

Recommendations for Reconstitution of Aging, ADRC, and ADRS Services in Wisconsin

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Recommendations for Reconstitution of Aging, ADRC, and ADRS Services in Wisconsin

Overview

Wisconsin aging and disability resource centers (ADRCs),¹ tribal aging and disability resource specialists (ADRSs), and tribal and county aging units provide essential community services to older adults and adults with disabilities living in home and community-based settings. These agencies have made many modifications to their service provision in response to the COVID-19 pandemic in order to ensure the safety of staff and the vulnerable populations that they serve. This document provides specific recommendations for ADRCs, aging units, and tribal ADRSs for the reconstitution of their services as the public health situation improves and local communities move to relax safer-at-home restrictions.

The Wisconsin Department of Health Services (DHS) recommends that local agencies follow a gradual, phased approach to reopening public spaces and reconstituting services using [state or regional gating criteria \(metrics and data\)](#). The recommendations provided in this document are organized into sections according to specific ADRC, aging, and ADRS program service areas as identified in the table of contents above. For each program service area, recommendations are provided for three progressive phases of community response as outlined in the [Badger Bounce Back](#) plan and the White House's [Guidelines for Opening up America Again](#). Because ADRCs, ADRSs, and aging units serve populations identified as most vulnerable to COVID-19, including those residing in facility-based settings, communities are encouraged to consider the status of [facility-wide investigations](#) in their communities when determining phase progression.

Local ADRCs, ADRSs, and aging units should work in close consultation with local health departments, which receive support and guidance from the DHS Division of Public Health, to identify when their local communities have met gating criteria and are ready to progress from one phase to the next. The local ADRC, ADRS, or aging unit should allow at least two weeks of preparation time to smoothly transition their service operations between each phase.

Here is an example of how ADRCs, ADRSs, and aging units, with leadership from their local public health, may develop and utilize criteria to determine progression between phases:

Progression from phase 1 to phase 2 when all of the following criteria are met:

- a. Downward trajectory of influenza-like illness reported within a 14-day period.

¹ ADRC throughout this document pertains to both ADRCs and tribal ADRS.

- b. Downward trajectory of COVID-like syndromic cases reported within a 14-day period.
- c. Downward trajectory of positive tests as a percent of total tests within a 14-day period.

Progression from phase 2 to phase 3 when the following criteria are met:

- a. All of the above criteria continue to be met.
- b. There are no active long-term care or group housing facility investigations in your service area or surrounding service area.
- c. One out of two of the following criteria is also met:
 - i. Widespread availability of a vaccine for COVID-19.
 - ii. Another effective means identified to significantly minimize the risk of infection for the ADRC target populations.

Because of the unpredictable nature of COVID-19, phase regression may need to occur. For example, an ADRC, ADRS, or aging unit that is operating according to phase 2 recommendations may need to move back into phase 1 operations if there is a resurgence in the number of COVID-19 cases within a local community. Aging and disability service providers should remain in close communication with their local health departments to track and respond to new developments within their communities over time. This includes being aware of and incorporating the requirements under State or local public health orders, as applicable.

References to the use of personal protective equipment (PPE) are included throughout this document. Please note that for the purposes of these recommendations, PPE includes any of the following items: N95 or surgical masks, goggles, face shields, gowns, gloves and cloth face coverings.

Information and Assistance (I&A)

The ADRC shall provide information and assistance to members of the client populations and their families, friends, caregivers, advocates, and others who ask for assistance on their behalf. Providing information and assistance includes listening to the individual, assessing their needs, and helping the individual connect with a service provider or gain information to meet the identified needs.

Description	Phase 1	Phase 2	Phase 3
<p>Information and assistance (I&A)</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide I&A by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>Provide I&A in a manner convenient to the customer including, but not limited to, in person in the person’s home, or at the ADRC office as an appointment or walk-in; or over the telephone, via email, or through written correspondence.</p>
<p>Follow-up</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide I&A follow-up by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>Follow up with individuals to whom you have provided information and assistance to determine whether the customer’s needs were met and whether additional information or assistance is needed, consistent with the DHS I&A follow-up policy.</p>

Options Counseling

The ADRC shall provide counseling about options available to meet long-term care needs and factors to consider in making long-term care decisions. The ADRC shall provide options counseling to members of its primary client populations and their families, caregivers, and others who ask for assistance on their behalf.

Description	Phase 1	Phase 2	Phase 3
<p>Options counseling</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide options counseling by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>Options counseling is an interactive decision support process. It typically includes a face-to-face interaction. It is more than providing a list of service providers or programs for people to choose among. It is time-intensive.</p>
<p>Application assistance for public or private services</p>	<p>Do not conduct face-to-face interactions.</p> <p>Provide all assistance electronically or by mail. When this is not possible, make arrangements to obtain any paperwork without any individual contact. For example, a customer could leave paperwork in a box outside their door for ADRC staff to pick up.</p>	<p>Provide all assistance by telephone, virtually, or via mail whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>During options counseling, it may be necessary to assist an individual in completing forms or applications for public or private programs. Complete forms or applications in person in the person’s home or at the ADRC location, per the customer’s request.</p>

Assistance with Resident Relocations

The ADRC shall make its services available to individuals who wish to relocate to their home or community from a nursing home, assisted living facility, or other care setting. ADRCs are the designated local contact agency for all Minimum Data Set Section Q (MDS-Q) referrals from skilled nursing facilities. ADRCs shall assist in the resident relocation process for residents in facilities that are downsizing or closing.

Description	Phase 1	Phase 2	Phase 3
<p>Resident relocations and MDS-Q referrals</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide resident relocation assistance by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, exhibiting symptoms of COVID-19, or in any facility with an active facility investigation.</p>	<p>Respond to referrals for resident relocations with an in-person interaction or by telephone.</p>
<p>Resident relocations for facilities downsizing or closing</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide resident relocation assistance by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, exhibiting symptoms of COVID-19, or in any</p>	<p>Attend the resident and family relocation meetings in person and contact each resident. This can be done by telephone or in person as needed.</p>

Description	Phase 1	Phase 2	Phase 3
		facility with an active facility investigation.	
Marketing and outreach with nursing homes	Provide ADRC promotional materials by mail or other technologies.	Provide ADRC promotional materials by mail or other technologies.	ADRC staff can meet in person with nursing home staff and residents, provide presentations, and discuss ADRC services.

Elder Benefits Counseling

Wisconsin Stat. § 46.81 provides funding to each county and tribal aging unit for the purposes of providing benefit specialist services to people aged 60 and older. Some aging units directly provide elder benefit specialist (EBS) services; other aging units arrange for services to be provided at an ADRC or another public or private organization.

The ADRC contract requires the ADRC to ensure that people have access to the services of an EBS. EBS may be staff of the ADRC or another public or private organization. When an EBS is on the staff of another organization, the ADRC shall have a contract, memorandum of understanding, or similar agreement with this organization that ensures ADRC customers' access to the EBS. If the EBS is headquartered in the ADRC, then the primary office of the EBS is located in the ADRC and the EBS can be reached by telephone through the ADRC per the contract requirements.

Description	Phase 1	Phase 2	Phase 3
Client counseling and assistance with benefit-related issues	Do not conduct face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Provide counseling and assistance by telephone or virtually whenever possible. Use social distancing and personal protective equipment, including face masks , if a face-to-face interaction is necessary. Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.	EBS visit guidelines are subject to local ADRC policy. If considering permanent changes to EBS client services, such as permanently disallowing visits to clients' homes or congregate settings, please consult the DHS Office on Aging and EBS program attorney.
Consultation with EBS program attorney	Conduct all consultation by telephone or virtually, in compliance with procedures established between the EBS and assigned EBS program attorney.	Conduct all consultation by telephone or virtually, in compliance with procedures established between the EBS and assigned EBS program attorney.	The DHS Office on Aging and the legal backup providers for the EBS program will release updated guidance to local agency supervisors as needed.
Program attorney site visits	Conduct site visits by telephone or virtually.	Conduct site visits by telephone or virtually. Requests for in-person site visits may be considered, but not guaranteed.	Managing attorneys for the EBS program will release updated guidance to local agency supervisors as needed.

Disability Benefits Counseling

The ADRC shall ensure that people with disabilities aged 18–59 have access to the services of a disability benefit specialist (DBS).

Description	Phase 1	Phase 2	Phase 3
<p>Provision of information, technical assistance, and advice on benefit programs to clients</p>	<p>Do not conduct face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p> <p>Electronic or telephone signatures are allowed for client services agreements.</p> <p>DBS scope of work is temporarily expanded to include unemployment insurance benefits.</p>	<p>Provide consumer contact by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p> <p>Electronic or telephone signatures are allowed for client services agreements.</p> <p>DBS scope of work is temporarily expanded to include unemployment insurance benefits.</p>	<p>Since DBS visit guidelines are subject to local ADRC policy, the specifics will vary by ADRC.</p> <p>If an ADRC decides to make permanent changes regarding DBS client service contacts—for instance, new restrictions on DBS client in-person interactions, permanently disallowing home visits or visits to congregate settings that were previously allowed—please contact the DBS program manager and program attorney to discuss.</p> <p>Electronic signature policy for client services agreements continues, subject to re-evaluation by the DBS program manager, with ADRCs to be notified of any changes.</p> <p>Unemployment insurance benefit services are subject to re-evaluation by the DBS program manager, in consultation with Disability Rights Wisconsin.</p>

Description	Phase 1	Phase 2	Phase 3
<p>Provision of assistance to clients with benefit applications and appeals</p>	<p>Do not conduct face-to-face interactions. Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p> <p>Electronic or telephone signatures are allowed for client services agreements.</p> <p>DBS scope of work is temporarily expanded to include unemployment insurance benefits.</p>	<p>Provide consumer contact by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p> <p>Electronic or telephone signatures are allowed for client services agreements.</p> <p>DBS scope of work is temporarily expanded to include unemployment insurance benefits.</p>	<p>Since DBS visit guidelines are subject to local ADRC policy, the specifics will vary by ADRC.</p> <p>If an ADRC decides to make permanent changes regarding DBS client service contacts—for instance, new restrictions upon DBS client in-person interactions, permanently disallowing home visits or visits to congregate settings that were previously allowed—please contact the DBS program manager and program attorney to discuss.</p> <p>Electronic signature policy for client services agreements continues, subject to re-evaluation by the DBS program manager, with ADRCs to be notified of any changes.</p> <p>Unemployment insurance benefit services are subject to re-evaluation by the DBS program manager, in consultation with Disability Rights Wisconsin.</p>
<p>Regular consultation with DBS program attorneys to determine appropriate interpretation of law or regulation and</p>	<p>Conduct all consultation by telephone or virtually, in compliance with procedures established between the DBS and assigned DBS program attorney.</p>	<p>Conduct all consultation by telephone or virtually, in compliance with procedures established between the DBS and assigned DBS program attorney.</p>	<p>The DBS program manager and the managing attorney at Disability Rights Wisconsin will consult regarding any new policies or guidelines for consultation with program attorneys, and release</p>

Description	Phase 1	Phase 2	Phase 3
appropriate action to assist clients			updated guidance to ADRC supervisors as needed.
Participation in annual site review process with program attorney	<p>Conduct site visits by telephone or virtually.</p> <p>Requests for in-person site visits will be considered, but not guaranteed.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Conduct site visits by telephone or virtually.</p> <p>Requests for in-person site visits will be considered, but not guaranteed.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary</p>	The DBS program manager and the managing attorney at Disability Rights Wisconsin will consult regarding ongoing policies for program attorney site visits, and release updated guidance to ADRC supervisors as needed.

Access to Publicly Funded Long-Term Care Programs and Services

The ADRC shall assure that customers who request access to and indicate potential eligibility for publicly funded long-term care programs, including Family Care, IRIS (Include, Respect, I Self-Direct), PACE (Program of All-Inclusive Care for the Elderly), and Family Care Partnership, are informed about and assisted in accessing these programs.

Description	Phase 1	Phase 2	Phase 3
<p>Financial eligibility</p>	<p>Verify Medicaid status.</p> <p>Do not conduct face-to-face interactions.</p> <p>Assist with the Medicaid application process, if needed. Assistance will be provided by telephone or virtually following income maintenance (IM) guidelines for completing applications and providing verifications.</p>	<p>Verify Medicaid status.</p> <p>Assist with the Medicaid application process, if needed. Assistance will be provided by telephone or virtually, whenever possible, following IM guidelines for completing applications and providing verifications.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p>	<p>Verify Medicaid status.</p> <p>Assist with the Medicaid application process, if needed.</p> <p>Assist the person in gathering information to support the Medicaid application, including medical and remedial expenses.</p> <p>Assist the person in completing, signing, and submitting the Medicaid application.</p> <p>Assist applicants in scheduling an appointment or otherwise completing the Medicaid application process online, by telephone, or mail-in paper application.</p>
<p>Enrollment counseling</p>	<p>Do not conduct face-to-face interactions.</p> <p>Complete enrollment counseling by telephone or virtually. When possible, send a folder of enrollment counseling materials to</p>	<p>Provide enrollment counseling by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including</p>	<p>Offer enrollment counseling in a manner convenient to the customer, however, preferably in the person’s home or at the ADRC location. Enrollment counseling materials shall be shared and discussed during the visit.</p>

Description	Phase 1	Phase 2	Phase 3
	<p>the customer prior to the virtual visit.</p>	<p>face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p>	
<p>Enrollment process</p>	<p>Do not conduct face-to-face interactions.</p> <p>Provide service by telephone or virtually.</p> <p>Verbal consent is permitted.</p> <p>Enter enrollment in ForwardHealth interChange (FHIC) as required for Family Care, PACE, and Partnership.</p> <p>Send all required forms and information to the selected IRIS consultant agency (ICA) or managed care organization (MCO) and IM, as applicable.</p>	<p>Service provided by telephone or virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p> <p>Verbal consent is permitted.</p> <p>Enter enrollment in FHIC as required for Family Care, PACE and Partnership.</p> <p>Send all required forms and information to the selected ICA or MCO and IM, as applicable.</p>	<p>Home or office visits are encouraged.</p> <p>Provide service face-to-face with the customer, when possible.</p> <p>A signature is required. DocuSign may be used if it is available on DHS forms.</p> <p>Enter enrollment in FHIC as required for Family Care, PACE, and Partnership.</p> <p>Send all required forms and information to the selected ICA or MCO and IM as applicable.</p>

Description	Phase 1	Phase 2	Phase 3
<p>Disenrollment process</p>	<p>Do not conduct face-to-face interactions.</p> <p>Provide service by telephone or virtually.</p> <p>Verbal consent is permitted.</p> <p>Enter disenrollment in FHiC as required for Family Care, PACE, and Partnership.</p> <p>Send all required forms and information to the selected ICA or MCO and IM as applicable.</p>	<p>Provide service by telephone or virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p> <p>Verbal consent is permitted.</p> <p>Enter disenrollment in FHiC as required for Family Care, PACE, and Partnership.</p> <p>Send all required forms and information to the selected ICA or MCO and IM, as applicable.</p>	<p>Home or office visits are encouraged.</p> <p>Provide service face-to-face with the customer, when possible.</p> <p>A signature is required. DocuSign may be used if it is available on DHS forms.</p> <p>Enter enrollment in FHiC as required for Family Care, PACE, and Partnership.</p> <p>Send all required forms and information to the selected ICA or MCO and IM as applicable.</p>
<p>Long-term care functional screen (LTCFS)</p>	<p>Do not conduct face-to-face interactions. Provide service virtually or by telephone.</p> <p>Conduct memory screens virtually or by telephone for the purpose of selection on section K5-memory loss.</p>	<p>Provide long-term care functional screen services by telephone or virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>The long-term care functional screen requires a face-to-face interaction.</p>

Description	Phase 1	Phase 2	Phase 3
	It is acceptable to complete the screen based upon verbal confirmation of a person's diagnosis.	Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.	

Access to Other Public and Private Programs and Benefits

The ADRC shall refer customers to appropriate public and private programs and benefits.

Description	Phase 1	Phase 2	Phase 3
<p>Referrals for public or private programs and benefits</p>	<p>Do not conduct face-to-face interactions.</p> <p>Make referrals electronically or by using a three-way telephone call with the customer and the provider agency.</p>	<p>Make referrals electronically or by using a three-way telephone call with the customer and the provider agency, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not permit face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active investigation, or exhibiting symptoms of COVID-19.</p>	<p>Make referrals in the way requested by the customer, while meeting in person, electronically, or by using a three-way telephone call with the customer and the provider agency.</p>
<p>Assistance with Medicaid applications</p>	<p>Do not conduct face-to-face interactions.</p> <p>Provide assistance to individuals applying for home and community-based long-term care Medicaid. Provide this service virtually, by telephone, email, or written correspondence, as appropriate.</p>	<p>Provide assistance by telephone or virtually, whenever possible, following IM guidelines for completing applications and providing verifications. Application assistance should be provided virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in</p>	<p>Provide assistance to individuals applying for home and community-based long-term care Medicaid in a manner convenient to the customer including, but not limited to, being provided in person in the person’s home or at the ADRC office as an appointment or walk-in, over the telephone, via email, or through written correspondence.</p>

Description	Phase 1	Phase 2	Phase 3
		isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.	
Supplemental security income—exceptional expense (SSI-E) eligibility determination	Do not conduct face-to-face interactions. Perform initial SSI-E eligibility determination if it can be performed by telephone or virtually.	Perform initial SSI-E eligibility determination by telephone or virtually, whenever possible. Use social distancing and personal protective equipment, including face masks , if a face-to-face interaction is necessary. Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.	Perform initial SSI-E eligibility determinations in person in the person’s home or at the ADRC location.
Access to emergency services, elder/adults-at-risk, and adult protective services	Do not conduct face-to-face interactions. Provide or facilitate access to emergency services, elder/adults-at-risk, and adult protective services over the telephone, via email, through written correspondence, or virtually.	Do not conduct face-to-face interactions. Provide or facilitate access to emergency services, elder/adults-at-risk, and adult protective services over the telephone, via email, through written correspondence, or virtually.	Be prepared to recognize and effectively manage emergency situations. Train all ADRC staff on how to identify a call or contact as an emergency; apply emergency call procedures to handle the call; remain calm; de-escalate the situation; identify emergency-related symptoms such as heart attack, stroke, suicidal ideation, or domestic violence; collect needed information; connect the person with local emergency service providers; and follow up as needed.

Transitional Services for Students and Youth

The ADRC shall designate staff to be the contact(s) for transition planning services and to be available to participate as needed in any local transition advisory committee in its service area.

Description	Phase 1	Phase 2	Phase 3
Community outreach	Coordinate outreach activities virtually.	Coordinate outreach activities virtually.	Coordinate outreach activities with partner agencies in the ADRC’s service area through a means preferable to the customer and/or partner agency.
Provision of information and resources	Do not conduct face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Provide information about resources available and assistance in accessing programs and services by telephone or virtually, whenever possible. Use social distancing and personal protective equipment, including face masks , if a face-to-face interaction is necessary. Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.	Provide youth and their families or guardians with information about the resources available in a manner convenient to the customer.
Youth transitions to adult long-term care programs	Do not conduct face-to-face interactions. Referrals for people age 17 years and 6 months participating in the children’s long-term support (CLTS) program should only proceed for	Do not conduct face-to-face interactions. Referrals for people age 17 years and 6 months participating in the CLTS program should only proceed for functional and financial	People aged 17 years and 6 months participating in the CLTS program should be assessed for functional and financial eligibility. If eligible, they must transition to adult long-term care programs at or shortly after their 18 th birthday. If an

Description	Phase 1	Phase 2	Phase 3
	<p>functional and financial assessment if the youth and family are in agreement and voluntarily are requesting to transition to adult programs at age 18.</p> <p>Discussions about adult long-term care programs should be done virtually, by telephone, via email, or through written correspondence.</p> <p>Follow protocol in the <i>Eligibility and Public Long-Term Care</i> section for process details.</p> <p>This provision will be in place until notification is provided from the Bureau of Children’s Services and the Bureau of Aging and Disability Resources.</p>	<p>assessment if the youth and family are in agreement and voluntarily are requesting to transition to adult programs at age 18.</p> <p>Discussions about adult long-term care programs should be done virtually, by telephone, via email, or through written correspondence.</p> <p>Follow protocol in <i>Eligibility and Public Long-Term Care</i> section for process details.</p> <p>This provision will be in place until notification is provided from the Bureau of Children’s Services and the Bureau of Aging and Disability Resources.</p>	<p>eligible youth chooses not to enroll in an adult long-term care program, the CLTS program will cease. Meet with youth and their families through a means preferable to the customer and as required for financial and functional eligibility determination.</p>

Customer Rights, Client Advocacy, and ADRC Advocacy

Description	Phase 1	Phase 2	Phase 3
<p>Informing people of their rights and responsibilities</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Inform customers of their rights and responsibilities virtually, by telephone, or through written correspondence, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p>	<p>Inform customers of their rights and responsibilities in ways that they can understand and provide them with DHS information on their rights for long-term care services and benefits, rights to self-advocate, and available independent advocacy services.</p>
<p>Helping people resolve disputes and making referrals to advocates</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>ADRCs shall assist customers in resolving disputes and/or make referrals to advocates. This shall be done virtually, by telephone, or through written correspondence, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility</p>	<p>Assist people when they need help understanding how to resolve disputes or violation of rights complaints. Link people with advocacy resources including elder and disability benefit specialists, the Board on Aging and Long Term Care (BOALTC) Ombudsman, the Family Care/IRIS Ombudsman at Disability Rights Wisconsin, independent living centers, aging units, mental health and alcohol and other drug abuse (AODA) advocates, and other organizations that provide advocacy</p>

Description	Phase 1	Phase 2	Phase 3
		with an active facility investigation, or exhibiting symptoms of COVID-19.	for older adults and people with disabilities.
Cooperation with client advocates	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually. Information sharing with client advocates shall be consistent with the DHS confidentiality policy.</p>	<p>Conduct cooperative activities with any advocate selected by a long-term care program participant virtually, by telephone, or through written correspondence, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19. Information sharing with client advocates shall be consistent with the DHS confidentiality policy.</p>	Cooperate with any advocate selected by a long-term care program participant, including the BOALTC Ombudsman and the Family Care/IRIS Ombudsman program. Information sharing with client advocates shall be consistent with the DHS confidentiality policy.
ADRC advocacy	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Conduct advocacy on behalf of the individuals and groups that comprise the ADRC target populations virtually, by telephone, or through written correspondence, whenever possible.</p> <p>Use social distancing and personal protective equipment, including</p>	ADRCs shall advocate on behalf of the individuals and groups who comprise their target populations when needed services are not being provided adequately within the service delivery system.

Description	Phase 1	Phase 2	Phase 3
		<p>face masks, if a face-to-face interaction is necessary.</p> <p>No face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p>	
Lobbying	ADRCs are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. State ADRC funding may not be used for lobbying activities, which are distinct from advocacy activities required of ADRCs under DHS 10.	ADRCs are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. State ADRC funding may not be used for lobbying activities, which are distinct from advocacy activities required of ADRCs under DHS 10.	ADRCs are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. State ADRC funding may not be used for lobbying activities, which are distinct from advocacy activities required of ADRCs under DHS 10.

Community Needs Identification

The ADRC shall identify the unmet needs of its client populations, including unserved or underserved subgroups within the client populations, and the types of services, facilities, or funding sources that are in short supply.

Description	Phase 1	Phase 2	Phase 3
Gathering, documentation, and analysis of unmet needs information	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Resume regular practices.
Educating governing board on unmet needs	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Resume regular practices.
Addressing unmet needs through targeted outreach	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Do not engage in face-to-face interactions. Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Resume regular practices.

Marketing and Outreach

The ADRC shall market, reach out, and provide education to all client populations. Materials shall be culturally sensitive and accessible to those who have limited English proficiency or visual or hearing impairments.

Description	Phase 1	Phase 2	Phase 3
<p>Marketing, outreach, and information materials</p>	<p>Remove materials from all common use areas.</p> <p>Marketing and informational materials should be shared electronically or via mail with customers or other service providers.</p> <p>Standardized marketing materials developed by DHS.</p> <p>Marketing and other informational materials developed by or for the ADRC shall comply with DHS guidelines to ensure consistency and brand identification statewide.</p> <p>All official ADRC public information must include the ADRC logo.</p>	<p>Remove materials from all common use areas.</p> <p>Marketing and informational materials should be shared electronically or via mail with customers or other service providers.</p> <p>Standardized marketing materials developed by DHS.</p> <p>Marketing and other informational materials developed by or for the ADRC shall comply with DHS guidelines to ensure consistency and brand identification statewide.</p> <p>All official ADRC public information must include the ADRC logo.</p>	<p>Use standardized marketing materials developed by DHS.</p> <p>Marketing and other informational materials developed by or for the ADRC shall comply with DHS guidelines to ensure consistency and brand identification statewide.</p> <p>All official ADRC public information must include the ADRC logo.</p>
<p>Marketing, outreach, and public information activities</p>	<p>Do not engage in face-to-face interactions.</p> <p>Participation in community events is suspended.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Limited face-to-face interaction is permitted.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Participation shall be objective; shall not indicate a preference for, recommend, or favor particular programs or providers; and shall be separate from any marketing for a health or long-term care provider or program.</p>

Description	Phase 1	Phase 2	Phase 3
	<p>Participation shall be objective; shall not indicate a preference for, recommend, or favor particular programs or providers; and shall be separate from any marketing for a health or long-term care provider or program.</p>	<p>Other marketing, outreach, and public information activities should be limited to those that can be done virtually whenever possible.</p> <p>Participation shall be objective; shall not indicate a preference for, recommend, or favor particular programs or providers; and shall be separate from any marketing for a health or long-term care provider or program.</p>	
<p>Outreach to businesses, community organizations and health and long-term care providers</p>	<p>Do not engage in face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Do not engage in face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Communicate with businesses, community organizations, health care providers, and long-term care providers in the ADRC service area to ensure community awareness of ADRC services, including how services are currently being provided.</p>

Dementia Care Specialists and Other Dementia-Specific Programs, Activities, and Services

Description	Phase 1	Phase 2	Phase 3
Internal ADRC training	<p>Do not engage in face-to-face interactions.</p> <p>Provide training virtually, as appropriate.</p>	<p>Provide training virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Provide in-person training, following internal guidance.</p>
Training with other municipal staff	<p>Do not engage in face-to-face interactions.</p> <p>Provide training virtually, as appropriate.</p>	<p>Provide training virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Provide training in-person, following internal guidance.</p>
Case consultation with ADRC staff	<p>Do not engage in face-to-face interactions.</p> <p>Provide training virtually, as appropriate.</p>	<p>Provide training virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Provide training in-person, following internal guidance.</p>
Memory screen program	<p>Do not engage in face-to-face interactions.</p> <p>Provide program virtually or by telephone, as appropriate.</p>	<p>Provide program virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Provide program in person, following internal guidance.</p>
Dementia coalitions	<p>Do not engage in face-to-face interactions.</p>	<p>Provide meetings virtually, whenever possible.</p>	<p>Conduct activities in person, following internal guidance.</p>

Description	Phase 1	Phase 2	Phase 3
	Conduct activities virtually, as appropriate.	Use social distancing and personal protective equipment, including face masks , if a face-to-face interaction is necessary.	
Volunteer recruitment	Suspend these activities during this time.	Suspend these activities during this time.	Resume these activities, following internal guidance.
Dementia-friendly business training	Suspend these activities during this time.	Suspend these activities during this time.	Resume these activities, following internal guidance.
Community outreach and presentations	Do not engage in face-to-face interactions. Provide outreach and presentations virtually, as appropriate.	Do not engage in face-to-face interactions. Provide outreach and presentations virtually, as appropriate.	Provide outreach and presentations in person, following internal guidance.
Memory cafés	Do not engage in face-to-face interactions. Provide activities virtually, as appropriate.	Do not engage in face-to-face interactions. Provide activities virtually, as appropriate.	Provide activities in person, following internal guidance.
Supporting people with dementia and caregivers	Engaging with families virtually or by telephone is recommended. If risk for crisis is imminent, with supervisory approval, in-person contact can be made using appropriate PPE and a safety plan that all parties have agreed to.	Engaging with families virtually or by telephone is recommended. If risk for crisis is imminent, with supervisory approval, in-person contact can be made using appropriate PPE and a safety plan that all parties have agreed to.	Provide in-person support, following internal guidance.
Support groups	Do not engage in face-to-face interactions. Provide support groups virtually, as appropriate.	Do not engage in face-to-face interactions. Provide support groups virtually, as appropriate.	Provide support groups in person, following internal guidance.

Description	Phase 1	Phase 2	Phase 3
Crisis planning	<p>Do not engage in face-to-face interactions.</p> <p>Provide crisis planning virtually, as appropriate.</p>	<p>Do not engage in face-to-face interactions.</p> <p>Provide crisis planning virtually, as appropriate.</p>	<p>Provide crisis planning in person, following internal guidance.</p>
Evidenced-based interventions	<p>Do not engage in face-to-face interactions.</p> <p>Provide interventions virtually, as appropriate.</p>	<p>Do not engage in face-to-face interactions.</p> <p>Provide interventions virtually, as appropriate.</p>	<p>Provide interventions in person, following internal guidance.</p>

Elderly Nutrition Program—Home-Delivered Meals

Description	Phase 1	Phase 2	Phase 3
Carryout, pick-up, or drive-through meals	Yes—fresh or frozen. See Elderly Nutrition Program FAQ .	Yes—fresh or frozen. See Elderly Nutrition Program FAQ .	Carryout meals should not be provided as a regular practice but may be permitted, with regular reassessments, for participants who are uncomfortable attending the dining center.
Home-delivered meals	Yes—fresh, frozen, or shelf-stable. See Elderly Nutrition Program FAQ .	Yes—fresh or frozen. Resume daily or weekly meal delivery if frequency had been less than weekly in phase 1.	Yes—fresh or frozen. Resume daily delivery (five days per week) unless a waiver is in place with AAA for fewer delivery days. Participants will meet eligibility criteria in Chapter 8. Multiple meals per day may continue to be offered to high-risk participants.
Face coverings	Yes—for staff and volunteers.	Yes—for staff and volunteers.	Encouraged for staff and volunteers, especially when within 6 feet of others.
Well-being and safety checks	Provide virtually, by telephone, or in person at the time of delivery.	Provide virtually, by telephone, or in person at the time of delivery.	Provide in person, but virtually or by telephone will be permitted based on the participant’s level of comfort with contact in their home.
Participant assessments	Conduct virtually or by telephone, possibly with the use of online forms.	Conduct virtually or by telephone, possibly with the use of online forms.	In-person, but virtually or by telephone will be permitted based on participant’s level of comfort with contact in their home.

Description	Phase 1	Phase 2	Phase 3
Nutrition education	Provide education virtually, by telephone, or through written materials.	Provide education to homebound participants virtually, by telephone, or through written materials. Provide education to carry-out or non-homebound participants virtually, by telephone, through written materials, or through small group programming where participants register in advance to attend with social distancing.	Provide education to homebound participants virtually, by telephone, or through written materials. Provide education to carry-out or non-homebound participants virtually, by telephone, through written materials, or through group programming where participants register in advance to attend with social distancing.
Grocery delivery	Deliver at the door and use non-contact practice.	Maintain 6 feet between participant and the staff or volunteer.	Resume regular practices.
Nutrition counseling	Provide counseling virtually or by telephone.	Provide counseling virtually or by telephone.	Provide counseling virtually, by telephone, or in-person while practicing social distancing.

Elderly Nutrition Program—Congregate Meals

Description	Phase 1	Phase 2	Phase 3
Provision of meals—congregate setting	Dining centers, including dining centers in restaurants, remain closed to nutrition program meals in congregate settings.	Dining centers, including dining centers in restaurants, remain closed to nutrition program meals in congregate settings.	<p>Dining centers provide meals in a congregate setting if capacity can be limited to ensure that participants can be seated 6 feet apart and practice social distancing.</p> <p>Dining centers in senior housing facilities remain closed to the public.</p> <p>Programs may manage or limit the number of participants at any given time through use of a reservation system, multiple meal service times, or other identified methods.</p>
Face coverings	Yes—for staff and volunteers.	Yes—for staff and volunteers.	Encouraged for staff and volunteers, especially when within 6 feet of others.
Registration of program participants and annual updates to registration	Complete virtually or by telephone.	Complete virtually, by telephone, or in person.	Complete in person.
Nutrition education	Provide virtually or by telephone.	Provide virtually or by telephone.	Provide virtually, by telephone, or through small group in-person programming with social distancing where participants register in advance to attend.
Nutrition counseling	Provide virtually or by telephone.	Provide virtually or by telephone.	Provide virtually, by telephone, or in person with social distancing.

Supportive Services (Title IIIB)

Description	Phase 1	Phase 2	Phase 3
Case management	<p>Do not engage in face-to-face interactions.</p> <p>Postpone all visits and meetings that cannot be conducted by telephone or virtually.</p>	<p>Make contact virtually, by telephone, via email, or other written correspondence, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, in a facility with an active facility investigation, or exhibiting symptoms of COVID-19.</p>	Resume regular practices.
Transportation and assisted transportation	<p>Provide transportation for essential medical appointments only.</p> <p>Make grocery trips in groups of two or fewer.</p>	<p>Provide transportation for essential medical appointments only.</p> <p>Make grocery trips in groups of two or fewer.</p>	Resume regular practices.
Health promotion activities	Provide online classes only.	<p>Provide online classes.</p> <p>Conduct one-on-one, in-person screenings. Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p>	<p>Provide online classes.</p> <p>Provide in-person classes.</p> <p>Provide in-person screenings.</p>
Recreation and socialization	Provide these services virtually or by telephone.	Provide these services virtually or by telephone.	Provide these services in person.

Description	Phase 1	Phase 2	Phase 3
In-home services	Yes—if client and staff or volunteers are well.	Yes—if client and staff or volunteers are well.	Resume regular practices.
Consumable supplies	Deliver to the door and use non-contact practices.	Maintain 6 feet between participant and the staff or volunteer.	Resume regular practices.
Grocery delivery	Deliver to the door and use non-contact practices.	Maintain 6 feet between participant and the staff or volunteer.	Resume regular practices.
Visiting	Conduct interactions virtually, by telephone, or in-person at the time of delivery.	Conduct interactions virtually, by telephone, or in-person at the time of delivery.	Conduct interactions in person, but virtually or by telephone will be permitted based on participant’s level of comfort with contact in their home.
Face coverings	Yes—for staff and volunteers.	Yes—for staff and volunteers.	Encouraged for staff and volunteers, especially when within 6 feet of others.

Elder Abuse, Adults-At-Risk, and Adult Protection

Description	Phase 1	Phase 2	Phase 3
Investigations and fact-finding	<p>Assess level of situational risk using collateral contacts.</p> <p>If risk is imminent, with supervisory approval, in-person contact should be made.</p> <p>If risk is not imminent, contact should be made virtually or by telephone.</p>	<p>Assess level of situational risk using collateral contacts.</p> <p>If risk is imminent, with supervisory approval, in-person contact should be made.</p> <p>If risk is not imminent, contact should be made virtually or by telephone.</p>	<p>Conduct in person, following internal guidance.</p>
Service provision and referrals	<p>Once immediate harm has been mitigated, conduct virtually or by telephone.</p>	<p>Once immediate harm has been mitigated, conduct virtually or by telephone.</p>	<p>Conduct in person, following internal guidance.</p>
Court hearings	<p>Subject to court's status.</p>	<p>Subject to court's status.</p>	<p>Subject to court's status.</p>
Watts reviews	<p>Do not engage in face-to-face contact.</p> <p>Conduct review virtually or by telephone.</p>	<p>Conduct review virtually or by telephone, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face visit is necessary.</p>	<p>Engage in limited face-to-face contact.</p> <p>Conduct review virtually or by telephone whenever possible.</p> <p>Social distancing and use of personal protective equipment is strongly encouraged.</p>

Health Promotion

Description	Phase 1	Phase 2	Phase 3
Health promotion activities	Conduct online classes and community presentations only.	Conduct online classes and community presentations only. Limit to one-on-one in-person screenings. Use social distancing and personal protective equipment, including face masks , if a face-to-face interaction is necessary.	Conduct online classes and community presentations. Provide in-person classes and community presentations. Conduct in-person screenings.

Caregiver Support

Description	Phase 1	Phase 2	Phase 3
<p>Caregiver assessment and consultation</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide services virtually, whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>Resume in-person assessments and consultations if requested by caregivers, but continue to emphasize the safety benefits of using phone and virtual technology. Offer and encourage the use of approved personal protective equipment and sanitizer by all caregivers who request in-person meetings.</p>
<p>Caregiver support groups</p>	<p>Do not conduct face-to-face interactions.</p> <p>Postpone all interactions and meetings that cannot be conducted by telephone or virtually.</p>	<p>Provide services virtually whenever possible.</p> <p>Use social distancing and personal protective equipment, including face masks, if a face-to-face interaction is necessary.</p> <p>Do not conduct face-to-face interactions with anyone who is in isolation or quarantine, or who is exhibiting symptoms of COVID-19.</p>	<p>Resume in-person support groups as desired, but offer and encourage the use of approved personal protective equipment and sanitizer available to all participants.</p>
<p>In-home respite, chore, and emergency care services</p>	<p>Provide these services as determined by the caregiver and care recipient using approved personal protective equipment.</p>	<p>Provide these services as determined by the caregiver and care recipient using approved personal protective equipment.</p>	<p>Provide these services as determined by the caregiver and care recipient using approved personal protective equipment.</p>
<p>Caregiver education and conferences</p>	<p>Do not conduct face-to-face interactions.</p>	<p>Do not conduct face-to-face interactions.</p>	<p>Resume in-person events as desired. Offer and encourage the use of approved personal</p>

Description	Phase 1	Phase 2	Phase 3
	Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	Postpone all interactions and meetings that cannot be conducted by telephone or virtually.	protective equipment and sanitizer to all participants.