



Tell Me More About... Enrolling in Publicly Funded Long-Term Care Programs

Long-term care is any service or support that a person may need as a result of getting older or having a disability that limits their ability to do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills.

Individuals interested in learning more about their options for long-term care should contact their local aging and disability resource center (ADRC). ADRC services are available to everyone, whether or not they are eligible for publicly funded long-term care or other Medicaid programs. Publicly funded long-term care programs include Family Care; Include, Respect, I Self-Direct (IRIS); Partnership; and Program of All-Inclusive Care for the Elderly (PACE).

To be eligible for these long-term care programs, you must:

- Be aged 65 or older, or an adult with a disability.
- Meet applicable requirements for Wisconsin residency.
- Have long-term care service needs that meet program functional eligibility requirements.
- Meet financial eligibility requirements.

People receiving a long-term care benefit may be required to pay a cost share to their managed care organization or fiscal employer agent. The ADRC will explain these requirements to you.

Once your eligibility for long-term care has been determined, the ADRC will provide information about the options available to you. Options may include enrollment in Family Care, IRIS, Partnership, or PACE. You may also be able to choose to receive services through the Medicaid fee-for-service system or to privately pay for services.

If you decide to enroll in a long-term care program, the ADRC will complete enrollment or referral paperwork, finish the enrollment or referral process, and notify the managed care organization (MCO) or IRIS consultant agency (ICA) of the enrollment or referral date. Within three days after your enrollment date or referral, the MCO or ICA will contact you to begin working on your plan for services and supports.

Steps to Enrollment

1. Functional Eligibility

The ADRC will visit with you to complete the Long-Term Care Functional Screen. The screen will assess your level of need for services and determine your functional eligibility for a publicly funded long-term care program.

2. Financial Eligibility

If you are a full-benefit Medicaid recipient, you automatically meet the financial eligibility criteria for publicly funded long-term care programs.

If you are not a current full-benefit Medicaid recipient, the ADRC will help you contact an income maintenance agency to determine your financial eligibility.

3. Enrollment Counseling

Once functional and financial eligibility is established, the ADRC will contact you. The ADRC will make sure you understand what it means to become a member of a publicly funded long-term care program, and that you understand all of the options for long-term care available in your area.

