

Eligibility Determination

ADRC Operations Manual

I. Introduction

ADRCs are the entry point for anyone interested in publicly funded long-term care programs in Wisconsin. ADRCs are responsible for determining a customer's initial eligibility for publicly funded long-term care. In order for someone to enroll into a program, they must be functionally and financially eligible.

ADRC staff will find detailed information regarding functional eligibility in the [Long-Term Care Functional Screen](#) (LTCFS) (P-03062-04a) section of this manual and detailed information regarding financial eligibility in the [Financial Eligibility and General Medical Assistance](#) (P-03062-04b) section of this manual.

II. Functional Eligibility

A. Long-Term Care Functional Screen

The adult Long-Term Care Functional Screen (LTCFS) is a web-based application used to collect information about an individual's functional status, health, and need for assistance in order to determine functional eligibility for publicly funded long-term care programs that serve adults age 60+ and adults with intellectual, developmental or physical disabilities. Publicly funded long-term care waiver programs are home and community-based programs that provide alternatives to institutionalization in a nursing home or intermediate care facility. The certified screener inputs information about the level of assistance that a customer needs to successfully complete a variety of activities of daily living, such as bathing, dressing, meal preparation, and medication management, as well as other measures such as communication, cognition, behavioral health, and risk of institutionalization.

The LTCFS is also conducted for individuals who wish to private pay for care management services through the MCO, private pay services through the Program of All-inclusive Care for the Elderly (PACE), where available, or when an asset assessment is requested for someone over assets for publicly funded programs.

B. Levels of Care

The LTCFS calculates the target group and level of care result for the customer after all information has been entered by the certified screener. The three main levels of care results include nursing home, non-nursing home, and functionally ineligible. A customer's long-term care program options may vary depending upon their functional screen results. In order to be eligible for Family Care, Family Care Partnership, PACE, or IRIS programs, a customer must meet the criteria for a nursing home level of care and belong to an eligible target group. Customers who meet the criteria for a non-nursing home level of care may be eligible for a more limited benefit package through Family Care.

ADRC-certified screeners must provide customers who receive a result of "non-nursing home" or "functionally ineligible" with information about their appeal rights. The results of the LTCFS can be appealed by requesting a fair hearing through the Division of Hearing and Appeals. Details of this appeal process are included in the [LTCFS \(P-03062-04a\)](#) section of the manual.

III. Financial Eligibility

A. Medical Assistance

Customers who wish to enroll into a publicly funded long-term care program must also be financially eligible for Medical Assistance. There are a variety of ways someone can become eligible for Medical Assistance. Some customers may already be eligible when they contact the ADRC, and others may not. Those who are not otherwise eligible when they contact the ADRC may be found eligible for Medical Assistance if they meet the functional and financial eligibility criteria for the home and community-based services waiver services. This is essentially Medical Assistance specifically for individuals who are found functionally eligible and meet the financial criteria for medical assistance through the waiver requirements. These customers will need to apply for Medical Assistance and be found eligible in order to complete their enrollment in a publicly funded long-term care program.

Detailed information regarding financial eligibility can be found in the [Financial Eligibility and General Medical Assistance \(P-03062-04b\)](#) section of this manual.

B. ADRCs Role with Medical Assistance



The ADRC does not determine financial eligibility for medical assistance. This eligibility determination is made by an income maintenance consortium that is separate and distinct from the ADRC. However, ADRC staff may assist customers with completing applications for Medical Assistance, gathering supporting verification documents, and submitting information to the income maintenance consortium. ADRCs are not required to assist customers in this process, but many choose to do so since the Medical Assistance application process can be complicated.

ADRC staff need to be knowledgeable about Medical Assistance programs and the application process. ADRCs are encouraged to develop relationships with their local income maintenance consortium and to meet with them, as needed, to address any process questions or concerns.