

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Audrey Nelson, Beth Swedeen, Chris Witt, Cindy Bentley, Darci Knapp, Denise Pommer, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, LaVerne Jaros, Lea Kitz, Michael Bruhn, Shakita LaGrant, Shanna Jensen, Stacy Ellingen
Date: 9/13/2022	Time Started: 9:30 a.m.	Time Ended: 2:04 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Carrie Molke
Minutes			

Members absent: Elsa Diaz Bautista, Stephanie Birmingham, Jason Glozier

Others present: Lisa Olson, Carrie Molke, Brenda Bauer, Kevin Coughlin, Grant Cummings, Alicia Boehme, Christian Moran, Tom Balsley, Steve Gress, Cindy Piotrowski, Marci Katz, Kelly Van Sicklen, Elizabeth Doyle, Shelly Glenn

Meeting Call to Order, presented by Carrie Molke

- Went over meeting processes
- Introductions
- Approval of July 2022 Meeting Minutes
 - Motion to approve minutes by Chris Witt, seconded by Janet Zander. Unanimously approved.

Division of Medicaid Services (DMS) Updates presented by Alicia Boehme and Christian Moran

- Alicia addressed the asset purchase agreements. DHS is working with both entities to understand the details of the purchase. The purchase will require certification of both prior to the purchase. Entities must apply to the Office of the Commissioner of Insurance (OCI) for approval. We want to hear specific stakeholder concerns, so we can ensure quality care and services are provided. We are working to get listening sessions set.
- DHS is currently working with New Hampshire University regarding findings in IDD / Mental Health systems. We are seeking a broad workgroup of people from all areas. Please email DHSDMSSTART@dhs.wisconsin.gov if you are interested in participating. The invite is for everyone and not just council members.
- Christian said the next announcement date regarding the Public Health Emergency (PHE) is November 16th.
- **Council Feedback**
 - John would like more information on the Molina/My Choice Wisconsin purchase. What is DHS' role in the process, and how long before a decision is made? Office of Commissioner of Insurance (OCI) has the final authority, but what will be DHS' position?
 - Alicia said that DMS is creating a process to certify the new entity which is expected by the last quarter of 2022. A final purchase is not anticipated until 2023. Additional information will be provided once it has been developed. DMS will look at the business plan and plan for transition.
 - John asked if DHS had the authority to NOT certify if one provider is lacking.
 - Janet would like more information on the certification at the November meeting.
 - Dennise said there is talk in Milwaukee County about the next steps. What is the impact on the landscape of Geographic Service Regions (GSRs) and choices? As they learn more, they are trying to help their residents and board understand at the county level.
 - Alicia said if there are concerns, we are creating a stakeholder feedback process. Much of the information we don't know yet. As part of the certification process, we will get that information. There has not been a formal application submitted to OCI or DHS yet.

- Beth indicated the council is interested in what elements DHS is expected of in the process. What DHS expectations are in regard to a firewall between ICA and MCO considering they own both.
- Janet encouraged Alicia and the team to look at the track record of the agencies and see if they have pulled out of other service areas.

Division of Public Health (DPH) Updates, presented by Carrie Molke

1. State Dementia Plan

- BADR is currently coordinating with partners across the state to update the State Dementia Plan for 2024-2028. The last plan brought together caregivers, advocacy groups, local agencies, elected officials, and providers from across the state. Together, we helped fund support groups, expand rural research hubs and access to memory screenings, design dementia-friendly toolkits, and create the dementia care specialist program. Working together, we can build on these successes to support everyone affected by dementia!
- We would love to hear about your experiences with dementia, in your work or in your life, and invite you to take our short and anonymous [online survey](#) right now.** We are also inviting partners to host listening sessions in their communities to gather additional feedback on dementia care. For more information about how you can help, please see “[Help Create the 2024-2028 State Plan](#)” on our website.

2. NAPA LTSS Recommendations

- I serve as one of 12 non-federal members of the National Alzheimer’s Project Act (NAPA) Advisory Committee and am the chair of the LTSS Sub-committee and in that role, am the primary author of our sub-committee’s recommendations.
- At our July meeting, we presented our draft recommendations to the committee, who voted to approve them: [July 2022 NAPA Advisory Council Handout - Draft 2022 Recommendations \(#45\) \(hhs.gov\)](#). These recommendations are used to develop the national Alzheimer’s plan.
- Linkage with charges of the Council- Access, direct care workforce, family and unpaid caregivers, payment models, system integration
- Use the feedback from this committee and others to inform the national dementia agenda
- Encourage you to view them and feel free to provide any thoughts you might have.

3. State Plan for Independent Living (SPIL)

- Every three years, states are required to submit a State Plan for Independent Living to the Administration for Community Living. The State IL Council and the Independent Living Centers develop the State Plan, which documents how the ILC network is going to execute and improve independent living services over the next three years. BADR serves as the Designated State Agency.
- The 2024-2026 State Plan is in the development phase and there are currently four workgroups: FUNDING, ADVOCACY, SERVICE DELIVERY and ADMINISTRATION. Each of the workgroups have begun meeting and will start working on their respective plan components.
- Since the SPIL and IL are focused on consumer direction there will be ample opportunities to gather input from the community. A survey will be developed and distributed soon. All ILCW meetings, including SPIL meetings, are open to the public and we encourage you to attend, and encourage folks with disabilities to attend as well.
- Information on the SPIL can be found here: [FINAL-Revised-State-Plan-for-Independent-Living-SPIL-Wisconsin-12-18-20.pdf \(ilcwis.org\)](#)

4. **Assistive Technology.** BADR administers the WisTech program- Wisconsin's Assistive Technology Program. Wistech partners provide device demonstration, device loans, device reutilization and exchange, alternative financing programs, and assistive technology training quarterly and upon request. These are open to everyone.
 - a. September 27th is the next quarterly training- focused on Accessible Event Planning. [Webinar Registration - Zoom \(zoomgov.com\)](#)
 - b. [Wisconsin's Assistive Technology Program \(WisTech\) | Wisconsin Department of Health Services](#)
5. **Social Isolation and Loneliness**
 - a. The Access and Detection Work Group has just launched it's pilot program in ADRCs to screen folks for social isolation and loneliness. If useful, the group hopes to spread it's use amongst ADRCs and other partners who are in a position to screen and refer or assist people who are experiencing isolation and loneliness.
 - b. The Raising Awareness Work Group is preparing for Social Isolation and Loneliness Awareness week which will be November 13 – 19. We are hoping to plan a few events this week, offer resources and get a Governor's Proclamation. More to come.
 - c. Intergenerational programming (with the Office of Children's Mental Health)- generating ideas and partnerships for building 2-generation, bi-directional relationships between older adults and youth.
 - d. The National Coalition to End Social Isolation and Loneliness is meeting with us- learning how to implement at the state level and gives us the opportunity to learn from other groups across the country who are trying to address root cause of isolation and loneliness also.
6. **Wisconsin Lifespan Respite Program** Received a five-year grant. Just last week, BADR learned that Wisconsin was one of only two states to be selected for a five-year federal Administration for Community Living (ACL) Lifespan Respite State Enhancement grant! DPH and BADR, in partnership with the Respite Care Association of Wisconsin (RCAW) and other stakeholders, will use the additional federal funds to build a state respite system that expands the reach and expertise of current offerings.
7. **Conferences.**
 - a. The **Adult Protective Services Conference** is being held at the Wilderness Resort in the Dells September 28-29
 - b. Planning for the next Aging and Disability Network Conference in 2023. Stay tuned for a save the date.
8. **Wisconsin DPH Public Health Infrastructure (PHI) Grant: Project Abstract Summary**
 - a. Wisconsin's public health system has been critically under-resourced for decades and has a crumbling infrastructure that includes: (1) a severely depleted workforce; (2) no sustainable funding for foundational public health capabilities; and (3) data systems that are not interoperable or modernized. These challenges were highlighted and compounded by the COVID-19 pandemic which, in part, contributed to over 14,000 excess deaths.
 - b. The [CDC's Center for Surveillance, Epidemiology, and Laboratory Services Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant](#). \$55 million is expected to be available to Wisconsin over five years (have not received the award yet), which will provide support for core infrastructure improvements within DPH that include: (A1) **Workforce Development** to assure a well-trained, skilled, highly motivated, flexible, and adaptable workforce; (A2) **Foundational Capabilities** to create the conditions needed to strengthen our capacity to provide governmental public health and meet WI's public health

needs; and (A3) **Data Modernization**, a comprehensive initiative focused on modernizing Wisconsin data sources, storage and exchange systems, and workforce capabilities used to inform decision-making and facilitate the delivery of effective, timely public health services and programs.

c. This is also funded, in part, by the ARPA funding.

- **Council Feedback:**

- Cindy has heard that the incidence of dementia is higher in people of color. She would like to know why. Cindy and Carrie will discuss off-line.
- Lea requested additional information regarding respite. Carrie said that her staff would have the information, and it will be shared at a later date.

Caregiver Survey Results presented by Cindy Piotrowski

- Cindy reviewed the survey results presentation.
- **Council Feedback:**
 - Michael referenced the individual who took a demotion – were surveys specifically sent to people that went from full to part time? Was there a question on whether or not workers had to reduce their hours?
 - The survey is available at https://wisconsincaregiver.org/_data/media/37/survey-full-report.pdf. It was noted that 33% of the workers went from full to part time or retired early.
 - Cindy shared her personal story regarding the long-term impacts of leaving employment early.

ARPA HCBS Updates presented by Lisa Olson, Grant Cummings, Alicia Boehme, Carrie Molke, Tom Balsley and Kevin Coughlin

- Christian welcomed and introduced Lisa Olson, Medicaid Director
- Lisa Olson thanked the council for their work and feedback. The first grant applications for the \$350M ARPA HCBS grants have been received. Thank you to Governor Evers for supporting these initiatives.
- Grant provided updates on HCBS Rate Reforms. Survey was recently completed for the minimum fee schedule project for residential home care. It will be sent to providers in October. There will be smaller workgroups forthcoming. Contractors are working with DHS to help inform the definitions for fee schedule. The survey will be distributed through working with MCOs and on the website. There are also distribution lists in addition to direct outreach with a subset of providers.
- Alicia provided an update on the 1-2 bed Adult Family Home (AFH) certification tool. The system will allow DHS to administer AFH certification for IRIS participants. It will also provide ICAs and MCOs the ability to upload certification information to the system. There is a second system for non-residential HCBS reviews. Providers will be able to access information. For both projects, DHS is working on finalizing the scope. Department of Administration (DOA) will need to approve the project. An update will be provided in November. The system will allow DHS to monitor status. There will likely be a pilot prior to it going live. Chris offered to be part of the pilot program. The pilot will hopefully be rolled out by the end of the following year. There is typically testing done prior to a statewide rollout.
- Tom Balsley provided an update on ADRC Modernization. A 25-person advisory committee has been launched. One component of the project is the website and database. Palenteer (sp?) will be the contractor. Kickoff is at the end of September. The office has recruited 6 ADRC resource specialists to collect information for the resource database. The interview process will begin this month. Staff will begin in October. Marketing, outreach, and client tracking is still being finalized as far as vendor contracts. Beth mentioned she appreciated the stakeholder involvement. Tom didn't know if there were any outreach groups or surveys regarding barriers to ADRC services for individual in underserved communities. He will relay the feedback that it should be equitable and available to all. The plan will be written in plain language. Cindy appreciated that. The plan is being co-created with individuals that will be users. Cindy and Beth offered their time in assisting with the plain language piece. Carrie thanked

them for their offer to assist. Local ADRC specialists will be able to update the database. The state level staff will assist with that. Part of the workgroup tasks has been to clarify communication for the professional as well as the community consumer.

The Independent Living Support Pilot is intended to resident who have some decrease in ability but don't qualify for HCBS services. Hope to the Pilot up and running by July 2023. Request for applications will begin late October 2022. It will be voluntary for ADRCs or Tribal ADRSs. Seeking a separate entity to participate in the program to act as the fiscal agent. There is not an advisory group for this program, however, stakeholder input has been incorporated into the pilot. The pilot is targeting 10 ADRCs and Tribal partners. Total number of participants depends on initial enrollments.

For the Tribal ADRS expansion, Tribal ADRSs will initially receive an additional \$125k to support their programs, and there will be a broader invite to HCBS enhancements. Denise added that the additional funding for tribes was to support needs in long-term care. There was a questionnaire conducted in 2021 to learn of specific needs. Lea expressed an interest in knowing how the additional support is being used. There is a limited knowledge of the LTC within the Tribal community. The lack of knowledge is fairly widespread, and the high turnover rate in Tribes lends itself to the limited knowledge. The LTC Tribal Workgroup will be restarted with a target date of November 1st. It will provide HCBS overviews and will discuss the service benefit package. Home repairs were a common theme in the questionnaire. Tribal communities have a limited inventory of homes. Continuing updates will be incorporated into future meetings. Denise shared her appreciation for DHS involvement.

- Kevin Coughlin provided an update on the ARPA Grant project. The applications closed at midnight last night. This will be a very competitive process. 88% of applications will serve HCBS individuals. All 72 counties were represented in the applications. There is \$30M allocated, two windows of \$15M or three of \$10M. Awards will be in October and distributed in November. Kevin was asked to share those outcomes with the council.

Kevin also presented on the Workforce Initiative. Beth thanked him and the team for the hard work. She wondered who would pay for the training. The training will be free and paid for using ARPA and MFP supplements. The signing bonus and retention bonuses will be across all programs.

MCO Contract Changes presented by Kelly Van Sicklen

- Presentation of MCO Contract Changes
- ***Council Feedback:***
 - John expressed concern with the numerous items required for mandatory reporting to DQA for incidents. Wondering if the process could be streamlined to prevent multiple notifications to entities. Kelly indicated that the requirements are MCO specific and not provider specific. Erika Rupnow is working on updates to incident reporting. John also mentioned he's like to see some of the credentialing redundancies eliminated as well (background checks, etc.). Perhaps a statement of compliance in lieu of multiple items. Kelly is happy to take the recommendations for consideration. She clarified that this is only pertaining to MCO reporting back to DHS and not providers reporting. John also mentioned there is confusion regarding the network adequacy language. Is the burden on the MCO to prove they have an adequate? Kelly said they are. The same process exists for MCOs regarding network adequacy. There are no changes to the standards in the contract language for granting that exception.
 - Janet had questions regarding profit and administrative costs. From the initial review of Medicaid rules, states have a great deal of discretion regarding MLRs, using 85% as a threshold. She expressed concern about transitioning small MCOs to larger entities and what changes might be necessary in light of that. Christian asked that fiscal questions be tabled until the Fiscal Update at 12:45pm. Beth mentioned that their organization expressed the same concerns. She

would like DHS to ensure they have tools limiting profits. Contract changes are a combination of BPP and RS coordination and are a shared responsibility. Additional changes were sent on Friday.

- John asked if MCOs can only contract with providers that meet HCBS settings. CMS has been taking a long time to sign off and give approval. Will Family Care providers be allowed to continue to provide services until CMS makes a decision? Kelly said that is part of the intent. John further asked about new providers. Is there any way to presume eligibility with DHS screening until final CMS approval is received? Kelly will review and consult with Christian regarding this. There is still an exception in the contract language for providers waiting for CMS heightened scrutiny. It will be discussed further at the next meeting.

Public Comment

- No attendees in the meeting presented with public comment
- Bobbi Givens provider written comment: As a nurse that has worked for more than 10 years in Longterm care including as a Director of Nursing I am suggesting that anyone who owns/operates a Longterm/Skilled Nursing Facility be required to hold a degree of some sort in nursing or the medical field other than Business Health Administration. They need to fully understand and appreciate that we are caring for people's lives and families. These facilities are purchased by people and passed around for profit only. There should also be a requirement that there is a commitment to a budget to maintain to ensure quality care is provided. That budget should be designated for staffing, food, and supplies essential to maintaining a high standard quality of care. If these requirements of education and finances cannot be met then they should not be allowed to own or operate any Longterm/skilled nursing facilities. Elderly and ill residents suffer because the owners/operators are only concerned with profit and not the actual resident. More and more facilities are closing every year because the owners do not have the knowledge, do not care about the residents or staff or claim they cannot afford to maintain the facility. They take the money but won't pay the bills, and then sell the property and the new owners are left to deal with it resulting in their inability to obtain or use the vendors or can't afford to hire staff due to lack of payment from previous owners. This all leads to poor quality of care. It's a vicious cycle and it needs to stop. The only people suffering are the resident. Please consider these as requirements.

Fiscal Update presented by Marci Katz

- Marci presented the audited financials and detailed the background of the figures and what criteria was used. The financials have been posted to the DHS website. The preliminary is not posted, as it takes time to review before finalizing. All reporting includes total dollars, as well as a per member per dollar presentation. Per member per month is by member months, which is total dollars per member month. The figures do not take acuity, GSR, etc. into consideration. Key ratios also provided as total percentages of total revenue. CCI does in house claims processes. All the rest do Third Party Administrators. Ratios are provided as a total percentage of total revenue. Income loss from operations is from the current year. There are no prior year adjustments. Per member per month figures were reviewed in depth.

Family Care figures are separate from Partnership and PACE. We only provide capitation rates for Medicaid. CMS provides Medicare capitation rates. BRS cannot separate Medicaid from Medicare rates. PACE lost money in 2021 because of the significant impact of COVID. It will take time to grow the membership back up. Other retro adjustments include P4P adjustments. Acute and primary expense are separated from LTC expenses in the PACE/Partnership programs. These are posted to the DHS website.

- Financial Summaries can be found at <https://www.dhs.wisconsin.gov/familycare/mcos/financialsummaries.htm>
- **Council Feedback:**

- Cindy asked for clarification on PACE (acronym). PACE is Program for All Inclusive Care for the Elderly. CCI runs a PACE site which is a combination of long term care and medical services.
- Marci indicated there is no breakdown of each line or any document that covers that. It is very technical. Marci is happy to come back and address any additional questions of the Council.
- Janet asked a question pertaining to MCO control of profits referenced earlier. Moving forward from a non-profit to a for-profit environment, how are the state tools used to ensure Medicaid dollars are not being used for stakeholder profits. Currently there are no limits on administrative costs. Over time, that can be adjusted down if needed. The other key piece is the minimum fee schedule corridor. Protections are being put into place as discussed.

State Health Assessment (SHA) and State Health Improvement Plan (SHIP) presented by Margarita Northrop

- Maggie reviewed her presentation with the Council. Carrie thanked Maggie for the presentation and indicated she appreciated being able to look at things structurally. She also appreciated the attention to the “isms”, age-ism will be part of the project. Carrie stated that some of the quotes from the community conversation will be used to support the current barriers. You will see that feedback was heard when completed.
- **Council Feedback:**
- LaVerne mentioned that moving toward social determinates of health is the hardest area to tackle. We tend to gravitate toward programs, but the other issues (poverty, racism) are so much tougher. Hopefully we can erase some of the need for long term care if we have a healthier society.
- Dennise said we have spent time talking about ARPA funds but is wondering if we are investing the dollars in the right place to help move population health as we look at the model. How does this integrate with P4P? How do we demonstrate with data, the progress we are making? Carrie would like to talk more about this. There are important metrics underneath within various programs and spaces. It is another tool to move us toward the health outcomes we want.
- Lea would like to take a look at how this will work with the isolation and loneliness effort and how it ties to health. The Sustainability Measures of 2013 made more of what do you need versus what do you prefer. People were losing a connection to the community at that time. RAD (Resource Allocation Decision) methos made a priority of getting people integrated and involved in their community which is incredibly important to well-being.
- Dennise said it was great to see acute care begin to use social determinates of health tools to assess gaps.

2021 P4P Results presented by Kaycee Kienast

- The presentation focused on 2021 reports. There is a new requirement that the provider receive the standard survey.
- **No Council Feedback**

Council Business, presented by Carrie Molke

- Next meeting November 8, 2022
- No new business

Adjourned 2:04pm

Prepared by: Shelly Glenn on 09/26/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/8/2022

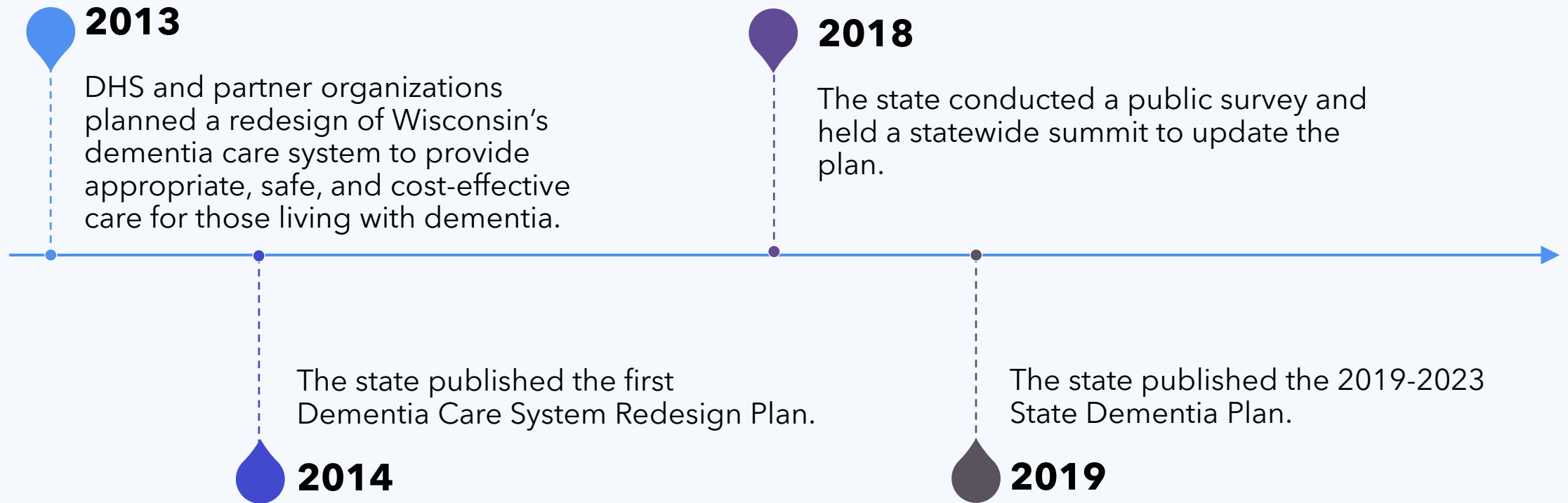


State Dementia Plan

Presented to the Long-Term Care Advisory Council

November 8, 2022

History of the State Dementia Plan



Structure of the Current State Dementia Plan

- **Steering Committee:**
 - 12 members from state government, local units of government, advocacy groups, provider organizations, and research institutions.
- **Four Leadership Teams:**
 - Focused on implementing nine goals in four focus areas: care in the community, health care, crisis response, and facility-based care.

Community- Based Care Team

- **Approximately 30 members:**
 - Including Dementia Care Specialists, Alzheimer's Association, Fox Valley Memory Project, GWAAR, Inclusa, Respite Care Association of Wisconsin, Wisconsin Alzheimer's Institute, and others
- **Accomplishments:**
 - [Brain Health Curriculum](#), funded by BOLD in partnership with the Department of Public Instruction
 - Dementia Care Specialist Program Expansion



Developing the 2024-2028 State Dementia Plan

Timeline

2024-2028 State Dementia Plan





Community Engagement Process

We are offering partners the opportunity to be involved in developing the next state plan by collecting feedback from their communities.

The goal is to identify challenges, highlight solutions, and empower communities to improve dementia care in Wisconsin.

The results will be compiled and analyzed to inform the 2024-2028 State Dementia Plan.

Community Engagement: Survey



To gather feedback from as many people as possible, we designed a short [online survey](#).
The survey will be available through January 2023.



A printable pdf version is available for [download](#).



If you collect hand-written responses, you can then type responses into the online survey. Alternatively, you can mail completed surveys to DHS - please contact Angela for envelopes.



Online versions: [Hmong](#), [Spanish](#), and [Somali](#).
Printed versions: [Hmong](#), [Spanish](#), and [Somali](#).

Community Conversation Guide

A toolkit to gather feedback from
your community about dementia
care systems and to influence
development of the 2024-2028
State Dementia Plan.



Community Conversation Guide

This document will walk you
through the steps of planning,
facilitating, and reporting on
your community conversation.

Facilitation Tools

- Conversation outline
- Background on the State Dementia Plan
- Tips for facilitators and notetakers
- Notetaker template



Outreach Tools

Your Opinion Matters! State Dementia Plan Community Survey



Please take a short survey to share your experiences and help us build a dementia care system that works for everyone!

Open your camera app and tap the image of the code above or visit: tinyurl.com/sdplan

[ORGANIZATION NAME]

JOIN US FOR A COMMUNITY CONVERSATION

We are hosting a listening session to hear from you as we help assess community dementia care needs and build a dementia care system that works for everyone.



JOIN US!

[Date]

[Time]

[Location]

For questions, contact: [Name and contact]



If you can't make the event, we would still love to hear from you!

Please take our short survey to share your experiences.

Open your camera app and tap on the image of the code to the left, or visit tinyurl.com/sdplan



JOIN US TO SHARE:



CHALLENGES: Difficulties you've experienced related to supporting those affected by dementia.



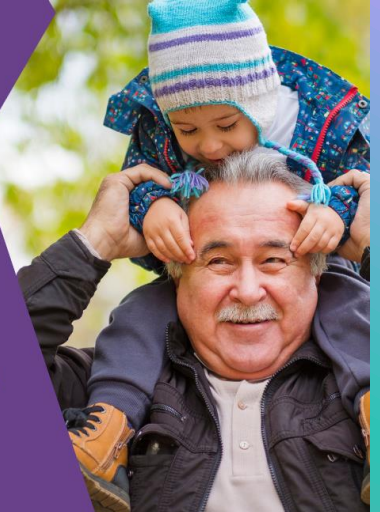
SOLUTIONS: Innovative ideas to make life better for people living with dementia and their caregivers.



PRIORITIES: What we should focus on in the next State Dementia Plan, such as public education, local community support, help for family caregivers, and access to care.

YOUR OPINION MATTERS

Please share your story!



YOUR OPINION MATTERS

Please share your story!



Your Feedback

- In the next few minutes, we will discuss priorities, challenges, and solutions to be included in the next State Dementia Plan.



Question 1

Of the following, what do you think the next state dementia plan should focus on to improve dementia care in Wisconsin? [Poll]

- A. Educate the public about dementia and brain health.
- B. Provide more local community support for those living with dementia.
- C. Support family caregivers (for example, more respite care).
- D. Increase appropriate diagnosis of dementia and memory loss.
- E. Improve the quality of dementia care at assisted living facilities and nursing homes.
- F. Improve help for people with dementia experiencing a crisis.
- G. Other.

Question 2

What program or policy changes would make it easier to live with dementia or to be a caregiver in Wisconsin?

Question 3

How did the pandemic affect your work, particularly thinking about how the pandemic changed support systems for those living with dementia and their caregivers?

Wrap-Up

- What were the key themes from our discussion today?
- Are there other steps you think we should take to engage communities in developing the next state plan?





Thank you!

Angela Miller, DHS

angelak.miller@dhs.wisconsin.gov



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Independent Living Supports Pilot (ILSP) Updates

Long-Term Care Advisory Council Meeting
Tuesday, November 8, 2022

Background

The Independent Living Supports Pilot (ILSP) explores how the state can best support people who are older or have a disability so that they can continue living at home.

The ILSP is funded through Section 9817 of the American Rescue Plan Act (ARPA), which gives states a temporary 10% increase to their federal match on home and community-based services (HCBS).

The ILSP provides benefits to up to 5,000 participants across the state.

Participant Eligibility

Participants in the ILSP program will:

- Be Wisconsin residents, age 18 or older, who reside in a participating ADRC or Tribal ADRS agency service area.
- Not be currently enrolled in a Medicaid long-term care program or living in a licensed or certified residential facility.
- Will have an income below 300% FPL.
- Have at least one eligible functional need, with a qualifying diagnosis or other target population qualification if under age 55.

Eligible Participants

- There is no deductible, consideration of spousal income, or asset test.
- Applicant signs a simple income attestation form.
- At least one eligible functional need, with a qualifying diagnosis or other target population qualification if under age 55.

ADRC and Tribal ADRS Role

ADRCs and Tribal ADRS agencies will be funded to:

- Conduct outreach.
- Screen and enroll applicants.
- Develop and coordinate participant service plans.
- Collect and report program data to DHS and fiscal agent.

Functional Screening

ADRCs and Tribal ADRS agencies will determine whether applicants meet the functional eligibility threshold to receive pilot services.

They will use a brief questionnaire about an applicant's need for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to make this determination.

A draft copy of the questionnaire is included in the RFA.

Participant Benefits

- Participants will receive financial assistance for in-home supports and services up to \$7,200 over a 12-month benefit period.
- DHS, through a fiscal agent, will distribute up to \$36 million to pay for services that help participants continue living independently in their communities.

Allowable Services

One-Time Services	Continuing Services
<ul style="list-style-type: none">• Specialized medical equipment and/or supplies	<ul style="list-style-type: none">• Personal care
<ul style="list-style-type: none">• Assistive technology	<ul style="list-style-type: none">• Care management
<ul style="list-style-type: none">• Home and vehicle modifications	<ul style="list-style-type: none">• Supportive home care
<ul style="list-style-type: none">• Emergent home clean-up	<ul style="list-style-type: none">• Personal emergency response system
<ul style="list-style-type: none">• Moving services	<ul style="list-style-type: none">• Meals (for people under 60 years old)
<ul style="list-style-type: none">• Caregiving training and education	<ul style="list-style-type: none">• Internet/Wi-Fi services
<ul style="list-style-type: none">• Individual training and education	<ul style="list-style-type: none">• Financial management and legal assistance
<ul style="list-style-type: none">• Respite (in-home or in a facility)	<ul style="list-style-type: none">• Other (based on support and service needs of participant)
<ul style="list-style-type: none">• Nonmedical and medical transportation	
<ul style="list-style-type: none">• Other (based on support and service needs of participant)	

Timeline

Milestone	Date
Informational Webinar about RFA for ADRCs and Tribal ADRS Agencies	November 17, 2022
Deadline to email questions about RFA	December 31, 2022
RFA Submission Deadline	January 13, 2023 [11:59 p.m. CST]
Awardees announced	February 28, 2023
Contract Period	March 1, 2023 – March 31, 2025
Enrollment Period	July 10, 2023 – March 31, 2024
Pilot Period	July 10, 2023 – March 31, 2025

Questions?