollment or Transfer Form \(F-00221\)](#). Agency staff are not required to review the functional screen and recalculate eligibility in these instances.

Rescreens when an IRIS participant transfers from an ICA to an MCO

A participant may decide to disenroll from an ICA and enroll into an MCO. In these cases, the staff would be notified of this change by the individual or decision-maker and would initiate the [Member Requested Disenrollment or Transfer Form \(F-00221\)](#). Agency staff are not required to review the functional screen and recalculate eligibility in these instances.

III. Operational Policies and Procedures

A. Statutory references

Wisconsin Statute requires agencies to complete initial functional eligibility determination for publicly funded long-term care programs. These requirements are detailed in the [Wis. Admin. Code ch. DHS 10](#).

[Wisconsin Stat. § 46.283](#)

[Wisconsin Admin. Code § DHS 10.31](#)

[Wisconsin Admin. Code § DHS 10.55](#)

B. Agency requirements

Staff who administer the LTCFS must meet the education and experience requirements of the Department of Health Services (DHS), successfully complete the screener training, and be certified as a functional screener by DHS before being allowed to administer the LTCFS.

To maintain their certification, screeners must pass the LTCFS continuing skills testing (CST) as required by DHS. Failure to pass the CST, or misrepresentation or falsification of test responses, may result in decertification.

The agency will maintain an up-to-date list of all staff who administer the LTCFS, including documentation of their screener qualifications, and make this information available to DHS upon request.

The agency must submit a request to have a screener's security access deactivated within one business day of a screener's termination.

The agency must submit a request to have a screener's security access deactivated within three business days of a screener's departure or reassignment.

C. Supervision and screen liaison

Agencies must designate a screen liaison. Screen liaisons must be certified screeners. The screen liaison for Tribal ADRS certified to conduct the LTCFS is a DHS staff member. Screen liaisons shall have the following duties:

- Serve as the contact person for communications with DHS on screen quality, training, technical issues, and screen quality requirements.
- Monitor the performance of and provide guidance to agency screeners.
- Serve as the contact person for other agencies when a LTCFS needs to be transferred.
- Serve as the contact person for technical issues such as screen security and screener access.

The supervisor or the screen liaison must facilitate all of the following activities with staff performing the LTCFS:

- Ensure that staff are trained and have access to the information needed to perform the LTCFS:
 - Train, mentor, and monitor new screeners; have all screeners participate in required training on the LTCFS; and ensure that all screeners have appropriate training in the confidentiality of personally identifiable records.
 - Ensure that each screener receives communication from DHS's functional screen listserv(s) and related technical assistance from DHS.
 - Use the most current version of the LTCFS and instructions provided by DHS.
 - Consult with DHS, the managed care organization (MCO), or IRIS consultant agency (ICA) when there are conflicting results, questions, or difficulties regarding the LTCFS, as follows:
 - Consult with DHS about unexpected results, when it is unusually difficult to complete an accurate LTCFS, or it is unclear how to interpret all or part of a completed LTCFS.
 - Consult with the MCO or ICA screener when a person who has been found to be functionally eligible by the agency's initial LTCFS is, within the next 90 days, found by the MCO or ICA to be ineligible or to be eligible at a non-nursing home level of care. Review and compare the LTCFS results and attempt to resolve differences.
 - Contact DHS if the differences cannot be resolved.
- When contacted by a Medicaid Personal Care Screen Tool (PCST) screener about differences between results of the LTCFS and the PCST, consider the reasons for the discrepancy. If the discrepancy is the result of an error or omission in the LTCFS, modify it to make the correction. If there are further questions, contact DHS for assistance.

- Monitor screener performance and ensure that screener skills are current.
- Utilize the screener quizzes provided by DHS as educational tools for agency screeners.
- At least once per year, review a random sample of completed LTCFSs for each screener to determine whether they are accurate, complete, and timely. The random sample is determined by the screen liaison or supervisor.
- Have all certified screeners participate in CST required by DHS. If test results indicate that the performance of any individual screener or group of screeners is below the standards set by DHS, then the ADRC must carry out remedial action prescribed by DHS, which may include decertification.
- Review and respond to any quality assurance issues detected by DHS and implement any improvement projects or correction plans required by DHS to ensure accuracy and thoroughness of the LTCFS performed by the agency.
- Document policies and procedures for ensuring the quality of the LTCFS consistent with the above requirements. The agency will make these policies and procedures available to DHS upon request.

D. Allowable funding sources and expenses

[ADRC Fiscal \(P-03062-16\)](#)

E. Policy requirements

[Confidentiality \(P-02923-06\)](#)

[Appeal Policy for Adverse Benefit Determinations \(P-02923-01\)](#)

[Conflict of Interest \(P-02923-03\)](#)

F. Training and certification requirements

In order to administer the LTCFS, staff must first become certified. The [certification course](#) is an online course and can be found on Wisconsin's Functional Screen website under the [Resources for Adult Long-Term Care Functional Screeners](#).

Certified screeners are required to maintain their certification. This is done through a process called continuing skills testing (CST) and is typically held once every two years. Information on CST will be provided to all certified screeners by DHS.

G. Reporting requirements

Staff completing the LTCFS will document their interactions with customers. Documentation for the LTCFS will include the required elements as described in the [ADRC Client Tracking](#) (P-03062-09) section of this manual.

Staff providing options counseling with the LTCFS are required to complete 100% Time and Task Reporting for Medicaid Administrative claiming. Detailed information on [100% Time and Task Reporting](#) (P-03062-10) can be found in that section of this manual.