

**ADRC STEERING COMMITTEE MEETING
WEDNESDAY, AUGUST 4, 2010--3:00 P.M.**



**ROCK COUNTY JOB CENTER
1900 CENTER AVENUE
ROOM D/E
JANESVILLE, WI 53546**

AGENDA

1. Call to Order and Welcome
2. Approval of Agenda
3. Citizen Participation
4. Introductions *
5. New Business:
 - A. Aging and Disability Resource Center (ADRC) Video
 - B. ADRC Mission *
 - C. Information About ADRC And Family Care *
 - D. ADRC Steering Committee role
 - E. Progress To Date – Rock County ADRC
6. Committee Member Comments
7. Future meetings dates and times
8. Adjourn

*******COMMITTEE MEMBERS*****
PLEASE BRING THIS PACKET
*****TO THE MEETING*******

* Denotes Attachment

In the event a committee member is unable to attend, please contact Jennifer Thompson (Rock County LTS) at 741-3684.

**APPOINTMENTS TO THE ROCK COUNTY AGING AND DISABILITY RESOURCE
CENTER (ADRC) PLANNING COMMITTEE**

POSITIONS: Members of the Rock County Aging and Disability Resource Center (ADRC) Planning Committee

AUTHORITY: County Board Resolution 10-7A-_____

TERM: Committee Will Disband No Later Than January 31, 2011

PER DIEM: For County Board Supervisors Only
(Per Board Rule IV.J.)

CONFIRMATION: Yes, by County Board of Supervisors

APPOINTMENTS:

Lisa Ames 2100 E. Milwaukee St., L14 Janesville, WI 53545	Gregg Schneider 703 Milwaukee Road Beloit, WI 53511
Gary Bersell 76 S. Pontiac Drive Janesville, WI 53545	Julie Seeman 3328 N. U.S. Highway 51 Janesville, WI 53545
Carolyn Brandeen 2020 S. Crosby Avenue Janesville, WI 53546	John Solis 51 S. Main Street Janesville, WI 53545
Jenny Dopkins 1410 Hawthorne Avenue Janesville, WI 53545	Terry Thomas 1425 Clover Lane Janesville, WI 53545
Cheryl Drozdowicz 1525 Shannon Drive Janesville, WI 53545	Dale Thompson 4322 Southwyck Drive Janesville, WI 53546
Margaret McMillan 704 Columbine Drive Beloit, WI 53511	Rob Wilkerson <i>Wilkinson</i> 633 Milton Avenue Janesville, WI 53545
Sherry Quirk 2610 O'Hara Drive Milton, WI 53563	Janet Zoellner 5711 W. Plymouth Church Road Beloit, WI 53511

EFFECTIVE DATE: July 15, 2010

**APPOINTMENT TO THE ROCK COUNTY AGING AND DISABILITY RESOURCE
CENTER (ADRC) STEERING COMMITTEE**

POSITION: Member of the Rock County Aging and Disability Resource
Center (ADRC) Steering Committee

AUTHORITY: County Board Resolution 10-7A-096

TERM: Committee Will Disband No Later Than January 31, 2011

PER DIEM: For County Board Supervisors Only
(Per Board Rule IV.J.)

CONFIRMATION: Yes, by County Board of Supervisors

APPOINTMENTS: Kelly Medenwaldt
2020 E. Milwaukee Street, Suite 9
Janesville, WI 53545

EFFECTIVE DATE: August 12, 2010

**Rock County Aging and Disability Resource Center Planning
Rock County Staff**

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Aging and Disability Resource Center Vision

Adapted from the
Report of the WI Council on Long-Term Care Reform
Sub-Committee for Expansion of Aging and Disability Resource Centers and the
Vision and Mission Statements of the first Aging and Disability Resource Centers

The Mission

To empower and support seniors, people with disabilities and their families by providing useful information and finding the help people seek.

The Purpose

Aging and Disability Resource Centers are a central source of information, assistance and access to community resources for older people and people with disabilities, as well as their families. Personalized assistance is available at the resource center, over the telephone, or in visits to an individual's home.

The People

Individualized services are available to people who are elderly or who have a physical or developmental disability. People with a mental illness or a substance use disorder may receive individualized services from the Aging and Disability Resource Center or be connected to assistance through other resources. Aging and Disability Resource Centers are also available to help families and friends, caregivers, physicians, hospital discharge planners and other professionals who work with older people and people with disabilities.

What We Do

- Provide a welcoming, attractive, accessible, place where older people and people with disabilities can go for any information, advice, and help in accessing services
- Provide one central source of reliable and objective information about a broad range of community resources of interest to elderly people and people with disabilities
- Help people to understand the various long term care options available to them
- Enable people to make informed, cost-effective decisions about long term care
- Help people conserve their personal resources, health and independence
- Reduce the demand for public funding for long term care by delaying or preventing the need for potentially expensive long term care
- Help people to apply for eligibility for programs and benefits, and use their communities' resources
- Serve as the single access point for publicly funded long term care

Where to Learn More:

A more complete description of Aging and Disability Resource Centers can be found in the Report of the Resource Center Expansion Committee to the Wisconsin Council on Long Term Care Reform (see <http://www.wcltc.state.wi.us/PDF/adrcrpt.pdf>)

Sheets #1 & #2

What is an ADRC?

- ❑ “One stop shop” with FRIENDLY atmosphere and people
- ❑ One place to go to get accurate info on all aspects of life related to a persons disability.
- ❑ Primary populations served are: frail elderly, people with physical disabilities and people with developmental disabilities
- ❑ Helps people understand all of their options
- ❑ Assists people in applying for programs and benefits
- ❑ Services can be provided over the phone, through home visit or at the ADRC

Sheet #3

Information & Assistance

- ❑ In depth conversations to determine needs
- ❑ Assists, supports, and connects individuals to the resources they need
- ❑ Determines eligibility for programs

Sheet #4

Long Term Care Functional Screen

- ❑ Used to determine physical eligibility for programs
- ❑ Also MA application preparation

Sheet #5

Long Term Care Options Counseling

- ❑ Education with the customer on the options/services/resources available to meet their needs.
- ❑ Assist individuals to select a benefit package that meets their needs: Family Care, PACE, Partnership, IRIS

Sheet #6

Enrollment Counseling

- ❑ Assist customers in selecting the benefit package that best fits their needs.
- ❑ Connects customers through referral process to provider of benefit

Sheet #7

Pre-Admission Consultation

- ❑ Conversations with customers about options available **BEFORE** moving to a LTC facility

Sheets #8 & #9

Benefit Counseling

- ❑ Elderly Benefit Specialist (Ages 60+; already exist in Rock Co. at COA)
- ❑ Disability Benefit Specialist (Ages 18-59)

- Provide information about: Medicare, Medicaid, Social Security, Housing problems, Veteran's benefits, etc.
- "Red Tape Cutters"
- Advocates when they have a problem with a benefit or will refer to legal counsel

Sheet #10

Prevention early Intervention

- Offers programs to focus on reducing the risk of disabilities
- Currently COA offers: healthy eating, falls prevention, caregiver support programs

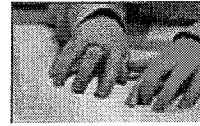
Sheet #11

What is Family Care

- Two organizational components: 1) ADRC 2) MCO
- Waiver programs are eliminated; money goes to fund Family Care.
- County contributes dollars to fund Family Care using 2006 figures and gradually pays down to 22% of BCA.
- MCO receives a Per Member Per Month payment for each covered life (A.K.A.-capitation rate)
- Consumers receive same type of services as offered by the Waiver programs.
- Services are based on Consumer "outcomes"
- MCO needs to balance high cost cases with low cost cases
- ADRC links eligible individuals to the MCO to begin services



WISCONSIN DEPARTMENT OF HEALTH SERVICES



About ADRC Topics A - Z Programs & Services Partners & Providers Reference Center



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Aging and Disability Resource Centers Customer Page

Find an ADRC

Professional Home

WHAT IS AN ADRC?

The place for information and assistance!

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Functional Screen

Programs and Services

References and Tools

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Contact Us

Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone -- individuals, concerned families or friends, or professionals working with issues related to aging or disabilities -- can go for information specifically tailored to their situation. The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. These services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help.

For additional information, see:

- [ADRC Brochure](#) (PDF 98 KB)
- [Video: Introduction to Aging and Disability Resource Centers](#) 9 minute video ([Webcast help](#))

HOW TO FIND AN ADRC

ADRCs are available in most, but not all, Wisconsin counties. Check the following links to find an ADRC in your area:

- **Finding an ADRC:** A directory of ADRCs, by county (PDF 40 KB) Updated June 22, 2010
- **ADRC Map:** Map indicating which counties are served by an ADRC. (PDF, 30 KB) Updated June 2010

SERVICES PROVIDED BY THE ADRC

An Aging and Disability Resource Center provides the following services and more:

Information and Assistance:

- Information about local services and resource
- Assistance in finding services to match your needs
 - In-home care
 - Housekeeping and chore services
 - Home modifications, safety and maintenance
 - Health (healthy lifestyles, management of chronic conditions, dementia, etc)
 - Respite
 - Transportation
 - Nutrition, home delivered meals
 - Housing, including senior and low income housing
 - Assisted Living, nursing homes and other long term care facilities
 - Financial assistance (e.g., Social Security, SSI, Disability, Medicare, Medicaid and other benefit programs)
 - Legal issues (guardianship, power of attorney, client rights advocacy)
 - Abuse, neglect and financial exploitation
 - Mental health, alcohol and drug abuse, crisis intervention
 - Employment, vocational services, volunteer work
 - Adaptive equipment
 - Other

Long Term Care Options Counseling:

- Information about the choices you have when making decisions about where to live, what kind of help you need, where to receive that care and help, and how to pay for it.
- One-on-one consultation to help you think through the pros and cons of the various options in light of your situation, values, resources and preferences.

Benefit Counseling:

- Benefit specialists provide information about government and other benefits that you may be entitled to receive, such as Medicare, Medicaid, Social Security, Disability, low income housing, etc.
- Benefit specialists advocate for you when you have problems with Medicare, Social Security, and other benefits.
- Elderly Benefit Specialists serve people age 60 years of age and older.

- Disability Benefit Specialists serve adult with a disability under age 60. This includes people with a physical disability, people with a developmental disability, people with mental illness or substance use issues.

Access to Funding for Long Term Care:

- The ADRC can determine if you will be eligible for public funding for your long term care.
- The ADRC can help you prepare your Medicaid application, if eligible.
- The ADRC can explain the program choices you have that will provide your long term care. These programs include Family Care, IRIS and in some areas Partnership and PACE.

Health and Wellness:

- ADRC can connect you to wellness programs to help keep you healthy and independent.

Please don't hesitate to contact your local ADRC if you have questions or need help with any issue relating to aging or disability. Contact information for the ADRCs can be found at **Finding an ADRC**.

PDF: The free *Acrobat Reader*® software is needed to view and print portable document format (PDF) files. [Learn more](#).

Last Revised: July 13, 2010

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Framework for Developing Aging and Disability Resource Centers In Conjunction with Managed Care Expansion

Purpose: *The Department's goal is to develop a statewide system of Aging and Disability Resource Centers (ADRCs) that complements and supports the statewide expansion of managed long term care over the next five years. The timing of start up of new ADRCs is such that key ADRC services will be available when a CMO starts operating in the area. Requirements for ADRC services, organization and procedures are contained in state statute, administrative rule, and the 2006 ADRC contract. The following is intended to provide additional guidance to the managed care planning consortiums and ADRC sub-committees of planning consortiums on issues specifically related to development of new ADRCs in conjunction with managed care expansion. Additional information to support planning efforts will be distributed on a periodic basis.*

- 1. ADRC Availability.** ADRC services must be available in a county at or before the time when a long term care managed care organization begins operation in that county.
- 2. Who Can Be an ADRC?** An ADRC can be a county or tribal entity, a multi-county consortium, a private non-profit organization, or a combination of the above. A county or tribal government may be both an ADRC and a care management organization (CMO), so long as there is adequate separation in the governance and organizational structure. More guidance explaining what "adequate separation" is under different managed care models will be forthcoming.
- 3. Multi-County ADRCs.** Development of ADRCs serving a multi-county region is encouraged. Some of the components that define a multi-county ADRC are a shared governing board or committee, provision of resource center services throughout the entire multi-county area, use of a common client tracking and single resource data base for the multi-county area, and a single budget and expenditure report. A description of possible approaches to multi-county ADRCs, which vary in the degree of collaboration, will be provided in the near future.
- 4. Service Area.** While ADRC services must be available to consumers throughout the service area of a new managed care organization, the boundaries of an ADRC service area do not need to be the same as those of any managed care organization. An ADRC's boundaries may extend beyond the service area of the CMO or, alternatively, multiple ADRCs may provide coverage for the service area of a larger, regional CMO. In either case, where an ADRC is operating in a given county or through a tribe, it must make services available throughout the entire county or tribal jurisdiction. Generally not more than one ADRC will serve any given county, except to the extent that the Department contracts with a tribe to serve tribal members. More than one managed care entity may serve a given geographic location, and an ADRC needs to be prepared to work with all CMOs in its service area.
- 5. Target Populations.** ADRC services will be available to the elderly, adults with developmental disabilities, adults with physical disabilities and adults with mental illness and/or substance use disorders. 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 CMO begins operation and may phase in services to other target populations according to an approved Service Delivery Plan. ADRCs are expected to have demonstrated competencies relating to and to be accessible to all of the populations they serve.
- 6. Scope of Responsibilities.** ADRCs developed in conjunction with managed care expansion are expected to be full service ADRCs, serving a broad population of elderly persons and individuals with disabilities and their families as well as those who are potential enrollees in the managed care program. It is essential that the ADRC have in place necessary protocols and procedures to facilitate financial eligibility determinations, conduct functional eligibility determinations and carry out its enrollment responsibilities within required timeframes for persons enrolling in care management organizations. Key responsibilities in the ADRC contract include providing information and assistance, prevention, benefit specialist services, long term care options counseling, and access to a wide array of public and private programs and services, including publicly-funded long term care. A complete description of the service requirements for new as well as existing ADRCs is contained in the 2006 ADRC contract document.

7. **Additional Responsibilities Related to the Transition to Managed Care.** New ADRCs will be expected to be fully qualified and prepared at the outset of managed care operations to provide support for timely eligibility determination, coordination of enrollment counseling and enrollment in long term managed care programs.

Initial long-term care functional screens for current waiver recipients who are considering enrolling in a managed care program may be conducted by current certified screeners in the county waiver agency. Subsequent to the transition period, all initial functional screens must be conducted by a certified screener employed by the ADRC.

8. **Marketing.** ADRCs will perform outreach and marketing to inform the public about their services. ADRCs will also provide information about all available managed care entities and other long-term care options, as well as information about entitlements to public benefits, but will not conduct marketing activities on behalf of a particular managed care organization.
9. **Funding.** As stated in the goal, it is the Department's intent to fund ADRCs in every managed care service delivery area. Federal match is available for some ADRC functions, and 100% time-reporting is required.

Funding for new ADRCs will be made available in time to ensure that ADRCs are available to do options counseling and eligibility determination by or before the time the CMOs begin operation. To the extent funds are available, additional ADRCs will be funded to achieve statewide coverage in five years.

10. **ADRC Planning.** Planning for ADRC development should be coordinated with planning for development of the managed care organization. Planning for the ADRC should aim for a fully-functioning ADRC with a focus on support to consumers transitioning from existing long term care programs and waiting lists to new models of managed care offered in the ADRC service delivery area. Planning should engage all the necessary stakeholders for this purpose including at least the following program areas: The managed care organization or its planning group, County Aging Programs, Community Integration Programs for people with developmental disabilities, Community Options Programs for elders and people with physical disabilities, County Programs for people with mental health or substance abuse needs, County Social Services programs for adults and County Economic Support Units. It is also important to involve Tribes, Independent Living Centers and public health agencies in the planning area at strategic points in the planning process. A proposed planning process will be offered in a document titled *Guide to Planning for an Aging and Disability Resource Center*.
11. **Phase-In of ADRC Responsibilities.** The manner and timing of service delivery implementation will be described in a Service Delivery Plan prepared by the ADRC for Department review and approval. Requirements to perform particular functions may be waived during the managed care organization's initial implementation phase, when requested by the ADRC and approved by the Department.
12. **ADRC Application and Approval Process.** In the areas where a CMO is ready to start operating, there will be a process of approval of ADRCs based on an application submitted to DHFS. The Department will provide the format for the application. Application requirements will incorporate the elements in the Request For Proposal (RFP) issued in 2005, including a plan and budget, to be submitted to the Bureau of Aging and Disability Resources for review and approval. The applications will include all the elements required of ADRCs that were funded in 2005 and 2006.
13. **Sustainability.** An ADRC contract will be renewed annually, provided that it continues to adequately perform the required ADRC functions.
14. **For Additional Information.** Additional information will be provided through a variety of methods, including postings on the Department website, web casts, and regional meetings and presentations. Questions can be directed to RCTeam@dhfs.state.wi.us.
15. **How to Communicate with DHFS.** Communication with the Department regarding ADRC planning, development, funding and operations should be directed to Ann Marie Ott, ADRC Coordinator, in the Bureau of Aging and Disability Resources. Ann Marie can be reached at 608-261-7809 or RCTeam@dhfs.state.wi.us.

Communication regarding managed care organizations should be directed Kathleen Luedtke, Comprehensive Systems Change Manager, in the Division of Disability and Elder Services or to the Department liaison who has been assigned to the managed care consortium. Kathleen can be reached at 608-267-4896 or luedtka@dhfs.state.wi.us.

Planning for Information and Assistance (I&A) Service

The core service of an Aging and Disability Resource Center (ADRC) is Information and Assistance (I&A). Approximately 80% of all contacts made to ADRCs do not result in a referral for government programs and services, and do not involve the traditional intake process.

ADRC Information and Assistance

Information and Assistance is a professional service provided by ADRCs to the public. I&A ranges from sharing information and responding to requests, to in-depth conversations that take place over time regarding an individual's concerns and challenges. The I&A Specialist provides knowledge and research into all available options, and decision support when the individual chooses his or her next steps. I&A is a time intensive process. People may not know to ask for a specific service by name, so it is important that I&A specialists have the time to establish a personal rapport, understand all of each person's concerns, and be able to offer all potential resources and solutions. I&A service also includes following-up with people to find out how well proposed solutions worked for them, and if they need any additional information or service.

The public needs to be made aware that the ADRC is the place to go to get information and help with a variety of questions and concerns of importance to adults with disabilities, elders and their families. Agencies such as health care providers and social service providers can use the ADRC to find help for their clients. Even information and referral providers - such as 211 and crisis lines - will want to refer people to the local ADRC to get in-depth information about how to decide between programs and services, including determining eligibility and support for choice and decision making in long-term care. Written memorandums of understanding can be a vehicle to articulate referral protocols between agencies and clarify differences among the I&A services provided by each agency.

The Relationship between I&A and Long-Term Care Options Counseling

Long-term care options counseling is an extension of the I&A process. This service is focused on consumer education and is often provided when an individual is planning for or currently experiencing a life change. These life changes may include surviving a traumatic event such as a car accident, a medical event such as a stroke, or the transition from school-based services to programs for adults with disabilities. To be effective in providing this service, it is important to take the time needed to fully understand each individual's strengths as well as needs. In order to ensure continuity in service delivery, options counseling can be provided by the same I&A Specialist that began the process with the individual.

Relationship with the Public

All people should have access to trained Information and Assistance professionals. Contacts from the public come in all forms, including phone calls, letters, e-mails, and in person. Walk-in contacts must have a place to talk with I&A Specialists confidentially to allow for disclosure of personal financial information or intimate details of a disabling condition. The ADRC must offer I&A services 8 hours per day, Monday through Friday, with continuous coverage between 11:00am and 2:00pm. Additional access to I&A specialists should be made available for occasional after-hours appointments when necessary.

Receptionist vs. I&A Specialists Initial Contact Models

Each ADRC should have an established structure in place to best provide communication with the public. Important factors to consider include the volume of contacts and the number of I&A Specialists available to help. The following are two possible models for the initial public contacts.

Receptionist model- A staff position is dedicated to handling the initial contacts and routing them to the appropriate staff member, i.e. I&A Specialist, Disability Benefit Specialist, etc. This position would entail asking only the basic questions needed to determine the proper routing of the contact. The optimum service is a “warm” transfer to the appropriate person, not a voice mail or call back system.

I&A Specialist model- On a rotation basis, I&A Specialists answer all contacts and either handle them directly or refer them as appropriate.

Staff Requirements

An ADRC must have at least one full-time Information and Assistance Specialist position. The I&A Specialist should not be expected to provide other services that are not part of the ADRC responsibilities. This staff position should not be considered synonymous with the agency’s “Intake” unit. This person must be certified by the National Alliance of Information and Referral Specialists (AIRS) within one year of the contract date or beginning of employment, whichever comes later. All staff members that answer the main phone line and other initial contacts must have thorough knowledge of the mission, operations, and referral policies of the ADRC.

Technical Systems

Telephone System – The ADRC phone number must be toll-free and published in local phone books. The system must have the capacity to directly transfer calls, permitting staff to connect callers to emergency services and to other agencies or staff. The main phone line must be answered by a person, not a recording, during the ADRC’s normal hours of operation. The system must also have the capacity for callers to leave messages after hours.

Databases - Information regarding providers, programs, and services available in the ADRC service area (especially for private-payment) must be collected into a central database. For a minimal list of topics to be included please refer to the ADRC contract with the Department (Article II. B.) Building these resources is an on-going process. It is important to make sure that the resources included in the I&A database conform with Inclusion/Exclusion policies provided by the Department and data entries follow the established style guide. A client tracking database, using software such as Beacon, should also be considered in planning an ADRC with upcoming guidance from the Department.

Website – An ADRC must have a website that provides a description of I&A services and contact information for the general public as well as the ADRC’s target populations. Ideally, the website will eventually contain a user-friendly searchable resource database and be accessible to persons with disabilities.

Other Technical Assistance References

For more information regarding I&A, you may refer to the following:

National Alliance of Information and Referral Systems (includes a listing of I&A Specialist certification requirements) - www.airs.org

National Information and Referral Support Center- www.nasua.org/informationandreferral

Website Accessibility for Persons with Disabilities – <http://www.usability.gov>

Family Care Quarterly Activity Reports –

<http://dhfs.wisconsin.gov/LTCare/ResearchReports/QtActivityRpts.HTM>

Other considerations and resources for planning the Information and Assistance system of an ADRC are also available. Please send an email request to RCteam@dhfs.state.wi.us or call Maurine Strickland, I&A Program Specialist, at (608)266-4448 for further information.



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Wisconsin's Functional Screen

Wisconsin's Functional Screen system is a web-based application used to collect information about an individual's functional status, health and need for assistance for various programs that serve the frail elderly and people with developmental or physical disabilities. The screen is used to determine functional eligibility for certain mental health services, adult long-term care programs and children's long-term support programs. Experienced professionals, usually social workers or registered nurses, who have taken an on-line training course and passed a certification exam are able to access and administer the screen.

Resources for certified screeners: [Adult LTC](#), [Children's LTS](#), [MH/AODA](#), [General Resources for all Screeners](#)

General Information

- [Overview](#): Background information on the history and use of the Long-Term Care (LTC) Functional Screen.
- [PowerPoint Presentation](#): An interactive walk through of the adult LTC Functional Screen application. Includes screen shots and explanations of each page.
- [Papers*](#) on testing the validity and reliability of Wisconsin's functional screens:
 - [Children's Long-Term Support Functional Screen Validity](#) (PDF, 74 KB)
 - [Adult Long-Term Care Functional Screen Validity](#) (PDF, 54 KB)

* The papers above were prepared as part of Wisconsin's applications to the Centers for Medicare & Medicaid Services for approval of the Children's Long-Term Support and adult Long-Term Care Functional Screens.

Resources for Certified Screeners [Adult LTC](#), [Children's LTS](#), [MH/AODA](#)

Adult LTC Screeners

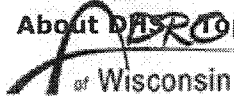
- [LTC FS Version 3 Paper Form](#) (PDF, 92 KB; Revised 11/17/09)
- [Clinical Instructions](#) (Revised 3/9/10)



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DEPARTMENT OF
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Options Counseling

Consumer Home

Long-term care options counseling is an extension of the I&A process. This service is focused on consumer education and is often provided when an individual is planning for or currently experiencing a life change. These life changes may include surviving a traumatic event such as a car accident, a medical event such as a stroke or the transition from school-based services to programs for adults with disabilities.

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Options counseling is a decision-support process whereby consumers are assisted to evaluate and weigh their long-term care service options. Examples of decision support include assistance evaluating housing options, assistance sorting through home care and personal care options, as well as helping a person decide to move or stay in their current residence. To be effective in providing this service, it is important to take the time needed to fully understand each individual's strengths, and preferences as well as needs. In order to ensure continuity in service delivery, options counseling can be provided by the same I&A Specialist that began the discussion with the individual.

Options Counseling Tool Kit:

Welcome to the Long Term Care Options Counseling Tool Kit: A Professional's Guide.

This tool kit supports the delivery of long term care options counseling, a service of Aging & Disability Resource Centers (ADRCs). It contains key information that will help professionals to improve their skill and knowledge in providing this service.

The tool kit is divided into three major sections:

Introduction Video

The video provides an overview that illustrates the process used to provide long term care options counseling.

Communication Module

This module contains several scenarios describing common issues and the needs experienced by people who contact ADRCs. Communication guides highlight key questions, items to consider and potential resources that are also discussed in

this segment of the tool kit.

Webcasts

A series of webcasts, including power point presentations was developed to provide information on critical subjects relevant to long term care options counseling.

- [Supporting People with Physical Disabilities and their Families](#)
- [Supporting Older Adults](#)
- [Supporting Individuals and Families with Developmental Disabilities](#)
- [Serving People who are Visually Impaired](#)
- [Assistive Technology](#)
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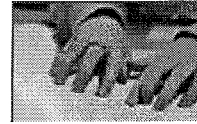
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About ADRC Topics A - Z Programs & Services Partners & Providers Reference Center



ADRC Enrollment Counseling

Consumer Home

Enrollment Counseling is an important service of the Aging and Disability Resource Center (ADRC). Resource Center specialists assist individuals who are found eligible for publicly funded long-term care to select a benefit package: Family Care, Family Care Partnership (also known as Partnership), Program of All-Inclusive Care for the Elderly (also known as PACE) and IRIS.

Find an ADRC

Professional Home

This bulletin will provide tools and resources to support the delivery of long-term care enrollment counseling in your Aging and Disability Resource Center (ADRC). ADRCs are encouraged to make copies of key information to give to individuals who are considering their publicly funded long-term care options.

Forms

Functional Screen

Programs and Services

#09-1 [Enrollment Counseling](#) (PDF, 656 KB) REVISED 11/16/09

Publications:

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ENGLISH	HMONG	RUSSIAN	SPANISH
A Guide for People Who Are on a Waiting List for Publicly Funded Long-Term Care		P-00088_R	
What is an Aging and Disability Resource Center?		P-00088AR	
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Interdisciplinary Teams in Programs			

of All-Inclusive Care for the Elderly (PACE)	P-00088IR
Key Differences between Family Care, FC Partnership and PACE	P-00088JR
What Will Change From the Medicaid Waiver Programs to IRIS (Include, Respect, I Self-Direct)	P-00088KR
Tell Me More About Self-Directed Supports in Managed Care	P-00088LR
Tell Me More About IRIS	P-00088MR
Key Questions: Highlighting differences between options for self-direction in Family Care and IRIS	P-00088NR
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About DHS Topics A - Z Programs & Services Partners & Providers Reference Center



Pre-Admission Consultation (PAC)

Consumer Home

Pre-Admission Consultation

Find an ADRC

Professional Home

Pre-admission consultation is a service provided by Aging and Disability Resource Centers (ADRCs) to individuals who are in the process of considering or making a decision about the need to move out of his or her home in order to receive the help they need to remain independent and safe. Sometimes people are unaware that there are services and supports that can be provided right in their own home, often making a move unnecessary. Those who want to move into a nursing home or assisted living facility (such as a community based residential facility or residential care apartment complex), can find it difficult to know which facility would be the best for them or a loved one.

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Through pre-admission consultation provided by the ADRC, people have a conversation with a knowledgeable professional about the options available to him or her and the costs of different options. ADRC staff can help individuals consider how long personal funds will last and discuss what may happen if money runs out so people can best plan for their future. The conversation can also include information about the sources of government funding that may be available and how people can be eligible. The pre-admission consultation will provide individuals with an opportunity to discuss important factors to consider when choosing among long term care programs, settings and benefits.

Information for Potential Residents

For a brochure with additional information about pre-admission consultation and the way that you can contact the ADRC in your community, click below on the county where you currently live.

Information for Residential Providers

In addition, nursing homes, community based residential facilities (CBRFs), and residential care apartment complexes (RCACs) are required to provide prospective residents with a brochure about the pre-admission consultation service provided by ADRCs. These providers can click on the appropriate county below to access and print the brochure they are required to provide to individuals interested in residing in their facility.



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Aging and
Disability
Resource
Centers

Disability Benefit Specialist Program

What are disability benefit specialists?

County and
Tribal Aging
Offices

Disability benefit specialists operate as an integral part of each Aging and Disability Resource Center. They provide confidential assistance at no charge to adults ages 18 to 59 with physical disabilities, developmental disabilities, mental illness and/or substance abuse disorders. Individuals age 60 and older can contact the Elderly Benefit Specialist Program.

Disability
Benefit
Specialists

Family Care

The **goals** of the program are:

Independent
Living Centers

- to provide current, accurate information about public and private benefit programs;
- to counsel individuals about eligibility for various programs and benefits; and
- to help people apply for benefits or appeal a denial of benefits.

IRIS

Long Term Care
Programs

Pathways to
Independence

Wisconsin
Assistive
Technology
Program

Statistics about the Disability Benefit Specialist Program are available for 2003 through 2009.

Where can I find a disability benefit specialist?

Find a disability benefit specialist at the Aging and Disability Resource Center serving your county.

Individuals who use sign language as their primary method of communication may receive disability benefit specialist services through the Office for the Deaf and Hard of Hearing. Services are available statewide.

Enrolled tribal members who live on or near a reservation in Wisconsin may receive disability benefit specialist services through the Great Lakes Inter-Tribal Council.

The following counties do not yet offer disability benefit specialist services: Adams, Dane, Door, Florence, Kewaunee,

Langlade, Lincoln, Marinette, Menominee, Oconto, Oneida, Rock, Shawano, Taylor, Vilas, and Winnebago.

No services available in your county? If there are no disability benefit specialist services available in your county at this time, please stay tuned for updates. The Disability Benefit Specialist Program is in the process of statewide expansion. If you need immediate assistance with an issue related to your benefits, you may contact [Disability Benefit Specialist Program Manager](#) at the Department of Health Services for assistance in locating alternative resources in your area.

Do you have questions about public benefits?

Visit our [Frequently Asked Questions](#) about benefits. Answers are available in text and in American Sign Language.

Are you interested in going to work?

People who want to return to work, or who are interested in working but not sure how it will affect their benefits, may wish to speak with a [work incentives benefit specialist](#) (exit DHS).

[Send questions to the Office for Resource Center Development.](#)

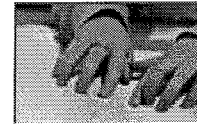
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ADRCs

**Elderly
Benefit
Specialists**

An elderly benefit specialist is a person trained to help older persons who are having a problem with their private or government benefits.

Elder Abuse

County and tribal benefit specialists are often called *red tape cutters* because they are experts at helping older persons with the extensive and complicated paperwork that is often required in benefit programs. They help older persons figure out what benefits they are entitled to and tell them what they must do to receive them.

**Family
Caregivers**

Healthy Aging

**Information &
Assistance**

Elderly benefit specialists receive ongoing training and are monitored by attorneys knowledgeable in elder law. The attorneys are also available to assist older persons in need of legal representation on benefit matters.

Publications

Trainings

Send us an email

Who Should Seek Help From An Elderly Benefit Specialist?

- Older persons who just want to know more about any private or public benefit.
- Older persons who need help in organizing the paperwork to apply for benefits.
- Older persons who have been denied a benefit that they think they are entitled to receive.

What Elderly Benefit Specialists Can Do

- Provide accurate and current information on your benefits.
- Suggest alternative actions that you can take to secure benefits or appeal denials of benefits.
- Advocate on your behalf with other parties.
- Explain what legal action or other possible solution is required.
- Refer you to an appropriate attorney when necessary.

Benefit specialists can help you with a variety of programs and issues, including:

- Medicare; Medicare Part D
 - Medicare Health plan decisions need to be made between Nov. 15 - Dec. 15. Contact an Elderly Benefits Specialist for more information. Also visit: www.medicare.gov (exit DHS)
- Medicare Supplemental Insurance;

- Supplemental Security Income (SSI);
- Social Security;
- Medical Assistance;
- Consumer problems;
- Age discrimination in employment;
- Homestead Tax Credit;
- Housing problems;
- Supportive Home Services;
- Food Stamps;
- Veteran's Administration benefits;
- General Relief; and
- Other legal and benefit problems.

Who Is Eligible For Elderly Benefit Specialist Services?

Anyone 60 years of age or older who is having a problem in securing a public or private benefit is eligible for the Elderly Benefit Specialist Program.

What Does the Elderly Benefit Specialist Service Cost?

The program is supported with funds from the State of Wisconsin and the federal Older Americans Act. Some Elderly Benefit Specialist programs also receive federal funds through the State Health Insurance Assistance Program. There is no charge for the service, but persons assisted by the program are encouraged to make a donation towards the cost. All donated funds will be used to expand the program. Services will not be refused or limited in any way if a contribution is not made.

Who Provides Elderly Benefit Specialist Services?

Services are either provided directly, or contracted to another agency by county and tribal aging units. The area agencies on aging contract for training and support of the benefit specialists by attorneys. The State Bureau on Aging and Disability Resources in the Wisconsin Department of Health Services coordinates the program statewide.

For more information, contact the county or tribal benefit specialist nearest you. Ask specifically for the benefit specialist when calling. To receive the best service, it is advisable to schedule an appointment in advance.

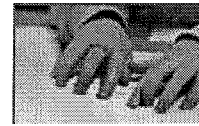
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Prevention and Early Intervention. ADRCs promote effective prevention efforts to keep people healthy and independent. In collaboration with public and private health and social service partners in the community, the resource center will offer both information and intervention activities that focus on reducing the risk of disabilities. This may include a program to review medications or nutrition, home safety review to prevent falls, or appropriate fitness programs for older people or people with disabilities.

[Wisconsin's Evidence-Based Prevention Programs for Older Adults](#)

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History of LTC Redesign

An Overview of Wisconsin's Family Care Program

[Printer-friendly version](#) (PDF, 57 KB)

In the mid-1990s, a broad consensus developed on the need to redesign Wisconsin's long-term care system, prompted by concerns with the cost and complexity of the long-term care system, inequities in availability, and by projections of an aging population's growing demand for long-term care.

Over the next few years, consumers, advocates, providers, state and local officials, and others collaborated to design a new approach to the provision of long-term care in Wisconsin. This new approach, named "Family Care," was designed to provide cost-effective, comprehensive and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for interdependence and support. Family Care was partially based on experience in developing the [Partnership Program](#), which integrates all health and long-term care services into one inclusive benefit. (Description of [key differences between Family Care and Family Care Partnership.](#))

Family Care, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers (ADRCs), designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources

[What is Family Care?](#)

[Who does Family Care serve?](#)

[Aging and Disability Resource Centers](#)

[Managed Care Organizations](#)

[Where in Wisconsin can you find Family Care?](#)

[How do you apply?](#)

[Consumer resources for questions](#)

[Real life stories](#)

[Why Family Care?](#)

[Being a Full Partner in Family Care](#)

available to them in their local communities.

2. Managed care organizations (MCOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

As of October 1, 2009, Family Care is available in 48 counties in Wisconsin ([Map](#)). In addition, several other counties provide resource-center only services. [ADRC map](#) (PDF, 29 KB).

Using the resource center model developed by Family Care, Wisconsin is moving to create additional aging and disability resource centers accessible to everyone in the state. For more information about Wisconsin's initiative to expand aging and disability resource centers, e-mail Janice Smith at Janice.Smith@wisconsin.gov.

Overview of Aging and Disability Resource Centers

Aging and disability resource centers (ADRCs) offer the general public a single entry point for information and assistance on issues affecting older people, people with disabilities, or their families. These centers are welcoming and convenient places to get information, advice and access to a wide variety of services. As a clearinghouse of information about long-term care, they will also be available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. Services will be provided through the telephone or in visits to an individual's home. Detailed descriptions of the services the resource centers provide are contained in the [ADRC Contract and Exhibits](#). A more general description of the services they provide follows:

- **Information and Assistance.** Provide information to the general public about services, resources and programs in areas such as: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, home maintenance, nutrition and Family Care. Resource center staff will provide help to connect people with those services and to also apply for SSI, Food Stamps and Medicaid as needed.
- **Long-Term Care Options Counseling.** Offer consultation and advice about the options available to meet an individual's long-term care needs. This consultation will include discussion of the factors to consider when making long-term care decisions. Resource centers will offer pre-admission consultation to all individuals with long-term care needs entering nursing facilities, community-based residential facilities, adult family homes and residential care apartment complexes to provide objective information about the cost-effective options available to them. This service is also available to other people with long-term care needs who request it.
- **Benefits Counseling.** Provide accurate and current information on private and government benefits and programs. This includes assisting individuals when they run into problems with Medicare, Social Security,

or other benefits.

- **Emergency Response.** The resource center will assure that people are connected with someone who will respond to urgent situations that might put someone at risk, such as a sudden loss of a caregiver.
- **Prevention and Early Intervention.** Promote effective prevention efforts to keep people healthy and independent. In collaboration with public and private health and social service partners in the community, the resource center will offer both information and intervention activities that focus on reducing the risk of disabilities. This may include a program to review medications or nutrition, home safety review to prevent falls, or appropriate fitness programs for older people or people with disabilities.
- **Access to the Family Care Benefit.** For people who request it, resource centers will administer the Long-Term Care Functional Screen to assess the individual's level of need for services and eligibility for the Family Care benefit. Once the individual's level of need is determined, the resource center will provide advice about the options available to him or her – to enroll in Family Care or a different case management system, if available, to stay in the Medicaid fee-for-service system (if eligible), or to privately pay for services. If the individual chooses Family Care, the resource center will enroll that person in a MCO. The level of need determined by the Long-Term Care Functional Screen also triggers the monthly payment amount to the MCO for that person.

Findings from the Aging and Disability Resource Centers

- During calendar year 2004, resource centers handled nearly 66,500 contacts. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.
- People calling on their own behalf as well as staff from long-term care facilities and community agencies are the most frequent callers, followed by friends and relatives.
- People most often call the resource center seeking information and assistance related to basic needs and financial related services such as health insurance, money problems, or paying for food and utilities. However, people have called their resource center about a wide variety of topics from in-home care to hospice services, from legal issues to Alzheimer's care, from job help to education.

Overview of Managed Care Organizations (MCOs) and the Flexible Family Care Benefit

Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of

health and long-term care services that otherwise would be available through separate programs. A member of a MCO has access to a large number of specific health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers and the very flexible state-funded Community Options Program. In order to assure access to services, MCOs develop and manage a comprehensive network of long-term care services and support, either through contracts with providers, or by direct service provision by MCO employees. MCOs are responsible for assuring and continually improving the quality of care and services consumers receive. MCOs receive a monthly per person payment to manage and purchase care for their members, who may be living in their own homes, group living situations, or nursing facilities. Some highlights of the Family Care benefit package are:

- **People Receive Services Where They Live.** MCO members receive Family Care services where they live, which may be in their own home or supported apartment, or in alternative residential settings such as Residential Care Apartment Complexes, Community-Based Residential Facilities, Adult Family Homes, Nursing Homes, or Intermediate Care Facilities for people with developmental disabilities.
- **People Receive Interdisciplinary Case Management.** Each member has support from an interdisciplinary team that consists of, at a minimum, a social worker/care manager and a Registered Nurse. Other professionals, as appropriate, also participate as members of the interdisciplinary team. The interdisciplinary team conducts a comprehensive assessment of the member's needs, abilities, preferences and values with the consumer and his or her representative, if any. The assessment looks at areas such as: activities of daily living, physical health, nutrition, autonomy and self-determination, communication, and mental health and cognition.
- **People Participate in Determining the Services They Receive.** Members or their authorized representatives take an active role with the interdisciplinary team in developing their care plans. MCOs provide support and information to assure members are making informed decisions about their needs and the services they receive. Members may also participate in the Self-Directed Supports component of Family Care, in which they have increased control over their long-term care budgets and providers.
- **People Receive Family Care Services that Include:**
 - **Long-Term Care Services** that have traditionally been part of the Medicaid Waiver programs or the Community Options Program. These include services such as adult day care, home modifications, home delivered meals and supportive home care.
 - **Health Care Services** that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical and speech therapy. For Medicaid recipients, health care services not included in Family Care are available through the Medicaid fee-for-service program.

- **People Receive Help Coordinating Their Primary Health Care.** In addition to assuring that people get the health and long-term care services in the Family Care benefit package, the MCO interdisciplinary teams also help members coordinate all their health care, including, if needed, helping members get to and communicate with their physicians and helping them manage their treatments and medications.
- **People Receive Services to Help Achieve Their Employment Objectives.** Services such as daily living skills training, day treatment, pre-vocational services and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.
- **People Receive the Services that Best Achieve Their Outcomes.** The MCO is not restricted to providing only the specific services listed in the Family Care benefit package. The MCO interdisciplinary care management team and the member may decide that other services, treatments or supports are more likely to help the member achieve his or her outcomes, and the MCO would then authorize those services in the member's care plan.

For a complete list of the services that must be offered by MCOs, refer to the description of the long-term care benefit package in the [Health and Community Supports Contract](#).

MCO Enrollment by Target Group

Refer to the [monthly snapshot of MCO enrollment data by target group](#) for current information.

Quality and Cost-Effectiveness of MCO Services

An [independent assessment](#) (completed in late 2005) found that Family Care produced substantial savings for Wisconsin's Medicaid program. The study compared Medicaid-funded long-term care costs in 2003 and 2004 for people in Family Care to costs for similar people who received long-term care in other programs. Average monthly costs for the Family Care members were \$452 lower per person. Spending was \$55 lower per person for Milwaukee County.

Analyses of the reasons for the cost savings found that, among other reasons, Family Care favorably affects its members' health and abilities to function, so that over time they have less need for services than their counterparts in the comparison group. While Family Care members had more frequent physician office visits for primary care, expenditures for non-primary care office visits decreased among Family Care members. It appears that more-frequent primary care physician visits provide opportunities to increase prevention and early intervention health care services, which in turn reduce the need for more acute and costly services among members of Family Care.

Implementing Statewide Reform

In his February 2006 State of the State speech, Governor Doyle announced plans to expand Family Care statewide and eliminate waiting lists for community-based long-term care programs during the next five years. While Wisconsin has been a national leader in offering community-based alternatives to nursing home care, about 11,500 people are on waitlists for community care statewide.

Starting January 2007, the Family Care program expanded to Kenosha and Racine Counties as the first step in this statewide expansion. Family Care and Family Care Partnership continue to expand across Wisconsin. [Anticipated implementation of Family Care, by county](#) (PDF, 16 KB).

As of June 1, 2009, Family Care is available to nearly 60 percent of Wisconsin residents that qualify for publically funded long-term care. Thirty-two ADRCs are operational, serving 55 counties and 1 Tribe, accounting for over 70 percent of the state's population.

For more information about expanding Family Care statewide, refer to the [Managed Long-Term Care Expansion website](#).

[Printer-friendly version](#) (PDF, 57 KB)

PDF: The free Adobe Acrobat Reader software is needed to view print portable document format (PDF) files. [Learn more](#).

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