



**ADRC Advisory Committee Agenda**  
**Jefferson County Human Services Department**  
1541 Annex Road, Jefferson, WI 53549  
Health/Human Services Conference Room

Date: Tuesday, February 5, 2019

Time: 1:00 p.m.

**Committee Members:** Russell Kutz, Chair, Jeanne Tyler, Vice-Chair, Carolyn Niebler Secretary, Ellen Haines, Marcia Bare, Connie Stengel, Ellen Sawyers, and Mary Vohs

1. Call to order
2. Roll call (establishment of a quorum)
3. Certification of compliance with Open Meetings Law
4. Approval of the agenda
5. Approval of the ADRC Advisory Committee minutes from 11/06/2018
6. Communication
7. Public comment (Members of the public who wish to address the committee on specific agenda items must register their request at this time)
8. Advocacy Updates from GWAAR – Greater Wisconsin Agency on Aging Resources and /or ORCD – Office of Resource Center Development
9. Discussion and possible action on Requests for Waiver of Transportation Co-payment
10. Discuss ADRC Report, Dominic Wondolkowski – ADRC Supervisor
11. Discuss Senior Dining Program Updates– Leigh Fritter, Nutrition Program Supervisor
12. Discussion and possible action on Meal Cost donation for 2019
13. Discussion and possible action on ADRC Policies (handout)
14. Discussion and possible action on Adult Protective Services Policies (handout)
15. Discussion on items for the Next Agenda
16. Adjournment

Next scheduled meetings: March 5, 2019

April 2, 2019

May 7, 2019

**A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.**

**Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.**



Aging & Disability Resource Center Advisory Committee  
Minutes of Meeting  
Tuesday, November 6, 2018

**Call to Order**

The meeting was called to order by Kutz at 1:00 p.m.

**Roll Call**

Present: Russell Kutz, Chair; Jeanne Tyler, vice- chair; Carolyn Niebler, Secretary; Ellen Haines, Ellen Sawyers, and Connie Stengel.

Also Present: Sharon Olson and Dominic Wondolkowski, ADRC Staff.

**Certification of Compliance with Open Meetings Law**

It was determined that the committee was in compliance with the Open Meetings Law.

**Approval of Agenda**

Olson noted that Leigh Fritter will not be discussing updates on the Nutrition Program but Olson will share some updates. Ellen Haines made a motion to approve the agenda. Motion seconded by Carolyn Niebler. Approved unanimously.

**Approval of October 2, 2018 Minutes**

Carolyn Niebler made a motion to approve October 2, 2018 meeting minutes as written, Connie Stengel seconded. Motion carried.

**Communications**

None.

**Public Comment**

None.

**Advocacy Updates from GWAAR – Greater Wisconsin Agenda on Aging Resources and /or ORCD – Office of Resource Center Development:**

Olson shared updates:

- ❖ No new updates at this time, Just a reminder it is Election Day today.
- ❖ On the 20<sup>th</sup> of this month, Olson will be at the Hawthorn apartments for a Power- up meeting for Advocacy.

**Discussion and possible action on Requests for Waiver of Transportation Co-payment**

Olson reviewed a request for a waiver of transportation of copayments situation. Ellen Haines made a motion to approve the waiver of copay for 6 months. Connie Stengel seconded. Approved unanimously.

**Discussion: ADRC Report, Wondolkowski**

In October, staff provided options and/or I & A conversations to ten consumers resulting in one referral to the NFCSP and two referrals to the Housekeeping Assistance Program for a year-to-date total of 24 referrals. Of the seven other customers, four simply declined NFCSP; two planned to move out of the service area and one was not eligible. In 2017, there was no waitlist; in 2018 there is approx. 20 waitlist customers.

At the last advisory meeting, members expressed an interest in the number of enrollments in Family Care and Partnership. Therefore, Wondolkowski reviewed comparison data for quarters 1-3 of 2017

verses 2018. From Jan. 1 –Oct. 31, 2017 the ADRC had 5,481 total contacts with 226 contacts specific to enrollment counseling with the number of enrollments =154 (2017 total=209). In comparison quarters 1-3 of 2018, the ADRC has had 5,580 contacts (99 more than 2017) with 174 contacts specific to enrollment (52 less than 2017). Enrollments for Qtrs 1-3, 2018= 151 compared to 154 for Qtrs 1-3 2017. Of the total 209 enrollments in 2017, 166 selected Family Care, 23 selected Partnership and 20 selected IRIS programming.

Nov. 7<sup>th</sup> is the last ADRConnect Meeting for 2018. Enrollment plan updates is on the agenda.

ADRC Marketing & Public Speaking: Wondolkowski represented the ADRC as a vendor at the 2018 Ball Corporation Employee Wellness Fair on Oct. 9 & 10<sup>th</sup>, marketing to ten citizens during the two-day event. Olson and Wondolkowski were speakers to 40 members of the Community Care Alliance of Jefferson and Dodge Co. meeting on October 16<sup>th</sup> at Rainbow Hospice Center. The Youth Transition Network did host the “Tools to Support Transitioning Youth” event at Fort Atkinson High School on Oct 19th. Thirty (30) educators attended.

Wondolkowski was at the inaugural “Building Bridges: Connecting Students to Careers networking event held at UW-Whitewater on Nov 1<sup>st</sup>. The event is to connect students with employers and graduate programs and to listen to alumni speak about their post college experiences. Students in the human services fields frequently encounter negative messages (i.e. won't make enough money). The event is designed to encourage students about their career choices. Student turn-out approx. 30.

ADRC student-intern, Shaun Ready has more than one-half his work hours completed and is on scheduled to finish his internship by early January 2019.

ADRC staff received Zero Suicide training last Fri. Nov 2<sup>nd</sup> provided by our Behavioral Health Division Manager-Kim Propp. A training on Support-Decision Making is available to staff on Dec 11<sup>th</sup> (sponsored by ADRC Dodge Co.).

“Living Well with Chronic Conditions” workshop update. No class has been confirmed; however, six members of the Rock Lake Manor apartment complex have expressed interest.

#### **Discussion on possible of action on Meal Cost donation for 2019**

Olson shared that since that the bid from Feils' was at \$4.74 per meal, that as a committee we should review increasing the suggested donation which at this time is \$4.00. Members would like information on the average of donations from Home Delivered and congregate participants. Olson will review with Leigh for presenting at the next meeting.

#### **Discussion and possible actions on the 2019 Alzheimer's Family caregiver Support Program (AFCSP)**

##### **Budget**

Olson shared the final version of the 2019 AFCSP budget. A motion to approve the Budget was made by Ellen Sawyers, seconded by Jeanne Tyler and passed unanimously.

#### **Discussion and possible action on the 2019 Application for 85.21 Specialized Transportation Assistance Program for Counties**

Olson shared copies of the Draft 85.21 Specialized Transportation Assistance Program Application that is for \$196,444 in funding for 2019 which requires a county match of \$39,289. There will be 4 programs: the Driver Escort Program with OPT drivers and volunteers, the senior dining program taxi subsidy the Wheelchair Accessible Transportation Project and the Jefferson County Transportation Voucher Program.

A motion to approve the plan and forward to the Human Services Board was made by Ellen Haines, seconded by Caroline Niebler, passed unanimously.

**Discussion on Draft Transportation Policies**

Olson shared that during our next couple of committee meetings her plan would be to start looking at the difference policies of the programs. Our first area will be the Transportation area.

**Discuss Future Agenda Items**

Next meeting will include policies; we will review the ADRC and APS policies as well. Dominic may have more information on the Analytic Insight Customer Survey. We discussed that our January meeting will fall on the 1<sup>st</sup> and at this time if there is not anything warranting a voting meeting the plan will be to cancel the January meeting. Discussed that all the plans and budgets that needed to be reviewed and approved through this committee has been completed. The committee felt that if there is not a need in December that meeting may be cancelled too. I will send out notification the week of Thanksgiving.

**Adjourn:**

Connie Stengel made a motion to adjourn at 2:59 pm, Jeanne Tyler seconded. Motion approved unanimously.

Respectfully submitted,

Sharon Olson, Manager  
Aging & Disability Resources Division

## **Compliance Policy: Adult Protective Services**

### **Purpose and Service Conditions on the Use of Funds**

#### **Appendix O to CY 2013 State & County Contract**

Funds may be used, but are not limited to:

- Response and reporting of alleged abuse, neglect or exploitation,
- Short term protective interventions, including guardianship and protective placement activities,
- Completion of court-required reviews, including annual review of court-ordered protective placements,
- Operation of Adults-at-Risk Interdisciplinary Team,
- Provision of direct short term services needs to stabilize a situation and address immediate concerns.
- Submission of adults-at-risk cases on the state's web-based data system, the Wisconsin Incident Tracking System.

#### **APS Documentation**

**60300:** This code is used for all time spent on activities related to completing annual WATTS reviews.

Reviewable documentation:

##### **1. WATTS Court Report**

- a. Is the report completed and sent to the court as scheduled?
- b. Was an annual face-to-face contacted documented?
- c. Were collateral contacts made to discuss the case?

**60302:** This is the code used for guardianship petitions, comprehensive evaluations, guardianship petitions, includes travel, the in-person visit, court notices, serving paperwork, court hearings and court reports. All time is recorded on E-dals along with a brief summary of the day's activity, i.e. finished the written report. This code is also used to capture time spent on general APS calls that do not rise to the level of abuse/neglect.

Reviewable documentation:

##### **1. Guardianship Petitions**

- a. Have the court standards been met?
  - i. Age: At least 17 years, 9 months;

- ii. Presence of an impairment that fits a listed category: intellectual disability, serious and persistent mental illness, degenerative brain disorder, or other like incapacities. In all cases, the impairment must be one that results in a substantial, long-term disability.
  - iii. Lack of evaluative capacity:
    - 1. Under a temporary petition, a physician statement that attest to lack of evaluative capacity.
  - iv. Risk of harm:
    - 1. For guardianship of person: documentation that the individual is unable to meet the essential requirements for his or her physical health and safety.
    - 2. For guardianship of estate: documentation that the person is unable to provide for his or her support; or that the person is unable to protect himself or herself from being a victim of financial exploitation.
  - v. No less restrictive alternative under the individual circumstances: i.e. Power of Attorney for finances or health or evidence to suggest that a guardian is needed in lieu of either; lack of family or others willing and capable of serving.
- b. Evidence that the **Order for Notice and Hearing** and a copy of the petition has been given to the individual **in person** at least 10 business days before the hearing by someone other than the petitioner.
  - c. Evidence that the **Statement of Acts** has been completed by the proposed guardian, and filed by the petitioner with the court at least 96 hours (4 full days) before the hearing,

## 2. Protective Placement Petitions

- a. Emergency Protective Placement: Have the court standards been met?
  - i. There is evidence via a **Statement of Emergency Protective Placement** that the individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious physical harm to himself or herself or others as a result of intellectual disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities if not immediately placed.
  - ii. At the time of emergency protective placement the individual was informed by the petitioner or designee of the placement facility, orally and in writing, of his or her right to contact an attorney and a member of his or her immediate family and the right to have an attorney provided at public expense.
  - iii. A **Petition for Protective Placement** was filed by the person making the emergency protective placement within 24-hours of the placement.
  - iv. The individual was provided with written notice and orally informed of the time and place of the preliminary hearing.
  - v. A **Petition for Guardianship** was filed with the protective placement petition when a guardianship has not already been established.

- b. Protective Placement/Non-Emergency: Have the court standards been met?
  - i. The individual has a primary need for residential care and custody.
  - ii. As a result of intellectual disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious harm to self or others.
  - iii. The individual has a disability that is permanent or likely to be permanent.
- c. Evidence that the **Order for Notice and Hearing** and a copy of the petition has been given to the individual **in person** at least 10 business days before the hearing by someone other than the petitioner.
- d. Evidence that a **Comprehensive Evaluation** has been completed according to the requirements of s. 55.11 of WI Statutes.
- e. Evidence that the requirements for an **Involuntary Medication Order** have been met according to the requirements of s. 55.14 WI Statutes:
  - A physician has prescribed psychotropic medication for the individual.
  - The individual is not competent to refuse psychotropic medication.
  - The individual has refused to take the psychotropic medication voluntarily or attempting to administer psychotropic medication to the individual voluntarily is not feasible or is not in the best interests of the individual.
  - The individual's condition for which psychotropic medication has been prescribed is likely to be improved by administration of psychotropic medication and the individual is likely to respond positively to psychotropic medication.
  - Unless psychotropic medication is administered involuntarily, the individual will incur a substantial probability of physical harm, impairment, injury, or debilitation or will present a substantial probability of physical harm to others. The substantial probability of physical harm, impairment, injury, or debilitation shall be evidenced by one of the following:
    - a. The individual's history of at least 2 episodes, one of which has occurred within the previous 24 months, that indicate a pattern of overt activity, attempts, threats to act, or omissions that resulted from the individual's failure to participate in treatment, including psychotropic medication, and that resulted in a finding of probable cause for commitment, a settlement agreement or commitment order.
    - b. Evidence that the individual meets one of the dangerousness criteria.

### 3. General APS Calls

Reviewable documentation:

- a. **E-dals**
  - i. Do dates of service coincide with dates on AS 400 notes?

- ii. Does time spent match the reported activity?

**b. AS 400 Notes**

- i. Do notes contain *correct* demographic information?
- ii. Do notes contain the nature of the contact or presenting problem?

**PPS Core Module**

- c. A **PPS Core Module Form (# F-00603)** has been completed on every guardianship and/or protective placement petition to remain in compliance with reporting requirements under the State/County contract.

**60315:** This code is used for all time spent on elder abuse related activities, including investigations, assessments, service coordination, record requests/reviews, interviews and documentation.

Reviewable documentation:

**1. E-dals**

- a. Do dates of service coincide with dates on AS 400 notes?
- b. Does time spent match the reported activity?

**2. AS 400 Notes**

- a. Do notes contain *correct* demographic information?
- b. Do notes contain the nature of the contact or presenting problem?

**3. The APS investigation and outcome?**

- i. Collateral interviews;
- ii. Face-to-Face interview with the victim;
- iii. The victims ability to give "informed consent;"
- iv. Referrals to other agencies.

**4. Wisconsin Incident Tracking System Reports (WIT Reports)**

- a. Is a WITS Report completed on every investigation?

**60316:** This code is used for all time spent on vulnerable adult abuse related activities, including investigations, assessments, service coordination, record requests/reviews, interviews and documentation.

Reviewable documentation: Same as above

**60400:** This code is used for all time spent on Case Management activities that are funded via the Greater Wisconsin Agency on Aging (GWAAR).



Reviewable documentation:

1. Consent for Services - updated annually
2. Insurance Information - updated annually
3. Fee Determination Worksheet - updated annually
4. Release(s) of Information
5. Case Notes
  - a. Do notes include the date of contact and end with the name and/or signature of the Casemanager?
  - b. Does the note summarize the contact?
    - i. Purpose;
    - ii. What occurred during the contact;
    - iii. Any problems noted;
    - iv. As assessment of the situation (if needed);
    - v. Plans for further intervention.

## **ADULT PROTECTIVE SERVICES**

### **Emergency Protective Placement Procedures**

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#### **WI Statutes - 55.135(1)**

(1) If, from personal observation of, or a reliable report made by a person who identifies himself or herself to, a sheriff, police officer, fire fighter, guardian, if any, or authorized representative of a county department or an agency with which it contracts under s. 55.02 (2), it appears probable that an individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious physical harm to himself or herself or others as a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities if not immediately placed, the individual who personally made the observation or to whom the report is made may take into custody and transport the individual to an appropriate medical or protective placement facility.

The statutes allows for persons to be detained at hospitals, nursing homes, assisted living facilities and in their own homes. In emergency situations, it is most likely that an individual will be admitted from their home to a more restrictive setting based upon their needs. The Adult Protective Services Team is responsible for averting placements to IMD's when-ever possible. This policy is intended to help guide APS case managers when making community placements.

#### **APS Initial Response & Assessment Procedures:**

Hospital and law enforcement agencies are the primary entities that ask for an assessment for Adult Protective Services. In high risk situations, the APS case manager is required to immediately respond and do an in-person assessment. If the situation rises to the level where significant health & safety risks have been identified, the person will likely need medical clearance from a hospital before going into a community placement. Unless the person meets criteria for admission, the hospital is not obligated to admit the individual while arrangements are being made and this does influence the placement decision.

#### **Court Required Procedures for all Emergency Protective Placements:**

At the time of placement, the person initiating the emergency protective placement must:

- Provide the placement facility with a copy of the Emergency Protective Placement Statement <H:\Word\Guardianship\Forms\GN-4000 en.doc> that contains specific factual information concerning the basis on which the placement decision was made.
- Provide the individual being detained with a copy of the same statement AND orally or in writing, inform the person of his or her right to contact an attorney and a member of his or her immediate family and the right to have an attorney provided at public expense.  
<H:\Word\Guardianship\Forms\GN-4010 en.doc>

Immediately following placement, the person initiating the emergency protective placement must:

- Provide Corporation Counsel with the Emergency Protective Placement Statement and Petitions for Guardianship H:\Word\Guardianship\Forms\GN-3100 en.doc (if the individual does not already have guardian) and Protective Placement H:\Word\Guardianship\Forms\GN-4040 en.doc. Corp Counsel will schedule a preliminary hearing within 72 hours of the detention, excluding Saturdays, Sundays and legal holidays. The purpose of the hearing is to establish probable that the grounds for protective placement were met.
- Provide the individual with written notice and orally inform him or her of the time and place of the preliminary hearing. The Order and Notice of Hearing are completed by Corp Counsel. Once completed they are sent to the person initiating placement and must be served on the subject prior to the hearing following statutory timelines.

#### **Agency Required Procedures for all Community Placements:**

Prior to the actual physical placement it is very important to establish if it is short-term (considered respite) or considered a placement. There are many requirements that can be delayed if the placement is for respite.

Following are several placement options for individuals in emergency situations.

##### 1. Respite:

- Length of Stay: 28 days
- Pre-admission Requirements: Relaxed
- Contract in Place: Yes, for Crisis Beds check EMH Log
- Rate: \$100/day

##### 2. Placement:

Various providers already under contract with the department, includes Adult Family Homes or CBRF's that primarily provide services for people with mental health issues. These providers would be worth contacting to see about availability in APS emergencies. **Contact:** Cathy Swenson, Mary Jurczyk or Joan Daniel, Fiscal Division.

- Length of Stay:** TBD at admission
- Pre-admission Requirements for a Placement:**
  - A health examination and screening for communicable disease must take place within 90 days prior to admission to the home or within 7 days after admission. (If the person is in the hospital, ask them to check records to see if they have something on file).
  - An adult family home must have a service agreement with each person prior admission. The service agreement shall be dated and signed by the licensee and the person being admitted or that person's guardian or designated representative.
- Contract in place:** Yes w/ Alternate Care Operating Budget on file
- Rate:** TBD - Must be approved by a supervisor.

Jefferson County has 100+ facilities throughout the county that may have beds available in any given emergency situation. The most recent list can be found on the DHS website: <http://www.dhs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivDirs.htm>.

- a. **Length of Stay:** TBD
- b. **Pre-admission Requirements for Placement:** Same as 2(b) above
- c. **Contract in place:** No – Alternate Care Operating Budget Required  
W:\Administration\2013 Contracts & Agreements\Copy of Alt Care Operating Budget.xls
- d. **Rate:** TBD after Alternate Care Operating Budget is completed.

In all cases, a Contact Information Worksheet MUST be completed as soon as possible.  
W:\Forms\Contracts\Contract Information Worksheet.doc The worksheet is to be routed from the employee to supervisor.

The Division Manager will send the nominated guardian a letter explaining the billing process.



## **Long-Term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy**

### **Purpose:**

This policy describes who may sign authorization, enrollment, and disenrollment forms for the Family Care, PACE, Partnership, and IRIS programs.

### **Who May Sign the Authorization, Enrollment, and Disenrollment Forms:**

The following individuals may sign the long-term care authorization, enrollment and disenrollment forms:

- The applicant or member.
- The applicant's or member's legal decision maker:
  - Legal guardian (of person or estate).
  - Power of attorney (for health care or finances).
  - Conservator.

### **When the Signature of a Legal Decision Maker Is Required**

An applicant or member alone cannot sign the authorization, enrollment or disenrollment form if either of the following apply:

- The person is under guardianship of the estate or guardianship of the person, in which case the guardian is required to sign the form.
- The person does not have a legal decision maker and ADRC staff has reason to believe that the person is incapacitated. For example, it may appear that the person is unable to receive and evaluate information effectively.
  - Staff must confirm that an initial perception of incapacity is not due to limited English proficiency or staff use of inaccessible communication methods; this confirmation must be documented.
  - Once confirmed, the ADRC shall contact the ADRC's legal counsel for advice, counsel the person regarding available options, and where feasible, refer the person for assistance in obtaining a legal decision maker with the authority to sign the forms.

### **When the Signature of a Witness Is Required**

Witness signatures are required when the applicant or member is competent but is incapable of signing the form.

- If the person signs with a mark, two witness signatures are required.
- If the person is physically unable to sign, the person can direct an adult to sign the form in front of two witnesses. The person who signs should indicate that he or she is signing at the direction of the applicant or member.

### **Verification Requirements**

- ADRCs must verify that the person signing the form has the legal authority to act on behalf of the applicant or member by obtaining activated power of attorney forms, conservatorship documents, or guardianship papers.
- If a legal decision maker is unable to sign in the presence of ADRC staff, the legal decision maker shall make his or her best effort to verify his or her signature on the

enrollment form. For example, legal decision makers could use secure video technology such as Skype to allow the ADRC to view the signing of the form. Legal decision makers could also have their signatures notarized or obtain two disinterested witnesses' signatures.



## Short Term Service Coordination Policy

### **Purpose:**

This policy will assure that individuals receive appropriate short term service coordination. Customers who are unable to coordinate services for themselves due to multiple complex and diverse needs, and have no one else to assist, will receive help in arranging and coordinating services. Short term service coordination provided by the Aging and Disability Resource Center (ADRC) staff will not exceed 90 days.

### **Objective:**

Short term service coordination can be provided to assist individuals and their families in managing complex and immediate needs. This can be provided when other ADRC services are insufficient, there is no one else to assist, and the person cannot be enrolled in a managed long term care program. In addition, a reasonable expectation that short term service coordination will be effective in stabilizing the individual's situation.

### **Out of Scope:**

Short term service coordination will be time limited and will not exceed 90 days duration for any one customer. Agencies may not provide short term service coordination for persons with mental illness unless that person is also elderly or has a physical or intellectual disability.

### **Policy:**

The ADRC will provide short term service coordination to the extent that existing financial and personnel resources allow. The ADRC may not charge individuals or families for short term service coordination. Short term service coordination is to address an immediate concern and stabilize an individual's situation, allowing the person time to either manage on his/her own or develop supports. This policy is not to provide ongoing services or comprehensive case management for the individual.

Short term service coordination is a less formal and abbreviated form of care management. It may include some or all of the following: evaluating the individual's needs, resources and ability to handle the situation; planning, arranging and coordinating multiple services; recruiting natural supports; involving a variety of people and resources; continued contact, reinforcement and encouragement

### **Responsibilities:**

*Management/Director responsibilities.* The ADRC Director or designee will train staff to recognize the difference between short term service coordination and the assistance that is provided as part of information and assistance and options counseling. This training will be documented and ongoing. The Director or designee will monitor and ensure that the short term service coordination ends within the time limit unless there is cause for extension. The ADRC Director or designee will ensure documentation is recorded in the ADRC client tracking system. The Director or designee will have a plan in place to establish how the/she will prioritize short term service coordination. Plans will include discussion at staff meetings and will be changed and/or updated as necessary to keep this

service to a minimum. The Director or designee will discuss with staff the number of times a person may return for these services, procedures for requesting an extension and approving extensions.

*Employee responsibilities.* ADRC staff must inform customers that short term service coordination is time limited and which actions will be taken to resolve the immediate crisis. The staff will have a plan for closure at the onset of the service. The goal is to refer the individual to a community provider and/or adult protective services or alternate crisis resource to ensure their needs are met and safety is assured. ADRC staff will provide full documentation which includes key information about what services are needed, who is providing these services, and the frequency of service provision. All contacts with the customer and resulting outcomes will be documented. Staff must keep their Director or designee informed of the services provided and progress. When requesting an extension from one's Director or designee to exceed the 90 day time limit, the staff will provide a written exit plan to explain how the service will come to closure before their Director or designee will grant the extension.

**Procedure:**

Services will address the immediate concern, stabilize the individual's situation, allowing the person time to either manage on his/her own or develop needed support. Services can include providing instruction or guidance on how the individual or his/her designee can learn to coordinate services.

**Criteria for providing short term service coordination. Customers may meet one or more of the following:**

- The customer is not currently enrolled in a publicly funded managed long term care program.
- There is no family member, friend, neighbor or other person willing and capable of providing the coordination of the needed services.
- The customer has complex and immediate needs for services.
- The customer uses multiple services and is in need of coordination of these services.
- There is a reasonable expectation that short-term coordination can make a difference.
- The customer has a physical and/or developmental/ intellectual disability or is elderly.

**Parameters:**

- The customer receiving short-term service coordination and/or their guardian must be informed, before service coordination begins, that the service coordination will not exceed 90 days.
- Short-term service coordination shall not exceed 90 days unless an extension is approved.
- The customer receiving short-term service coordination and the selected service providers recognize a specific Information and Assistance Specialist (I&A) as providing the service coordination.

**Documentation:**

Documentation on short term service coordination will be reviewed with one's Director or designee and/or at staff meetings assistance with strategies to keep services within the 90 day time period.



All customers receiving short term service coordination will have a need from the list above documented in his/her individual record. Documentation will include:

- Justification for short term service coordination
- Action taken by the ADRC
- Services provided by the ADRC
- Responsibilities of the various parties involved
- Referral(s) made for private pay services
- Dates of services provided
- Review dates and estimated end date of short term service coordination
- Involvement of APS or crisis intervention
- Identification of any unmet needs.

**Factors to consider when extending short term service coordination:**

In situations where short term service coordination may last longer than 90 days, or the individual cannot manage with the services provided through short term service coordination, or it appears the situation is unending, the ADRC staff will consult with the Director or designee for potential solutions. If the ADRC has a Dementia Care Specialist (DCS) position and the person has participated in the Memory Care Connections program the DCS may provide short term service coordination beyond the 90 day period. If any extension is required the I&A Specialist will:

- Document in the customer's file the reason the extension is required.
- Establish a new end date for short term service coordination services.
- Inform the customer and/or guardian of the continuation of service and new end date.

**Ending short term service coordination:**

Short term service coordination will end when:

- The immediate crisis or concern has been addressed.
- The individual's situation has been stabilized.
- The person has been connected with others who can provide the needed assistance and support on an ongoing basis.
- The person understands what resources are available and is able to manage independently.

When the ADRC is unable to meet an individual's needs for short-term service coordination, or the person needs ongoing care management services, the Aging and Disability Resource Center shall refer people for private pay care management services, including those that may be offered by the managed care organization(s) in its service area.



## **Aging and Disability Resource Center POLICIES AND PROCEDURES**

### **ADRC Confidentiality Policy and Procedures**

The purpose of this policy is to provide guidance on how information should be accessed or shared consistent with the customer's right to privacy and respect and with the requirements of state and federal law. These policies and procedures are in addition to and do not replace any county confidentiality policy(ies) that apply to the ADRC. ADRCs may have one confidentiality policy for their county as long as the requirements in this policy are included in the county policy.

#### **Applicability and Responsibility for Compliance**

All ADRC staff, including volunteers and contractors, are expected to be familiar and comply with the requirements of this confidentiality policy. Benefit Specialists are subject to the confidentiality requirements specific to their program and should follow their program guidelines when different from this more general policy (e.g., reporting abuse and neglect and sharing information with MCOs).

#### **Staff Training and Assurances**

All newly hired ADRC staff will be trained on the confidentiality policy as part of their orientation, and refresher training will be conducted on an annual basis.

All ADRC staff must sign a confidentiality and non-disclosure agreement stating that they have reviewed, understand and will abide by the confidentiality policy before being given access to confidential customer information. A copy of the policy is given to each staff member for their records and a copy of the signed confidentiality agreement is kept in the staff member's personnel file. This agreement shall be reviewed and signed annually, at the time when a performance evaluation is completed.

#### **Types of Client Information that are Considered Confidential**

Any personal information about an ADRC customer is considered confidential, including but not limited to:

- The person's name, address, birth date, Social Security number or other information that could be used to identify the individual
- The person's physical or mental health, functional status or condition
- Any care or services that the individual has or will receive from the ADRC or any other provider
- Financial information, including income, bank accounts and other assets, receipt of benefits, eligibility for public programs, method of payment for services provided to the individual, etc.
- Employment status or history
- Education records

- Any other information about the individual that may be obtained by ADRC staff

### **Who Has Access to Confidential Customer Information**

ADRC staff may access confidential customer information in order to provide information and assistance, options counseling, benefits counseling, functional eligibility determination, enrollment counseling, and other ADRC services. ADRC supervisors may also have access to confidential information on an as needed basis. The Office for Resource Center Development (ORCD) staff shall access confidential customer information in their line of business.

### **Guidelines for Ensuring Confidentiality**

#### **Underlying Principles**

Customer information should be handled consistent with the following principles:

##### **Respect for the Privacy and Best Interest of the Customer**

Decisions about what customer information is to be accessed and/or shared shall be based on what is in the best interest of the customer consistent with the customer's right to privacy and respect. Customers should not be pressured to reveal more than they are willing to share and shall be allowed to remain anonymous if they so desire. Treat the customer's information as you would treat your own.

##### **Informed Consent**

Customers should be told that the information they share with the ADRC is kept in confidence and may be shared, when needed, with the customer's permission. It is best practice to inform customers about how their information will be used and to obtain at least a verbal consent, even if not strictly required.

If ADRC staff have reason to believe that the information the customer has shared or is about to share would not be protected, they should inform the customer of the limits to confidentiality. These include reporting abuse or neglect; cooperating with public health, adult protective services, law enforcement or a court order; and emergency situations (See Section 9.3 of this policy).

##### **"Need to Know" and "Minimum Necessary" Standard**

ADRC staff shall obtain only that information which they need to know in order to assist the customer and shall use customer information only for purposes directly related to the provision of ADRC services to the customer.

##### **Compliance with Confidentiality Laws and Policies**

Client confidentiality is protected by federal and state statutes and regulations and by county government policies and procedures. The ADRC and its staff will abide by all legal requirements relating to confidentiality.

### **Staff Actions to Safeguard the Confidentiality of Customer Information**

ADRC staff are expected to employ the following practices in order to safeguard their customer's confidentiality:

- Only access personal and identifiable customer information when you need it in order to perform your job.
- Disclose confidential information only to those who need it to complete their tasks and are authorized to receive it.
- Obtain informed consent prior to accessing or disclosing information consistent with provisions of Sections 8 and 9 of this policy.
- Discuss a customer's information with his/her friends, family members, visitors, or anyone else not permitted access to such information only when the customer so wishes and agrees.
- Do not access information about your family members, neighbors or friends. Review any requests to serve people you know with your supervisor.
- Refrain from communicating information about a customer in a manner that would allow others to overhear.
  - Close the door or take customers to a private location before discussing confidential matters.
  - Avoid discussing customer information in an open area -- in the reception area, in the hall, in an elevator, by the copy machine, in a restaurant or other public place.
  - When it is necessary to discuss information in an open area, talk in a quiet voice and keep identifying information to a minimum.
- Keep confidential information out of sight.
  - Do not leave paperwork with confidential information in sight on your desk or work space, even at night.
  - Never leave paperwork unattended in common areas
  - Use a computer "privacy screen" if your work station is potentially visible to customers
- Protect access to electronic data.
  - External e-mails containing confidential customer information should be encrypted. External emails that are not secure should not contain any identifiable information.
  - Lock your computer when it is left unattended. This can be done by pressing CTRL/ALT/DEL.
  - Never leave your laptop unattended or in an unlocked car. When leaving a laptop in a locked vehicle, be sure it is out of sight and encrypted.
  - Do not disclose your user name and password, except in extenuating circumstances such as an unanticipated medical leave.
  - Do not permit others to access the ADRC's computer system or network using your password or user ID code. Do not use another employee's password or user ID to access information.
- Fax transmissions that contain confidential information should be sent with a cover sheet that includes a confidentiality statement.
- Delete or dispose of information that is outdated and no longer needed.

- Use a confidential recycling bin to dispose of written material that contains any identifiable customer information.
- In disposing of electronic confidential information, wipe or destroy the information to render it unusable, unreadable or indecipherable. Deleting files is not sufficient. Contact your ADRC or county security officer if you are unsure how to do this.
- Report any violations of confidentiality to your supervisor.
- If unsure whether information may be disclosed, check with your supervisor.

### **ADRC Measures to Safeguard the Privacy of Customer Records and Data**

In addition to the above guidelines for staff, the ADRC has the following safeguards in place to protect the privacy of records and data and to prevent inappropriate use or disclosure of client information:

- Locked file cabinets for confidential information and a secure area for records storage are provided.
- Documents that are no longer needed are shredded.
- ADRC computers are equipped with security features to protect client data from unauthorized interception, modification, or access during electronic transmission and receipt, transfer and removal of electronic media.
- Computers, laptops and portable devices have encryption software installed.
- When disposing of printers, copiers, scanners and fax machines, the hard drives are wiped or otherwise disposed of in a way that prevents access to captured document images.
- Staff who leave their employment or affiliation with the ADRC lose their ability to access client information and data systems, effective immediately upon their departure.

### **Accessing Records From Outside of the ADRC**

ADRC customers or their guardians/ legal representatives shall be asked to sign a release of information form to permit the ADRC to access any confidential records it needs to complete the long term care functional screen or provide other ADRC services to the individual. Signed forms shall be kept in the client's file and a copy of the signed form shall be provided to the individual.

### **Disclosure of Client Information**

#### **Disclosure of Client Status**

Staff may not disclose or acknowledge whether a person has received or is receiving services from the ADRC, unless it has been established that the information can be legitimately shared. When unsure, staff receiving an inquiry regarding the status of a customer shall respond in a non-committal manner. For example, staff may say, "The ADRC confidentiality policy does not permit the disclosure of that information."

#### **When Informed Consent is Required**

Some situations require prior consent before releasing confidential customer information and others do not.

**Disclosures That Require Prior Written Informed Consent**

The types of disclosures that require prior signed authorization from the customer or the customer's legal representative include:

- Sharing information with counties outside of the ADRC service area
- Transfer of the long term care functional screen for any purpose other than enrollment into a Managed Care Organization (MCO) or IRIS.
- Sharing of medical information with an employer, life insurer, bank, marketing firm, news reporter or with any other external entity for purposes not related to the customer's care.
- AODA treatment records
- School records
- Any disclosure for purposes not relating to the services provided by the ADRC

Information obtained by ADRC from a third party such as a doctor's office, school, or AODA program may be redisclosed without an additional release if the release obtained by the original provider of the information included a statement authorizing redisclosure.

**Process for Obtaining Written Informed Consent**

The ADRC will obtain a signed release of information form that describes the information to be shared, who can use the information and is signed and dated by the customer whose information is to be shared or his/her legal representative. A copy of the signed release form shall be given to the customer or his/her the legal representative.

The records obtained and a copy of the signed release of information form shall be kept in the individual's file.

Any written disclosure of confidential information by ADRC staff shall be accompanied by a written statement documenting that the information is confidential and further disclosure without the individual's consent or statutory authorization is prohibited by law.

**When Verbal Consent is Sufficient**

The following situations require only verbal consent in order to share customer information:

- Sharing information with the individual's family, friends, caregivers and providers who are involved with the person's care when necessary to coordinate services for the individual.
- Contacting an agency or service provider on the customer's behalf.

- Referring the individual to services provided by the ADRC or other county departments or agencies.
- Linking customers to community resources.

Records of verbal consents should be documented and kept in the customer's file.

### **Customer Right to Revoke Consent**

A written release of information or oral consent may be rescinded by the customer or his/her legal representative at any time. This should be done in writing, if possible. Revocation of a prior consent should be documented in the customer's file.

### **Disclosures Which May be Made Without Either Written or Verbal Informed Consent**

#### **Intra- and Inter-Agency and Interagency Disclosure**

Neither written nor verbal informed consent is required in the following situations; however it is advisable to let the customer know that these exchanges may take place.

- The exchange of customer information is necessary for the ADRC to perform its duties or coordinate the delivery of services to the customer.
- Transferring the long term care function screen for the purpose of enrollment into a Managed Care Organization (MCO) or IRIS in the ADRC's service area.
- The exchange of information is necessary to coordinate the delivery of ADRC, county human services, social services, or community programs to the customer.

#### **Other Disclosures Permitted Without Consent**

The ADRC may share customer information and records without the individual's written or oral consent in the following circumstances:

- In order to report possible abuse or neglect of an elderly person or vulnerable adult, per Wis. Stat. 46.90 and 55.043
- In order to cooperate with public health, adult protective services, elder/adult-at-risk investigations
- In order to cooperate with a law enforcement investigation
- As needed in the event of an emergency, per established emergency procedures
- When the exchange of information is necessary for the Wisconsin Department of Health Services to administer the Family Care, IRIS, or Medicaid programs or to comply with statutorily-required advocacy services for Family Care enrollees and prospective enrollees

- Pursuant to a court order.

## **Informing Customers of Their Rights and Responding to Customer Requests**

### **Informing Customers About the Confidentiality Policy**

As a common practice, staff will ask customers whether they have any objection to sharing information, even if written authorization is not required. Staff will inform customers about the ADRC's confidentiality policy and the customer's right to see their records, obtain copies, and contest the information contained in those records.

### **Customer Requests to View or Get Copies of Their Records**

ADRC customers have a right to view and/or receive copies of their records on file at the ADRC. To do so, the customer or his/her legal representative shall submit a written request, a copy of which will be kept in the customer's file, together with a record of what information was disclosed. Charges for paper copies may be required for copies of records exceeding 10 pages.

### **Requests to Share ADRC Information With a Third Party**

If the customer wants information from his/her ADRC records given to a third party, the customer or his/her legal representative must complete a Release of Information form indicating which information is to be sent and to whom. Charges for requested paper copies may be required for copies that exceed 10 pages.

## **Monitoring and Ensuring Compliance**

### **Responsibility for Monitoring and Compliance.**

ADRC supervisors are responsible for monitoring and ensuring compliance with this confidentiality policy by conducting periodic compliance checks, reviewing the confidentiality policy with employees during performance evaluations, and providing training to staff.

### **Reporting Security Violations and Breaches of Client Confidentiality**

ADRC staff shall report any breach of customer confidentiality to their supervisor as soon as it is discovered and follow the designated incident reporting process, where applicable.

### **Mitigating and Correcting Breaches of Confidentiality**

Violations of the confidentiality policy will be documented and corrected. Where required or appropriate, consumers will be notified of the breach and of actions taken to mitigate the situation.

## **References**

1. Confidentiality Policy(ies) of county(ies) in the ADRC service area
2. Wisconsin state confidentiality statutes and regulations



- Statutory requirements on ADRC confidentiality and sharing information: Wis. Stat. 46.283(7).
  - Administrative rule standards for performance by resource centers: DHS 10.23(7) for ADRCs and DHS 10.23(2)(d)2 for the DBS
- 3. ADRC Contract, Exhibit I, Article IV. L. 1-6**  
<http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/contract/index.htm>
- 4. EBS and DBS Program Guidelines**
- EBS confidentiality policy is outlined in Chapter 9.11.6 of the *Manual of Policies and Procedures and Technical Assistance for Wisconsin Aging Network*: <http://www.dhs.wisconsin.gov/publications/P2/p23203.pdf>
  - **DBS Program Policies and Procedures:**  
<http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/policyprocedures/opsguide/ch6/DBSppmanual.pdf>
- 5. HIPAA Privacy Rule**
- Note: The Wisconsin Department of Health Services (DHS) does not consider ADRCs to be a covered entity or business associate under HIPAA. The decision about whether the ADRC is subject to HIPAA privacy requirements is at the discretion of the county or ADRC's corporation counsel. If the county considers the ADRC to be subject to HIPAA, additional provisions to comply with HIPAA requirements should be included in the privacy policy. See <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>



## **Complaint and Appeal Policy**

### **Purpose:**

To ensure the Aging and Disability Resource Center (ADRC) maintains and implements due process policies and procedures to review and resolve complaints and inform people of their appeal rights.

### **Objective:**

This policy describes the customer's right to file a complaint, and the process for resolving customer's complaints and appeals related to the work of the Aging and Disability Resource Center. The goal of the complaint and appeal procedure is to allow customers of the ADRC to exercise their due process rights with a simple and easily understood process.

The ADRC will cooperate with any review of appeals and complaints conducted by the Wisconsin Department of Health Services or external quality review agency.

### **Definitions:**

1. **Complaint:** A grievance, difficulty, disagreement or dispute. An expression of dissatisfaction about a situation that the person making the complaint wants to see rectified.
2. **Grievance:** A complaint.
3. **Appeal:** An official written request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of services provided as part of a public benefit.
4. **Complainant:** An ADRC customer, or person acting on the customer's behalf, expressing or filing a complaint.
5. **Petitioner:** An ADRC customer, or person authorized to act on the customer's behalf, filing an appeal or fair hearing request.

### **Procedures:**

**Procedure for Informing and Assisting Customers in Exercising Their Rights.** Any ADRC customer, or person acting on a customer's behalf, may express or file a complaint. All ADRC staff will refrain from any reprisal or threat of reprisal against any individual registering a complaint.

All customers of the ADRC will be given the complaint and appeal brochure with information on their rights, the complaint procedure, and contact information for external advocacy agencies when:

- Staff have reason to believe the person is dissatisfied with service they have received;
- An individual has been found to be at a Non-Nursing Home or Functionally Ineligible level of care on the Long Term Care Functional Screen (LTCFS);

- The person requests the information on how to file a complaint.

Staff will explain the process and provide assistance as necessary in submitting a formal complaint or appeal.

In addition to the internal ADRC complaint process, customers utilizing the ADRC will be informed they are entitled to access an external review process through either the Wisconsin Department of Health Services (DHS) or the State Fair Hearings process or both. Customers may use any or all complaint and appeal processes outlined in this policy and in any order. If a customer does not specify if their grievance is formal or informal the ADRC will consider it to be an informal complaint.

***Informal Internal Complaint Process and Procedure.*** A customer may make an informal complaint verbally or in writing. Informal complaints may also be identified through suggestion boxes, surveys, phone calls, e-mail, etc. Any ADRC customer, or person acting on a customer's behalf, may use the informal complaint procedure. An informal complaint does not limit a customer from pursuing other complaint procedures, including legal actions.

ADRC staff who receive a complaint should encourage customers to discuss their concerns or complaints with the staff most directly involved. Customers can request that the person's supervisor be involved in this informal resolution process. Whenever possible, the ADRC will attempt to resolve any complaint at the time it is presented. The informal internal complaint process must be completed within ten business days of the date the complaint is received. Documentation of the complaint, steps taken toward resolution, and conclusions of the internal review should be completed and documented by staff in the ADRC. If the customer is not satisfied with the proposed solutions to his/her issue, the customer should be informed verbally and in writing of the formal complaint process. Assistance should be given to customers in understanding the process and in the completion of the formal complaint. Customers are not required to go through the informal process before utilizing the formal process described below. Customers have 10 days from the completion of the informal complaint process to appeal the decision and request a formal internal review.

***Formal Internal Complaint Process and Procedure.*** Formal complaints have an expectation that management will investigate and provide a written summary of findings, propose a resolution, and take action. It is preferred that the customer, or person acting on the customer's behalf, use the attached form to make a formal complaint. Utilizing the form helps to ensure that full information is provided and makes it easier for the ADRC to resolve the customer's concerns. However, customers can also use their own format for writing their complaint or can express their concerns verbally to the ADRC Director/Manager. The form/complaint may be returned by email, mail, or delivered to the ADRC office. Customers should make their formal complaint, either verbally or in writing, to the ADRC Director/Manager within 45 days of the occurrence of the event. An extension to the 45-day time limit will be granted by the ADRC Director/Manager for a good cause, e.g. the person was not given written notification to respond within 45 days, the person was on vacation or otherwise unable to receive his/her mail/email.

The ADRC has 10 business days from the day it receives the complaint to respond.

The ADRC Director/Manager will arrange to meet with the customer, and if different, the complainant and any staff person named in the complaint. When a complaint is related to Elder Benefit Services (EBS), the ADRC Director/Manager will share a copy of the complaint with the Benefit Specialist Supervising Attorney who is responsible for the EBS' individual case handling. The ADRC Director/Manager:

1. Will identify and clarify the matter or issues and explain the process for resolving the complaint.
2. Offer the complainant assistance in putting the complaint in writing if this has not already occurred.
3. Provide a copy of the complaint to the complainant.
4. Schedule a meeting at a mutually agreed to time.
5. Attempt to resolve the complaint at the scheduled meeting.
6. If resolution in this initial meeting is not possible, conduct an inquiry into the incident or conditions that led to the complaint. This inquiry is to gather additional information with the intent of resolving the complaint.

If further inquiry/investigation is necessary, the ADRC Director/Manager's response may include interviews with relevant persons, a record review, or other efforts that are necessary to form an accurate and factual basis for the resolution of the complaint. The director will prepare a written report that summarizes the complaint, and a finding of the complaint as either founded (a violation has occurred) or unfounded (the complaint is without merit). Specifically, the written report will include:

1. A decision of either founded or unfounded.
2. The name of the contact person for the complaint;
3. The date the decision was reached;
4. A summary of the steps taken on behalf of the customer to resolve the issues;
5. Information on how the customer files for an external review by the Department or how the customer appeals the decision through the Fair Hearing process, if he/she disagrees with the decision;
6. If the complaint is founded, specific recommendations for resolving the issue. Where appropriate, the recommendations will include a time line for carrying out the changes;
7. If the complaint is unfounded, and the director/manager has identified issues that appear to affect the quality of ADRC services, suggestions for improvement;

The ADRC Director/Manager will complete his/her inquiry and the report within 15 days from the date the formal complaint was first presented. Copies of the report will be sent to the customer and complainant if different than that customer. If the ADRC Director/Manager, the customer and the complainant, agree to the facts, conclusions and recommendations of the report, the complaint is considered to be resolved. If the complainant disagrees with the facts, conclusions or recommendations, the supervisor may attempt to seek an agreeable resolution. If this is not possible, the complainant will be

informed about the Formal *External Review* Process.

**External Review Process and Procedure.** An External Review is a complaint made to the Wisconsin Department of Health Services with the expectation that the appropriate agency will complete a timely review, investigation and analysis of the facts in an attempt to resolve concerns and problems expressed by a complainant. The ADRC will inform customers of the external complaint resolution review process through the Wisconsin Department of Health Services at any time upon request of the customer or after the internal complaint resolution process is concluded but not resolved.

1. Complaints related to services provided by an ADRC should be made directly to the Wisconsin Department of Health Services by writing, calling, or e-mailing:

Aging and Disability Resource Center Complaints  
Office for Resource Center Development  
Division of Public Health  
Wisconsin Department of Health Services  
P.O. Box 7851  
Madison WI 53707-785 1  
Phone: 608.266.2536  
Fax 608.267.3203  
E-mail: [DHSRCteam@wisconsin.gov](mailto:DHSRCteam@wisconsin.gov) (Please indicate "ADRC of \_\_\_\_\_ Complaint" in the subject line)

2. Grievances Relating to Services provided by a Managed Care Organization or an IRIS Consultant Agency should be directed to MetaStar. MetaStar is authorized by the Department of Health Services (DHS) to review all appeals and grievances that are submitted to DHS by or on behalf of members or participants enrolled in the following programs:
  - Family Care
  - Family Care Partnership
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Include, Respect, I Self-Direct (IRIS)

Acting on behalf of DHS, MetaStar reviews members' or participants' appeals and grievances related to each program's covered benefits as well as appeals concerning eligibility and enrollment matters.

The ADRC will, upon request provide assistance to IRIS participants or MCO members residing in the ADRC service area in filing complaints for external review. Information on filing a complaint with MetaStar can be found at:

<http://www.metastar.com/services/external-quality-review/appeals-and-grievances/>

**Appeal Process and Procedure.** An appeal is an official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination

or denial of long-term care services covered under Wisconsin Medicaid, Family Care, Partnership or IRIS. A Fair Hearing occurs before an impartial administrative law judge in which the petitioner or the petitioner's representative presents the reasons why an action or inaction by the Department, a county agency, an ADRC or an ICA or MCO in the petitioner's case should be corrected.

If a person is determined functionally ineligible for Medicaid long term care services, the ADRC staff will send the Notice of Denial of Functional Eligibility with appeal rights to the customer. If a person meets a non-nursing home level of care, the ADRC staff will send the Notice of Non-Nursing Home Level of Functional Eligibility with appeal rights to the customer. A customer may directly appeal to the Office of Hearings and Appeals within 45 calendar days after receipt of notice of a decision/adverse action or failure to act regarding the following types of appeals:

- Appeals regarding functional ineligibility determinations including a determination of a non-nursing home level of care.
- Appeals regarding financial ineligibility determinations for long term care benefits.

These requests for a Fair Hearing must be filed in writing, using one of the forms listed below, with the Division of Hearings and Appeals in the Department of Administration:

Request for Fair Hearing  
c/o DOA Division of Hearings and Appeals P.O. Box 7875  
Madison WI 53707.7875  
Phone: 608.266.3096  
608.264.9853 (TTY)  
Fax 608.264.9885

**Forms:**

Request for a State Fair Hearing Aging and Disability Resource Center (ADRC)  
<http://www.dhs.wisconsin.gov/forms/F0/f00236a.doc>

Request for a State Fair Hearing  
<http://www.dhs.wisconsin.gov/forms/F0/f00236.doc>

**Training.** The ADRC will train staff to support customers in this process and be empathic, supportive, and professional. All staff will encourage customers to express their concerns as a way to address ongoing quality improvement within the ADRC. The ADRC will train staff on steps necessary to investigate complaints. ADRC staff will be familiar with all advocacy organizations available to members and when customers should be referred. Staff will be familiar with policies and procedures for filing a complaint to fully and adequately assist customers with their complaints. The ADRC will train staff on the Fair Hearing process.

**Continuous Quality Improvement.** All complaints related to the work of the ADRC will be tracked in such a way to allow systematic review of complaints. Data will be analyzed for trends and used to devise methods to improve customer service. Complaint data will be shared with staff. Board members will be included in the summary review of complaints to help them identify unmet needs within the service

area of the ADRC and to assist in identifying areas in need of quality improvement. Annually, complaint information will be shared with ORCD to identify statewide issues and quality improvement opportunities.

**Aging and Disability Resource Center \_\_\_\_\_**

**COMPLAINT FORM**

**(Page 1)**

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to:

[INSERT LOCAL ADRC OF \_\_\_\_\_ CONTACT INFORMATION]

**YOUR NAME:**

\_\_\_\_\_

**NAME OF CUSTOMER:**

\_\_\_\_\_

(if you are filing a complaint on behalf of another individual)

**YOUR ADDRESS:**

\_\_\_\_\_

Street address, apartment number (if any)

\_\_\_\_\_

City, State, Zip Code

**YOUR PHONE NUMBER:**

\_\_\_\_\_

**PLEASE DESCRIBE YOUR COMPLAINT:**

**Please be as specific as you can.** Include any names or dates as this may help resolve your complaint. You can use the back of this form or attach additional information to describe your complaint. You can also ask the ADRC for help in completing this form.

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**Aging and Disability Resource Center\_\_\_\_\_**

# COMPLAINT FORM

**(Page 2)**

**Please tell us HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Conflict of Interest Policy

### Purpose:

To ensure conflicts of interest are prevented, recognized, and promptly addressed so that the Aging and Disability Resource Center (ADRC) can provide customers with objective and unbiased information about a broad range of programs and services.

### Objective:

This policy has been established to ensure that options counseling, enrollment and disenrollment counseling, advocacy, benefits counseling, dementia services, and information and assistance services performed by ADRC staff, are free from bias and conflict of interest. ADRC representatives, employees, volunteers and ADRC Governing Board members shall be sensitive to their own personal potential for conflicts of interest, vigilant about the existence of conflicts of interest elsewhere, and take steps to limit, mitigate, or eliminate conflicts of interest when they are known.

### Policy:

Representatives of the ADRC will be mindful of the mission to represent the interests of the public as related to long-term care and therefore not represent the interest of any one group or agency. The function of the Aging and Disability Resource Center is to represent the interest of the customer at all times.

ADRC representatives will avoid potential conflicts of interest as described in this policy and procedure in order to provide impartial information and assistance, options counseling, enrollment and disenrollment counseling, benefits counseling, dementia services and advocacy. ADRC staff shall not counsel or otherwise attempt to influence customers for financial gain or other self-interests. ADRC staff shall not counsel or otherwise attempt to influence customers in the interest of any provider, Managed Care Organization (MCO), IRIS Consultant Agency (ICA) or any other organization.

### Definitions

- **Conflict of Interest.** A situation, which interferes with an ADRC employee's ability to provide objective information or act in the best interest of the customer. Avoiding conflict of interest is important to the reputation of the ADRC and to the public's trust in the ADRC as a place where people can get unbiased, professional advice.
- **Aging and Disability Resource Center Representative.** Representatives include, but are not limited to, all limited-term or permanent employees of the ADRC (contracted or otherwise), volunteers, and ADRC Governing Board Members.
- **Potential Conflicts of Interest.** Conflicts of interest are not limited to financial relationships. Some examples of situations which have the potential to result in a conflict of interest:
  - An employee who provides ADRC services has familial ties to a community resource to which a customer could be referred.

- An employee who provides ADRC services has familial ties to the customer who has called or who is the subject of a call.
- An employee who provides ADRC services has a non-familial, yet close relationship to a customer who has called or who is the subject of a call.
- The agency and/or governing board that oversees ADRC services also provides or contracts for the provision of case management services to the Managed Care Organization(s).
- Department administrators, staff or governing board members who work closely with or are members of governing boards of community organizations to which a customer may be referred.
- The organization or governing board that oversees ADRC services also owns, operates or is employed by an agency or provider to which a customer may be referred.
- An ADRC employee who owns operates or is employed by an agency or provider for which a customer may be referred.
- An ADRC employee whose conviction to personal religious or other beliefs may lead to influencing the options presented to customers. Conflicts that result from shared staff positions (such as APS, DBS, EBS), joint supervision, co-location, and the financial interest of the larger organization in which the ADRC is located.

#### **Responsibilities:**

Recognizing that the existence of a perceived or potential conflict of interest does not mean that there is misconduct on the part of the ADRC representative. It is a situation that could lead a representative to put other interests ahead of those of the customer. Mitigation measures are needed to ensure that perceived or potential conflicts of interest do not turn into actual conflicts of interest or misconduct.

*Management/Director Responsibilities.* The ADRC Director or designee shall be aware of, determine whether to address, and when required, assist the ADRC representative in terminating or minimizing a conflict of interest.

*ADRC Representative Responsibilities.* The ADRC Representative shall be aware of, exercise sound judgment, provide full disclosure, and report instances of potential or present personal conflicts of interest. In addition, ADRC representatives are prohibited from accepting gifts, loans or favors from individuals or providers who stand to benefit from referrals made by the ADRC or benefits from the ADRC in any other way. Further, ADRC Representatives cannot have a financial relationship with any MCO or ICA. This would include participating with the MCO or ICA as a contracted provider, volunteer, or board member.

#### **Procedure:**

- **Training.** All ADRC representatives will receive training on the ADRC's Conflict of Interest Policy prior to having contact with customers. ADRC Governing Board members will receive training before serving on the ADRC Governing Board. This policy will be reviewed with ADRC representatives annually.
- **Assurances.** Each ADRC representative will acknowledge, by signature, the receipt of training and the obligation to be objective, customer-centered and independent of the MCO, ICA or other providers or services to which customers could be referred.
- **Reporting.** ADRC representatives shall identify and report potential or present conflict(s) of interest to the ADRC Director (or designee) upon hire or whenever a

conflict is identified. All potential conflict(s) of interest are treated as if a conflict exists until a determination is made and the potential conflict has been resolved.

- **Response.** The ADRC Director (or designee) will receive reports of possible conflicts of interest from ADRC representatives, employees, volunteers and ADRC Board Members. The ADRC Director (or designee) will then make a determination as to whether the situation is in fact a conflict of interest.
- **Resolution.** The ADRC Director (or designee) and the ADRC representative involved shall take immediate steps to terminate or minimize the conflict of interest. This may involve finding an alternate ADRC representative, source of service, or the termination of the relationship that has resulted in a conflict of interest.
- **Advocacy.** The ADRC representative must assure that customers receive appropriate advocacy, representation and information, especially in regard to a customer's choice of or eligibility for program benefits or services.



### **Conflict of Interest Policy Assurance**

As a representative of the Aging and Disability Resource Center of \_\_\_\_\_, I have reviewed and received training on the ADRC's Conflict of Interest Policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC, I will not sign this statement until I have spoken with the ADRC Director, and I understand this policy.

I acknowledge that I will be required to review the Conflict of Interest Policy on an annual basis including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

As a representative of the ADRC, I acknowledge, by signature, that I have reviewed the Conflict of Interest Policy, received training on the Policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC staff to be objective, customer-centered and independent of MCOs, ICAs and other providers or services to which customers could be referred.

Printed name and title:

Date reviewed policy:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date signed:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date signed:



## **Information and Assistance Follow Up Policy**

Aging and Disability Resource Centers (ADRC) are expected to follow up with the people who contact them for information and assistance, to determine outcomes and to provide additional assistance in locating or using services as appropriate.

### **Purposes of follow up:**

Follow up is an important component of a customer's interaction with ADRC staff. Not only is follow up strongly associated with customer satisfaction, but also follow up allows ADRC staff to ensure a customer is getting the information and assistance they need. Customers often come to the ADRC with complex questions and concerns; follow up is an opportunity for staff to more fully address customers' needs. For example, follow up provides ADRC staff an opportunity to:

- check on the safety of the customer.
- find out whether the customer received the information that was sent.
- ask "Is more assistance needed?"
- see if the customer has more questions; often the initial discussion with ADRC staff helps educate customers allowing them to become aware of additional questions they have.
- provide more help when the person is unable to do it himself.
- develop rapport with a customer who is likely to develop a need for additional assistance.
- provide coordination of services and/or referrals.

### **Professional judgment:**

Listed below are aspects of customer interactions for which follow up should be provided and aspects of customer interactions for which follow up should not be provided. The lists below are not exhaustive, and use of professional judgment regarding when to follow up is encouraged. On-going discussions and review of customers' situations by Information and Assistance (I&A) Specialists, supervisor and/or colleagues can be used to support appropriate follow up. The *AIRS Standards for Professional Information and Referral* can also be used as a resource (these are available at <http://www.airs.org>). Note that follow up is associated with positive customer outcomes. It is better to follow up, than not, when unsure if follow-up is needed.

### **Aspects of customer interactions for which follow up should be provided:**

- Collateral contacts need to be made.
- An application needs to be submitted by or on behalf of the customer.
- Information has been sent to the person.
- The person making the inquiry has multiple concerns.
- The amount of information and assistance (I&A) provided may be overwhelming to the customer.
- ADRC staff have a concern that the organization to which they have referred a customer may not be able to provide the needed service in a way that is satisfactory to the customer..
- A referral is made to a new or unfamiliar service or provider.
- The customer's situation involves crisis, emergencies or endangerment.

- A home visit has occurred.
- Basic needs of food, clothing and shelter were identified as primary issues.
- A person appears to be unable to proceed with the information independently.
- The person is unsure, upset or disappointed.
- The ADRC staff are aware that the customer's next steps involve a long and/or complex process.

**Aspects of customer interactions for which follow up should not be provided:**

- The conversation is brief and specific, as in a request for a phone number or a simple referral.
- When the customer has indicated that he or she does not wish to have a follow up contact.

**Additional considerations:**

- Ask permission to follow-up.
- Make sure you are talking to the right person during the follow-up call.
- Avoid disclosing sensitive information or violating confidentiality.
- ADRCs may consider blocking the ADRC phone number for Caller ID depending on the circumstances of each particular call.
- Consider using software to prompt staff to follow-up on customer inquiries.
- Keep records of follow-up activity.