Recommendations Regarding Integration of Income Maintenance Consortia and Aging and Disability Resource Centers

A Report to the Joint Committee on Finance by the
Wisconsin Department of Health Services
Division of Long Term Care
P-01241 (04/2016)

Executive Summary

2015 Wisconsin Act 55 requires the Department of Health Services to study the integration of Income Maintenance (IM) consortia and Aging and Disability Resource Centers (ADRCs), and report to the Joint Committee on Finance no later than April 1, 2016, with recommendations regarding potential efficiencies that may be gained, if any, from the integration of these entities and whether an integration would be appropriate considering the responsibilities of each entity. By requiring this paper, the Wisconsin Legislature has provided the Department with an opportunity to explore and research efficiencies that can strengthen the operations of IM consortia and ADRCs. This is one of three papers that the Department will be submitting to the Legislature by January 1, 2017, that evaluates the process for applying for Wisconsin's Medicaid long-term care programs and the operation and oversight of Wisconsin's ADRCs.

The Department of Health Services has determined that structural integration of the IM consortia and ADRCs is not appropriate; however, the Department recommends operational integration of ADRCs, Tribal Aging and Disability Resource Specialists (Tribal ADRS), IM Consortia, and tribal economic support units. Administrative cost savings from a merger or other structural integration of the IM consortia and ADRCs is likely to be small because of the limited overlap in each entity's respective responsibilities, the need for a continued local presence for both entities' functions, and the fact that both entities continue to experience increases in customer volume; however, similar efficiencies could be obtained by standardizing operational procedures without changing organizational boundaries.

ADRCs provide individualized counseling and assistance to anyone needing help navigating issues relating to aging or disability, regardless of income. ADRCs also serve as the entry point for Wisconsin's Medicaid long-term care programs. ADRCs conduct an extensive, in-person screening process to assess potential applicants' health and functional needs. If the person is functionally eligible, the ADRC may assist in gathering documentation for the IM consortia to use in determining financial and non-financial eligibility while processing the application.

Both ADRCs and IM consortia have a role in helping individuals enroll in Medicaid long-term care programs. In 2014, this work accounted for less than 10 percent of ADRC activity. Community long-term care consumers comprise less than 6 percent of IM consortia caseload. While both entities have responsibilities relating to eligibility determination and assistance with applications for parts of Wisconsin's Medicaid long-term care programs, each entity's client populations and the nature of work is quite different.

The most appropriate approach to focus on is gaining efficiency operationally in the areas where the responsibilities of the two entities intersect, without disrupting each entity's other major areas of responsibility.

The Department recommends that IM consortia and ADRCs should not be structurally integrated and instead recommends that the Department should work with the ADRCs and IM consortia to develop statewide and local or regional strategies to improve efficiency by better coordinating and streamlining the processes that govern access to the state's managed long-term care programs, without merging or

restructuring the IM consortia and ADRCs. This approach focuses on improving efficiencies in areas where IM consortia and ADRC responsibilities intersect, rather than consolidating two organizations that are distinctly different in who they serve, the services they provide, and the organizational characteristics best suited to their assigned responsibilities.

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Introduction

2015 Wisconsin Act 55 requires the Department of Health Services to study the integration of Income Maintenance (IM) consortia and Aging and Disability Resource Centers (ADRCs), and report to the Joint Committee on Finance no later than April 1, 2016, with recommendations regarding potential efficiencies that may be gained, if any, from the integration of these entities and whether an integration would be appropriate considering the responsibilities of each entity. By requiring this paper, the Wisconsin Legislature has provided the Department with an opportunity to explore and research efficiencies that can strengthen the operations of IM consortia and ADRCs. This is one of three papers that the Department will be submitting to the Legislature by January 1, 2017, that evaluates the process for applying for Wisconsin's Medicaid long-term care programs and the operation and oversight of Wisconsin's ADRCs.

The Department of Health Services has determined that structural integration of the IM consortia and ADRCs is not appropriate; however, the Department recommends operational integration of ADRCs, Tribal Aging and Disability Resource Specialists (Tribal ADRS), IM Consortia, and tribal economic support units. Efficiencies gained by structural integration would come from administrative cost savings from a merger and improvements in coordination between ADRCs and IM consortia that result from each entity needing to interact with only one counterpart organization; however, similar efficiencies could be obtained by standardizing operational procedures without changing organizational boundaries.

Wisconsin's Aging and Disability Resource Centers (ADRCs) and income maintenance (IM) consortia provide very important services and support to Wisconsin residents who are looking for information about or applying for Wisconsin's public assistance health and nutrition programs or who need help navigating issues related to aging or a disability. While each entity has distinct and unique functions, there is overlap between ADRCs and IM consortia as it relates to determining eligibility and enrolling in Wisconsin's Medicaid long-term care programs. However, the overlapping areas of work account for less than 10 percent of an ADRC's overall activities and functions and less than 6 percent of the overall IM consortia workload. The amount of overlap is minimal when one considers all of the activities completed by each entity and that a majority of the work completed by each organization is different and distinct.

The Department recommends that IM consortia and ADRCs should not be structurally integrated and instead recommends that the Department should work with the ADRCs and IM consortia to develop statewide and local or regional strategies to improve efficiency by better coordinating and streamlining the processes that govern access to the state's managed long-term care programs, without merging or restructuring the IM consortia and ADRCs. This approach focuses on improving efficiencies in areas where IM consortia and ADRCs responsibilities intersect, rather than consolidating two organizations that are distinctly different in who they serve, the services they provide, and the organizational characteristics best suited to their assigned responsibilities.

This report provides a more in-depth look at the role, function, and work completed by ADRCs and IM consortia, and identifies the areas where each entity's responsibilities overlap and interrelate. This report also identifies possible opportunities for improving efficiency, examines the appropriateness of each opportunity, and presents the Department's recommendation.

To complete this report, Department staff completed a review of statutory, rule, and contractual requirements relating to ADRCs and IM consortia; examined DHS program data; completed external evaluations and analyses of Wisconsin's IM consortia operations and ADRC services; and conducted a series of meetings and conference calls with IM consortia and ADRC stakeholders to collect input and feedback.

Overview of ADRCs and IM Consortia

Wisconsin's ADRCs and IM consortia provide services and support to Wisconsin residents who are looking for information about or applying for Wisconsin's public assistance health and nutrition programs or who need help navigating issues related to aging or a disability.

ADRCs were created to assist older adults and people with disabilities in accessing information and resources needed to live with dignity and security and to achieve maximum independence and quality of life. ADRCs provide information and counseling to help individuals make informed choices and streamline access to appropriate services and supports.

IM consortia administer the eligibility process for Wisconsin's health and nutrition public assistance programs. These programs are intended to provide the means to ensure basic health care and nutrition for low income individuals and families. The IM consortia carry out specific administrative responsibilities that the state has delegated to county and tribal governments, including processing applications, determining eligibility, providing ongoing eligibility case management, conducting fraud investigations, and recovering improper payments.

Who do ADRCs and IM consortia serve?

ADRCs

ADRCs provide assistance to any adult needing help with issues relating to aging or disability, regardless of income. ADRCs specifically work with older adults, adults with physical or developmental disabilities, youth with disabilities making the transition to adulthood, family members, caregivers, physicians, hospital and nursing home staff, and other involved individuals.

IM Consortia

IM consortia process applications and provide ongoing case management for Wisconsin's health and nutrition public assistance programs. IM consortia work with low income individuals, including families, older adults, and people of all ages with physical or developmental disabilities.

What services do ADRCs and IM consortia provide?

ADRCs

ADRCs provide highly individualized and interactive services to assist people with the challenges of aging and disability. ADRC staff help people identify and explore their personal needs and preferences, understand the options available to them, and facilitate the individual's decision-making process. These services are intended to help people maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care.

The ADRC is a central source of information about a broad range of supportive services such as home maintenance, transportation, senior and public housing, meal programs, dementia care, health and wellness, employment for people with disabilities, in-home care, assisted living and nursing home care, mental health care and adult protective services.

In addition to providing information and counseling, ADRCs help people identify and access public benefit programs for which they may be eligible and serve as the single entry point for Medicaid long-term care programs like Family Care; Family Care Partnership; Include, Respect, I Self-Direct (IRIS); and the Community Options Program (COP)/Community Integration Program (CIP) "legacy" waivers. Less than 10 percent of ADRC activities involve helping people with access to Medicaid and the Medicaid long-term care programs.

ADRCs are required by contract to provide services at a location preferred by and at a time convenient for the customer, often in the person's home. In addition to being convenient for the customer, performing the functional eligibility screen in the person's home allows staff to observe how the person functions in their typical environment and to get a better understanding of the individual's real needs and abilities.

ADRC Activities in 2014, by Type		
	Customer Contacts	
Activity	**Number of Contacts**	**Percentage of Contacts**
Information and Assistance	275,400	46.3%
Follow Up	69,200	11.6%
Medicaid and Medicaid Waiver-Related Assistance	58,000	9.8%
• *Help With Application*	*22,600*	*3.8%*
• *LTC Functional Screen*	*15,700*	*2.6%*
• *Enrollment Consultation*	*15,900*	*2.7%*
• *Disenrollment Consultation*	*3,800*	*0.7%*
Options Counseling	40,100	6.7%
Other	151,800	25.5%
Total	**594,500**	**100.0%**

Source: 2014 ADRC Activity Reports. Other includes disability benefit specialist activities. Data does not include elder benefit specialist activities.

IM Consortia

IM consortia are structured in a way that promotes accurate and efficient processing of more than one million cases each year. IM consortia determine eligibility and provide ongoing case eligibility management for Wisconsin's health and nutrition public assistance programs, including Medicaid for Elderly, Blind and Disabled (EBD), BadgerCare Plus, FoodShare, and the Supplemental Security Income (SSI) Caretaker Supplement. Consortia staff uniformly process large volumes of information and apply complex program rules to determine eligibility in each of these program areas.

IM consortia process applications, determine initial eligibility, and process renewals and changes in participant status. IM Consortia also participate in fair hearings and coordinate with the Department on subrogation, benefit recovery, and fraud prevention and investigation. In addition, IM Consortia make referrals to and receive referrals from the federal Health Insurance Marketplace.

Each IM consortium is required to maintain and operate a consortium-wide call center and provide lobby services in each participating county. Lobby services include answering questions from applicants, making state and federal publications on public assistance programs available, accepting forms and other documents to verify eligibility, and providing access to computers for completing and submitting web-based applications. Some IM Consortia maintain a separate unit that specializes in EBD Medicaid and long-term care programs that can provide more direct technical assistance and case management to individuals enrolled in and applying for these programs.

July 2014 IM Consortia Caseload, by Program		
	Open Cases in Each Program	
Program	**Number of Open Cases**	**Percentage**
BadgerCare Plus	413,900	41.3%
EBD Medicaid		
• *Medicaid Long-Term Care: Institutional*	*16,200*	*1.6%*
• *Medicaid Long-Term Care: Home and Community-Based Care*	*57,300*	*5.7%*
• *Non-Long-Term Care Medicaid*	*88,000*	*8.8%*
FoodShare*	420,300	42.0%
Caretaker Supplement	6,200	0.6%
Total	**1,001,900**	**100.0%**

*Total represents the sum of the number of open cases in each program listed above. It does not include programs that IM consortia or Tribal economic support agencies operate under contract with entities other than DHS. Each case represents a household or individual. The total is substantially larger than the number of cases because the majority of cases involve eligibility determinations for and enrollment in more than one program.

Where do ADRCs and IM consortia provide services?

ADRCs

Wisconsin has 41 ADRCs, including 28 single-county and 13 multi-county regional ADRCs. Milwaukee County has an Aging Resource Center as well as a Disability Resource Center. All are county or multi-county public entities, except the ADRC of Brown County, which is a nonprofit organization.

Wisconsin Tribes choose to provide ADRC services to their members in one of three ways:

1. Partner with one or more counties to operate an ADRC.
2. Employ a Tribal Aging and Disability Resource Specialist (Tribal ADRS). The Tribal ADRS performs many of the functions of the ADRC for tribal members and serves as a liaison with the local ADRC. When needed, the Tribal ADRS refers tribal members to the ADRC for the Medicaid long-term care functional eligibility determination and other assistance.
3. Create a tribal-only ADRC.

Tribes are in the best position to assist elders by providing competent services and assistance. Cultural competence is especially important for tribal elders, who may not readily seek out assistance from county agencies.

Five of Wisconsin's 11 tribes partner with the ADRC serving their region and six have a Tribal ADRS to provide information and assistance, options counseling, and certain other ADRC functions.

See Appendix A for a list and map of Wisconsin's ADRCs and Tribal ADRSs.

IM Consortia

There are 10 multi-county regional IM Consortia and one IM agency, Milwaukee Enrollment Services, which serves Milwaukee County and is operated by the Department of Health Services. Prior to the implementation of the regional IM consortia in 2012, the income maintenance function was provided by county economic support agencies. Today, each IM consortium is required to provide "lobby services" in every county.

Wisconsin tribes have the option to operate their own economic support units—nine of the 11 tribes already have their own economic support units. The Menominee Indian Tribe of Wisconsin administers all IM services in Menominee County.

See Appendix B for a list and map of Wisconsin's IM consortia and tribal economic support units.

What is the state and federal statutory authority and requirements for providing these services?

ADRCs

Authority, duties, and standards of operation for Wisconsin's ADRCs are found in Wis. Stat. § 46.283. More detailed requirements are contained in administrative rules (DHS 10, Subchapter II) and in the contract between DHS and each ADRC. In addition, the role of the ADRC is defined within the federally approved Home and Community-based Services waivers for Family Care and IRIS. These waivers provide the federal authority for Wisconsin to operate these programs, and any change to the role of the ADRCs would thus require approval from CMS and an amendment to the waivers.

Wisconsin statutes give counties and tribal governments the authority to decide whether to apply to operate a single-county ADRC, multi-county or county-tribal ADRC, or to create a long-term care district to operate the ADRC. An ADRC may be a stand-alone organization or part of a human service department, county aging unit, tribal government, or other county or non-profit organization, as long as it is separate from any managed care organization. If a county elects not to operate an ADRC, DHS may contract with a private, nonprofit organization to provide the ADRC services instead.

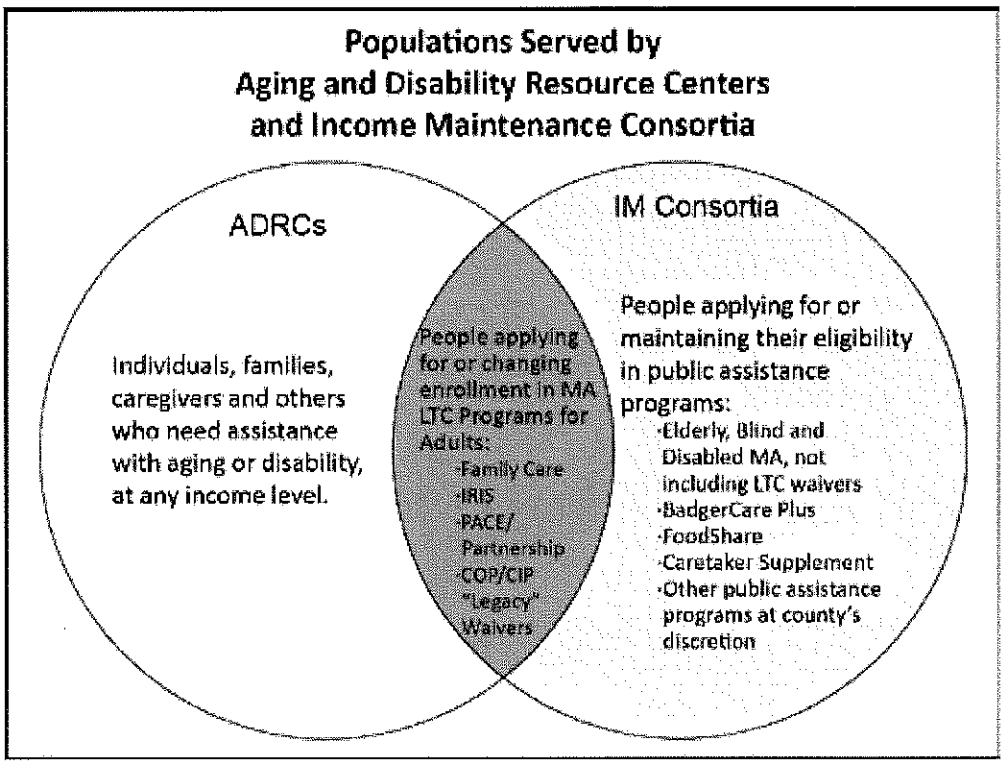
IM Consortia

Wisconsin Stat. § 49.78 requires that counties with populations of less than 750,000 participate in multicounty consortia approved by DHS for administration of IM programs and that the Department administer IM programs in a county with a population of 750,000 or more. Tribal governing bodies may elect to provide income maintenance service for tribal members under a contract with DHS or have the Department administer the Tribe's income maintenance program.

Under state statute, Wisconsin's income maintenance programs include Medicaid, BadgerCare Plus, and FoodShare, which are federal programs jointly funded by the federal government and states, and administered by states. States operate their programs within the context of federal requirements. The federal requirements for Medicaid program eligibility determination are contained in Title 19 of the Social Security Act and 42 CFR 435 of the Code of Federal Regulations. Requirements for the FoodShare Program are contained in Title 7, Chapter 51 of the United States Code—Supplemental Nutrition Assistance Program. State authority and requirements for income maintenance administration are found in Wis. Stat. Ch. 49, in DHS administrative memos, and in the Department's contracts with the IM consortia.

Overlapping Functions and Responsibilities of ADRCs and IM Consortia

Both ADRCs and IM Consortia assist elderly and disabled individuals in accessing the state's community Medicaid long-term care programs. This work represents less than 10 percent of ADRC activities and less than 6 percent of IM consortia caseload.



Note: in the chart above, Medicaid is abbreviated as MA

ADRCs provide assistance at the beginning and the end of the application and enrollment process for Medicaid long-term care programs. ADRCs provide potential applicants with information about the Medicaid program options (fee-for-service, managed long-term care, and IRIS self-directed supports program). If an individual is interested in pursuing enrollment into a Medicaid long-term care program, ADRC staff performs the long-term care functional screen to identify the person's care needs. An algorithm embedded in the functional screen tool determines whether the person meets the functional eligibility requirements to qualify for the program.

Individuals who meet the program's functional eligibility requirements can submit an application directly to the IM consortium or can submit an application with the assistance of the ADRC.

If requested, the ADRC will assist with the application by helping people who are functionally eligible in gathering the income, asset, and other information needed to establish financial and non-financial eligibility. The ADRC will also assist with documentation of the person's medical and related expenses

and make an initial calculation of the amount the individual will be required to contribute to the cost of his or her care. Individuals who meet program's functional eligibility requirements can submit an application directly to the IM Consortium or can submit an application with the assistance of the ADRC.

IM workers process the applications, review and verify the supporting documentation, verify the cost share amount initially calculated by the ADRC, determine the applicant's financial eligibility, and notify the applicant of their eligibility status.

Once the IM Consortium has received confirmation of functional eligibility and that the individual is otherwise eligible for the program, the applicant is referred back to the ADRC for enrollment counseling. During enrollment counseling, the ADRC informs the applicant about the program options, managed care organizations (MCOs), and IRIS consultant agencies (ICAs) available to them. When the person selects a Family Care option and enrollment date, the ADRC processes their enrollment. When they select IRIS, the ADRC refers the individual to the ICA for budget assistance and enrollment. The ADRC or ICA notifies the IM consortium of the enrollment, and the IM consortium sends an eligibility notice to the applicant.

Throughout the Medicaid long-term care program application and enrollment process, the ADRC and IM consortium each work with the applicant and transfer information related to that person's application, documentation, and status. Handoffs within or between the IM consortium and ADRC rely on good communication to be effective. Poor communication can result in duplication of work or in crucial information being missed, increasing the potential for error. Handoffs during the application, eligibility determination, and enrollment process are a natural starting place to look for efficiencies or system improvements.

External Stakeholder Feedback

To inform this report, the Department held in-person and telephone conference meetings with ADRC directors, IM consortium representatives, county human service and social service department directors, Tribal ADRSs, and tribal economic support, and consumer advocates. These stakeholders do not support a merger and instead offered many ideas for potential efficiencies.

Stakeholder input served as an opportunity to identify possible solutions for improving efficiency. Common themes among the identified areas for process improvement are listed below. The actual potential for improving efficiency will differ from one area of the state to another based on the current level of coordination, the variation among and within IM consortia and ADRCs, and in the local environments in which they operate.

- *Technological Improvements.* Reducing the use of paper processes and making the electronic application process more user friendly for older adults and people with disabilities.
- *Promoting More Consistent Policies and Procedures.* Clarifying ADRC and IM Consortia responsibilities and establishing standard procedures regarding who does what at what time to

streamline the elderly, blind or disabled (EBD) and long-term care (LTC) Medicaid eligibility determination process, reduce the potential for discrepancies, and reduce the number of people who are disenrolled only to re-enroll in the same program within 60 days.

- *Developing Standard Forms, Job Aids, Tools, and Infarmational Materials.* Providing standard forms and tools for IM consortia and ADRC staff to use in informing the public about programs and in collecting and transmitting information for eligibility and cost-share determination.
- *Impraving Caardination and Communications.* Establishing channels for communication between the ADRCs and IM consortia about referrals, sharing client information, and resolving discrepancies; and documenting these in formal interagency agreements, if agreements are not already in place.
- *Enhancing Staff Expertise in EBD and LTC Medicaid.* Training IM consortia and ADRC staff on the procedures, technology, and tools/materials to facilitate coordination and streamlining of LTC Medicaid program eligibility and enrollment and having staff experts provide assistance with and process EBD and LTC Medicaid applications.

Possible Options for Integrating IM Consortia and ADRCs

There are two possible options for integrating IM consortia and ADRCs: operational integration and structural integration. Operational integration involves streamlining and coordinating procedures within and between organizations, while structural integration involves a merger or other changes to the organizations themselves. The potential efficiencies and the appropriateness of integration vary based on the approach to integration that is being considered. The Department recommends option one, operational integration, and does not recommend making the structural changes to either ADRCs or IM consortia that are outlined in option two.

Option One: Operational Integration

The operational integration of IM consortia and ADRCs would involve development of consistent tools and compatible, streamlined procedures for carrying out their mutual responsibilities. This could be achieved through a coordinated statewide initiative directed by the Department of Health Services or through more local initiatives at the IM consortia, tribal economic support, ADRC, and Tribal ADRS level.

Strategy One: Consistent Statewide Strategy for Streamlining Operations

The Department would be responsible for developing and implementing a statewide strategy for improving efficiency in areas where ADRC and IM consortia operations intersect, within the framework of the current organizational structures. Suggestions for improving the EBD and LTC Medicaid application and eligibility determination process include:

- More clearly defining the roles of the ADRCs, Tribal ADRSs, IM consortia, and tribal economic support to facilitate consistent understanding statewide.
- Investing in technology to improve communication between the IT systems used for Medicaid applications by each entity.
    - Provide an alert to ADRCs and Tribal ADRSs of adverse actions or other changes they need to follow up on.

- Utilize technology to help ensure that ADRCs, Tribal ADRSs, IM consortia, and tribal economic support all have access to information about changes in a client's status.
- Developing standardized forms and materials for use by all ADRCs, Tribal ADRSs, IM consortia, and tribal economic support agencies.

A number of efficiencies could potentially be gained from these types of strategies, including: applications processed more quickly, greater accuracy in initial eligibility and cost-share determinations, less need for discrepancy resolution, fewer participants who are disenrolled and then re-enrolled in the same program, more appropriate use of ADRC services, increased customer satisfaction, and savings in staff time that will allow IM consortia, tribal economic support, Tribal ADRSs and ADRCs to better accommodate workload increases as the elderly population grows.

Strategy Two: Diversified Approach to Improving Efficiency

By utilizing this strategy, the Department, IM consortia, tribal economic support, Tribal ADRSs and ADRCs would continue their current efforts to improve coordination and efficiency. All parties are aware of issues that need to be addressed and are open to change. A number of efforts are already underway to improve the efficiency and service of the IM Consortia and ADRCs. The types of efficiencies that could be realized are the same as those identified in connection with the previous statewide strategy.

Additional strategies that aim to improve coordination and collaboration include:

- Having face-to-face meetings between ADRCs, Tribal ADRSs, IM consortia, tribal economic support, and stakeholders to exchange ideas for improving coordination.
- Ensuring that ADRCs, Tribal ADRSs, IM consortia, and tribal economic support are knowledgeable about each entity's responsibilities, processes, and timelines; providing training; and certifying the Tribal ADRSs to perform the Long-Term Care Functional Screen.
- Providing trainings for new and experienced workers, including joint training for ADRCs, Tribal ADRSs, IM consortia, and tribal economic support staff on some topics.
- Using specialized long-term care workers at the IM consortia, economic support assistants at ADRCs, and having a benefit advocate as resource person for tribal staff and tribal members.

This strategy leaves room for local creativity in finding efficiencies. In order to realize the full potential of these efficiencies, activities will need to be consistently implemented at ADRCs, Tribal ADRSs, IM consortia, and tribal economic support agencies.

Appropriateness of Operational Integration

Operational integration provides a variety of opportunities for improving efficiency by instituting standardized procedures and materials for ADRCs and IM Consortia, and without the attendant disruption of structural integration, which would involve a merger or other changes to the organizations themselves. All of the improvements in efficiency that were identified by stakeholders or are the subject of current Department initiatives could be achieved through better coordination and by streamlining of ADRCs, Tribal ADRSs, IM consortia, and tribal economic support procedures. An initiative to coordinate and streamline procedures in the existing entities is the most appropriate approach to integration.

Option Two: Structural Integration

The Department also studied structural integration of ADRCs and IM consortia. Options for structural integration included merging the ADRCs and IM consortia or redrawing the regional boundaries of ADRCs and IM consortia to facilitate coordination.

Strategy One: Merger of IM Consortia and ADRCs

This strategy involves merging the 41 ADRCs and 11 IM consortia into a set of new, regional organizations, each operating under a single director and governance structure and encompassing the full range of responsibilities currently assigned to both entities. County level services would also be merged. Potential efficiencies include administrative cost savings from reducing the total number of organizations, eliminating the need for inter-agency referrals, streamlining procedures, and no longer requiring customers to deal with two different entities when enrolling in Medicaid managed long-term care. The cost savings associated with merging the two organizations are likely to be small as managers would still be needed for the eligibility determination and similar staffing levels would be needed to complete the full breadth of services and functions required. If efficiencies are gained, it does not necessarily mean that Wisconsin would be able to reduce GPR contract funding to the agencies as GPR is not the only funding source for these entities. Counties contribute significant local funds for helping individuals navigate and enroll in Medicaid long-term care programs

Differences in the missions and business models of the ADRCs and IM Consortia also raise issues concerning the appropriateness of a merger. Currently ADRCs assist older adults and people with disabilities in accessing information and resources needed to live with dignity and security and to achieve maximum independence and quality of life. This assistance is not limited to public assistance programs and supports. If ADRCs are part of the IM consortia, the public might not know that ADRCs provide these other services, particularly the information and resources that are provided before a Medicaid long-term care application is completed. As 88 percent of current ADRC customers do not apply for Medicaid, structural integration could limit the Department's goal of preventing and delaying entry into publically funded long-term care.

Strategy Two: Alignment ADRC and IM Consortium Service Area Boundaries

This strategy aligns service area boundaries to facilitate better coordination between ADRCs and IM consortia, without merging or consolidating the functions of the two entities. This approach would require reorganization of the current ADRC and IM consortia entities, resulting in considerable disruption and may have the potential for only limited administrative cost savings. Efficiencies under this strategy would come from improvements in coordination between ADRCs and IM consortia that result from each entity needing to interact with only one counterpart organization. Similar efficiencies could be obtained by standardizing procedures without changing organizational boundaries.

While regional alignment may facilitate coordination in the approximately 10 percent of the ADRC and IM consortia work that intersects, it would not eliminate the need for IM consortia and ADRCs to work with their other partner organizations that also have different regional structures: 5 Department of Children and Families regions, 11 Department of Workforce Development regions, 8 regional Independent Living Centers, 12 Cooperative Educational Service Agencies (CESAs), 7 Family Care MCOs,

5 DHS area administration regions, 6 BadgerCare Plus/SSI managed care HMO regions, 11 regional Enrollment Networks, and others. Moreover, the operational efficiencies attributable to this approach can be realized by increasing consistency in IM consortia and ADRC practices, without changing regional boundaries.

Appropriateness of Structural Integration

Both strategies would result in significant disruption in the short term to existing entities, governance, and customers with effects that go well beyond the areas of mutual concern for IM consortia and ADRCs. While both ADRCs and IM consortia have responsibilities relating to eligibility determination and assistance with applications for parts of the Wisconsin's Medicaid program, the majority of their work, the populations they serve, and the organizational characteristics needed to perform effectively in their areas of responsibility are quite different. The area where the work of the two entities intersects—Medicaid long-term care programs—accounted for less than 10 percent of ADRC activity and less than 6 percent of IM caseload in 2014. In addition, the potential for cost savings from organizational change is relatively small. Most of the benefits of structural integration would be indirect by creating an environment that is, in theory, more conducive to coordination and streamlining; however, these same benefits could be obtained without reorganization. For these reasons, the structural integration of IM consortia and ADRCs would not be worthwhile.

Recommendation

The process for accessing Medicaid managed long-term care can and should be made more efficient and customer friendly. However, merging ADRC and IM entities, consolidating their functions, or aligning their boundaries is neither the most appropriate nor the most efficient way to achieve these goals. The Department recommends operational integration. With option one, IM consortia and ADRCs will be retained as separate organizations with their current service area boundaries and tribal governments who choose to do so would continue to provide economic support and aging and disability resource specialist services for their members. To implement operational integration, the Department recommends moving forward with both strategies—improving the efficiency of the community-based LTC Medicaid application process—through implementing a statewide strategy and allowing for local or regional innovation that includes better communication, coordination, procedures, and use of technology.

To implement this option, the Department will analyze the EBD and LTC Medicaid application and enrollment process and develop specific strategies for improving the efficiency of and collaboration among ADRCs and IM Consortia, with advice and counsel from consumers and other stakeholders. A statewide approach will be developed for those areas that are identified as benefiting most from consistency. These may include technology improvements; role clarification; development of standardized forms, tools, and informational materials; and training. The Department will continue to promote development of procedures to improve efficiency at the individual IM consortium, tribal economic support agency, Tribal ADRS, and ADRC level in those areas that need to be responsive to local differences.

APPENDICES

APPENDIX A Aging and Disability Resource Centers in Wisconsin and the Counties and Tribes Served

APPENDIX B Wisconsin Income Maintenance Consortia and Tribal Economic Support Services

APPENDIX A

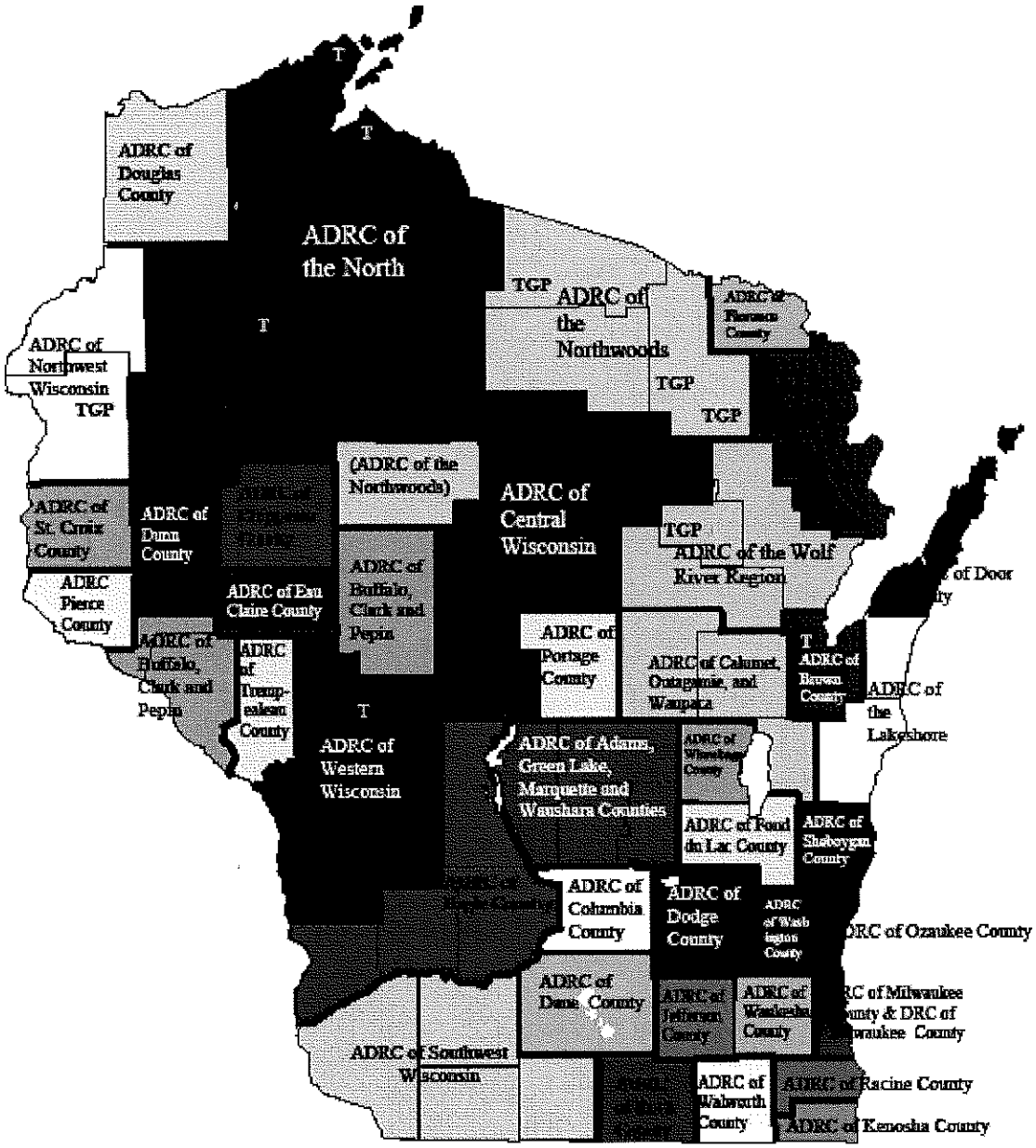
Aging and Disability Resource Centers in Wisconsin and the Counties and Tribes Served

1. ADRC of Adams, Green Lake, Marquette, and Waushara Counties
2. ADRC of Barron, Rusk, and Washburn Counties
3. ADRC of Brown County
4. ADRC of Buffalo, Clark, and Pepin Counties
5. ADRC of Central Wisconsin (Marathon, Wood, Lincoln, and Langlade Counties)
6. ADRC of Chippewa County
7. ADRC of Columbia County
8. ADRC of Calumet, Outagamie, and Waupaca Counties
9. ADRC of Dane County
10. ADRC of Dodge County
11. ADRC of Door County
12. ADRC of Douglas County
13. ADRC of Dunn County
14. ADRC of Eagle Country (Crawford, Juneau, Richland, and Sauk Counties)
15. ADRC of Eau Claire County
16. ADRC of Florence County
17. ADRC of Fond du Lac County
18. ADRC of Jefferson County
19. ADRC of Kenosha County
20. ADRC of the Lakeshore (Manitowoc and Kewaunee Counties)
21. ADRC of Marinette County
22. Aging Resource Center of Milwaukee County
23. Disability Resource Center of Milwaukee County
24. ADRC of the North (Ashland, Bayfield, Iron, Price, and Sawyer Counties)
25. ADRC of Northwest Wisconsin (Polk and Burnett Counties and the St. Croix Chippewa Indians of Wisconsin)
26. ADRC of the North Woods (Forest, Vilas and Oneida Counties and the Sokagon Chippewa Community, Lac du Flambeau Band of Lake Superior Chippewa Indians, and Forest County Potawatomi Community)
27. ADRC of Ozaukee County
28. ADRC of Pierce County
29. ADRC of Portage County
30. ADRC of Racine County
31. ADRC of Rock County
32. ADRC of Sheboygan County
33. ADRC of St. Croix County
34. ADRC of Southwest Wisconsin (Grant, Green, Iowa, and Lafayette Counties)
35. ADRC of Trempealeau County
36. ADRC of Walworth County
37. ADRC of Washington County
38. ADRC of Waukesha County
39. ADRC of Western Wisconsin (La Crosse, Jackson, Monroe, and Vernon Counties)
40. ADRC of Winnebago County
41. ADRC of the Wolf River Region (Menominee, Oconto, and Shawano Counties and the Stockbridge-Munsee Community)

Tribal Aging and Disability Resource Specialists

1. Bad River Band of Lake Superior Chippewa Indians
2. Lac Court Oreilles Band of Lake Superior Chippewa Indians
3. Ho-Chunk Nation
4. Menominee Indian Tribe of Wisconsin
5. Oneida Tribe of Indians of Wisconsin
6. Red Cliff Band of Lake Superior Chippewa Indians

Wisconsin's Aging and Disability Resource Centers



TGP- Tribal Governing Partner
T- Tribal Aging and Disability Resource Specialist

APPENDIX B

Wisconsin Income Maintenance Consortia and Tribal Economic Support Services

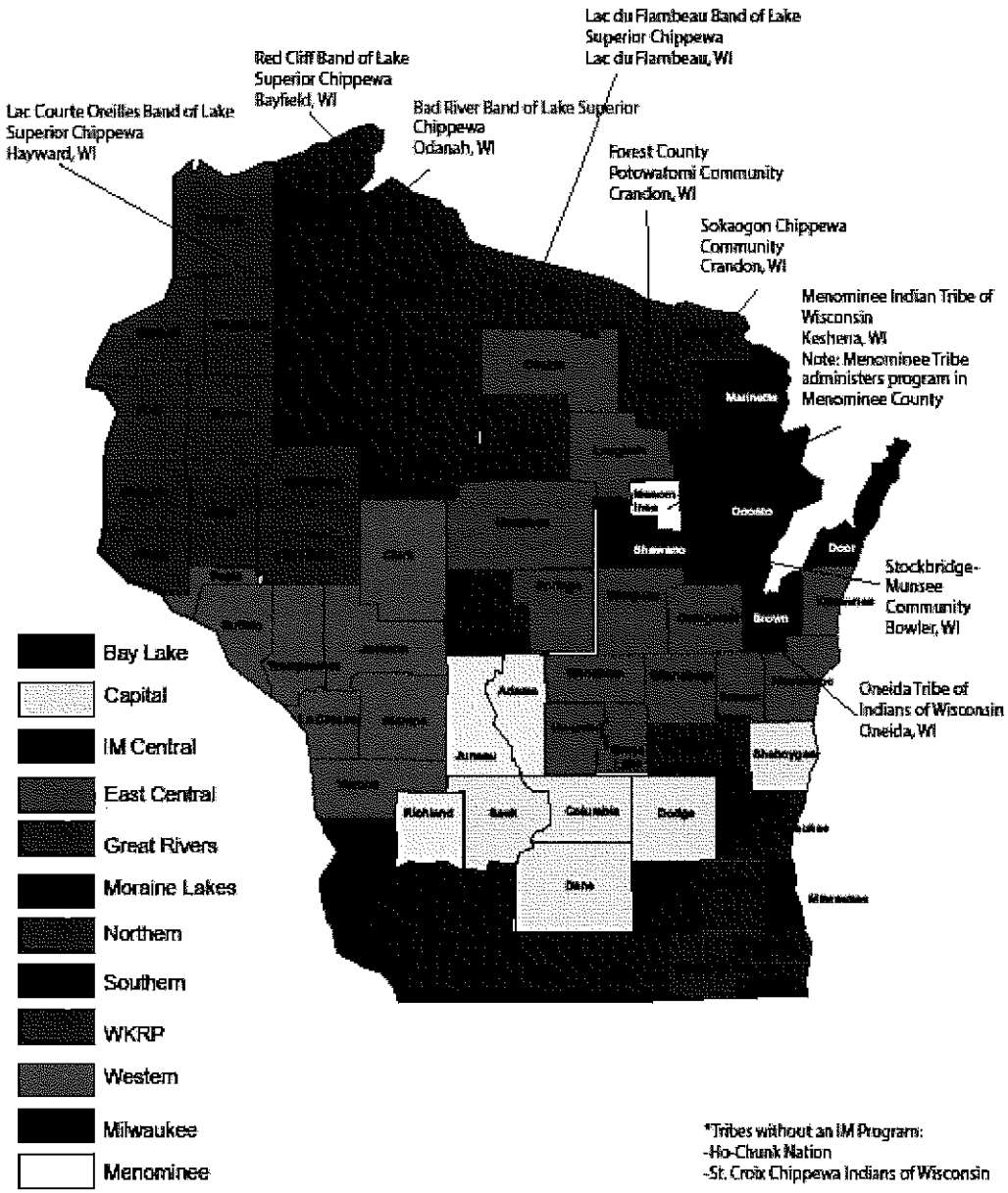
Income Maintenance Consortia and Participating Counties

1. Bay Lake Consortia: Brown (Lead County), Door, Marinette, Oconto, Shawano
2. Capital Consortia: Adams, Columbia, Dane (Lead Agency), Dodge, Juneau, Richland, Sauk, Sheboygan
3. Central Consortia: Langlade, Marathon (Lead Agency), Oneida, Portage
4. East Central Consortia: Calumet, Green Lake, Kewaunee, Manitowoc, Marquette (Lead Agency), Outagamie, Waupaca, Waushara, Winnebago
5. Great Rivers Consortia: Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire (Lead Agency), Pierce, Polk, St. Croix, Washburn
6. DHS Milwaukee Enrollment Services (MilES): Milwaukee County
7. Moraine Lakes Consortia: Fond du Lac (Lead Agency), Ozaukee, Walworth, Washington, Waukesha
8. Northern Income Maintenance Consortium Ashland, Bayfield, Florence, Forest, Iron, Lincoln, Price, Rusk, Sawyer, Taylor, Vilas, and Wood (lead agency).
9. Southern Consortia: Crawford, Grant, Green, Iowa, Jefferson, Lafayette, Rock (Lead Agency)
10. Western Region for Economic Assistance: Buffalo, Clark, Jackson, La Crosse (Lead Agency), Monroe, Pepin, Trempealeau, Vernon
11. Wisconsin's Kenosha, Racine Partnership (WKRP): Kenosha (Lead Agency), Racine

Tribal Economic Support Services

1. Bad River Department of Social and Family Services
2. Potawatomi Economic Support Department
3. Lac Courte Oreilles Income Maintenance Agency
4. Lac du Flambeau Economic Support
5. Menominee Community Resource Center
6. Oneida Tribe Economic Support Services
7. Red Cliff Social Services
8. Sokaogon Economic Support Agency
9. Stockbridge-Munsee Economic Support Services

Wisconsin Income Maintenance Consortia and Tribal Economic Support



*Tribes without an IM Program:
-Ho-Chunk Nation
-St. Croix Chippewa Indians of Wisconsin

State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

April 1, 2016

Honorable Alberta Darling
Co-Chair
Joint Committee on Finance
Room 317 East
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

RECEIVED
APR 07 2016
BY: Jt. Finance

Honorable John Nygren
Co-Chair
Joint Committee on Finance
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

Pursuant to section 9118(9q) of 2015 Act 55, the 2015-17 Biennial Budget, I am submitting to you a report regarding the feasibility of integrating income maintenance consortia and aging and disability resource centers (ADRCs).

This report is the first of three reports required by Act 55 concerning ADRCs. The Department will submit a plan regarding ADRC governing boards by July 1, 2016 and report on the long term care functional screen and options counseling functions by January 1, 2017.

Please contact me if you have any questions about the attached report.

Sincerely,

Kitty Rhoades
Secretary

STATE OF WISCONSIN

SENATE CHAIR
Alberta Darling

317 East, State Capitol
P.O. Box 7882
Madison, WI 53707-7882
Phone: (608) 266-5830

ASSEMBLY CHAIR
John Nygren

309 East, State Capitol
P.O. Box 8953
Madison, WI 53708-8953
Phone: (608) 266-2343

JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: April 1, 2016

Re: DHS Report to JFC

Attached is a report regarding the feasibility of integrating income maintenance consortia and aging and disability resources centers (ADRCs) from the Department of Health Services, pursuant to s. 9118(9q) of 2015 Wisconsin Act 55.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm