Aging and Disability Resource Centers: A National Movement

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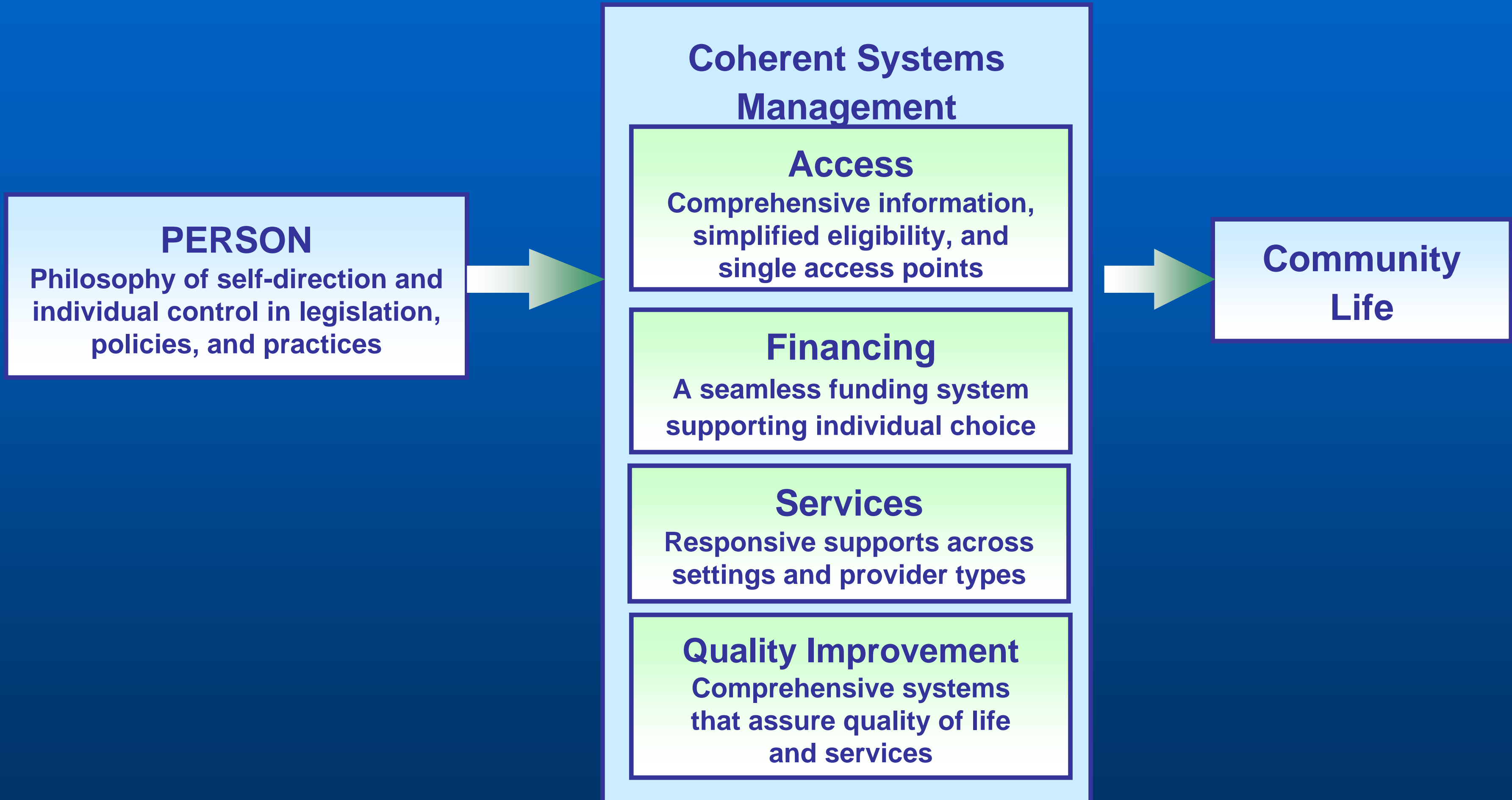
Goals

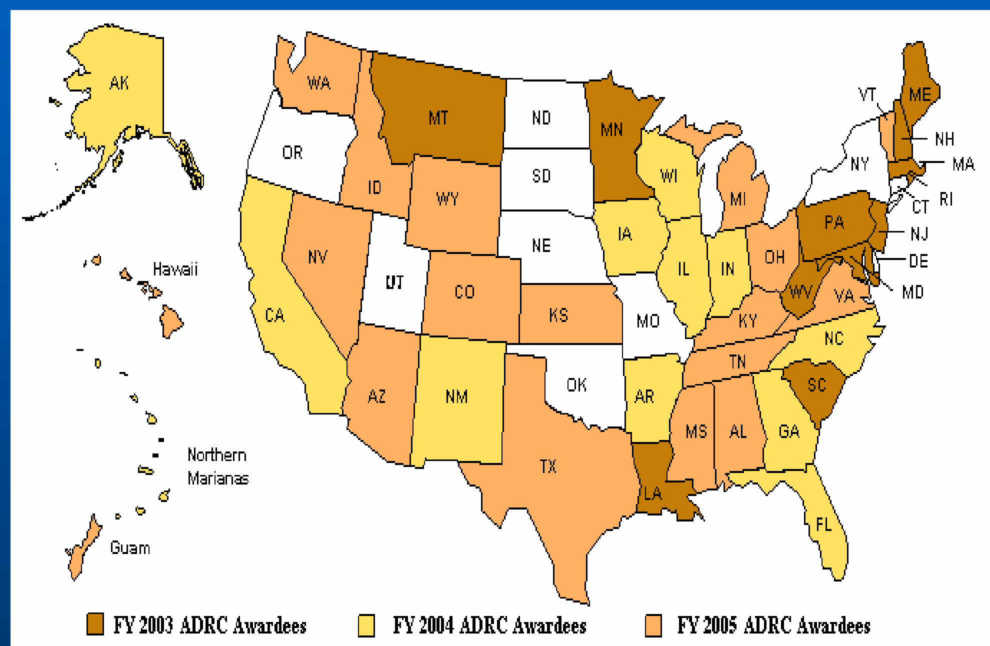
- Highlight key developments in the Aging and Disability Resource Center movement across the country.
- Offer state examples of best practices.
- Learn from Michigan.

Key Building Blocks



Change…Around the Country

- AOA and CMS historic collaboration
- 43 ADRC grantees to date



What is the ADRC Initiative?

- An HHS initiative jointly developed and administered by the Administration on Aging (AOA) and the Centers for Medicare & Medicaid Services (CMS).
- 1st Partnership of this significance between CMS and AoA.
- Develop a national framework for a single point of entry system in states.
- Awards to state agencies coupled with a National Technical Assistance Program led by Lewin and includes Rutgers CSHP.

Aging and Disability Resource Center Vision

Create a single, coordinated system of information and access for all persons seeking long-term support to minimize confusion, enhance individual choice, and support informed decision-making.

Why a Single Point of Entry?

- Long-term care system in many states is fragmented and disjointed with many public and private programs and services delivered by a variety of agencies and organizations.
- Navigating the long-term care system can be confusing and frustrating for persons with disabilities of all ages and their family members.
- Many may be placed in an institutional facility because they and their family members were unaware of, or could not easily access, home and community-based long term care services.

Key Questions for States

- What is “entry”?
- A system that enables consumers to access long-term and supportive services through one agency or organization?
- 42 CEPs in 32 states and DC.
- Different functions performed.

Potential Functions of a Single Entry Point

- Information & referral
- Assistance
- Web based I&A
- Initial screening
- NF preadmission screening
- Assessment
- Financial eligibility
- Functional eligibility
- Develop care plan
- Authorize service
- Monitor services
- Reassessment
- Protective services

ADRC Role

- Provide information and assistance to public and private-pay individuals.
- "Entry" point to publicly administered long-term supports.
- Target individuals at imminent risk of admission to an institution by creating linkages with the pathways to long-term care.

Goals & Functions of an ADRC

Awareness & Information

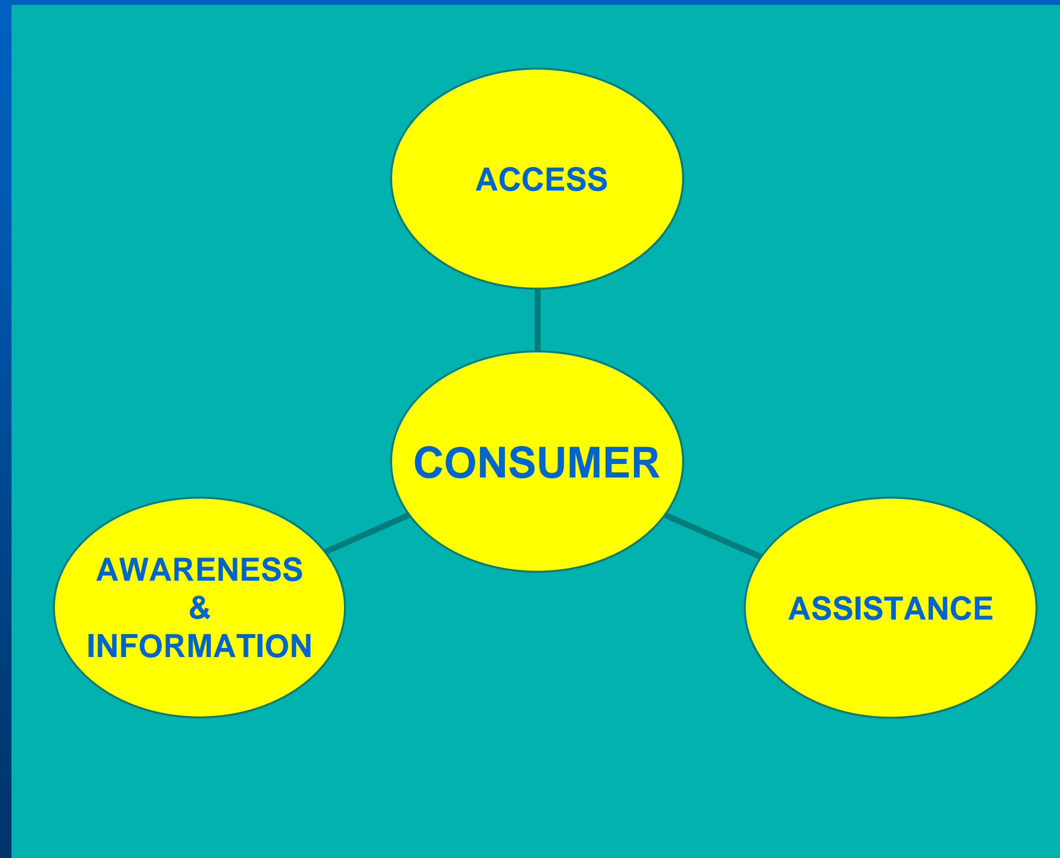
- Public Education
- Information on Options

Assistance

- Options Counseling
- Benefits Counseling
- Employment Options Counseling
- Referral
- Crisis Intervention
- Planning for Future Needs

Access

- Eligibility Screening
- Private Pay Services
- Comprehensive Assessment
- Programmatic Elig. Determination
- Medicaid Financial Elig. Determination
- 1-Stop Access to all Public Programs



2003 ADRC Grantees

- 12 States (first year):

Louisiana	New Hampshire
Maine	New Jersey
Maryland	Pennsylvania
Massachusetts	Rhode Island
Minnesota	South Carolina
Montana	West Virginia

- 3-year cooperative agreement, sustainability

2004 ADRC Grantees

- 12 grantees:

  Alaska
  Arkansas
  California
  CNMI
  Florida
  Georgia
  Illinois
  Indiana
  Iowa
  New Mexico
  North Carolina
  Wisconsin

- 3-year cooperative agreement, sustainability

2005 ADRC Grantees

- 19 grantees:

Alabama
Arizona
Colorado
DC
Guam
Hawaii
Idaho
Kansas
Kentucky
Michigan
Mississippi
Nevada
Ohio
Tennessee
Texas
Vermont
Virginia
Washington
Wyoming

Activities of Pilot Sites

- Information and Referral/Assistance.
- Integrated Management Information Systems.
- Public Education and Awareness:
  - Public websites.
  - Public web-based searchable resource databases.

Activities of Pilot Sites

- **Streamlining Functional and Financial Eligibility:**
  - **Coordination with Medicaid eligibility staff on diversion efforts.**
  - **Electronic Medicaid applications.**
  - **Series of technical assistance briefs by Rutgers/NASHP (Reinhard/Mollica).**

- **Marketing and Outreach to Target Populations.**

- **Critical Pathway Interventions:**
  - **Outreach to hospitals and nursing homes to divert/transition consumers from institutions.**

Early Results

- 43 grantees:
  - 12 in 2003; 12 in 2004; 19 in 2005.
- 66 pilot sites opened between 2003 and 2004 grantees.
- 12 grantees serve people with all types of disability:
  - 7 serving people with disabilities of all ages.
  - 5 serving all adults with disabilities.
- 31 grantees serve all older adults and select groups of people with disabilities.

Early Results

- 8 of 43 grantees will have state/territory-wide service areas by Year 3:
  - AK, AZ, DC, IA, NH, NM, CNMI, RI.
- 24 ADRC projects funded in 2003 and 2004 developed over 250 unique partnerships.
- 50% of 2003 and 2004 grantees have MOUs/MOAs with aging networks, disability networks and Medicaid.
- 70% of 43 grantees planning MOUs/MOAs.

Example: NJ Aging & Disability Resource Connection (ADRC)

- **Builds on NJEASE (1996 SPE).**
- **Among first 12 states to get ADRC funding.**
- **Department of Health and Senior Services is lead agency with Department of Human Services as partner.**
- **Redesign aging and disability service systems: multiple entry points that are coordinated and standardized.**
- **2 pilot sites at county level: Atlantic (urban) and Warren (rural).**
- **Major component HCBS/CMS Quality Model & Consumer Satisfaction.**

New Jersey's Three-Pronged Strategy for Systems Change

- Consolidation at state level.
- Create more choices for HCBS services.
- Help consumers find choices through NJEASE and Community Choice Counseling.

ADRC Target Populations

- Year 1:
  - 60 and older.
- Years 2 and 3:
  - 60 and older;
  - Adults with physical disabilities.
- Special focus on hard-to-serve and underserved populations.

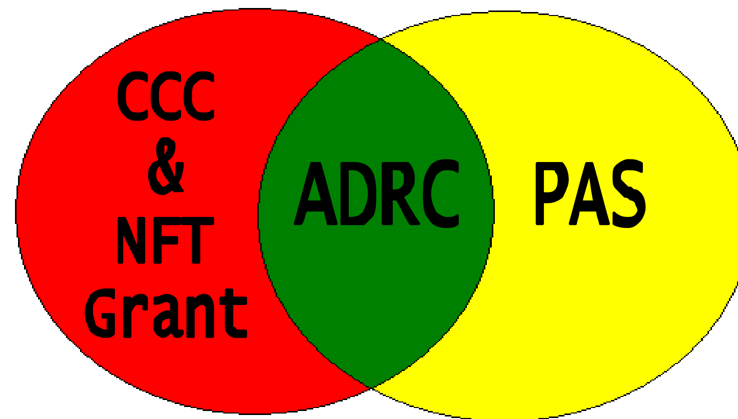
NJ ADRC Goals

- **Bring Aging and Disability together.**
- **Improve pathways to obtain information, determine financial and functional eligibility, and receive services.**
- **Build on NJ EASE as visible, responsive, and trusted sole source for home and community-based services available 24/7/365.**

Community Choice Counseling

- One of largest nursing home transition programs in the nation.
- State staff members cross-trained to do Pre-admission screening, options counseling, and transition support.

CCC Integration



NJ ADRC Organizational Components

- State Management Team:
  - Senior leadership;
  - Leadership for System Design.
- ADRC Advisory Board:
  - 50% consumers, 50% professionals.
  - 12 reps from aging network, 12 reps from disability networks.
- System Design Workgroups:
  - 212 participants, 90 meetings.
- Atlantic County Pilot Site.
- Warren County Pilot Site.

Atlantic County Pilot Site: The Focus

- Interface with disability network.
- Implement NJ 211.
- Enhance current I&A operation.
- AIRS/CIRS certification for all partners.
- Develop and test cultural competency model.

Warren County Pilot Site: The Focus

- Test in-depth assessment process.
- Develop interdisciplinary assessment teams.
- Create policies/protocols for in-depth assessments for state and federally funded aging and disability LTC programs.
- Implement consumer direction.
- Develop protocols for finalizing and authorizing publicly-funded services.
- Enhance care management between aging and disability networks.

ADRC Highlights/Activities

- ADRC consolidated application based on:
  - Fast-track determination.
  - Simplified Medicaid application.
- Atlantic County pilot designated NJ 211.
- Work with DHS to determine if ADRC could use same benefits screening application DHS is using for its programs.

ADRC Highlights/Activities

- **Definition of cultural competency approved.**
  - **Will serve as guide for training curriculum development.**
- **Public awareness campaign:**
  - **Surveys sent to service providers statewide;**
  - **6 focus groups in Atlantic County to learn about how residents hear about ADRC services, their needs and priorities.**

Lessons Learned

- Interdependency between Medicaid and aging and disability networks.
- Communications and face-to-face dialogue with stakeholders (AAAs, LTC providers) are key.
- Message control and revision need to be on-going during ADRC implementation.

Example: Wisconsin's Aging and Disability Resource Centers

- 3-year FY04 grant of $800,000.
- Lead agency: Wisconsin Department of Health and Family Services.
- Expand geographic coverage of full-service ADRCs.
- Develop capacity for all target groups.
- Develop infrastructure to support statewide expansion.

WI ADRC Goals/Activities

- **Develop state-level infrastructure to support current and future development of statewide ADRC system.**
  - 2 toolkits: one for public awareness; one for LTC options counseling.
  - Identify and implement information management system solutions for consistent state and local data collection and reporting.
- **Merge department responsible for Medicaid financial eligibility (formerly Department of Workforce Development) with Department of Health and Family Services.**
- **Develop MOUs with financial eligibility units to establish roles of ADRC in coordinating financial eligibility process.**

WI ADRC Goals/Activities

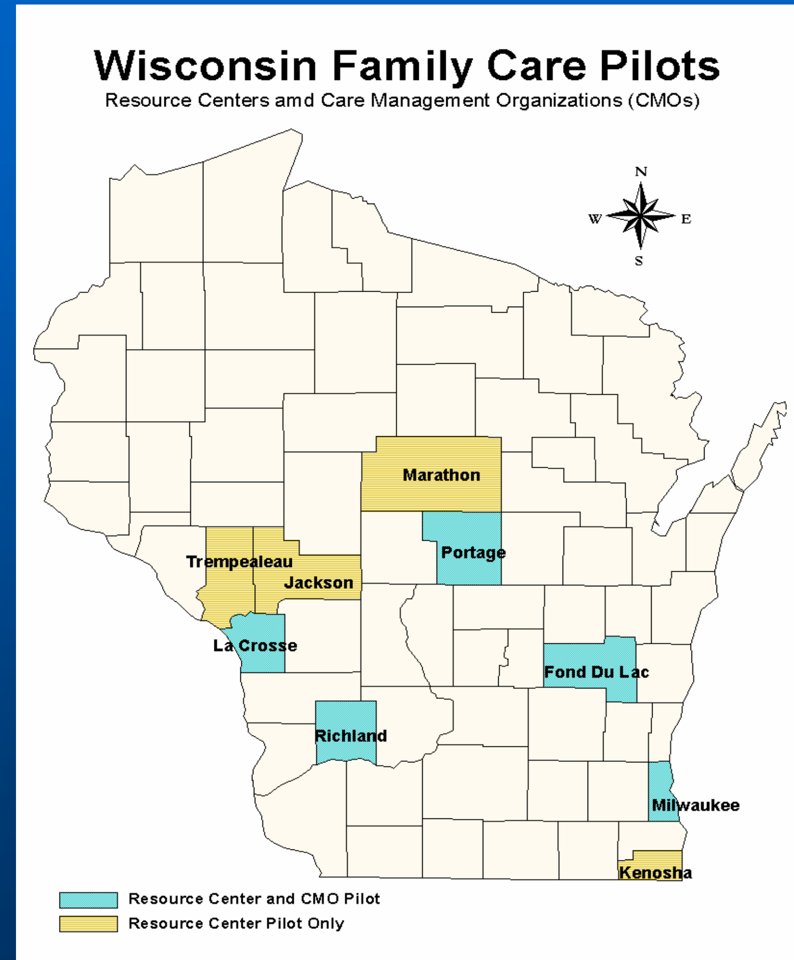
- Statewide web-based resource database.
- Integration of functional screen with financial eligibility database and I&A data.
- Functional screen web development for children and people with mental health issues.
- Greater collaboration between county agencies and community resources.

WI ADRC Target Populations

- **Year I:**
  - 60 and older;
  - At least one other target group (adults with physical disabilities or developmental disabilities.
- **Year II:**
  - 60 and older;
  - Adults with physical disabilities and/or developmental disabilities.
- **Year III:**
  - 60 and older;
  - Adults with physical and/or developmental disabilities;
  - Adults with mental health needs.

Wisconsin Pilot Sites

- 5 Resource Center and CMO pilots.
- 4 Resource Center only pilots.



Wisconsin's Family Care Program

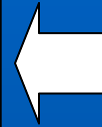
- A redesign of WI's LTC system.
- Gives people better choices about where to live and what services/supports to receive.
- Improves access to services.
- Improves quality through focus on health and social outcomes.
- Creates a cost-effective system.

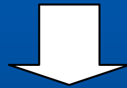
Family Care Organizational Components

- Resource Centers.
- Care Management Organizations.
- Governing Boards.
- Department of Health and Family Services.
- State LTC Council.
- Local LTC Councils.
- Independent Enrollment Consultant.
- Economic Support Units.

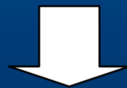
Service Delivery Structure

Resource Center (RC)
- Outreach
- Information and Assistance
- Family Care Functional Eligibility Determination
- LTC Options and Benefit Counseling
- Pre-admission Consultation

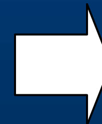




Independent Enrollment Consultant (EC)
- Review Options
- Report Choice on CMO and RC



Economic Support Unit (ESU)
- Financial Eligibility and Recertification
- Records of Level of Care and Enrollment



Case Management Organization (CMO)
- Care Management
- Individualized Service Plans (ISP)
  - Arrange for Direct Services
  - Reassessments for Some Counties
- Provider Networks/Payment
- Facilitate Consumer Directed Option
- Claims processing and record keeping
- Quality Assurance/Improvement
- Compliant and Grievance Resolution

Origins of Resource Centers

- Three are from county Departments on Aging.
- One is from the county Public Health Department and the Department on Aging.
- Four is from county Social Service or Human Service agencies.
- One is split between the Aging Program and the Developmental Disabilities Program, both in the county Human Services Department.

Lessons Learned

- Importance of joint strategic planning, shared vision, interaction, and collaboration among local county departments and agencies involved with LTC.
  - Put people first.
  - Give up organizational turf.

- Local aging agencies are naturals to develop ADRCs because of their experience with diverse populations and broad mission.
  - Broadening knowledge of disability resources and issues strengthens agency as a whole and enhances services to older adults.
  - Target groups have more in common than originally thought.

- Local human service/social service departments bring own strengths:
  - Existing intake system;
  - Some separation between ADRC and rest of county department may reach more people.

Lessons Learned

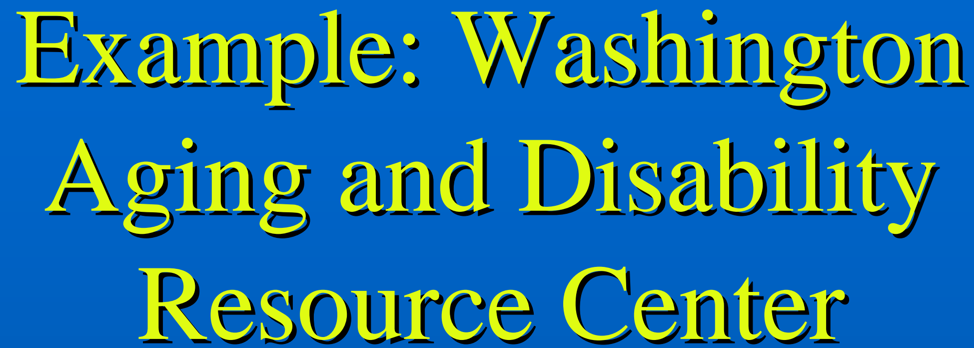
- Communication and collaboration between all local entities involved in eligibility is vital to make the process work for consumers.
  – Having written access plans or MOUs between local entities is helpful in having common ground to refer back to.
- Outreach and marketing needs to be ongoing.
  – Involves all kinds of staff: administrative, nursing, and social work.
- Developing, paying for, and continuing to support information systems necessary for I&A is challenging:
  – Allot ample time to keep resource database updated.
  – Partner with United Way First Call for Help for assistance in updating.
  – Pre-existing software packages to establish database may be useful.

Lessons Learned

- Prevention activities are useful tools for marketing and outreach.
- Short-term case management is a natural component of I&A.
  - Private-pay and publicly-funded people have same short-term needs.
  - Maintain list of people who provide chore services to increase access to services for private-pay LTC consumers.

Lessons Learned

- It takes at least a year to fully train I&A specialist.
  - Mentoring and shadowing experienced staff very effective training tool.
- What to look for in I&A staff:
  - Ability to communicate effectively in person or on the phone.
  - Interviewing and listening skills.
  - Ability to focus on consumer's agenda, not staff's.
  - Good observational skills.
  - Ready to offer short-term services.
  - Experience/background with target population.
  - Knowledge of how service system works.



Example: Washington Aging and Disability Resource Center

- 3-year FY05 grant of $800,000.
- Lead agency: Washington Department of Social and Health Services, Aging and Disability Services Administration.
- Expand capabilities of I&R/A system to serve people of all ages, disabilities, and financial circumstances.
- Connect seamlessly to relevant home and community-based services and supports.

Split SEP System in Washington

- State agency staff completes all assessments.
- Determines clinical and financial eligibility.
- Reviews service options.
- Develops initial care plan.
- Provides CM for consumers in nursing homes and residential settings.
- AAAs provide ongoing CM for in-home clients.

WA ADRC Goals/Activities

- Build partnerships with other state-level agencies, independent living centers, 211, and other associations.
- Employ technology for seamless ADRC one-stop operations.
- Expand CARE system to assess individuals for non-Medicaid funded programs.

WA ADRC Goals/Activities

- Use social marketing strategies to actively promote public awareness of both public and private long-term support options and the Resource Center.
- Improve connections with NAPIS reporting system and Benefits Check Up.

WA ADRC Target Populations

- Year 1:
  - 60 and older;
  - Adults with functional disabilities.

- Years 2 and 3:
  - 60 and older;
  - Adults with functional disabilities;
  - People of all ages with developmental disabilities.

Overview of ADRC Challenges

- Leadership
  - Bringing Aging and Disability together
  - State and Local Agencies
- System Design
- Coordination & Data
- Personnel & Staffing
- Outreach & Promotion
- Funding and Sustainability

Leadership

- Who Will Push Reform?
  – Need to bring Aging and Disability Communities together
- State Agencies
  – Aging agency
  – Medicaid agency
  – Disability agencies (multiple in many cases)
- Will Local Agencies Embrace Change?
  – Build local coalitions to establish community buy-in

System Design

- Vision and Mission should lead design.
- Scope?
  - Employment counseling?
  - Health promotion?
  - Food stamps?
  - Housing?
  - Nursing home transition?
- Key issues include:
  - Functional needs assessment, instruments.
  - Financial eligibility determinations.

Coordination and Data

- Growing need for more data:
  - Functional and financial.
  - Tracking and monitoring at individual and aggregate levels.
- IT and MIS:
  - Unifying forms and data across agencies.
  - Data sharing across agencies and stakeholders.
  - Information, referral, eligibility and care management software.

Personnel & Staffing

- Budget challenges.
- Skill mix (credentials, unions).
- Cross Training (aging and disability,cultural competence, programs).

Outreach & Promotion

- Reaching all older adults regardless of income.
- Reaching persons with disabilities.
- Social marketing.
- Capacity in relation to outreach.

Funding and Sustainability

- Business model:
  - Increasing Service Demand as visibility increases.
  - Unfamiliar funding streams--private pay and Medicaid in addition to OAA.
- How much public funding needed??
  - Political Support.
  - Details on matching funds.

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