

The ABCs of ADRC's



Aging and Disability Resource Centers in South Carolina

THE ABCs OF ADRCs

A “HOW-TO” MANUAL FOR ESTABLISHING AN AGING AND DISABILITY RESOURCE CENTER

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I. BACKGROUND OF AGING AND DISABILITY RESOURCE CENTERS

Collaboration between the Administration on Aging and the Centers for Medicare and Medicaid Services

In the summer of 2003, the US Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) issued a solicitation for states interested in developing Aging and Disability Resource Centers (ADRCs). This was a historic venture, as never before had these two federal agencies collaborated on a joint grant solicitation. A total of 12 states were funded for a 3-year project period, including South Carolina.

This initial solicitation contained very specific requirements, based upon the federal vision for Aging and Disability Resource Centers. *This vision is the creation of a single, coordinated system of information and access for all persons seeking long term support services. Such centers will be highly visible and trusted places where people of all incomes, ages and disabilities can turn for information on the full range of long term support options, public and private.* The goal of these centers is to *minimize confusion, enhance individual choice, support informed decision-making and increase the cost effectiveness of long term support systems.* As a part of the larger Real Choice grant program and the President's New Freedom Initiative, AoA and CMS see the ADRCs as a critical component of a long term support system that supports and facilitates consumer choice. Access to service information across the public and private sectors, options counseling and assistance in linking to services underpin a consumer driven system.

From a system standpoint, AoA and CMS recognize the future need for long term supports as the population continues to age, waiting lists for home and community-based services for persons with disabilities continue to grow, and long term care costs mushroom. Additionally, federal and state agencies are concerned about the ability of the federal government (as the primary payer for long term care) to meet this growing challenge. It becomes more critical that consumers become wise users of long term supports, knowing what is available and using them in a cost efficient manner. However, persons in need of long term support services and their families are faced with disconnected services, redundant and confusing application forms, and a lack of consolidated easy-to-understand information on available options. Faced with such daunting barriers, consumers and their families may not find adequate or quality services, spend too much time and money on the wrong service or course of action, or find themselves in a care setting they do not prefer. ADRCs, through options counseling and integration of information about private as well as public resources, are a powerful tool for empowering consumers.

AoA and CMS have continued a national roll out of ADRCs through successive funding opportunities in 2004 and 2005. As of July 2006, a total of 43 states have implemented the grant program. Another solicitation has been issued for remaining states, as well as an opportunity for 2003 grantees to apply for funding to continue their efforts beyond the initial three years for an additional two years. In September 2006, South Carolina was once again successful in its application for funds through AoA's "ADRC Expansion grant" solicitation.

The History of ADRCs in South Carolina

South Carolina's application to AoA and CMS to participate in the ADRC grant program was the result of a lengthy process of identifying needed changes in the long term care system and obtaining federal support to assist in making the changes. Beginning with the Olmstead Supreme Court decision in 1999, South Carolina began a process of involving a broad array of aging and disability organizations and consumers in identifying priority areas for change. Through advisory groups, forums and public hearings, two distinct themes emerged: 1) consumers find it very confusing and difficult to obtain the information they need to understand their options for long term care and to access the available services that are appropriate for them; and 2) consumers are frustrated by a system of long term care that thwarts their inability to make decisions about the services they receive. Addressing these issues became central to a new vision of long term care in South Carolina. In 2001, South Carolina received one of the first Real Choice System Change grants from CMS. With funding through this project, a web-based services resource database (*SC Access*) was developed to assist consumers and advocates in finding services. Additionally, a new Independence Plus waiver (*SC Choice*) was added to the Medicaid home and community-based waiver program to allow consumers to direct their own care.

The ADRC solicitation issued by AoA/CMS in 2003 provided an opportunity for South Carolina to continue to evolve and improve the long term care system. The addition of ADRCs and a web-based application system for Medicaid Long Term Care Services moved the state closer to having consolidated, streamlined access to services. South Carolina was funded in the first round of federal funding for ADRCs and the project officially began in October 2003. The State Office on Aging served as the project grantee, with the project initially housed at the SC Department of Health and Human Services and later transferred with the Office on Aging to the Office of the Lt. Governor. The Lower Savannah Council of Governments (LSCOG), of which the Area Agency on Aging (LSAAA) is a program, was selected as the regional partner to pilot the first ADRC in the state. LSCOG designated two counties for the pilot project: Aiken and Barnwell. A broad-based regional advisory committee was established to guide the development, implementation and marketing of the ADRC. Membership included Aging and Disability organizations; the faith community; 211; Medicaid eligibility and community long term care (CLTC); critical pathways such as hospitals, nursing homes and rehab centers; United Way; State Agencies, employment organizations; and consumers. This committee decided to market the ADRC as

the ADRC, Aging and Disability Resource Center, because it was thought this was a name that more clearly represented its functions. The Lower Savannah ADRC officially kicked off in January 2004.

In 2005 the Lt. Governor's Office on Aging (LGOA) began expansion of the ADRCs into two additional regions: Appalachia and Santee-Lynches. Funding for development of these new centers came from a combination of state funds and federal funds available through a new federal Systems Transformation Grant. Start-up activities for these new sites began in 2006. With additional state funds and funds from the ADRC Expansion grant, two additional ADRCs (Trident and Pee Dee Regions) were funded and are scheduled to open in 2007. The long range plan is to have an ADRC in each of the ten Aging regions in South Carolina.

The LGOA has served as the project administrator for all federal grants related to the development of the ADRCs. Its role has included grant management, training and technical assistance to the subgrantees and partners, information technology development and support, support for partnership development, and collaboration with an external evaluator, the University of South Carolina Center for Health Services and Policy Research.

II. WHAT IS AN AGING AND DISABILITY RESOURCE CENTER?¹

FUNCTIONS OF AN ADRC

The goal of ADRCs is to create a single, coordinated system of information and access for all persons seeking long term support. The intent of the centers is to minimize confusion, reduce the number of hoops that must be jumped through by a consumer to receive services, enhance individual choice, support informed decision-making, and increase the cost effectiveness of long term support systems.

To accomplish this goal, the **ADRC must perform** the following functions:²

Awareness & Information

Public Education and Outreach – ensuring all potential users of long term support and their families are aware of both public and private long term support options, as well as awareness of the existence of the Center

Assistance

Options Counseling – providing comprehensive, objective, up-to-date, user-friendly information about the full range of available immediate and long-range options; helping individuals understand available community support options, assess their needs and resources and assisting them in developing and implementing their long-term support choices

Benefits Counseling –helping people learn about and, if desired, apply for public and private benefits including private insurance (such as Medigap), SSI, Food Stamps, Medicare, GAPS, Medicaid and private pension benefits

Employment Options Counseling – helping people understand their options for employment and the impact on other benefit programs; coordinating with other state and local employment counseling entities

Referral – providing comprehensive and accurate information on services and programs that help people remain at home and in the community such as direct services, generic community resources and public or private insurance

Crisis Intervention – responding to situations of immediate jeopardy to the health or welfare of an individual in a timely manner with appropriate means

² Susan Reinhard, Center for State Health Policy, Rutgers, The State University of New Jersey. Presentation at 2005 National ADRC conference

Planning for Future Needs – helping the consumer to assess long range needs and make appropriate plans

Access

Eligibility Screening- helping all individuals who may be eligible for publicly funded programs with a non-binding inquiry into their income and assets to determine probable eligibility for programs, services and benefits, including Medicaid

Private Pay Services – when appropriate and desired, helping individuals to access programs and services in the private sector

Comprehensive Assessment – looking broadly at the needs of individuals, without regard to specific programs or eligibility for specific funding streams

Programmatic Eligibility Determination – determining non-financial eligibility for publicly supported benefits or services; may require functional assessment of an individual's health and environment, including a level of care assessment for Medicaid services

Medicaid Financial Eligibility Determination - ensuring that an individual can receive a determination of Medicaid eligibility through an integrated or coordinated system that eliminates redundancy and fragmentation

REQUIREMENTS FOR ADRCS

Target Groups - the ADRC must, at a minimum, include the elderly population (age 60 and above) and one other disability target group. In South Carolina, the ADRC's are initially serving adults with physical disabilities and then branching out to serve other disabilities.

Streamlining Access - the ADRC must provide One-Stop Access to all public programs for community and institutional long term support services administered by the state under Medicaid and those portions of the Older Americans Act programs that are devoted to long term support services, and any other publicly funded services related to Long Term Care

Public and Private Pay Clients - the ADRC will be a resource for private-pay individuals, those eligible for publicly funded services, and health and long term support professionals and others who provide services to the elderly and to adults with physical disabilities

Critical Pathways - the ADRC will create formal linkages between and among the critical pathways to long term support (hospitals, nursing homes, CLTC, etc.)

Management Information System - the ADRC program will have a management information system that supports the functions of the program including tracking

client intake, needs assessment, care plans, follow-up, service utilization and costs (SC Access is being used in SC)

Evaluation - the ADRC must establish measurable performance objectives including objectives related to visibility, consumer trust, ease of access to services, responsiveness to consumer needs, efficiency of operations and effectiveness of the ADRC (the Center for Health Services at Policy Research – CHSPR –at USC is the ADRC evaluator)

Alliance of Information and Referral Systems (AIRS) standards applicable to the functions of an ADRC are contained in [Appendix 7C](#).

III. ESTABLISHING AN AGING AND DISABILITY RESOURCE CENTER

DEVELOPING A VISION

Successful long term care systems change requires commitment to a vision of what the new system will look like and how it will improve access to services for consumers. It must be a vision that is shared by critical partners and by staff and must be able to be articulated by all of these groups. Systems change is difficult and slow; it is the vision of how consumers will be better served that sustains the commitment to make these hard changes. The vision must always remain “front and center”. And it must drive policy and operational decisions. While this may seem self-evident, failure to articulate the vision and to keep it in focus can lead easily to designing policies and procedures that take the system in far different directions than intended.

Who Needs To Be Involved in Developing the Vision?

Developing an ADRC involves comprehensive systems change and as such requires partnerships and working agreements among state agencies, local health and human services agencies the faith community and private partners such as service provider organizations. Simply put, everyone who has a stake in the existing system needs to have an opportunity to be involved in visioning the changes: consumers, providers, advocates, advisory boards, and staff. Any of these groups can become effective at blocking or impeding desired changes if they are not on board with the vision. The initial pilot region in South Carolina and the two newest ADRCs found that a retreat for all of these groups early in the project was important to identifying all the partners who would be necessary for success and in developing a vision and strategy that reflected each group’s concerns and interests. A sample retreat agenda is contained in [Appendix 1](#). It is expected that all ADRCs will share the over-arching federal and state vision while modifying it to fit unique needs and concerns of the partners and service environment. The vision also will include the target groups who will be served which may vary regionally and a concept of how the ADRC will operate: stand-alone center, part of an umbrella organization, virtual, co-locations, etc. See [Appendix 2](#) on Structure and Design Options for ADRCs, including sample by-laws for an advisory committee (from Santee Lynches).

Developing Partnerships

Because of the complexity of the long term care system and the many different consumer and provider groups, successful change only can occur with their buy-in. Listening to the partners to identify their concerns and the changes they see as beneficial is important as the vision is developed but also as the detail of the implementation issues begin to arise. While all of the partners are important, some may be more critical than others in addressing specific goals of the ADRC.

Potential partners include:

Local I&R Systems (211, etc.)	Law Enforcement
United Way	Medicaid
Community Long Term Care	Long Term Care Private Providers
Councils on Aging	Media
Disability and Special Needs Board	Mental Health Agency
Social Security	Disability Specific Providers
Department of Social Services	Nursing Homes/Rehab Centers
Employee Assistance Programs	Social Services Agencies
Faith Community	Housing
Hospitals	Transportation Agencies
Home Health	Housing Agencies
HR Dept. of local major employers	Independent Living Center
Employment (Voc Rehab, One-Stops, ESC)	

As noted above, specific partners will depend upon the target groups selected and specific goals to be addressed by the ADRC.

DEVELOPING A BUSINESS PLAN

A business plan translates the vision into reality. It tells what is going to be done, who will do it, how it will be done, when it will be done and the resources required to do it. The Aging and Disability Resource Center Technical Assistance Exchange (ADRC-TAE) has prepared a business plan template that is very useful. It may be found at www.adrc-tae.org under Resources by Type, Briefing Papers. It is recommended that you use this template when developing your Business Plan. However, if you choose not to use this template, your plan will require, at a minimum:

Components of the Plan

1. General Description of the ADRC
A description will include specification of target populations; sponsor and organizational structure; location.
2. Statement of specific goals, timelines, person(s) responsible and resources needed ([Appendix 3](#) contains a sample workplan, with goals and timelines.)
3. Description of how the ADRC will perform the required functions: Awareness and Information; Assistance; and Access. The description should clearly identify how these business will be done differently under the ADRC; i.e., a before and after picture. What ADRC model will be implemented?
4. Identification of Partners, Partner Roles and Board or Advisory Committee
5. Coordination with Critical Pathways
6. Client Confidentiality

7. Management and Organization, including organization chart, staffing pattern, job descriptions and staff training
8. Information and Technology Systems
9. Marketing Plan
10. Evaluation Methods
11. Budget for ADRC Operations
12. Sustainability Plan

Visits to or contacts with existing ADRCs within the state will be helpful in developing the Business Plan. Staff of the LGOA is also available to provide assistance, especially in the beginning phases. Helpful information may also be found on the national technical assistance website, www.adrc-tae.org.

The business plan should be endorsed by the advisory board or committee of the ADRC and then submitted to the Lt. Governor's Office on Aging for review and approval.

STAFFING THE ADRC

Most ADRCs likely will find themselves without sufficient new funding to hire additional staff for the ADRC. This will require examining existing staffing patterns and staff skills to determine how best to organize the staff to perform the added functions of an ADRC. Change in job duties and functions are often difficult for staff. Successful change is most likely when there has been staff involvement in development of the vision and business plan, so that their expertise and concerns are adequately addressed.

In most Area Agencies on Aging, the available positions (i.e., building blocks) to staff the ADRC will include the Information & Referral Specialist, the Family Caregiver Advocate, the I-CARE Coordinator, and the Long Term Care Ombudsman. Many ADRCs have found it necessary to find a way to add a combination Disability Specialist/Medicaid Intake worker, as most Aging staff has not acquired the expertise to handle the wide range of inquiries from younger adults with physical disabilities. Sample job descriptions may be found in [Appendix 4](#).

Most Area Agencies on Aging will find it helpful to designate a person to serve as the manager or coordinator of the ADRC. As the ADRC gets started and begins to mature, coordination and integration of the various staff, coordination with the partners, developing or modifying policies and procedures, and ongoing evaluation of operations are time-consuming activities. In addition, there is a tendency for operations to revert back to "how we used to do things" if there is not constant attention to reinforcing the new paradigm.

One of the most significant challenges a new ADRC will face is how to best integrate the functions of these positions in a way that is most consumer friendly;

i.e., that prevents repetition and duplication, that avoids consumers being routed from one staff to another, and that gets the job done most efficiently for the consumer. ***The ADRC is not just about adding another position or a new target group. It is about doing business differently!***

One of the ways of doing business differently may be greater involvement of volunteers in the operation of the ADRC. Volunteers bring not only talent but often, due to their having chosen the ADRC for their volunteer effort, have exceptional commitment to the vision and goals of the ADRC. [Appendix 5](#) contains a sample Volunteer Application and job description for Volunteer Administrative Assistant.

OPERATIONAL POLICIES AND PROCEDURES

The old adage that the devil is in the details certainly applies to implementing the ADRC and a new way of consumers accessing services. Without explicit policies and procedures and adequate staff training, the vision on the ADRC will be lost in the daily workload demands. Fortunately, the experience of the pilot ADRC can help identify areas where policies and procedures are most needed and provide examples that may be adopted or modified.

Most fundamentally, the ADRC management must be clear that doing business the new way is not optional, that it is a requirement in order for the ADRC to be successful. It then is incumbent upon management to identify the barriers experienced by staff in implementing the new policies and procedures and help identify solutions.

Areas where policies and procedures are likely to be needed include:

Confidentiality – Ensuring client confidentiality is absolutely essential for earning consumer trust, as well as for conforming to federal and state law and regulations. Confidentiality requirements must be a part of staff training and operational practices of the ADRC and must at all times reinforce these requirements. New staff should be immediately briefed on the requirements and asked to sign a confidentiality statement. The requirements are extended to all ADRC partners who exchange client information with the ADRC, especially those partners using the electronic referral process. (See sample confidentiality policies and required staff sign-offs in [Appendix 6](#).) A technical assistance brief regarding the ADRC and HIPAA requirements is available through the ADRC Technical Assistance Exchange at www.adrc-tae.org under Resources by Type, Client Confidentiality.

Customer Service Standards – The implementation of specific customer service standards by the ADRC keeps ADRC operations focused upon the consumer. Such standards provide specific guidance to staff about how good consumer service is provided. (See ADRC-TAE Issue Brief on

Excellent Customer Service, [Appendix 7A](#) and “The Buck Stops Here”, Appendix [7B](#).) AIRS standards contained in Appendix [7C](#) may also be helpful.

Information Flow Within the ADRC – Designing the flow of information within the ADRC is important to both consumer service and the efficiency and economy of labor within the ADRC. In designing the flow chart, it is usually helpful to develop hypothetical cases and “walk” them through the ADRC functions. The kinds of questions to be asked include what happens when a call comes into the ADRC: who answers the call; what do they do with the call; how is the call recorded; does the call need follow up? It is how the ADRC handles these basic operational questions that largely will determine customer satisfaction. [Appendix 8](#) contains a sample flowchart for the provision of Information and Referral within the ADRC and [operating protocols](#) for how staff manages I&R functions, along with some [sample scenarios](#).

Record Keeping – Complete and accurate record keeping documents the activities and services of the ADRC. Funding agencies, the community and partners of the ADRC look at the data generated from the ADRC records to judge the accomplishments of the center and how well it is working. Additionally, data from the center may be used by a variety of agencies for planning and advocacy purposes. Therefore, good record keeping must be a job responsibility for all staff of the center.

Unfortunately, because of duplicate data systems required by different federal programs, the task of record keeping is not an easy one. There are instances in which the same data must be entered multiple times. This takes time away from the important business of directly helping clients and indeed may become a burden for staff. However, until the issue of duplicate systems is resolved by state and/or federal action, it is important that staff make every effort to capture the necessary information in all pertinent systems. Failure to do so may mean the necessary information is not available to the right staff person when it is needed to assist the client. It may also result in a serious understatement of the level of activity of the ADRC or other program (I-CARE, Family Caregiver, etc.) and have negative consequences for funding support. It is incumbent upon management to enforce appropriate practices to ensure that complete and accurate record keeping does occur.

The LGOA is currently working on finding a solution to reduce duplicative data entry in multiple databases. However, this is a monumental task and it will most likely take several years to develop a solution.

Coordination with Partner Agencies – Coordination with partner agencies is vital to the success of the ADRC. It is better not to leave interaction

between these agencies to informal understandings. A written memorandum of agreement or understanding that specifies the roles and responsibilities of the agencies to one another helps to ensure that the needs of each is met and minimizes potential misunderstandings that may threaten the relationship. Partners should have defined roles and these roles should be spelled out in a written memorandum of agreement (MOA) or memorandum of understanding (MOU). Not all partners will have the same roles nor be equally involved in the operation of the ADRC. Regular, easy methods of communication should be developed to facilitate quick problem identification and resolution, as well as sharing of resource information. Two sample memorandums of agreement are contained in [Appendix 9](#). One is a broad [generic MoA for partners](#) while the other has specific roles and responsibilities of the [ADRC's and CLTC offices](#). Specialized protocols may be developed with individual partners. For example, see the sample protocol for referrals between the ADRC and the Medicaid Community Long Term Care Waiver Program in [Appendix 9](#).

Appendix 10 contains [operational requirements for ADRCs](#) funded through the AoA/CMS collaboration. These requirements are linked to the associated AIRS standards and provide useful protocols and training guidelines.

IV. MANAGEMENT INFORMATION SYSTEM FOR THE ADRC

All too often, people become confused or discouraged by the complexities of the system, and they never find out about the programs and services that might be able to help them solve their problems. Because they don't get help, bad situations tend to get worse. Information and referral breaks that cycle by providing a simple way for people to find out where they can turn and what they can do to help themselves.

SC Access

SC Access is a system that provides information, referral and assistance (I, R & A) for persons needing aging or disability services. The philosophy of SC Access is the same as the ADRC - NO WRONG DOOR, thereby creating a system that does not “bounce” consumers from person to person or agency to agency.

SC Access is a vital link between people who need help and the social service organizations ready to provide that help. The service is free and confidential. The computerized database has over 3,000 referral sources including government and private nonprofit organizations, self-help support groups, community organizations, faith based organizations, professional associations, and much more.

There are two different parts to SC Access: the public side and the secure side (for registered users). The public side has:

- a community calendar of events, workshops and trainings;
- a “Learn About” section for easy to understand information on topics such as Housing options, Assistive Technology, Community Life, Transportation, Education, Employment, Civil Rights, Financial Benefits, and Health;
- information on Ticket to Work including a Personal Care Registry, how to hire and manage a personal care worker, understanding SSI/SSDI and Medicaid waiver services; and
- on-line (e-forms) for Medicaid Long Term Care (CLTC or institutional care) and GAPS (SC state pharmacy assistance program for seniors).

The secure side (registered users only) has:

- client intake
- case management
- follow-up that will alert the user on the follow-up date
- a variety of search tools to assist in finding service providers and the capability to document referrals made
- electronic referral capability
- sharing all or part of client data with other agencies
- reports – both standardized and customizable

- data maintenance including on-line updating of provider data
- forums

One of the responsibilities of the partners of an ADRC is to assist with the maintenance of referral data in their area. If existing data on SC Access is outdated or providers are not listed that should be, it is requested that the partner agency notify staff at the LGOA or the Information Specialist at the ADRC who will then make the necessary contacts and correct or add the information.

Detailed instructions about how to use SC Access will be given to ADRC staff and partners during training provided by LGOA staff prior to the ADRC opening its doors for business and anytime thereafter when training is requested.

IV. MARKETING THE ADRC

Creating a new system for accessing information and assistance about long term supports in the community may be a much-needed change; however, the new system must become known and visible in the community to be of real service to consumers and professionals. Social marketing is the term frequently used to describe strategies for attracting consumers to new programs and resources. Effective social marketing requires an in-depth understanding of how the target audience views the issue at hand and then using that information to craft messages and outreach materials that are uniquely persuasive to the target group. The tools of social marketing can be effective in increasing and promoting public awareness of the ADRC as a trusted source of information and assistance. Social marketing emphasizes the target audience's point of view and incorporates consumer feedback into the development of campaign materials and messages. Additional information on marketing the ADRC can be found on the www.ADRCTAE.org website under Resources by Topic then Service Components.

Seven Steps of Planning, Implementing and Evaluating a Social Marketing Campaign

In Hands-On Social Marketing, Nedra Kline Weinreich outlines a step-by-step guide to social marketing.

Step 1. Define the Target Audience - The first step in a social marketing campaign is to clearly define the target audience, which may be made up of a primary audience and secondary audiences. The primary audience is the group whose beliefs, attitudes or behaviors the campaign is attempting to influence. Secondary audiences are groups who influence the target audience's beliefs, attitudes and behaviors with respect to the subject of the campaign.

Step 2. Research and Segment the Target Audience - Develop an understanding of the backgrounds, attitudes and perceptions of the target audience about the product or service being promoted in order to tailor messages that will be persuasive to this particular audience.

Step 3. – Decide on the Type of Media to Use - The message may be in brochures, print advertisement, radio or television advertisements, billboards, or other forms of advertisement. The materials selected should be those that the audience pays attention to and should be designed to reach them where or when they will be most receptive to the message.

The Administration on Aging and the Centers for Medicare and Medicaid Services have created a national logo for Aging and Disability Resource Centers.

This logo may be accessed through the technical assistance website, www.adrc-tae.org and should be used on all ADRC materials.



Each ADRC will use this same logo and add “A Program of...” after the tag line.

Step 4. Pretest Materials - Pre-testing materials is a critical stage of a social marketing campaign and can help marketers ensure that the campaign will have the desired effect. During this stage of the campaign, share the prototype materials with members of the target audience to solicit their feedback. Some of the areas that the target audience might provide feedback on are:

- *Whether the messages are comprehensible.* Do they understand the message being conveyed, the statement of the problem and the suggested action? Do they understand the language used in the materials? Is it the same language they would use? Is the reading level of the materials appropriate? Are concepts, terms or ideas explained clearly?
- *Whether the messages are on target.* Does the target audience react to the materials as intended? Do they find the messages persuasive? Is there any part of the materials that they do not relate to or does not seem to support the message? Do they find anything in the materials to be offensive?
- *Whether the materials are appealing.* Does the audience like the look of the materials? If it's a brochure, is it something they would want to pick up and read? Is the design and look of the materials appealing? Do they like/relate to the visuals?
- *Whether there are mistakes in the materials.* The audience may catch mistakes that those developing the materials might miss.

Step 5. Implement Campaign - When you have finished revising your materials, the next step is to develop a plan for implementing the campaign. Part of the planning includes being sure that you have the internal capacity to move forward, that staff have received adequate training and preparation, that partners have been appropriately briefed and that someone is ready to act as spokesperson for the ADRC.

Step 6. Evaluation - Evaluation is a key step to implementing a social marketing campaign and should not be overlooked. The evaluation phase of the campaign will tell you what aspects of the campaign are working well and where there are areas for improvement. Consumers should be asked how they found out about the ADRC and that information should be recorded in the client record in SC Access.

Step 7. Refine Materials and Messages - The results of the evaluation can be used to improve your social marketing campaign. If the campaign is ongoing, you can use the feedback to refine materials and messages, improve operations, or change communication vehicles. If the campaign is not ongoing, the lessons learned can be applied to future social marketing endeavors. The feedback from the campaign may provide insight into program operations as well as the outcomes of the campaign. You might find in talking with members of the target audience about the campaign that they have comments about which aspects of the program's operations are and are not working well. If that is the case, the evaluation of the campaign will give you the chance to adjust the program to better meet the needs of the target audience.

More detailed information about these steps and how to implement them can be found in Sarah Stout's technical assistance brief, located at www.adrc-tae.org under Resources by Topic.

Marketing to younger adults with disabilities and their families is a new experience for most Area Agencies on Aging. The National Organization on Disability (NOD) is an excellent resource for learning how to be effective in reaching this group. Some [tips for marketing](#) and [communicating](#) with individuals with disabilities are contained in [Appendix 11](#) and additional information may be found at www.nod.org. In addition, the Robert Wood Johnson Community Partnership for Older Adults has useful information about cultural and linguistic competencies at www.partnershipsforolderadults.org. Marketing hints for [older adults](#) is also in Appendix 11.

A sample marketing plan is contained in [Appendix 12](#).

V. EVALUATION OF THE ADRC

Ongoing evaluation of the ADRC is necessary to assure that the center is accomplishing its intended goals, serving the intended populations and achieving the intended outcomes. The table below reflects the kinds of indicators that may be used to assist in an evaluation and includes indicators to measure structural and process change as well as outputs and outcomes.³

Goal	Indicator	Indicator Type
Visibility/Awareness	<ul style="list-style-type: none"> ■ ADRC is established ■ Website is launched ■ MIS is developed with access to other programs ■ ADRC staff is hired and trained 	structure
	<ul style="list-style-type: none"> ■ Marketing plan is developed / marketing activities are occurring ■ Potential referral sources are contacted ■ # / type of contacts 	process
	<ul style="list-style-type: none"> ■ # / type of outreach activities ■ # / type of initiatives for target population ■ # / type of referral sources attending ■ # of contacts by referral source 	output
	<ul style="list-style-type: none"> ■ Consumer knowledge gain ■ Consumer satisfaction ■ Referral source knowledge gain 	outcome
	<ul style="list-style-type: none"> ■ Consumer / referral source knowledge of ADRC location, function, website, phone 	impact
Consumer Focus	<ul style="list-style-type: none"> ■ Advisory committee is established 	structure
	<ul style="list-style-type: none"> ■ Consumer feedback is collected ■ Mission statement/policies reflect consumer focus 	process
	<ul style="list-style-type: none"> ■ Produce report of consumer feedback 	output
	<ul style="list-style-type: none"> ■ Consumer satisfaction 	outcome
	<ul style="list-style-type: none"> ■ Consumers have ability to exercise informed choice 	impact

Access to Services	<ul style="list-style-type: none"> ■ ADRC staff provides assistance ■ MIS used for consumer tracking 	output
	<ul style="list-style-type: none"> ■ Outreach to hospital discharge planners and NH/Rehab facilities ■ ADRC functions as only institutional ■ LOC determination source 	structure
	<ul style="list-style-type: none"> ■ # of hospitals/NH/Rehab facilities contacted/ informed/ oriented ■ # of residents contacted ■ # enrolled in Medicaid/other programs 	process
	<ul style="list-style-type: none"> ■ Demographics of those screened ■ Consumers receive services 	outcome
	<ul style="list-style-type: none"> ■ Greater success in finding services 	impact
Efficiency	<ul style="list-style-type: none"> ■ Develop single application/common ■ Assessment tool for LTC services ■ Co-location of ADRC/partner programs 	structure
	<ul style="list-style-type: none"> ■ Implement uniform clinical/financial eligibility process 	process
	<ul style="list-style-type: none"> ■ # of contacts per FTE ? 	output
	<ul style="list-style-type: none"> ■ Referral source satisfaction ■ Reliable/valid LOC determination 	outcome
	<ul style="list-style-type: none"> ■ Track Medicaid administrative cost (per user / total) 	impact
Effectiveness	<ul style="list-style-type: none"> ■ Develop MIS to track contacts ■ Develop grievance process 	structure
	<ul style="list-style-type: none"> ■ Establish interagency agreements or other cooperative efforts ■ Conduct training ■ Develop standards and procedures 	process
	<ul style="list-style-type: none"> ■ Total # of contacts over time ■ # of functional assessments 	output
	<ul style="list-style-type: none"> ■ Consumer satisfaction ■ Consumer follow-through on referrals 	outcome
	<ul style="list-style-type: none"> ■ Track NH/HCB service utilization 	impact

³ Developed by Katherine Leith, Ph.D., University of South Carolina Center for Health Services and Policy Research, evaluator for the South Carolina Aging and Disability Resource Center grant from AoA and CMS.

Evaluation should be done from the perspective of all consumers of the ADRC: older adults, adults with physical disabilities, caregivers of these populations, and professionals who use the ADRC on behalf of their clients. [Appendix 13](#) contains a mail-out customer satisfaction survey developed by the University of South Carolina Center for Health Services and Policy Research (CHSPR). Focus groups are an additional way of gaining insight into how consumers view the ADRC. [Appendix 14](#) contains tools developed by CHSPR and the National ADRC Technical Assistance Exchange for obtaining feedback from partners and other stakeholders in the process.

Regular review of data from SC Access is extremely important and should be assigned to a specific staff person. Data from this system should be analyzed to determine who is being served (or not served), what information or assistance is being requested, the efficiency of the ADRC in responding to those requests, what agencies are making referrals, what referrals are being made by the ADRC, etc.

Taken together, the data from these sources provide important management information to guide the ADRC in its operation. Ongoing evaluation allows the ADRC to make mid-course corrections as needed and provides valuable information to planners and policymakers.

Quality Review Process

Quality Assurance (or QA) covers all activities from design to implementation to customer feedback. Being able to measure a program is an effective method to identify areas of improvement, to increase the productivity of your employees, and to improve the overall quality of goods and services. In short, having quality assurance measures from the beginning will help to ensure that the development and services offered by the ADRC are "done right the first time".

Measurement is necessary to prove the effectiveness of an organization and to increase quality and productivity. Measurement can be used to monitor activities, to change activities, and as an early warning indicator of problems. Measurement is also a management tool to ensure that positive progress is made toward achieving goals and objectives.

South Carolina will soon begin using a Quality Review Process tool that was adapted from the Department of Health and Family Services in Wisconsin. This tool will be used in an on-site review conducted for each Information Center annually by State Unit on Aging (SUA) which monitors the Information Center contracts/grants. The tool can be found in [Appendix 14](#).

During the full day review, staff members from the Information Center participate in relevant portions of the visit to give their input, including AAA management

staff, the Medicaid/benefits specialist, information and assistance staff, CLTC staff and the disability benefit specialist.

Following the on-site visit, the SUA will develop a report summarizing issues and making recommendations for corrective action or quality improvement. Recommendations will be integrated into the Information Center's overall quality improvement strategy.

Every ADRC has or will have a designated lead person responsible for the overall operation of the ADRC. In that role the lead person organizes meetings, arranges for trainings, mentors and trains new staff, reviews a random sample of intakes and referrals to check for consistency of data entry, appropriate referrals and that protocols are being followed. This individual will also be the liaison to the SUA. While the specific methods vary from ADRC to ADRC, each Information Center will rely on this general process.

VII. LESSONS LEARNED

As the old saying goes, there's nothing like experience! Fortunately, new ADRCs can benefit from the experience of dozens of centers that have developed over the last three years. Surely, every center is unique but there have been some common experiences and lessons learned through the implementation process.

After two years of experience across several dozen states, the Lewin Group outlined some common findings about what facilitates a successful ADRC:⁴

Leadership

- Ensure state leadership is briefed, on board and regularly informed
- Work with the leadership to breakdown barriers and let them know that key areas of support are required; including the Governor, leaders from all partner state agencies, leaders from pilot sites and members of the state legislature
- Have letter of support from Governor's office (on file at the LGOA)
- In the first year, dedicate at least one staff member to the project and ensure a project manager is in place at the very beginning of the grant.

Planning and Evaluation

- Understand the current environment, strengths, weaknesses and gaps including detailed analysis of current eligibility requirements across targeted programs (try to chart them out if possible);
- Develop specific and measurable milestones for at least three years, especially for year 1
- Hire an external evaluator (currently, USC is the evaluator)
- Use evaluation data to inform decision-makers, track performance and enable continuous quality improvement
- Analyze and pre-plan for technology needs
- Have a focus and plan for sustainability.

Partnerships

- Develop and model values of collaboration, communication, inclusion and teamwork;
- Ensure significant involvement and buy-in between state unit on aging LGOA), Medicaid (including CLTC) and disability agencies – have all sign-off on ADRC work plan
- Encourage development of memorandums of agreement or understanding
- Have comprehensive letters of support or commitment from all stakeholders providing services
- Leverage other grants and state programs

⁴ The Lewin Group, "Implementing a Successful Aging and Disability Resource Center: Lessons Learned from the First Two Years". Presented at the 2005 National Grantee Meeting and available at www.adrc-tae.org.

- Adopt state and local civic engagement and ensure involvement of all key public, private, consumer and community service provider groups - engage and train to serve as stakeholders on committees.

Investments in People and Information Technology

- Develop and use information technology tools including websites, case management software, integrated databases and report generators (SC Access)
- Train staff on customer satisfaction, private pay, cross-cultural competence, cross-train aging, Medicaid and disability serving staff
- Have succession planning for key staff and utilize knowledge management processes

Marketing

- Develop outreach and public information dissemination plan
- Plan well publicized ribbon-cutting ceremonies to open new sites (see [Appendix 16](#) for example of a Program for a kick-off and some tips).
- Create taglines, logos and messages that are relevant, acceptable and understandable to the community (use SC and national ADRC logos)
- Target outreach through multiple channels including word of mouth, mass venues (radio, TV, print media) and critical pathways (hospitals, discharge planners, pharmacies, physicians, independent learning centers)
- Use a consumer's lens in all things

Enhanced Service Provision

- Re-align instead of create more new services
- Collaborate with gatekeepers and 'critical pathways
- Leverage private pay side
- Focus on streamlining eligibility determination (e-forms, electronic referrals, sharing of client data, Medicaid Intake Worker on-site)
- Understand HIPAA compliance issues
- Treat I&R and case management as a process, not an event
- Use no wrong door and integrated access models
- Reduce inefficiencies and duplicative services

In the winter and spring of 2006, The Lewin Group visited six of the initial states funded for ADRC projects to talk with them to begin to identify those conditions, features and characteristics thought to facilitate sustainability. The summary of their findings is in Appendix 17 and is helpful to those beginning the process of establishing such centers. Paying attention to these factors is an important strategy for building sustainability from the outset.

VIII. RESOURCES

Because the development of ADRCs is a major initiative of the federal and state Aging offices, considerable resources have been made available to assist local and regional entities in implementation of these new centers. The adage that “you don’t have to re-invent the wheel” certainly applies here and sponsors of new centers would be well advised to avail themselves of these resources.

National Resources

The ADRC Technical Assistance Exchange (TAE) supports Aging and Disability Resource Center program grantees. The ADRC TAE provides technical assistance through one-on-one support, semi-annual ADRC national meetings, weekly newsletters, monthly webcasts, and a variety of other ways. AoA/CMS have funded The Lewin Group to provide technical assistance to their grantees. A major mechanism for doing this is through a website, www.adrc-tae.org. This website contains historical information about the ADRC initiative, technical assistance briefs of specific topics, tools and documents developed by ADRC grantees, presentations at grantee meetings and conferences, etc. It simply is a treasure trove of information and should be researched frequently. To have access to the full site, you must be registered. Send an email request to kelleyb@aging.sc.gov and request full access to the ADRC-TAE website. You will also be entering your activities in the SART (semi-annual reporting tool) in April and October of each year. You can also access past reports on this site.

At least annually, AoA and CMS convene grantees for additional technical assistance, information sharing, and progress reviews. Proceedings are posted at www.adrc-tae.org.

State Resources

The Lt. Governor’s Office on Aging has dedicated considerable resources to the initial piloting of the ADRC in the Lower Savannah Region and subsequent replication in the Appalachian and Santee-Lynches Regions. LGOA Staff are available to provide both ongoing technical assistance and training. You may contact:

Denise Rivers
riversd@aging.sc.gov
803-734-9939

Barbara Kelley
kelleyb@aging.sc.gov
803-734-9899

Deborah McPherson
mcpfersn@aging.sc.gov
803-734-9868

Deborah has expertise in the areas of disabilities (including SSI, SSDI, TEFRA and the waivers) and can assist with identifying disability organizations and consumers in your area to serve on the Advisory Council and to target for partners.

Regional Resources

Three regions in South Carolina have or have nearly implemented ADRCs. Their specificity to South Carolina more fully reflects the history and environment of South Carolina long term care services than centers in other states and may be useful in providing technical assistance and support. Numerous samples drawn from their experiences can be found in the appendices of this manual. Lower Savannah was the pilot site for the South Carolina ADRC's, with Santee Lynches and Appalachia following. Each of these three sites has unique programs within their ADRC. For example, Lower Savannah has the Medication Assistance Program (MAP), is currently working on establishing a Mobility Center and is pretty much a virtual center. Santee Lynches has a mobile unit to reach into the rural areas of the counties they serve and has a store front operation on the main street in Sumter and Appalachia is piloting a Case Management System and is co-locating staff several days a week in two counties. For more information on these three sites, contact:

<u>Lower Savannah</u> Lynnda Bassham or Dana Luttrull 803-649-7981	<u>Santee Lynches</u> Vickie Williams or Gena Kiber 803-775-7381	<u>Appalachia</u> Michael Stogner or Beverly Allen 864-242-9733
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IX. APPENDICES

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2. [Design and Structure of the ADRC](#)
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 - B. [Sample Organizational Chart for Lower Savannah ADRC](#)
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3. [Sample Work Plan with Goals and Timelines](#)
4. [Sample Job Descriptions: Disability Specialist
Combo Disability/Benefits Specialist](#)
5. [Sample Volunteer Documents](#)
 - A. [Volunteer Application](#)
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6. [Sample Confidentiality Policy](#)
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 - A. [Excellent Customer Service – ADRC-TAE Issue Brief](#)
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 - C. [Link to AIRS Standards](#)
8. [Managing Information and Referral Services](#)
 - A. [Sample ADRC Flowchart](#)
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 - C. [I&R Steps for various staff](#)
 - D. [Scenarios](#)
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 - A. [Generic Agreement for Partners](#)
 - B. [MOU for LGOA and DHHS](#)
 - C. [Protocols for Referrals between ADRC and CLTC](#)
 - D. [Confidentiality Agreement](#)
10. [AoA/CMS Requirements](#)
11. [Marketing Tools](#)
 - A. [Marketing Strategies for Reaching People with Disabilities](#)
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12. [Sample Marketing Plan](#)
13. [Customer Satisfaction Survey - mailout - Evaluation Tool](#)
14. [Tools for Obtaining Feedback from Partners & other Stakeholders – CHSPR & ADRC-TAE](#)
 - A. [Staff/Partner Interview Schedule](#)
 - B. [Collaborative Process Checklist](#)
 - C. [Selected Measures of Streamlining](#)
 - D. [Quality Assurance Assessment Tool](#)
15. Example of [Kick-off Celebration](#) and [Helpful Hints](#)
16. [Facilitators of ADRC Sustainability – Lewin site visit summary](#)

Appendix 1

Sample Retreat Agenda

ADRC Planning Retreat

Goals:

1. To develop a shared vision and values/principles to guide the design and operation of the ADRC
2. To identify design options and evaluation outcomes of different options

Outcomes:

1. Development of a partnership between the Aging and Disability communities
2. Development of a common understanding about federal requirements and expectations
3. Development of shared expectations about the outcomes of the ADRC
4. Establishment of a foundation for the local advisory board
5. Identification of next steps toward implementation of the ADRC pilot

Agenda – January 14, 2003

9:30 – 4:45

9:00-9:30	Coffee
9:30-10:30	Introductions
10:30 – 11:30	Overview of AoA/CMS Vision and Expectations for ADRCs
11:30 – 12:15	Common Elements of Success
12:15 – 1:15	Lunch
1:15 – 2:30	Small Groups – SC Vision Development
2:30 – 2:45	Break
2:45 – 3:30	Small Groups – SC Values and Principles
3:30 – 4:45	Report out from small groups
5:00 (optional)	Preview of SC Access

Agenda – January 15, 2003

9:30 – 5:00

9:00-9:30	Coffee
9:30-10:45	South Carolina's Shared Visions and Values
10:45 – 11:00	Break
11:00 – 12:30	Design Options
12:30 – 1:15	Lunch
1:15 – 2:30	Small Groups – Evaluation of Options for SC Identification of Barriers and Opportunities
2:30 – 2:45	Break
2:45 – 4:00	Report out from small groups
4:00 – 5:00	Next Steps

Appendix 2

Design and Structure of the ADRC

- A. Design Options for the ADRC**
- B. Org Chart for Lower Savannah ADRC**
- C. Santee-Lynches ADRC Advisory Committee
By-Laws**

DESIGN OPTIONS FOR AGING AND DISABILITY RESOURCE CENTERS⁵

1. Single location in a community – one or multiple organizations housed together

Example: The Parent Agency houses the ADRC within its office and serves both the 60+ population and adults with physical disabilities out of that office.

2. Multiple locations in a community- one organization managing multiple sites for all the same populations

Example: The Parent Agency operates the ADRC directly or indirectly out of several locations (e.g., its office, a mall, a mobile van) and serves both the 60+ population and adults with physical disabilities. This may lead to subcontracting some ADRC operations.

3. Different organizations managing separate sites with coordinated services

Example: The Parent Agency operates the ADRC for the 60+ population and coordinates with the Independent Living Center that serves adults with physical disabilities.

4. Multiple locations in a community – one organization managing multiple sites focused on distinct populations

Example: The Parent Agency operates multiple ADRCs, each focused on a different population.

⁵ Taken from presentation by Susan Reinhard, Ph.D., Rutgers Center for State Health Policy at the 2005 National ADRC Conference

ADRC Organizational

Lower Savannah Council of Governments

Aging and Disability Resource Center

SC Department of Health and
Human Services Medicaid
Eligibility/Waiver Programs

Medication Assistance
Program

Family Connection

Workforce Investment
Act Programs

Family Caregiver Support
Program

Office Space "Loan"
for Related Service
Programs

Insurance Counseling Assistance
and Referrals for Elders (I-Care)

Ombudsman Program
Long-Term Care

Older Americans Act Programs
(including AAA)

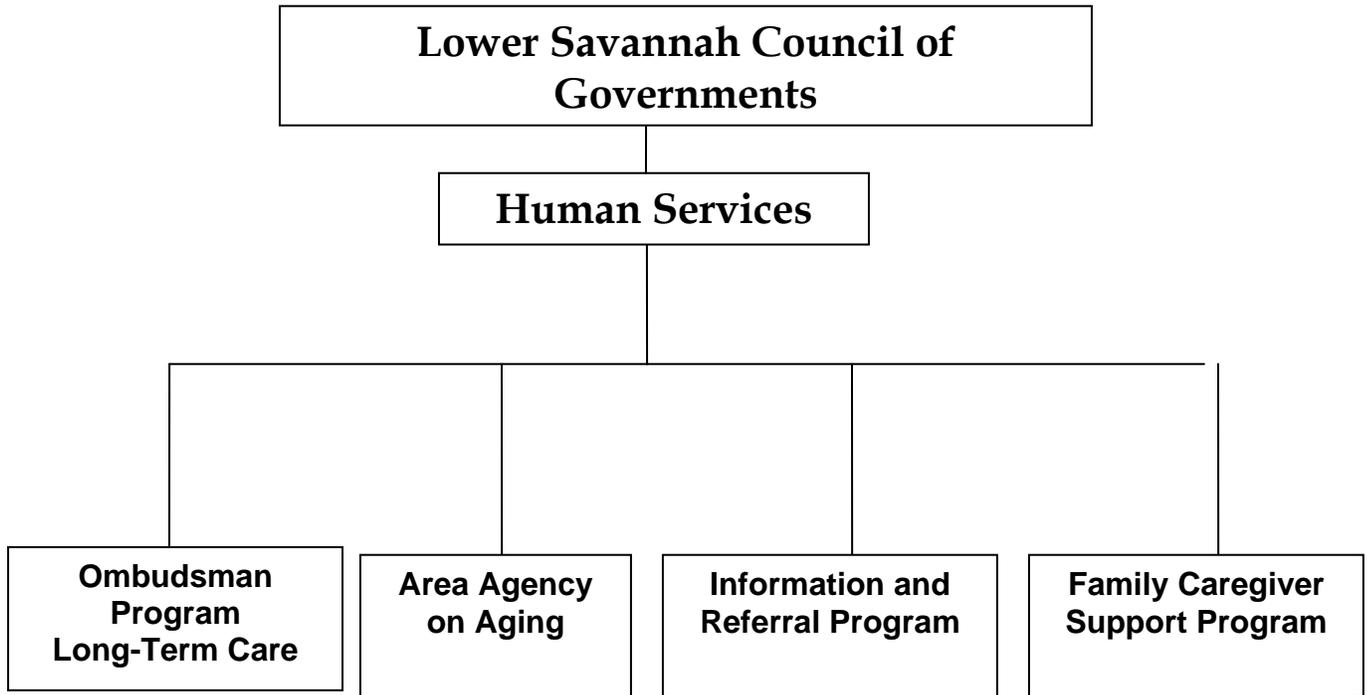
Senior Wellness Programs
Partner with Aiken Regional
Medical Centers

SC Access: Web-based, Regional
Information, Referral and Assistance
Program

Disabilities Specialist (year 2)

Medicaid Eligibility Worker (year 3)

Organizational Chart prior to ADRC



**SANTEE-LYNCHES AGING AND DISABILITY RESOURCE CENTER
REGIONAL COUNCIL OF GOVERNMENTS - AREA AGENCY ON AGING**

ADVISORY COMMITTEE BY-LAWS

PREAMBLE

The Santee-Lynches Aging and Disability Resource Center Advisory Committee of the Santee-Lynches Regional Council of Governments, Area Agency on Aging, does hereby set forth the following BY-LAWS to govern its operation.

The term "Council" is used to designate the Santee-Lynches Regional Council of Governments. The term "Committee" is used to designate the Santee-Lynches Aging and Disability Center Advisory Committee (SL-ADRCC). The Committee shall function in an advisory capacity and not in a policy-making or decision-making capacity.

ARTICLE I - PURPOSE AND RESPONSIBILITIES

- 1.1. The purpose and responsibilities of the Santee-Lynches Aging and Disability Resource Center Advisory Committee shall be to:
 - 1.1.1. Work positively to influence strong community support for the SL-ADRC and promote the establishment of programs for older persons and persons with disabilities.
 - 1.1.2. Support and advocate as appropriate for the SL-ADRC program; and actively encourage inter-organization collaboration.
 - 1.1.3. Review and comment on all local community policies, programs, and actions which affect older persons and persons with disabilities.
 - 1.1.4. Establish service and program priorities based upon the needs of the local communities and the region.
 - 1.1.5. Provide assistance in conducting public hearings to solicit local community input regarding needs of older persons and persons with disabilities.
 - 1.1.6. Advise the staff of the Santee-Lynches Area Agency on Aging on the design and operations of the SL-ADRC.
 - 1.1.7. Monitor the progress toward achieving the vision and goals of the SL-ADRC.
 - 1.1.8. Meet regularly to provide guidance on specific program or operational issues.

ARTICLE II - MEMBERSHIP

- 2.1. The SL-ADRC Advisory Committee shall be composed of individuals representing all populations serviced by the program (Clarendon, Kershaw, Lee, and Sumter Counties). Members will include:
 - 2.1.1. Representatives from each of these populations: consumers of ADRC programs, public and private agencies that provide services to individuals served by the program, government agencies, and any others supporting or participating in the program.

- 2.2. Recommendations to add or fill committee vacancies shall come from current membership, ensuring each county is represented.
- 2.3. To ensure program continuity, there shall be no term restrictions.
- 2.4. Members of the Santee-Lynches Staff may not serve on the Committee.

ARTICLE III - MEETINGS

- 3.1. The Committee shall meet as often as necessary in order to carry out its responsibilities. Regular meetings shall be held at least four (4) times during each fiscal year (July 1 – June 30).
- 3.2. The Committee shall be notified by the Coordinator of the time and place of meetings at least seven (7) days in advance of such meetings.
- 3.3. One-third (33 1/3%) of the current membership shall constitute a quorum. A quorum shall be present before any business requiring final action is conducted. All meetings in which final actions are taken shall be open to the public.
- 3.4. Only duly-appointed members of the Advisory Committee, or their designee, may vote on any matter before the Committee.
- 3.5. Members missing three (3) consecutive meetings will be terminated from the Committee.

ARTICLE IV - OFFICERS AND THEIR DUTIES

- 4.1 The officers of the Committee shall consist of a Chairperson and a Vice- Chairperson. The Chairperson and Vice Chairperson shall be elected by the committee.
- 4.2 The Chairperson shall preside at all meetings of the Committee and shall have the duties normally conferred upon such officers, including the appointment of sub- committees and project groups.
- 4.3. The Vice-Chairperson shall assume the duties of the Chairperson in the absence of the Chairperson.
- 4.4. The Santee-Lynches ADRC Resource Coordinator shall keep the records and minutes of the Committee; prepare, with the Chairperson, the Agenda of regular and special meetings; provide notice of such meetings; and other such duties normally conferred/associated with the position. The ADRC Coordinator will be responsible for scheduling the meetings to meet the requirements of four (4) meetings per year.
- 4.5. As needed, the Chairperson will be responsible for submitting Committee recommendations to the Santee-Lynches Regional Council of Governments.

ARTICLE V - ELECTION OF OFFICERS

- 5.1. The Chairperson and the Vice-Chairperson shall be elected by the Committee as provided in Section 4.1. The Chairperson and Vice-Chairperson shall be elected for a term of one (1) fiscal year (July 1 – June 30). The Chairperson and Vice Chairperson shall be eligible to succeed him/herself providing, however, that he/she shall serve no more than two (2) consecutive terms each.
- 5.2. The nominees receiving a majority vote of the members present shall be declared elected.

ARTICLE VI - COMMITTEES

- 6.1. Ad Hoc Sub-Committees and/or Project Groups shall be established as needed by the Committee. The Chairperson shall appoint members of these Sub-Committees/Groups. Persons from outside the committee may be added to provide the required technical expertise required for the area under review.
- 6.2. Sub-Committees and/or Project Groups shall disband upon fulfilling their mission.

ARTICLE VII - RECORDS

- 7.1. The Coordinator will make and keep a record of all Committee recommendations, transactions, findings, and determinations.
- 7.2. Committee records shall be maintained within the Santee-Lynches Area Agency on Aging.

ARTICLE VIII - BY-LAWS CONFLICT

- 8.1. In the event of conflict between the provisions of these By-Laws and the By-Laws or other policies of the Council, the By-Laws or other policies of the Council shall prevail.

ARTICLE IX - ADOPTION AND AMENDMENT

- 9.1. These By-Laws shall be adopted by a majority vote of the membership present at a regular meeting of the Santee-Lynches Aging and Disabilities Information Center Advisory Committee.
- 9.2. These By-Laws may be amended by a majority vote of the membership present at a regular meeting, provided the proposed Amendment has been submitted in writing to the membership at least seven (7) days before the meeting.
- 9.3. The adoption of these By-Laws shall be effective July 11, 2006.

ARTICLE X - RULES OF ORDER

- 10.1. Robert's Rules of Order shall be observed when conducting meetings.

Appendix 3

Sample Work Plan with Goals and Timelines

WORKPLAN

October 2003 – September 2006

Goal One: Enhance consumer choice, support informed decision-making and facilitate access to services by creating one regional pilot Aging and Disability Resource Center within the Lower Savannah Region of South Carolina.

Measurable Outcomes:

1. Center is operational and providing, at a minimum, information and assistance to older adults by September 30, 2004.
2. Center is serving persons with physical disabilities by December 2004.
3. Center is providing information, counseling, eligibility screening, and coordination with program eligibility determination by September 2005.
4. The Center is fully functional by September 2006.

Major Objectives	Key Tasks	Lead Person	Start Date		End Date	
1. Establish project management	1. Establish Subcontracts	Mayfield-Smith	Oct	2003	Nov.	2003
	2. Hire Program Assistant	Mayfield-Smith	Oct	2003	Nov.	2003
	3. Establish project management team	Scally	Oct	2003	Oct.	2003
	4. Notify Advisory Committee and key stakeholders	Scally	Oct	2003	Oct.	2003
2. Establish Center	Establish partners workgroup	Bassham	Oct	2003	Oct.	2003
	Establish Local Advisory Committee	Bassham	Oct	2003	Oct.	2003
	Analyze requirements for co-location of staff	Mayfield-Smith Bassham	Oct	2003	Dec.	2003
	Analyze needs of older adults, persons with physical disabilities and other stakeholders	Mayfield-Smith Advisory Comm.	Nov	2003	Feb.	2004
	Develop protocols and procedures for information and assistance functions	Kelley Bassham	Mar	2004	Jun.	2004
	Develop plan for co-locating Medicaid Eligibility worker	Bassham, Long	Mar	2003	Dec.	2004
	Develop training plan	Mayfield-Smith	Mar	2004	Jun.	2004
	Cross train Center staff	Mayfield-Smith	Jul	2004	Sep	2004
	Develop agreements and protocols with Workforce Investment Center and Aiken 211	Bassham Mayfield-Smith	Mar	2004	Jun	2004
	Conduct site technical review	Ellis	Mar	2004	Jun.	2004
	Identify and add resources to SC Access	Res.Center staff	Jan	2004	On-going	
	Develop test scenarios	Mayfield-Smith	Mar	2004	Jun.	2004
	Conduct pre-implementation operations test	Mayfield-Smith Bassham	Sep	2004	Sept	2004

October 2003 – September 2006

Major Objectives	Key Tasks	Lead Person	Start Date		End Date	
2. Establish Center, Continued	Develop marketing plan	Bassham, Mayfield-Smith	Apr	2004	Jun	2004
	Conduct marketing activities	Bassham	Aug	2004	On-going	
	Begin Implementation for Older Adults	Res. Center staff	Sept	2004	On-going	
	Hire and train disability specialist	Bassham	Oct	2004	Nov	2004
	Begin Implementation for persons with phys. dis.	Res. Center Staff	Dec	2004	On-going	
	Co-locate Medicaid Eligibility worker at the Res. Center	Bassham	Jan	2005	On-going	
	Develop protocols/procedures for direct referrals to CLTC for program eligibility (level of care) determination	Mayfield-Smith Scally	Oct	2004	Jan	2005
	Develop training materials and provide training to Res. Center & CLTC staff	Mayfield-Smith	Mar	2005	May	2005
	Implement direct referrals to program eligibility	Res. Center and CLTC staff	Jun	2005	On-going	
	Review and revise protocols/procedures based on quality improvement process evaluation.	Mayfield-Smith Bassham	Jul	2005	Sept	2005
3. Evaluate the project	Develop the evaluation design	Murday, Adv. Committee	Oct	2003	Jan	2004
	Conduct process evaluation	Murday	Jan	2004	On-going	
	Conduct outcomes evaluation	Murday	Mar	2004	Annually	
4. Develop sustainability plan and statewide roll-out plan	Document all steps, programmatic costs and processes required	Mayfield-Smith	Oct.	2003	On-going	
	Analyze costs/benefits of the Center (e.g., outcomes, staffing, consumer impact)	Mayfield-Smith Murday	Jan	2006	Jun	2006
	Review other regions capacity to implement Center	Scally	Jan	2006	Jun	2006
	Identify financial resources needed to support implementation statewide	Scally, Ellis	Ongoing		Ongoing	
	Develop implementation plan/schedule	Scally, Ellis	Jul	2006	Sept	2006
	Develop Training plan	Mayfield-Smith	Jul	2006	Sept	2006
	Develop Marketing plan	Mayfield-Smith	Jul	2006	Sept	2006

October 2003 – September 2006

Goal Two: To streamline, simplify, and track service application and eligibility determination.

Measurable Outcomes:

1. The Center has a functional consumer tracking/case management system in operation by September 2004.
2. Appropriate questions and on-line forms application process are in place by September 2004.
3. Management information system is operational to track referrals, utilization and costs.

Major Objectives	Key Tasks	Lead Person	Start Date		End Date	
1. Pursue additional funding for system development	Conduct analysis and develop an Advanced Planning Document to submit to CMS.	Ellis, Mayfield-Smith	Nov	2003	Jun	2004
2. Develop consumer tracking and case management system	Conduct technical analysis: Form Team Determine Functionality Determine Test Scenarios and Acceptance Tests Complete technical design	Ellis	Oct	2003	Jan	2004
	Hire Architect: Design User Interface Layout Application Architecture Design Database	Ellis	Dec	2003	Mar	2004
	Develop application: Hire Coder, Write Code, Test Code	IT Staff	Mar	2004	Aug	2004
	Develop training materials and train staff	Mayfield-Smith, IT Staff	Aug	2004	Sept	2004
	Implement tracking/case management system: Make fixes as identified in use	IT Staff	Sep	2004	Nov	2004
	Maintain system	IT Staff	Nov	2004	On-going	
	3. Develop E-forms management application	Finalize form selection, interface with Medicaid financial and programmatic eligibility	Ellis, Scally	Nov	2003	Nov
Determine data relationships: Develop questions Define association of answers to form fields		Mayfield-Smith <i>AssistGuide</i>	Dec	2003	Mar	2004
Develop interface between <i>AssistGuide</i> and <i>SC Access</i> for collection and storage of consumer information		Ellis, <i>AssistGuide</i>	Jan	2004	Mar	2004

October 2003 – September 2006

Major Objectives	Key Tasks	Lead Person	Start Date		End Date	
3. Develop E-forms management application, continued	Set up Eforms: Program questions Map relationship between answers and fields	<i>AssistGuide</i>	Apr	2004	Sept	2004
	Implement forms processing	<i>AssistGuide</i>	Oct	2004	Sept	2006
	Monitor performance and make adjustments	Mayfield-Smith, <i>AssistGuide</i>	Oct	2004	Sept	2006
	Market Eforms application to public and private providers	<i>AssistGuide</i> , Scally	Jan	2005	Ongoing	
4. Develop MIS to integrate Center case management with other DHHS databases	Coordinate with CMS and AoA technical assistance to develop minimum data set, and create measures and methods of data collection.	Ellis, Scally, Mayfield-Smith	Ongoing		Ongoing	
	Conduct technical analysis: Form team from management of all involved system Define requirements for data sharing	Ellis	Aug	2004	Oct	2004
	Complete technical design Form technical team from all involved systems Design data exchange schema and application interface	IT Staff	Oct	2004	Dec	2004
	Develop application: Code interfaces, test, revise	IT Staff	Jan	2005	Jun	2005
	Train staff	IT Staff, Mayfield-Smith	Jun	2005	Jul	2005
	Implement MIS	Ellis	Jul	2005	Sep	2005
	Monitor On-going performance	Mayfield-Smith	Sep	2005	On-going	
	5. Develop sustainability and statewide rollout plan	Document all technology processes and costs.	Ellis	Oct	2003	Sep
Analyze costs and benefits (e.g., reduced eligibility staff time, increased application process, consumer impact, etc.)		Mayfield-Smith Murday	Jul	2006	Jul	2006
Conduct technical assessment of other regions: Review sites, technological modifications needed, fiscal impact		Ellis	May	2006	May	2006

Appendix 4

**Sample Job Description for:
Disability Specialist
Benefits and Disabilities Specialist**

LOWER SAVANNAH ADRC

DISABILITY SPECIALIST

The Aging and Disability Resource Center (ADRC) Disability Specialist is responsible for customer service, data collection, reporting, and assisting persons through the services available from the ADRC, whether they are direct services or referrals to other human service agencies. A Disability Specialist will expand the knowledge and skills of the ADRC, and the Area Agency on Aging, with focus on the issues of adult persons with physical disabilities including, and outside of, the traditional "aging" population.

Responsibilities include:

1. Provision of information to the general public on service benefits.
2. Involvement in community networking opportunities that will broaden the ADRC's public and inter-agency exposure, and ensures a continuous flow of new information and public policy updates.
3. Perform the back up duties of an Information & Referral Specialist and earn certification from the Alliance for Information and Referral Systems (AIRS).
4. Certification from the state's SHIP/I-CARE educational program.
5. Perform the necessary outreach and research to gain referral knowledge about the long term supports that are necessary for the target populations served by the ADRC.

Research would include a basic knowledge of such issues as:

- a. income maintenance, including SSI and SSDI.
 - b. work programs and work incentives for the person with disabilities.
 - c. Medicare coverage for the elderly and the person with disabilities.
 - d. Medicaid eligibility.
 - e. housing options.
 - f. in-home supportive services.
 - g. resources for assistive technology.
 - h. transportation.
6. Performance of other duties as assigned by the Executive Director, Assistant Executive Director, and/or Director of Human Services.

Educational Requirements:

Masters Degree in Public or Business Administration, Social Work or Sociology or Psychology; or Bachelors Degree in Public or Business Administration, Social Work, Social Sciences, Sociology or Psychology and two (2) years of human services experience; or combination of training and progressively responsible human services experience in a multi-faceted public organization.

LOWER SAVANNAH ADRC

BENEFITS AND DISABILITIES SPECIALIST

The Benefits and Disabilities Specialist is responsible for provision of outreach, information and assistance and implementation of the Medicaid on-line application process, coordination with the Medicaid Home and Community Based Waiver program (CLTC) and providing information and assistance to adults with disabilities. This person is also responsible for data collection, reporting, and assisting persons through the ADRC program, as well as through other funding sources.

Other responsibilities include:

1. Provision of information to the general public on resources, services and benefits for people with disabilities.
2. Provision of information and assistance to individuals who need help to submit electronic Medicaid Nursing Home eligibility applications.
3. Marketing the services offered – especially the availability of the on-line Medicaid application and information and assistance services to adults with disabilities to both helping professionals and the general public.
4. Coordination with local agencies serving our target group individuals in all six counties.
5. Assisting with other information and assistance activities as needed, including Medicare part D.
6. Timely and accurate entry of information into relevant and required data bases.
9. Coordination of activities with both the Information and Assistance Services Coordinator and the Systems Transformation and Mobility grants manager, as well as other department team members.
10. Performance of other duties as assigned by the Director of Human Services the Systems Transformation/Mobility Center Development Grant Coordinator, and/or LSCOG Executive staff.

The Benefits and Disability Specialist will be expected to become certified under the “I-Care” program at the earliest feasible opportunity and to pursue certification under the Alliance of Information and Referrals Services (“AIRS”) within 18 months of employment.

EDUCATIONAL REQUIREMENTS:

Bachelors Degree in Public or Business Administration, Social Work, Sociology or Psychology and two (2) years of human services benefits experience; or combination of training and progressively responsible human services benefits experience in a multi-faceted public organization.

Appendix 5

Sample Volunteer Documents

- A. Volunteer Application**
- B. Job Description for Volunteer Admin Asst**

 <p>SANTEE-LYNCHES Aging & Disability Information Center</p> <p><i>"Your Starting Point"</i> A n initiative offered by Santee-Lynches Regional Council of Governments</p>	<p align="center">Santee-Lynches Area Agency on Aging PO Box 1837 Sumter SC 29150</p>
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VOLUNTEER APPLICATION

Applicant's Name _____

Address _____ Street _____ City _____ SC _____ zip _____

Telephone () _____ E-mail address _____

Date of Birth _____ Social Security Number _____

Do you have an SC driver's license? Yes ___ No ___ If so, what is the number _____

Please list all organizations for which you have volunteered in the last five years"

Please list the companies/persons you have worked for in the last five years.

Company _____ Supervisor _____
Phone _____

If you have worked for more than four companies, use the reverse side of this application.

Have you ever been convicted of a crime, other than a traffic offense? Yes ___ No ___
If the answer is yes, please identify the offense _____; the month and year of the conviction _____; the county in which convicted _____

Have you ever been asked to leave a position, whether paid or volunteer, because of an alleged act of dishonesty? Yes ___ No ___ If yes, please explain _____

ADRC VOLUNTEER APPLICATION Cont.

Please list two or three people whom you have done volunteer work for that we can contact as a reference.

Name _____ Organization _____
Phone _____

Name _____ Organization _____
Phone _____

Name _____ Organization _____
Phone _____

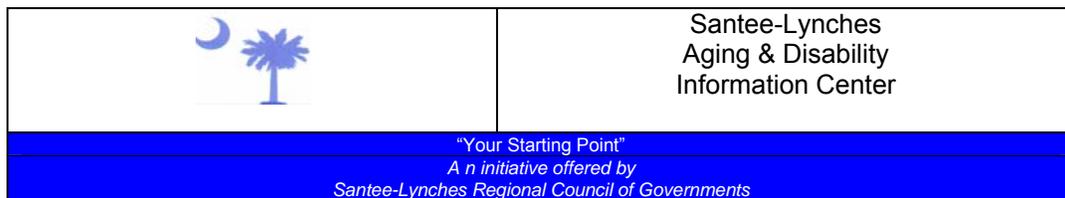
Confidentiality Agreement: It is my understanding that I will be helping seniors and adults with disabilities seek assistance from the Santee-Lynches Aging & Disability Information Center and the Santee-Lynches Area Agency on Aging to learn about services that are available to them. I understand that these individuals will give me personal and sensitive information concerning medical, financial, and other information such as social security and Medicare/Medicaid numbers. I pledge not to misuse this information in any way. Further, I pledge not to disclose this information to a third party unless I have been granted specific permission to do so by the individual providing me their information.

Consent: I hereby authorize the Santee-Lynches Aging & Disability Information Center and Santee-Lynches Area Agency on Aging to contact the references listed on this form. I also authorize said agency to investigate my background and character, whether this information is of public record or not.

Certification: I certify that my statements on this application are true, complete and correct to the best of my knowledge and belief and understand and agree that any misstatements or omissions of fact on this application constitutes grounds for rejection or termination from this volunteer program.

Signature

Date



Volunteer Administrative Assistant

In a voluntary capacity, assists the ADRC Coordinator in administering the Aging & Disability Information Center within the four counties of the Santee-Lynches Region. Duties may include:

- Answers telephone and provides information or refers client to another ADRC staff member. Takes messages and makes appointments as needed.
- Performs administrative support tasks such as proofreading, operating calculator, etc.
- Greets clients visiting ADRC, determines nature and purpose of visit, and directs to specific destination/staff member.
- Files and maintains ADRC office records.
- Transmits information or documents to clients or other agencies using computer, mail, or fax machine.
- Assembles training or promotional material as needed.
- Obtaining information
- Performs other related duties as necessary

Knowledge to be learned or used in performance of ADRC Administrative Duties

- Customer and Personal Services to determine client's needs.
- Clerical and administrative to manage files/records and to prepare documents. Office equipment such as computers, fax machines, copiers, etc will be use.

Skills to be learned or used in performance of ADRC Administrative Duties

- Active Listening
- Effective Speaking
- Reading Comprehension
- Effective Writing
- Service Orientation – looking for ways to help people
- Time Management

Confidentiality: Strict confidentiality must be adhered to at all times. Position requires volunteer to help seniors and adults with disabilities seek assistance from the ADRC. These individuals may give you personal and sensitive information concerning medical, financial and other sensitive information. You **MUST NOT** misuse this information in any way or disclose the information to any one unless you have specific consent from the client and the ADRC Coordinator.

Appendix 6

Sample Confidentiality Policies



Santee-Lynches Aging & Disability Information Center

"Your Starting Point"

An initiative of Santee-Lynches Regional Council of Governments

Privacy & Confidentiality Policy

Informational privacy is the individual's ability to control what information is available and who has access to that information. It is a right that belongs to an individual by law.

Confidentiality is the responsibility for limited disclosure of private matters. This includes the responsibility to use, disclose or release such information with the knowledge and consent of the individual identified.

All of us have access to confidential information and most of us have access to the most sensitive or personal information, such as financial or medical/mental health information. Not only do we have a moral and ethical responsibility to protect all information that exists within the Santee-Lynches Aging & Disability Information Center (ADRC) and the Area Agency on Aging (AAA), but it is our legal responsibility.

SANTEE-LYNCHES ADRC/AAA PRIVACY POLICY

Our 'Privacy Policy' is included in this guide. It will give you a brief overview and serve as a quick reference when questions arise. Please read this Training Material carefully. You are responsible for being aware of its contents.

HIPAA requires that you receive training to refresh and remind you of how important confidentiality is to your job, whether it be a paid position or volunteer position. You must sign a Confidentiality Agreement at that time you join the ADRC staff. Make sure you are clear on what you are signing and the commitment you are making.

REGULATIONS & LAWS CONCERNING CONFIDENTIALITY THAT THE ADRC/AAA MUST FOLLOW

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996 in an attempt to improve health care nationally through four main objectives;

- Make sure that health insurance is available to workers and their families when they change or lose their jobs.
- Reduce fraud and abuse HIPAA allows the Department of Health and Human Services and the Justice Department to pursue organizations suspected of fraud. It also protects whistleblowers and establishes severe penalties for those who are found guilty of fraud.
- Administrative Simplification use of standard electronic file formats, codes and identifiers is expected to greatly reduce the cost of processing a healthcare transaction and help reduce fraud.

- Protection of Patient Information with electronic data interchange comes with strict security measures and stringent protection of patient information.

The ADRC follow the guidance of the State of South Carolina and the Federal regulations. If you have any questions about specific laws or regulations, contact the ADRC Coordinator or the AAA Director.

According to State and Federal Laws and regulations:

- We must furnish our written policy on confidentiality when requested.
- We must have a process in place to track and allow members to request any information that the Santee-Lynches Aging & Disability Information Center and the Area Agency on Aging has about them.
- We must allow our clients to ask us to modify their information.
- We must make sure that only staff, who need confidential information to do their jobs, have access to it and that the minimal necessary information is accessed.
- We must get written consent from clients (or their legal representatives) for us to use their information to conduct research/business on their behalf. If the client is calling by telephone, we must obtain this information verbally and document the date that the client authorized use of their information.
- Protected Health Information (PHI) is any information that, individually or in combination, could identify the person should someone see or overhear it. Certain information is unique to an individual and by itself can identify that person.

HIPAA regulations allow us to use PHI to assist clients seeking services from the ADRC. Therefore, with proper security procedures, we may use this information to determine eligibility and to coordinate benefits/services. However, when obtaining the required information, we are obligated to make reasonable efforts to request only the minimum necessary amount of information needed to do the task.

ADRC Clients have a right to have access to their own information and when they request it, management will assist clients in accessing their information. It is of vital importance that this sensitive/confidential information is only released to those who have a right and need to view it.

We can share PHI with others only in these circumstances:

- When written or verbal authorization has been provided by the individual
- When it's for the use of the Department of Health and Human Services in the investigation and enforcement of HIPAA rules
- Under the order of a court or legal authority
- For partnering agencies with whom we require assistance when assisting the client, but only after receiving specific permission from the client.

PROTECTING INFORMATION

You can protect confidential information by following these guidelines:

- Access only information needed to do your job.
- Be careful not to share confidential information with friends, or relatives, or in social situations.
- If you no longer use a program, screen or database, ask to have it removed from your computer.
- Don't show, tell, copy, give, review, change, or discard any information unless you have received permission from the ADRC Coordinator or the AAA Director.
- When disposing information with confidential information, shred it before you discard the information.
- Don't misuse or be careless with confidential information. Make sure that confidential information at your desk is protected.
- Be aware that computer monitors can display confidential/sensitive information; therefore it should not be visible to passers-by or other clients.
- Keep your computer password a secret.
- Don't share any confidential information, even if you are no longer a member of the ADRC staff.
- Know that your access to confidential information can be audited.
- Be careful with faxes, both to whom you are sending them and by whom they are received. Always include a Santee-Lynches Regional Council of Governments cover sheet with a confidentiality statement on it.
- Know that Santee-Lynches Regional Council of Governments, the Area Agency on Aging, or the Aging & Disability Information Center may revoke computer access at any time.
- Don't review confidential information from other offices, unless you have approval and have a need of it to accomplish your assigned work.
- Don't make unauthorized copies of ADRC or AAA documents, records or software.
- Remember that you are responsibility for your use or misuse of confidential information.
- If you are unsure or are uncomfortable about confidential information or its use, talk with the ADRC Coordinator or the AAA Director. It is better to ask than to make assumptions.

CONSEQUENCES OF BREACH IN CONFIDENTIALITY

If you are aware of or see a breach of confidentiality, report it immediately to the ADRC Coordinator or the AAA Director.

Anyone failing to follow the guidelines listed in this document may be terminated and in the case of a criminal action, possible civil or criminal penalties may apply.

Signature of Staff Member/Volunteer

Date

ADRC Signature

Appendix 7

Customer Service Standards

- A. Excellent Customer Service**
- B. “The Buck Stops Here”**
- C. AIRS Standards**

Excellent Customer Service in an Aging and Disability Resource Center

Produced by Carrie Blakeway

To provide good customer service is to satisfy the customers' expectations. To provide *excellent* customer service is to exceed the customers' expectations, anticipating customers' needs and preferences and surprising them by how well they were served. The purpose of this issue brief is to describe why *excellent* customer service is important within the context of an Aging and Disability Resource Center (ADRC), to illustrate lessons learned about providing excellent customer service from the private and public sectors, to highlight implications for designing and operating an ADRC that provides excellent customer service, and to recommend steps an ADRC might take to achieve excellence in customer service.

Why is providing excellent customer service important for an ADRC?

An ADRC is a business with a set of products and a customer base. Customer service is the face the business presents to the public and how the ADRC interacts with its customers defines the organization itself. By providing excellent customer service, the ADRC can demonstrate its commitment to providing services that are seamless from the perspective of the consumer, as well as its commitment to the principles of consumer choice and consumer direction. Excellent customer service will help the ADRC gain the trust and loyalty of consumers, providers and community partners. Furthermore, it will be important to attracting both publicly assisted and private paying customers.

Customer service is the foundation for building trust with consumers and the larger community. Public service organizations must achieve a certain level of trust and credibility among public consumers for services to be effectively delivered.

Consumer trust is earned by offering access to appropriate services and supports, and by making the process of accessing those services and supports as easy and as pleasant an experience for the consumer as possible. A customer's first encounter with a business is crucial; it may be the only chance the business has to gain the customer's trust.⁶ If customers' expectations are not met in their first visit, they may not return. And in the case of ADRCs, consumers may fall through the cracks, potentially resulting in unmet needs, functional decline, or unnecessary institutionalization.

Building trust and credibility among service providers and partners will be equally important for the ADRC. The providers who come into contact with consumers along the critical pathways of long term care services, social workers, physicians and their staff, discharge planners, government agencies, and community organizations will be important partners to the ADRC, and can also be consumers of

⁶ Bruce McClendon, "The five most common mistakes in customer service," International City-County Management Association, 1995.

ADRC services. These partners, who will be in the best position to recommend the ADRC to consumers, should receive and be able to depend on consistently excellent customer service, also.

Excellent customer service will help an ADRC earn consumer loyalty. Providing access to long term services and supports often involves building long term relationships with consumers, serving them through different life stages, and as their circumstances and needs change. Economist Albert Hirschman writes that loyalty to a business or organization can be as powerful a motivator among consumers as price.⁷ Earning the loyalty of ADRC consumers over the long term will require particular attention to customer service. Consumers who need long term services and supports are often experiencing difficult or even traumatic life events. They must be served with sensitivity to their situation and experiences, or they may not be willing to return.

Finally, excellent customer service will help to attract a wide range of consumers to the ADRC, including people who are able to privately pay for services. One of the ADRC's purposes is to help private pay individuals plan for their long term care needs, consider their options, and spend their resources wisely. A social marketing campaign might be used to attract private pay individuals to the ADRC initially, but some businesses and organizations have found "word of mouth" to be the most effective form of advertisement.⁸ What clients share with their friends and neighbors about the services they received may determine the success of an ADRC. Over the long term, as resources are spent, private pay individuals may require assistance from public programs. Special attention to customer service will be required to attract individuals to the ADRC while they are private pay and then retain them as clients when their situation changes.

Important lessons about customer service may be drawn from the private and public sectors and applied to the ADRC business.

Customer Service in the Private Sector

In the private sector, successful businesses have long recognized that providing excellent customer service offers a real advantage over the competition. Better customer service can be the key to success in business for two reasons: it can earn you repeat customers and it can earn you new customers. Repeat customers because satisfied customers come back, new customers because satisfied customers tell their friends and families about you. Significant differences in business outcomes have been observed between excellent and merely adequate customer service. For example, Xerox Corporation found that customers who were "totally satisfied" were six times more likely to become repeat customers than simply "satisfied" customers.⁹ Whether a business' goal is to attract more customers or simply to keep the ones they have, customer service is a clear means to that end. Besides an increase in profit margins, businesses that offer excellent customer

⁷ Albert Hirschman, *Exit, Voice and Loyalty: Responses to Decline in Firms, Organizations and States*, Harvard University Press, 1972.

⁸ Jeffrey Gitomer, "Principle before policy: rules for customer service" *Business First-Buffalo*, 2000.

⁹ Jim Billington, "Five Keys to Keeping Your Best Customers," *Harvard Management Update*, 1996.

service are often observed to have another quality: their employees tend to be more satisfied with their jobs.¹⁰ Higher employee satisfaction translates into higher productivity and lower turnover.

So what does excellent customer service look like exactly? The literature tells us that excellent customer service is not an event, but rather a philosophy.¹¹ The best

Customer service is:

- an orientation, not an event
- about cultivating personal, caring relationships
- about better listening
- about empowering your employees
- about empowering your customers¹

examples of excellent customer service in the private sector come from businesses in which every single person is committed to doing everything it takes to make the customers happy.

In some cases, companies have used unique or outstanding customer service to develop a niche in the market. By using innovating management strategies that promote customer service and by turning a customer focused philosophy into every day operating procedures, businesses like Nordstrom and Southwest Airlines have become models of customer service in the private sector. These businesses strive to exceed customer expectations on a daily basis. Although their

approaches vary, both companies subscribe to the philosophy that creating a positive and rewarding work environment for their employees is a precursor to providing excellent customer service.

¹⁰ Harvard Business Review, "Command Performance: The Art of Delivering Quality Service," Reprint No. 5622, 1994.

¹¹ Bruce McClendon, "The five most common mistakes in customer service," International City-County Management Association, 1995.

Nordstrom Department Store

Nordstrom opened in 1901 as a shoe store in Seattle and now has over 140 department stores nationwide with 40,000 employees.

Philosophy of customer service:

The customer is the key to success. Offer the customer the best possible service, selection, quality and value.¹²

Innovative policies and service strategies:

- Nordstrom hires carefully, focusing more on attitude than on experience, and then gives their employees enormous freedom. In the employee manual, Nordstrom devotes a single page to customer service. The only rule states, "Use your good judgment in all situations." Employees are further instructed to "Please feel free to ask any manager any question at anytime."
- Nordstrom only promotes from within. In order to reach management level, every employee starts out on the selling floor.
- Stores hold monthly store-wide meetings, where managers sometimes perform role plays or humorous skits to illustrate customer service technique.
- Sales people earn commission on sales over their daily sales target. The store has a "no questions asked" return policy. A customer may return anything, anytime, for any reason for a full refund. The store has even been known to give full refunds for items that were not purchased at Nordstrom.
- Sales people often keep records of their customers' preferences and write personal notes to customers thanking them for their business.

If an item cannot be found in a Nordstrom store, sales people will call other department stores to find it.

¹² Donna Dick and Peter Cappli, "Nordstrom Department Store," Center for Human Resources of the Wharton School of the University of Pennsylvania, 1991.

Southwest Airlines

Southwest Airlines opened in 1972 as a small airline in Texas and is now one of the most successful airlines in the U.S., serving more than 65 million customers a year.

Philosophy of customer service:

Great service begins at home, by making employees the number one priority. Satisfied employees will provide better customer service.¹³

Innovative policies and service strategies:

- Southwest Airlines “hires for attitude and trains for skills.” Because customer service requires empathy, they believe it is most important to hire people who like people and have good interpersonal skills. Technical skills can be acquired later. It’s not your people that set you apart, it’s your *friendly* people¹⁴
- Employees and managers are encouraged to be themselves, have fun at work, not to take themselves too seriously, and do whatever it takes to serve the customers well.
- Leaders are encouraged to lead by example, to serve as inspiration for their team, to “walk the talk.” Southwest pilots have been known to jump down and help unload baggage off the planes they just landed to make up time for a delayed flight.
- Management is encouraged to manage in good times for bad times, or take the time when things are stable to plan for the unexpected. Each year, employees and managers participate in several “What if...?” scenarios to help them plan their response to emerging situations.
- To simplify administration and operations, bureaucratic procedures, standing meetings and reports are regularly reviewed to ensure they still serve a meaningful purpose.

¹³ George Laszlo, “Southwest Airlines – living total quality in a service organization,” *Managing Service Quality*, 1999.

¹⁴ Jeffery Gitomer, “The rules of the game: are you a follower or a breaker?” *Sales Caffeine*, Buygitomer.com, 2000.

While Nordstrom and Southwest Airlines are private businesses, their philosophies of customer service and the service strategies may be adapted for the public sector. Nordstrom's model of empowering front line service employees to serve customers in creative and individualized ways, according to the customers' needs and the employees' discretion, may be well suited to the purpose of the ADRC. Building flexibility into business protocols of the ADRC may be the key to providing seamless service for the consumer. Southwest's practice of formally planning for extraordinary situations, role playing, and practicing employee responses might be adopted by the ADRC for initial staff training and for ongoing staff and management learning.

Customer Service in the Public Service Sector

Higher productivity, revenue and profit are powerful incentives for providing excellent customer service in the private sector. Why is excellent customer service important in the public service sector?

In the private market, it is assumed that consumers have options and that if they are unsatisfied with one business they can go to another. Public service consumers frequently do not have other options. If consumers are unsatisfied, they may forgo needed services all together. In the private sector, businesses that do not provide excellent customer service have other ways of attracting business, such as lowering prices. In the public sector, services frequently have no price or the price is fixed. Customer service may be a public organization's only opportunity to gain a "competitive" advantage.

How do you go about providing excellent customer service? In their report to the Administration for Children and Families, Robert Horowitz and Tammy Rinehart describe the practical steps a public service agency can take to deliver effective customer service.¹⁵ The section below outlines the steps an ADRC might take, adapted from Horowitz and Rinehart's recommendations.

Step One: Identify your customers

The ADRC should first identify the general populations that will be served, for example, adults over 65 and adults with physical disabilities. It will also be important to identify those whom the ADRC will not serve and decide how to handle callers and customers who do not fit into one of the target population groups. The ADRC should have a policy in place for responding to the needs of non-targeted individuals.

In addition to consumer populations, ADRCs should identify the service providers and community partners who will make referrals to the ADRC and rely on the ADRC for information and assistance for their own clients.

Step Two: Identify your customers' needs and preferences

Before the ADRC opens its doors, it will be important for the staff to be familiar with the different target populations they serve, their potential needs and preferences.

¹⁵ Robert Horowitz and Tammy Rinehart, "Delivering Effective Customer Service" Office of Child Support Enforcement, Administration for Children and Families, available online at: http://www.acf.dhhs.gov/programs/cse/pubs/reports/customer_service_report.html

This might be achieved by organizing staff cross-training among partnering organizations, or with different state or local service agencies. Members of the ADRC Advisory Board and/or Consumer Advisory Board could also offer valuable insight and advice about working with these different populations. Conducting a survey or researching marketing trends might also help an ADRC determine general customer preferences. Once the ADRC opens, the staff will be responsible for determining the needs and preferences of each customer individually.

A standard principle of customer service in the private sector is, “know your product.”¹⁶ This principle has particular significance for an ADRC. The second half of knowing your customers’ needs is knowing how you can meet those needs. To provide excellent customer service, the ADRC staff needs to be familiar with a wide range of service and support options. It will important for staff to be kept up to date as programs, eligibility requirements, and enrollment processes change over time.

Step Three: Establish internal system and culture focused on customer service

Case studies have shown that businesses and organizations that provide excellent customer service are supported by an internal system and organizational culture that promotes customer service. Customer service is not solely the responsibility of front line workers. The quality of an organization’s customer service is also a reflection of the organization’s management and culture. These are not processes that can be established and then ignored. Horowitz and Rinehart found that an organization’s culture - its internal policies, management style, and the satisfaction of its employees - will have an enormous impact on whether its customers receive excellent customer service. They describe how an internal structure and culture that promotes customer service can be established and sustained. The following recommendations, adapted from their work, may be particularly relevant to the ADRC:¹⁷

Identify the employee groups that have high customer interaction, the front-line employees, and include them in the development of customer service standards.

On a daily basis, make sure that front line workers have the tools, information, training, resources, and managerial support they need to successfully perform their job.

- Training, in particular, must be an ongoing process. For an ADRC, this might mean offering formal training seminars on topics such as cultural competency, in addition to holding short regular meetings for staff to learn about new community resources, share customer service tips, and participate in role plays.

Encourage leaders to be flexible to innovative ideas. Empower employees to be creative and make judgment calls, by keeping the number of rules to a minimum. Everyone who has contact with customers should have the discretion to change the rules to meet the customer needs. Customers never want to hear the word “policy.”¹⁸

¹⁶ Hal Becker, “Customer Service” Inside-Business.com, 2003.

¹⁷ Robert Horowitz and Tammy Rinehart, “Delivering Effective Customer Service” Office of Child Support Enforcement, Administration for Children and Families, available online at: http://www.acf.dhhs.gov/programs/cse/pubs/reports/customer_service_report.html, and Bruce McClendon, “The five most common mistakes in customer service,” International City-County Management Association, 1995.

¹⁸ Jeffrey Gitomer, “Principle before policy: rules for customer service” Business First-Buffalo, 2000.

Facilitate communication between divisions and employees so that customers do not have to repeat information.

Recruit employees who share the customer service vision and focus on training and development throughout employment.

Good customer service should be continually rewarded. Link employee compensation, rewards, acknowledgement and praise to good customer service performance.

Measure employee satisfaction regularly.

An example of an internal system that focuses on employee satisfaction and promotes excellent customer service comes from the San Diego Aging and Independence Services (AIS) agency, an ADRC pilot site for a recent grantee. AIS provides information services and home and community based services to older adults and disabled persons in the San Diego area. AIS rewards excellent employee performance by recognizing staff achievements in a monthly employee newsletter.¹⁹

Step Four: Establish external processes and strategies for providing customer service

The final step to promoting excellent customer service is to develop the customer service standards, guidelines, protocols and processes that the customers will experience directly. One of the recommendations in Step Three was about the importance of providing the necessary tools, training, and information to front line workers.

An example of an excellent customer service tool used in the public sector comes from the Minnesota Child Support Enforcement Call Center. The Center's call operators and management went through the exercise of categorizing the different types of calls they receive by general caller type, circumstance and attitude. The call operators were trained to recognize the different caller types and mentally assign individual callers into the different categories, for which there were different call protocols. This system put the call operators in a better position to respond quickly and effectively to each caller.²⁰

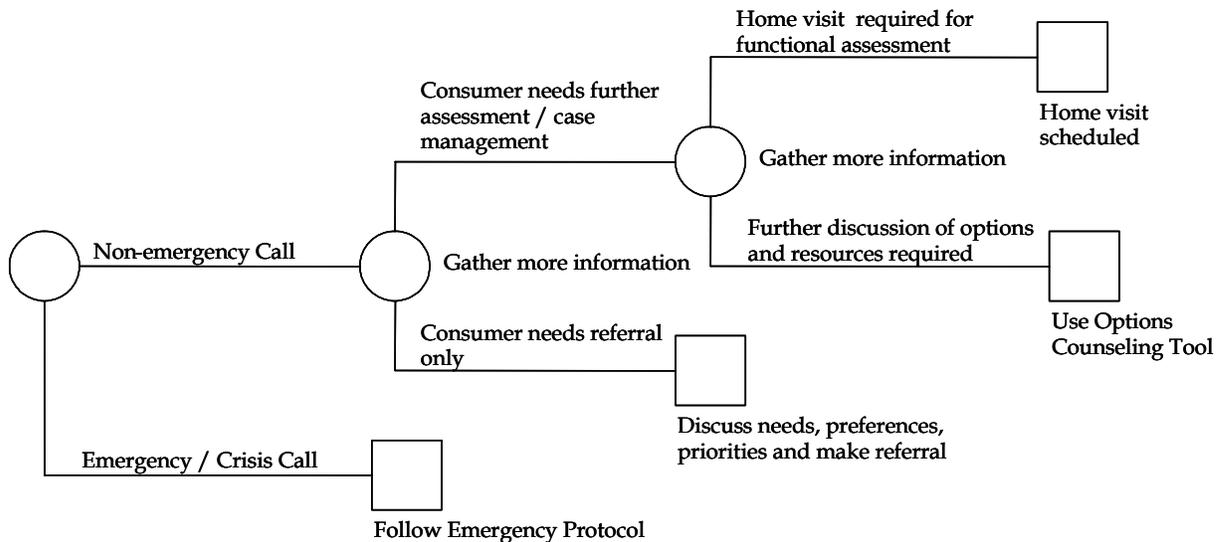
Going through a similar exercise might help an ADRC develop a "call map" tool or a service flow chart for staff to follow. A call map is based on the concept of a decision tree, where different actions are recommended or follow up questions suggested depending on the responses of the caller. This can be a valuable tool for call operators facing a wide range of possible call scenarios. It can help operators make sure each caller's needs are responded to appropriately and all the possible options are presented. Going through such an exercise might result in a set of general guidelines for handling different types of calls, a set of talking points, or a suggested script that workers would go through for each call.

¹⁹ County of San Diego, Health and Human Services Agency, Aging and Independence Services available at: <http://www2.sdcounty.ca.gov/hhsa/DocSearchResults.asp?DocumentTypeID=4>

²⁰ Robert Horowitz and Tammy Rinehart, "Delivering Effective Customer Service" Office of Child Support Enforcement, Administration for Children and Families, available online at: http://www.acf.dhhs.gov/programs/cse/pubs/reports/customer_service_report.html

The ADRC in Richland County, Wisconsin had developed a call map for operators handling information and referral calls. It is available for download on the ADRC Technical Assistance Exchange website at: <http://www.adrc-tae.org>.

Conceptual Model of Call Map/ Decision Tree



Step Five: Monitor performance

Finally, it will be important for the ADRC to set customer service goals and develop internal performance measures that will help it to monitor progress. The ADRCs will be asked to collect and report certain information about customer satisfaction to the Administration on Aging and the Centers for Medicare and Medicaid Services. This information can be used and supplemented with additional information to help an ADRC improve its own processes on a continual basis. Asking for feedback directly from customers regularly and then incorporating those comments back into the system, is the best way to improve performance. This feedback might be solicited systematically, through surveys or focus groups, as well as informally through customer comment cards. Negative feedback, in particular, offers the ADRC an opportunity to improve customer service. Private businesses have found that complaint situations are opportunities to provide outstanding service. The way an organization responds to a complaint will make a lasting impression on a customer. If that impression is positive, the customer may be even more impressed with the organization than if they had been satisfied in the first place.²¹

The most common indicator of customer service performance is consumer satisfaction, but consumer satisfaction can be measured in a number of different ways. It will be important to consider the customers' satisfaction with the

²¹ David Stauffer, "The Art of Delivering Great Customer Service," Harvard Management Update, 1999.

interactions they have with the ADRC. The ADRC will also need feedback on the content of the information and services they provide, how useful was it to the customer. This might be measured by asking customers questions about how “valuable” the service was to them. To the extent possible, ADRCs should try to measure the quality of their services, not just the quantity. Exceeding customer expectations will require giving them something of value, not of volume.²² Some measures of customer service do not require customer feedback. ADRCs may also gage their performance by looking at measures such as the average time information and referral callers spend on hold or the percentage of calls on hold that were abandoned. For additional information on customer satisfaction measures and minimum data set that ADRCs are encouraged to collect, and for several examples of consumer satisfaction surveys, visit the ADRC Technical Exchange website at: <http://www.adrc-tae.org>.

Conclusion

Excellent customer service is important for an ADRC because it will help the Resource Center to succeed in its mission of becoming a trusted resource for long term supports and services. Customer service will help to earn and maintain the trust and loyalty of consumers, providers and community partners, and it will help the ADRC to attract both publicly assisted and private pay consumers. Excellent customer service, itself, can be seen as the mandate of the ADRC program. The ADRC service model is based on the philosophy of self-direction and consumer choice. In this context, customer service means more than providing basic services to customers; it means serving the customers’ preferences as well as their needs. In addition to providing seamless access to a wide range of information, services and supports, the ADRC must also be sensitive and responsive to its customers’ wishes about the kind of services and supports they receive, how, where and when they receive them. Achieving this level of customer service – the bare minimum that is required of an ADRC – would be a challenge for any business or organization. The ADRCs have an advantage, in that they have been established and will be operated by individuals from the aging and disability services networks, people who understand consumer choice and who already make excellent customer service a top priority.

²² Bruce McClendon, “Taking Customer Service to the Next Level,” International City-County Management Association, 2000.

Bangor ADRC Customer Service Standards

“The Buck Stops Here”—Harry S. Truman

What underlies all of these standards is striving for a balance between caller's expectations and system capacity. We are striving for a consistent customer service message.

1. Caller is a unique individual with a unique problem; their problem is the only one that matters to them. They should know that they are not the only person experiencing this problem.
2. Make the caller feel special and unique, like you like them!
3. A caller's income or assets should not determine the answer they receive in requesting services.
4. Address any issues immediately
5. Do not pass the buck.
6. Have the most current information about the customer as possible. Do not make them repeat their story if it's not necessary.
7. Show empathy with the caller's problem.
8. Provide a timely response if an issue can't be immediately addressed.
9. Provide caller with as much information around a referral as possible (operating hours of the referral, any information that should be left on voicemail, 'you'll have to show your card').
10. Give immediate attention to crisis calls
11. Give people a timeline to put their crisis in perspective (housing issues take a while to resolve, so don't expect resolution of this issue overnight).
12. Prevent 'phone tag' games by leaving on voice mail the best time to be reached or asking the other person when a good time to reach them is. (BDS)
13. Follow up: we expect a referral to follow through with the caller. Person answering initial call should tell caller, "If you don't get your needs met please call me back".
14. When you answer the phone you are a representative of your agency and this project. Callers can tell your mood by the way you answer the phone and in order for them to feel welcome as callers, they should be made to feel that you are happy AND in the moment—that they are #1 on your list. SMILE when answering/talking on the phone. Callers can hear it. If you can't live up to these standards, don't answer the phone.
15. Have an awareness that there is a power dynamic between the person who answers the phone and person calling for information. The person calling for information should be offered the service (they should not be made to beg for it),

16. The person answering the phone should not assume that the caller knows what they are asking for. Finish the call by asking, "Is there anything else?" During the call ask if you are addressing their most immediate need.
17. Walk-ins: Staff greeting walk-ins will provide all clients with the highest level of service, no matter what their appearance. Conversely, staff meeting with walk-in clients will maintain a professional appearance.
18. Walk-ins: Any physical environment a walk-in encounters should be welcome and uncluttered, sensitive to client's needs regarding clutter, smell, etc. (SS office). There should be a nice balance between sterile and homey.
19. Don't assume clients can:
 - Read
 - See
 - Hear
 - Speak your languageKnow/understand what you are talking about. Refrain from using acronyms and get back verification that you understand each other.
20. Strive for consistent, on-time delivery of service. Don't make promises you can't keep.
21. Communicate that the caller is calling the ADRC in Maine. If referring them to an organization outside the area, say so, so that they know whether they are being referred to a national or local agency.
22. Strive for minimum errors, correct errors immediately.
23. Guarantee that the quality of the referral you are making is good, that the service exists. Don't refer people to services that don't exist and if there is a waitlist, let them know.
24. Explain what the term "you're on the list" means if you put them on a list. Do they move from one list to the next? Explain the process.
25. Professionalism, courtesy, respect—these are our simplest standards. Look for cracks and make sure no one falls through them. We will collect data on the cracks and try to fill them.

AIRS STANDARDS FOR PROFESSIONAL INFORMATION AND REFERRAL

5th Edition

Revised August, 2005

The Alliance of Information and Referral Systems (AIRS) is a membership organization whose mission is **"To provide leadership and support to the membership to advance the capacity of Standards -driven Information and Referral industry that brings people and services together."** It offers a professional umbrella for all I&R providers in both public and private organizations.

The Standards can be found at:

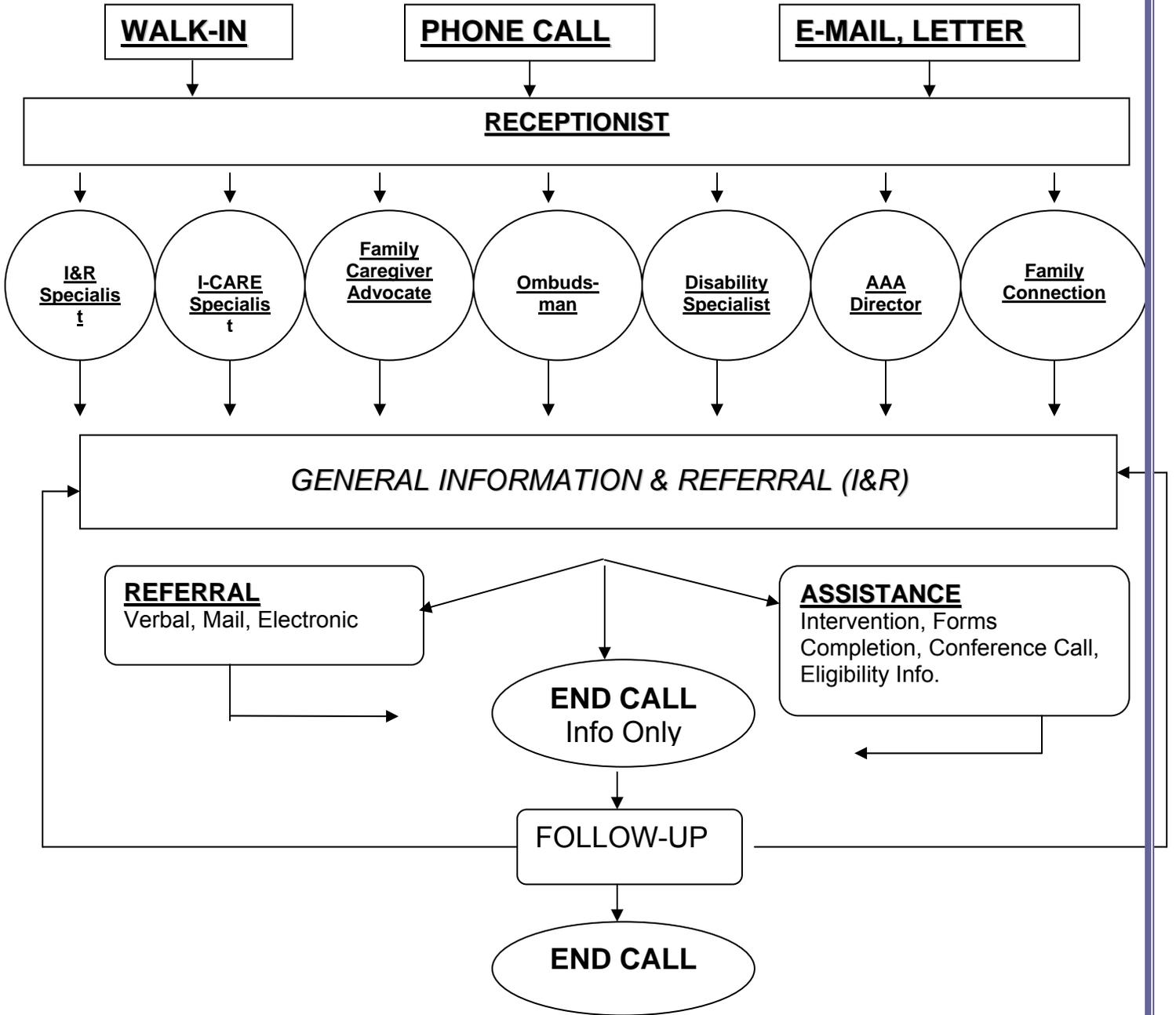
<http://www.airs.org/documents/StandardsFifthEdition.pdf>

Appendix 8

Managing Information and Referral Services

- A. ADRC Flowchart**
- B. Operating Protocols**
- C. I&R Steps**
- D. Scenarios**

Lower Savannah ADRC I&R Flowchart



OPERATING PROTOCOLS
FOR THE AGING & DISABILITY INFORMATION CENTER

The Aging and Disability Resource Center represents an attempt to create an improved way for consumers to get information and assistance about long term care support services. The ADRC is a streamlined system that collocates and coordinates a variety of information services, including the following: Family Caregiver Support, Insurance Counseling, Information & Referral, Medication Assistance, Long Term Care Ombudsman, and Disability Information. The goal is to provide a system that responds effectively, efficiently, compassionately and confidentially to the needs of older adults, adults with physical disabilities and their caregivers.

These protocols are intended to assist staff in creating a positive experience for consumers by: 1) creating a consistent method and approach for how to respond to calls/request; 2) providing guidance to staff about how calls/requests can most effectively and efficiently be managed; and 3) setting some basic standards for quality. It is expected that protocols will be modified and enhanced with experience within the ADRC.

Lower Savannah Aging & Disability Information Center

I&R Steps

Step 1: Client/Friend/Relative/Provider Initiates Contact in 1 of 3 ways:

- Walk-in
- Phone Call
- Letter or E-Mail

Step 2: Initial Telephone Contact is made with the Receptionist. The Receptionist forwards the call to the appropriate Program staff or to an available Program staff member.

Letters or e-mail messages may come directly to Program staff or may be routed to them through the Director of Human Services.

Step 3: Information and Referral is performed by all Program staff.

- I&R Specialist
- Family Caregiver Advocate
- Ombudsman
- Disability Specialist
- AAA Director
- Medication Assistance Program Coordinator
- Family Connection Coordinator

Step 4: Program staff proceeds to provide Assistance (counseling, intervention, forms completion, conference call, etc.) and/or to Make Referral.

Step 5: Program staff completes all required reporting.

Step 6: Program staff completes appropriate follow up.

Step 7: Case Closure/End Call

Receptionist Steps

Step 1: The Receptionist receives visitor or takes telephone call. Calls may be received on a local phone line or the toll-free line. Letters or e-mail messages may come directly to the Program staff or may be routed to them through the Director of Human Services.

Receptionist will be responsible for evening and weekend recorded greeting that allows caller to leave message or directs the caller to 211.

Calls received overnight or on weekends will be handled as new calls and will be reviewed the following business day and forwarded to appropriate Program staff by 10 a.m. If a message is received for staff person who will be out of the office for more than 2 business days, the call will be forwarded to another Program staff person to return the call.

Step 2: If caller asks for specific Program Staff, the Receptionist will direct the call to her if she is available. If this person is not available, the Receptionist will offer the Caller/Visitor the option of talking to another Program staff.

If the caller does not ask for specific Program Staff, the call will be directed to another available Program staff person.

If no Program staff is available, the Receptionist will record the Caller's/Visitor's name and phone number and inform them that their call will be returned within 2 business days. The caller may also be advised that information about services and resources is available on the website.

Each Program staff will provide copies of her schedule to the Receptionist and will make every effort to keep her apprised of when she will be out of the office.

The Receptionist will follow the established protocol for how to handle an emergency call.

Program Staff Steps

Step 1: Program staff takes call/receives visitor from Receptionist.

Step 2: Program staff checks automated client tracking system to determine if the caller is a first-time caller/visitor. If no, the caller's history is reviewed. If yes, the Program staff gathers the general information and demographics for the client tracking system.

Staff will follow the established protocol for emergencies.

Step 3: Program staff identifies the information/assistance needed from the caller/visitor.

Step 4A: Based on the need identification, the Program staff may provide the information needed by the Caller and may provide additional assistance such as benefits counseling, options counseling, assistance with forms completion and program applications, etc. Information/assistance given will be documented in the automated system. If the Program staff needs to do additional research on behalf of the caller, the caller will be given a timeframe for when to expect a call back.

Documentation: The assistance must be documented in SC Access. Indicate which specific program area was discussed or referred to: e.g., I-CARE, Family Caregiver, Ombudsman.

Step 4B: The Program staff may find it appropriate to refer the caller/visitor to another staff member who has more specialized knowledge about specific resources or programs. It is expected that each Program staff person will "take" the caller as far as possible before transferring the person to other staff. The Program staff may handle the intake for the Long Term Care Ombudsman Program but follow-up and any investigation must be conducted by a certified ombudsman.

The Program staff that begins assisting the caller will begin the data entry into SC Access. Another staff person who provides subsequent assistance may review this information and add to it.

Step 4C: The Program staff may find it appropriate to refer the caller/visitor to another agency or program. Information will be given verbally to the caller and will be mailed at the request of the caller or the discretion of the Program staff. If a written copy is requested, it will be mailed within 2 business days of the call.

If it appears that the caller/visitor will have difficulty in following up on a referral, the Program staff may suggest a 3-way call.

Referrals made will be documented in SC Access and any other appropriate reporting system (Family Caregiver, SHIPTalk, etc.) The mode of the referral will depend upon whether the referral source is a Partner of the ADRC.

Step 5: Coordination of Follow Up: When more than one staff person has been involved in assisting a caller, staff should decide if follow up is needed and, if so, by whom. It may be appropriate for one staff person to make the follow up but reference the other staff person as well. Example: “Linda and I were concerned about your need for in-home services. I’m calling to make sure that you have been able to get the help you were seeking...” Document within SC Access.

Step 6: If the caller/visitor meets any of the following criteria, the Program staff will establish a follow up call time/date in the automated system:

- The caller/visitor has emergency needs; e.g., abuse, neglect, suicide threat.
- The caller/visitor has critical needs; food, personal care.
- The caller has uncertain capacity to follow through with information/assistance provided.
- The caller is upset or appears volatile.
- The situation presented by the caller is complex.
- At the discretion of the Program staff.

Step 7: Case Closing/End Contact

Sample Scenarios for ADRC's

- I am inquiring about any assistance programs available to senior citizens over age 65, based on income eligibility. My main focus is on any programs that offer a rate reduction/rebate for utilities such as electric and phone and flat fee prescription plans. As an example, New Jersey has PAAD and LIFELINE programs to assist low income seniors.
- I am interested in developing or starting an assistive living or retirement home in my hometown in Berkeley County. Could you please give me some contact information, which would be able to help me in developing this type of facility for the aged and disabled residents of Berkeley County? I have a lot of experience in working with the elderly. I have managed retirement complexes and I have been an ombudsman for the department of ageing in California. I am very interested in getting a license, but I do not know what I have to do?? Any information will be appreciated!!
- Please forward me a list of dentists on Hilton Head or in Bluffton SC which accept Medicaid payment for adults with disabilities.
- Would you know where I might find a statistical breakdown for those children with different types of handicaps in Florence County? I have tried the Census and SC Community Profiles, but they do not have a breakdown by disability.
- Could you please send me a package of information regarding the Senior Citizen Centers Permanent Improvement Program? Specifically I would like an opportunity to review an application package and the eligibility requirements. Our agency has assisted in securing funding for several senior citizen centers in the area and periodically receive request for sources of additional assistance. We often access several different funding sources to complement local resources. Any information you could provide to me would be appreciated. Thank you in advance for your assistance.
- Interested in working with people with disabilities in Clarendon.
- 83 year old woman. She lives with her daughter in W. Columbia. She is an amputee, has Alzheimer's, paralyzed from the waist down, has a feeding tube, colostomy, Foley catheter, Osteoarthritis, etc. According to her daughter, they have tried to get her into an adult day care and can't find one to take her. Daughter says her mom has been approved for 15 hrs. of companion and 20 hrs. of PCII from CLTC but can't find anyone to take care of her. Daughter is an artist and hasn't been able to work due to taking care of her mom. They also don't have heat because something is broke and they don't have \$\$ to fix it.
- We are interested in expanding our services to provide for the special needs of the elderly in Darlington County. I work for Wilson Senior Care, a company that owns and operates three nursing homes (Morrell Nursing Center, Oakhaven Nursing Center, and Medford Nursing Center); one adult day care (Medford Place Adult Day Care), one pharmacy (Med Center Pharmacy) and two medical Supply stores (Med Center Medical Supply in Darlington and Bishopville). It is in our strategic plan for this year to expand our services to providing home care to the elderly. I am to head this project for our organization and would like more information on the Eldercare Trust Fund. I understand that you are piloting a program in the upstate. Can you give me the names of these organizations so that I can contact them and probably visit them to see if we can pattern our program similar to theirs? We are also

interested in competing for the grant dollars that are available in order to implement such a program. Please respond to this email or you can call me at the number listed below. Thanks for your help. The elderly in Darlington county have a great need of such a service that our organization can provide easily. We have 4 vans/buses that are accessible to the handicapped and we can provide meal services as well as housekeeping, transportation, and educational/support groups for family members and the clients themselves. Please help me get started with this project if you can. Thanks.

- I am trying to find help for my mother. She is 66 years old, has had a recent heart operation and is on a fix income. The house she lives in is in need of some repairs. The roof leaks, excessive junk needs to be removed for fear of a fire hazard, doors and windows need insulation and lots of other things. Who can help for little or no cost.
- Hello. I am currently a volunteer Long Term Care Ombudsman in the state of Washington. I will be relocating to South Carolina later on this year. I am interested in becoming involved in the Long Term Care Ombudsman program when I arrive. From my research, it appears that South Carolina is getting started on a volunteer ombudsman program. Please let me know if this is correct and what other information that you may have available about opportunities to volunteer in this capacity. Thanks. Have a great day.
- I am a non-profit interested in applying for the Trust to provide daytime elder care in my community. Please let me know what the next step is.
- I retired in June 2006 at age 63 yrs and 8 months. I paid to receive my medical insurance through with my insurance carrier {Aetna} via "Cobra." At this time I had been a resident of N.Y for 30+ yrs. However as of December 15 I am now a homeowner/resident of Myrtle Beach and I have been told that my "Cobra" insurance is no longer in effect. As I don't qualify for Medicare until Sept. 2007 I now have an insurance "problem." Could you tell me if there is anyway to continue my coverage here, or do I need to purchase a short term "catastrophic" policy through an insurance company? I would appreciate ANY information concerning this. By the way, my automobile insurance agent suggested that I contact your department.
- I received the necessary forms to apply for possible assistance with the payment of my Plan B for the Medicare program. As I was looking over the forms to be filled out, I noticed a question as follows: "Annual Household Income". I live with my oldest daughter and her husband. I maintain my own bills; do not pay rent as I cannot afford any at this time. I have a Pfizer Prescription Drug card, get one out of two prescriptions filled each month for \$15.00, and primarily buy all my own food. Why does the "Annual Household Income", questions appear on the form for assistance? I have no idea, nor do I want to know what incomes my daughter and her husband have. It is none of my business. I did not fill out the forms as I was quite upset over that one question being asked. Please advise me, if it would be beneficial to me to once again request the necessary forms for possible help with the now upgraded payment each month for Medicare, to \$66.60, from \$58.70. My income is SS and a small pension, which will stop, Sept. 2005, I do not work.
- Wondered if you could give me a point of contact to help find subsidized living for my disabled son. He was permanently injured in an auto accident in Charleston in '94. In M.U.S.C. for 16 months. Now able to walk slowly with a cane, but has TBI (traumatic brain injury). His biggest deficit is his short tem memory. He does need some assistance with house chores, but functions fairly well on his own. We are seniors and are trying to get him as independent as possible while we are still alive. Any help you can give us would be greatly appreciated.

- Daughter calling from Charleston for her mother that lives in another state.
- Three months ago I took in both of my grandparents. They both have their own set of health problems, but lately I'm more concerned about my grandfather. I think he may have Alzheimer's. I told the doctor that he was having memory trouble which is worse at night. The doctor said he may have something called sundowner's syndrome. I don't know what my next steps should be. Should I make the doctor run some tests? I really could use some advice as to what I should do next or who I should contact for more information about this. I also would like any information about what is available in the Beaufort area for not so healthy seniors.
- Is I-Care a service for seniors who have questions about Medicaid and their insurance coverage? If so, how do they access these volunteers? Is there a # to call?
- I reported an elderly abuse case on Dec. 1st 2005 to the DSS office in Newberry County on Dec. 1st. The elderly person is my Mother. My mother is physically handicapped and has been for the past 30 years, but 5 months ago she had to have her leg amputated, the other leg was already partially paralyzed due to a car wreck in 1973. Before the wreck in 1973 she could at least drive and get around, but now that has been taken away from her due to her other leg having been amputated. My brother lives with her and has since 1988, after his divorce. He has a college degree but has not worked in 15 years and refuses to get a job, but instead lives off of her and her limited amount of social security. My Mother is afraid of him, which is why she has she has not already put him out. After her coming home from the hospital 2 weeks ago, he has kept her isolated from family, will not allow anyone to come to the house to visit her or bring her food unless it suits him. This really started years ago when he first came to live with her, but the situation declined after her leg being amputated and coming home from the nursing home due to rehabilitation in November of this year.
- We, my husband and I reported this to DSS, after my husband took my Mother a pill organizer for her medication, because she was confused and a pill cutter to help her and my brother cursed him out and ran him off. My brother is mentally sick. and will not allow anyone to come to the house unless they call and have permission from him first. I have family witnesses that will testify to this fact. There is a lot more to the story than this, but cannot be put into an email. My biggest problem is that the supervisor at the DSS office does not believe me, and says my Mother is medically fine , for right now she may be, but her mental state is bad, she has already stated to one of her sisters that she would rather be dead than to live isolated from everyone like this.
- The supervisor at DSS that I have been talking to is Pat Harvey, she told me on the phone that it sounded like to her that I had a problem. My Mother's entire family is willing to talk to her and I have told her this, but as of today she has contacted no-one. Pat Harvey told me because it is not physical abuse there is nothing she can do. Since when did mental abuse not count for anything? My Mother has told me numerous times that she is scared of my Brother that if she takes any action that he might harm her. I will admit that my mother does not tell the whole truth, because she knows my brother has no income and no place to go, but for her own good we have to help her to help herself before it is too late. She is not getting 3 balanced meals a day anymore since she left the nursing home in November, I and several of my Mothers sisters have tried to take food over there but my Mother will say no, because it does not suit my brother. Just so you know, my brother has OCD, ALTHOUGH he has never admitted this. Whatever else his mental problems consist of, I cannot tell you, that is why he needs mental help, but Mrs. Harvey says they cannot get him that help.

- Please help me before it is too late, for my Mother, I will get you all the testimony you need for this case. Contrary to what Mrs. Harvey thinks I can assure you I am of sound mind, she does not want to take the time to really investigate what is really a very complicated case.
- We are a retired couple in Anderson County and need to supplement our \$227.00 Social Security and we have 2 extra bedrooms to rent that we would prefer retirees to occupy. Where would I post such availability?? The newspaper will not accept a senior ONLY ad and we will not rent to anyone under 45, as we have had nothing but terribly bad experiences with a few younger misfits. Years ago we provided assisted living to a relative by marriage and were paid by the VA so that is a possibility also. So we are open to just a room about \$350.00 a month. Nothing else or meals, and a room for no less than \$1,500.00 a month as such ties us up 365 days a year and we not dead yet. We like to get out. Any help or info will be appreciated.
- Daughter calling from Connecticut wanting LTC providers for her parents.

Appendix 9

Sample MOA/MOU's for Partners

- A. MOA/MOU's for Partners**
- B. MOU for LGOA and DHHS**
(on behalf of the ADRC's)
- C. Protocols for Referrals between the
ADRC and CLTC**
- D. Confidentiality Agreement**

**MEMORANDUM OF AGREEMENT
BETWEEN
SANTEE-LYNCHES AREA AGENCY ON AGING
AND THE
REGIONAL CONSORTIA**

**IN REFERENCE TO
THE SANTEE-LYNCHES AGING AND DISABILITY RESOURCE CENTER
(SL-ADRC)**

The purpose of this agreement is to clarify the roles, relationships, and commitments between the community agencies that partner with the Santee-Lynches Area Agency on Aging regarding the Aging and Disability Resource Center (ADRC). This agreement will serve as the foundation for the Aging and Disability Resource Center within the Santee-Lynches Region of South Carolina (Clarendon, Kershaw, Lee, and Sumter Counties). The ADRC is not intended to replace any role or responsibility of its partnering agencies, but rather to help facilitate their missions.

PURPOSE OF THE ADRC: The general purpose of the ADRC is to provide seniors (55 years and older), adults with disabilities (18 years and older), and those who assist them, with client friendly, seamless, and efficient access to long-term care and other beneficial services that are appropriate, adequate, and cost effective. The ADRC will serve as a primary access point to a unified system for comprehensive and standard information and referral services regarding aging, disability, and long-term care resources. The ADRC's information and referral services can be accessed through either telephone or direct contact with the Santee-Lynches ADRC staff or through a web-based portal (SC ACCESS). Other ADRC functions will include intake, screening, triage, resource counseling, as well as eligibility determination processes for access to publicly and/or privately funded long-term care, financial assistance, or other aging and disability programs.

VISION: We envision a region in which seniors and adults with disabilities receive consolidated quality care that is efficient and effective in supporting their preferred quality of life.

MISSION: With respect for the dignity of each senior or adult with a disability, we will promote self-determination in each client's effort to attain quality of life in a safe and least restrictive environment by:

- Assessing Needs and Choices
- Coordinating Resources
- Providing Supportive Services

GOALS: The Santee-Lynches Aging and Disability Resource Center is a collaborative activity whose goals are as follows:

- Serve the targeted population beginning July 1, 2006.
- Provide Information and Referral. Targeted residents within the Santee-Lynches Region will be provided with a centralized way to access information about current resources.
- Provide Financial Services. Eligible residents will have access to all known available financial resources.
- Provide Risk Assessment. Clients will be provided comprehensive, accurate, and expedient risk assessments.
- Provide Case Management. Eligible residents will receive assistance and/or case management services through a coordinated, collaborative effort.
- Simplify Direct Care Access. Simplify access to and increase utilization of appropriate direct care services.
- Provide Placement Assistance. At risk clients will be placed and/or supported in a safe, least restrictive environment by collaborated efforts of the SL ADRC and partnering agency.
- Develop a network. An up-to-date network of resources, providers, and support for the aging, peoples with disabilities, and vulnerable populations will be developed and maintained within the Santee-Lynches Region.
- Develop a center within the Santee-Lynches Area Agency on Aging and staffed by the Area Agency on Aging to serve as a primary point of entry for the targeted population.
- Conduct workshops, training session and/or disseminate education materials concerning issues important to the targeted population for consumers, providers, and community members/agencies.
- Coordinate service provisions to allow easier access to community resources for targeted residents.
- Coordinate planning, procurement, and program/service development for aging and residents with disabilities through needs assessment, grant writing, and other funding acquisition.

ROLES AND RESPONSIBILITIES: The primary roles and responsibilities of each agency will be as follows:

Santee-Lynches Area Agency on Aging will:

- Create and maintain a site for the Aging and Disability Resource Center which serves as the primary point of entry for regional services.
- Staff the center with a ADRC Resource/Intake Coordinator(s)
- Develop and/or provide community and professional education material.
- Provide information and assistance to targeted residents and community members in obtaining resources for services
- Provide or contract aging services to provide senior centers, group and home delivered meals, and other senior care services as deemed appropriate, necessary, and cost effective.

- Coordinate and host forums to gather needs from the community and other stakeholders.
- Apply for funding to sustain and improve ADRC services.
- Coordinate and/or develop a basic joint intake form for use among the partnering agencies

All Partners will:

- Continue to provide traditional agency services to the targeted population within their assigned counties or areas.
- Refer consumers to the Santee-Lynches Aging and Disability Resource Center as appropriate.
- Work together to accelerate the eligibility process and avoid duplicative paperwork and/or administrative processes to more efficiently and effectively serve our targeted population.
- Participate in training sessions as mutually agreed upon.
- Meet together on an as needed basis to discuss issues relating to eligibility determination, enrollment, coordination, communication and operations of the ADRC.
- Provide data concerning service utilization and consumer feedback as mutually agreed upon.
- Encourage and promote use of SC ACCESS (the web-based information system) where appropriate.

As partners of this consortia, we agree to continue our commitment to improve service access, through our own serving agencies and the Santee-Lynches Aging and Disability Resource Center, to enable this region to serve as a model for the state and the country in caring for its seniors and citizens with disabilities.

VICKIE CLARK WILLIAMS

PARTNERING AGENCY

 DIRECTOR
 SANTEE-LYNCHES
 AREA AGENCY ON AGING

 DATE

 Date

MEMORANDUM OF AGREEMENT

BETWEEN

LOWER SAVANNAH COUNCIL OF GOVERNMENTS

AND

This Memorandum of Agreement is entered into as of _____, by and between the Lower Savannah Council of Governments Aging and Disability Resource Center, hereinafter referred to as the ADRC, and

_____.

A. AGREEMENT PERIOD

This Agreement shall take effect on _____ and shall continue in force and effect until terminated in accordance with Section E. The Agreement shall be reviewed annually by the respective parties and may be amended.

B. PURPOSE

The purpose of this Agreement is to establish partnerships to facilitate the access to services by older adults, adults with physical disabilities and their caregivers. The Agreement describes the cooperative arrangements by which the two agencies shall make and receive service referrals and assist the target population in accessing needed long term support services.

C. ROLES AND RESPONSIBILITIES

1. The ADRC and _____ agree to work together and cooperate with each other for the common purpose of assisting the designated populations seeking information, referral and assistance.
2. All Memoranda of Agreement are subject to approval by the Lower Savannah ADRC, based upon recommendation of the ADRC Advisory Committee and consistent with the policies and procedures of the State Office on Aging.

3. The Aging and Disability Resource Center
 - a. The ADRC shall make and receive referrals and otherwise conduct business with _____ in accordance with the protocols contained in Appendix 1 of this Agreement.
 - b. The ADRC shall protect the confidentiality of all client information and shall adhere to all the terms and conditions of any HIPAA Business Associate agreement(s).
 - c. Only staff of the ADRC, the State Office on Aging and their evaluation contractor shall have access to client information.
 - d. The ADRC shall meet with representatives of _____ quarterly or as needed to review the operation of this Agreement and to determine any modifications that may be needed.
 - e. The ADRC shall provide training to staff of _____ to assist them in the use of the SC Access software and in other areas mutually agreed upon.

4. _____

- a. In order to enter into this Memorandum of Agreement, and participate in the SC Access electronic information and referral system, an agency must meeting the following requirements:
 1. The agency/organization must provide services within the boundaries or the geographic area served by the Lower Savannah ADRC and serve populations targeted by the ADRC
 2. The agency/organization must have an established operation; i.e., have at least one year of demonstrated service and be appropriately licensed, if required by the State of South Carolina.
 3. The agency/organization must abide by all the requirements outlined in this Memorandum of Agreement.
 4. The agency must not deny services on the basis of color, race, religion, ancestry, sexual preference, nationality, creed, or violate federal, state, or local laws or regulations. This does not prohibit the inclusion of a program that targets services based on age, gender, health, disability or other characteristics designed to meet the special needs of older adults and persons of all ages with disabilities or long-term care needs.
- b. _____ shall make and receive referrals and otherwise conduct business with the ADRC in accordance with the protocols contained in Appendix 1 of this Agreement.
- c. All staff of _____ shall sign the confidentiality/privacy statement in Appendix 2 to protect all consumer information received from or shared with the ADRC. Agencies are expressly prohibited from use of SC Access client information for solicitation of any kind.
- d. _____ agrees to inform ADRC of local resources for addition to the SC Access services database.

- e. _____ shall meet with representatives of the ADRC quarterly or as needed to review the operation of this Agreement and to determine any modifications that may be needed.
- f. _____ shall agree to designate a representative to serve on the ADRC Partnership Group.

D. AMENDMENT

No amendment or modification of this Agreement shall be valid unless it is in writing and signed by both parties hereto.

E. AGREEMENT PERIOD

This Agreement shall take effect upon signing of both parties and shall expire June 30, 2006. This contract will automatically extend on the anniversary date at the terms and conditions contained herein, unless terminated by either party in accordance with the terms in Section F, Notice of Termination. Said extensions may be less than but shall not exceed four (4) additional one (1) year periods.

F. NOTICE OF TERMINATION

In the event that the participating agency violates any of the terms or conditions of this Memorandum of Agreement, the ADRC reserves the right to immediately terminate this agreement. In the event of termination of this Agreement for any other reason, the party terminating the Agreement shall give notice of such termination in writing to the other party. Termination shall be effective thirty (30) days after the date of receipt of notification.

IN WITNESS WHEREOF, ADRC and _____ by their authorized agents, have executed this Agreement to be effective as of _____.

LOWER SAVANNAH
COUNCIL OF GOVERNMENTS
AGING & DISABILITY INFORMATION CENTER

XXXXXXXXXXXXXXXXXXXXX

BY: _____

BY: _____

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
LIEUTENANT GOVERNOR'S OFFICE ON AGING (LGOA)
AND THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

A. Purpose of Agreement

This Memorandum of Understanding (MOU) establishes the terms of collaboration in South Carolina between the five regional Aging and Disability Resource Centers covering the Lower Savannah, Santee Lynches, Appalachia, Trident, and Pee Dee AAA regions, hereinafter referred to as ADRC's, and the Department of Health and Human Services and its local offices, hereinafter referred to as DHHS, for the purposes of carrying out the activities defined in the Aging and Disability Resource Center Grant Program, which was awarded to South Carolina in 2003 by the Administration on Aging (AOA) and the Centers for Medicare and Medicaid Services (CMS) to the Lt. Governor's Office on Aging (LGOA). The LGOA, on behalf of the regional ADRCs, and DHHS, on behalf of its local offices within these regions, are entering into this agreement of understanding to facilitate the access to services by older adults, adults with physical disabilities and their caregivers. This MOU describes the cooperative arrangements by which these entities shall make and receive service referrals and assist the target population in accessing needed long term support services.

B. Substance of Agreement

As partners, the regional ADRC's and the local DHHS offices will work together to help empower individuals to make informed choices and to streamline access to long-term care. This includes: 1) using SC Access to provide information and assistance to the elderly and disabled; 2) using eforms (Medicaid LTC, GAPS, ABD, etc.) to improve efficiency; and 3) using the electronic referral capability within SC Access.

C. Agreement Period

This MOU becomes effective upon acceptance by the LGOA, on behalf of these regional ADRCs, and DHHS, on behalf of the local Medicaid offices within these five regions, and shall continue in force and effect until terminated in accordance with Section F, Notice of Termination. This MOU may be adjusted by mutual consent and shall be reviewed annually by the LGOA and DHHS and may be amended.

D. Roles And Responsibilities

As partners, the regional ADRC's, in coordination with the LGOA, DHHS and its local offices, will work together and cooperate with each other for the common purpose of assisting the elderly, disabled and their caregivers seeking information, referral and assistance. All parties will help empower individuals to make informed choices and to streamline access to long-term care by building an information and access infrastructure. This includes: 1) creating an efficient "one-stop" system to provide awareness and information, access, and assistance to individuals who are elderly or disabled; 2) using eforms (Medicaid LTC, GAPS, ABD, etc.) and 3) using the electronic referral process through SC Access to improve efficiency.

Regional Aging and Disability Resource Center

- a. Regional ADRCs shall make and receive referrals and otherwise conduct business with DHHS and its local offices in accordance with the protocols contained in Appendix 1 of this Agreement.
- b. Regional ADRCs shall protect the confidentiality of all client information and shall adhere to all the terms and conditions of any HIPAA Business Associate agreement(s). All ADRC staff shall sign the attached confidentiality statement.
- c. Staff of the ADRCs, the local DHHS offices, DHHS, and the LGOA and their evaluation contractor shall have access to client information.
- d. Representatives of the regional ADRC and the local DHHS offices shall meet quarterly or as needed to review the operation of this Agreement and to determine any modifications that may be needed.
- e. The regional ADRC and/or the LGOA shall provide training to staff of the local DHHS offices to assist them in the use of the SC Access software and in other areas mutually agreed upon.

Department of Health and Human Services Local Offices

- a. DHHS local offices provide services within the boundaries or the geographic area served by the regional ADRC and serve populations targeted by the regional ADRC.
- b. DHHS local offices do not deny services on the basis of color, race, religion, ancestry, nationality, creed, or violate federal, state, or local laws or regulations. This does not prohibit the inclusion of a program that targets services based on age, gender, health, disability or other characteristics designed to meet the special needs of older adults and persons of all ages with disabilities or long-term care needs.
- c. DHHS local offices shall make and receive electronic referrals and otherwise conduct business with the regional ADRC in accordance with the protocols contained in Appendix 1 of this Agreement.

- d. All local DHHS office staff shall sign the confidentiality/privacy statement in Appendix 2 to protect all consumer information received from or shared with the regional ADRC. DHHS is expressly prohibited from use of SC Access client information for solicitation of any kind.
- e. DHHS local offices agree to inform ADRC of local resources for addition to the SC Access services database.
- f. DHHS local offices agree to keep DHHS service and contact information current on SC Access.
- g. Representatives of the local DHHS offices and the regional ADRC shall meet quarterly or as needed to review the operation of this Agreement and to determine any modifications that may be needed.
- h. DHHS local offices agree to designate a representative to serve on the regional ADRC Advisory Committee.

E. Amendment

No amendment or modification of this Agreement shall be valid unless it is in writing and signed by both parties from hereto.

F. Notice of Termination

In the event that either party violates any of the terms or conditions of this Memorandum of Understanding, the other party reserves the right to immediately terminate this agreement. In the event of termination of this Agreement for any other reason, the party terminating the Agreement shall give notice of such termination in writing to the other party. Termination shall be effective thirty (30) days after the date of receipt of notification.

G. Approval

Lt. Governor’s Office on Aging
 Services
 (on behalf of the 5 regional ADRCs)
 regions)

SC Department of Health and Human
 (on behalf of local DHHS offices within these 5

 Director

 Director

 Date

 Date

APPENDIX 1

Protocol for Referrals Between DHHS (CLTC) and AGING AND DISABILITY RESOURCE CENTERS

ADRC Referrals to DHHS (CLTC)

1. With client permission, the ADRC will make referral to CLTC electronically via SC Access. The client's social security number must be included in the referral information.
2. Upon receiving email, CLTC support staff will go into SC Access, and print client data sent
3. CLTC will use this data to:
 - a. Check CMS to see if client is enrolled or on waiting list
 - b. If applicant is not in CMS, proceed with Intake
5. CLTC makes contact by close of business on the first calendar day following receipt of the referral
6. CLTC will inform ADRC of disposition by going into SC Access and choosing the appropriate disposition from the drop down in the Case Management section.
7. ADRC will follow up on referral in 2 days by pulling up the record to check on the status
8. CLTC will run reports quarterly and fax to ADRC with status of Referrals.

CLTC Referrals to ADRC (Clients not referred by ADRC)

1. Upon placing a client on the waiting list, CLTC will make a referral to ADRC by faxing Pages 1-3 of the 1718. CLTC must obtain verbal consent from client and/or responsible party to make this referral and document in Narrative.
2. ADRC will enter referral into SC Access
3. ADRC will contact client to discuss resources/services available via letter and brochure.
4. On Cert and Closed cases where nursing home placement is not imminent, CLTC will make referral to ADRC for possible nursing home diversion. CLTC must obtain verbal consent from client and/or responsible party to make this referral and document in Narrative.
5. Staff of the ADRC will contact client to discuss resources/services available.

9/14/06

APPENDIX 2

ADRC USER CONFIDENTIALITY AGREEMENT

I. Client Confidentiality

ADRC's work with a network of organizations committed to improving service access and the development of services to address the unmet needs of persons living in South Carolina. Targeted populations include older adults, adults with physical disabilities and their caregivers.

As a representative of an ADRC partner organization, I understand I have access to confidential information, some of which is personal and is, by law, considered confidential. I will at all times treat this information as confidential and will disclose this information only to explicitly authorized individuals and/or organizations for the purpose of linking to needed services. Under no circumstances will I use client information for any kind of solicitation. **I will not access or share confidential information for any reason other than to perform my job duties.**

Initial: _____

I understand that client confidentiality is of utmost importance; therefore, I agree to take the necessary measures to ensure that all client information is handled in strict confidence.

Initial: _____

II. SC Access System Access

I acknowledge that I have been assigned a user ID and password that is to be used ONLY by myself to access the SC Access Client System. I understand that I will be held accountable for all actions and activities produced by my user ID. I will not share my ID and/or password with anyone and I will not use the ID and/or password assigned to someone else.

Initials: _____

I will not enter any unauthorized data or change or alter existing data in a manner inconsistent with my job duties. Under no circumstances will I enter knowingly false data that may compromise the integrity of the system.

Initials: _____

I agree not to attempt to intentionally cause the system to malfunction or knowingly alter data without authorization in an effort to compromise the computer security system. I further agree to report any suspected misuse or lapse in the security system.

Initials: _____

III. Statement of Understanding

By signing this agreement I acknowledge that I understand the purpose and intent of the SC Access system and understand the relationship of the ADRC and DHHS. I understand that maintaining client confidentiality is my first duty and largest responsibility as a user of the SC Access system. I acknowledge that I have read, understand and voluntarily agree to follow the guidelines set forth above. I further understand that failure to follow these guidelines may result in possible termination of ADRC/SC Access privileges.

Name

User ID

Signature

Date

Executive Director's Signature

Date

Appendix 10
AoA/CMS Requirements

AOA-CMS REQUIREMENTS FOR ADVISORY COMMITTEES AND STAKEHOLDERS

Airs Standards Applicable To The Operation Of An ADRC²³

1. Involvement of Stakeholders: Stakeholders must be involved in the planning, implementation, and evaluation of their Resource Center program.
2. Advisory Board: Resource Centers must establish or designate an Advisory Board comprised of individuals representing all populations served by the program, representatives from organizations that provide services in the program, representatives from the government and nongovernmental agencies impacted by the program.
3. Consumer Task Force: Under this grant program, grantees must meet the provisions for consumer task force participation that apply to the overall Real Choice Systems Change Grants for Community Living as administered by CMS.

Applicable AIRS Standard:

Governance includes creation of a governing body, advisory committee, mission statements, constitution, AIRS accreditation, information and referral needs assessment, program evaluation, organizational policies, code of ethics, nondiscrimination statement, insurance coverage, adequate financing, and adequate facilities.

AoA-CMS requirements for Center Design

1. Target Groups: Resource Centers supported under this program must, at a minimum, include the elderly population (age 60 and above) and at least one of the following major target groups by the first quarter of the second year: (a) individuals with physical disabilities, (b) individuals with serious mental illness, and/or (c) individuals with mental retardation/developmental disabilities. Individuals with traumatic brain injury or other conditions that span target group boundaries may be classified by the state in the target group that best conforms to the state's service delivery system and historical practice.
2. Financing: Resource Centers supported under this program must provide One-Stop? Access to all public programs for community and institutional long term support services administered by the state under Medicaid, and those portions of the Older Americans Act programs that the state has determined will be devoted to long term support services, and any other publicly funded services which the state determines should be accessed through the Resource Center.
3. Support Services: Long term support services under Medicaid include home health, personal care, targeted case management, home and community-based waivers under

²³ Taken from the Aging and Disability Resource Center Toolbox, rev. April 2005. It was prepared by The National Academy of State Health Policy in cooperation with the Community Living Exchange at Rutgers University who provides technical assistance to the [Real Choice Systems Change](#) grantees that are funded by the Centers for Medicare & Medicaid Services. The Toolbox may be accessed at www.adrc-tae.org.

section 1915(c) of the Social Security Act, nursing facility services, and Intermediate Care Facilities for the Mentally Retarded (ICF/MRs). Long term support services under the Older Americans Act include personal care and other in-home services similar to those provided under section 1915(c) of the Social Security Act. Long term support services under state-only programs include home health and personal care. Also, states may include in the definition of long term support services any other publicly funded service that that state determines should be accessed through the assessment process of the Resource Center.

4. Public and Private Pay Clients: The Centers will be a resource for both public and private-pay individuals, and for health and long term support professionals and others who provide services to the elderly and to people with disabilities.
5. Resource Center Configuration: The operational configuration of Resource Centers will vary from state to state. The program may involve more than one entry point (or "site") at the community level (e.g., different access points for different populations) and states may elect to develop distinct entry points for different target groups, as long as they are a coordinated part of the single state Resource Center program.
6. Management Information Systems: The system should allow for the tracking of client intake, needs assessment, care plans, utilization, and costs. The data must be in a transmittable form. CMS and AoA will provide technical assistance to successful applicants in order to assist in creating measures and methods of collection of data. It is recognized that Resource Centers will build upon existing state and local information systems.
7. Implementation Timeline: Grantees must have at least one Resource Center operational at the community level within 12 months of receipt of grant funds that, at a minimum, is providing information and counseling on long term support options serving at a minimum persons 60 and older, and has a plan in place (that has been approved by the lead state agency) describing how it will put in place the following functions within 24 months of the State's receipt of grant funds: Eligibility Screening, Programmatic Eligibility Determination, and Coordination with Medicaid Financial Eligibility Determination. In the first quarter of the second year the State's Resource Center program must include, in addition to the elderly, at least one additional major target groups identified in this solicitation. By the end of the 3-year grant period, the Resource Center must be performing all required functions.

The following AIRS Standards apply to Center Design:

AIRS Standard 10: Inquirer Data Collection: I&R service will establish and use a computerized system for collecting and organizing inquirer data.

AIRS Standard 11: Data Analysis and Reporting: I&R service will develop reports using inquirer data and/or data from the resource database to support community planning activities, internal analysis and advocacy.

AIRS Standard 17: Personnel Administration: I&R service will provide a framework and mechanisms for program and personnel management and administration that guarantee the continuity and consistency required for effective service delivery.

AIRS Standard 18: Staff Training: I&R service will have a training policy and make training available to paid and volunteer staff.

AoA-CMS requirements for Awareness and Information Functions

1. **Public Education and Outreach:** Resource Centers must ensure that all potential users of long term support (and their families) are aware of both public and private long term support options, as well as awareness of the Resource Center, especially among under-served and hard-to-reach populations.
2. **Information on Long Term Support Options:** The information available must be comprehensive, objective, up-to-date, citizen-friendly, and cover the full range of available options, including in-home, community-based, and institutional services (including nursing home services). The information must cover options that people will use immediately (such as Medicaid services) to long-range options (such as private long term care insurance). The information must also cover programs and services that support family caregivers, as well as any special options in the state to maintain independence or direct one's own long term support service.

The following AIRS Standards apply to Awareness and Information:

- **AIRS Standard 1: Information Provision:** The I&R service will provide information to an inquirer in response to a direct request for such information. The information should be accurate, pertinent, and recontact should occur if the initial information given to the inquirer is incorrect or inappropriate.
- **AIRS Standard 2: Referral Provision:** The I&R service will provide information and referral services that is one-to-one human contact with an I&R specialist.
- **AIRS Standard 3: Advocacy/Intervention:** The I&R service should offer advocacy to ensure that people receive benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community.
- **AIRS Standard 4: Follow-Up:** The I&R service should have a written policy that addresses conditions for follow-up including mandates to follow-up with inquirers in endangerment situations and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. Further, follow-up policies must include plans to follow-up with a percentage of inquiries in order to assess overall service performance.
- **AIRS Standard 5: Inclusion/Exclusion:** Criteria should be developed for the inclusion or exclusion of agencies and programs in the resource database.
- **AIRS Standard 6: Data Elements:** A standardized profile should be developed for each organization that is part of the local community service delivery system or other geographic area or service sectors covered by the I&R service.
- **AIRS Standard 7: Indexing the Resource Database/Search Methods:** Information in the resource database should be indexed and assessable in ways that support the I&R process.
- **AIRS Standard 8: Classification System (Taxonomy):** The I&R service should use a standard service classification system to facilitate retrieval of community resource

information, to increase the reliability of planning data, to make evaluation processes consistent and reliable, and to facilitate national comparisons of data.

- AIRS Standard 9: Database Maintenance: The resource database should be computerized, maintained by trained resource staff and updated through continual revision at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of its contents.
- AIRS Standard 10: Inquirer Data Collection: The I&R service should establish and use a computerized system for collecting and organizing inquirer data which facilitates appropriate referrals and provides a basis for describing requests for service, identifying gaps and overlaps, assisting with needs assessments, supporting the development of products, identifying issues for staff training and facilitating the development of the resource information system. Inquirer data includes information gathered during follow-up as well as that acquired during the original contact.

AoA-CMS requirements for Assistance functions

1. Long term Support Options Counseling: Resource Centers will help people make informed decisions by assisting individuals and their families in understanding how their strengths, needs, preferences, and unique situations translate into possible support strategies, plans, and tactics, based on the options available in the community.
2. Benefits Counseling: The provision of information and assistance should be designed to help people learn about and, if desired, apply for public and private benefits to which they are entitled, including but not limited to, private insurance (such as Medigap policies), SSI, Food Stamps, Medicare, Medicaid and private pension benefits.
3. Employment options counseling: Resource centers will assist people who are interested in, or may be interested in, such counseling. Grantees would be expected to coordinate with other sources funding employment counseling in their state, such as the Social Security Administration and/or the Department of Labor, to ensure access and prevent duplication
4. Referral to other programs: Resource centers will refer individuals to other programs and benefits that can help them remain in the community, including programs that can assist a person in obtaining and sustaining paid employment.
5. Crisis Intervention: Resource centers should have the systemic capability to respond to situations of immediate jeopardy to the health or welfare of an individual, by means of remedy, removal from danger, protective services, or other timely safety measure.
6. Future plan: Resource centers will help people to plan for their future long term support needs.

There are no applicable AIRS standards for this function.

AoA-CMS requirements for Access function

1. Eligibility Screening: Resource centers must provide a non-binding inquiry into an individual's income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid.
2. Private Pay: Resource centers should provide assistance to individuals in gaining access to long term support service that may be paid with private funds.

3. Comprehensive assessment: Resource centers should offer an assessment of long term support needs and care planning.
4. Programmatic Eligibility Determination: Resource centers should give a determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria.
5. Medicaid Financial Eligibility Determination: This determination should be either integrated or so closely coordinated with the Resource Center that each individual applicant experiences a seamless interaction.

The following AIRS Standards apply to the Access function:

AIRS Standard 12: Cooperative Relationships within the Local I&R System: The I&R service should develop a cooperative working relationship to build a coordinated I&R system, especially in communities which have a multiplicity of comprehensive and specialized I&R providers.

AIRS Standard 13: Cooperative Relationships within the Local Service Delivery System: The I&R service should strive to develop cooperative working relationships with local service providers to build an integrated service delivery system which ensures broad access to community services, maximizes the utilization of existing resources, avoids duplication of effort and gaps in services and facilitates the ability of people who need services to easily find the most appropriate provider.

AIRS Standard 14: Cooperative Relationships among Local, State, Regional, National, and International I&R Providers: I&R services at all local, state/provincial, regional, national and international levels should strive to develop formal and informal working relationships.

AIRS Standard 15: Participation in State or Provincial, Regional, National and International I&R Associations: The I&R service should strive to strengthen state or provincial, regional, national, and international I&R networks by becoming active in planning, program development, advocacy, training and other efforts at these levels.

AoA-CMS requirements for evaluation

Measurable Performance Goals: Grantees must establish measurable performance goals for their programs, along with indicators that can be used to track progress on the performance goals. These performance goals must be visible, trustworthy, easy to access, and responsive. Grantees must also establish performance goals and indicators related to the program's efficiency and effectiveness.

There are no applicable AIRS standards.

Appendix 11

Marketing Tools

- A. Strategies for Reaching People with Disabilities**
- B. Tips for Communicating with Persons with Disabilities**
- C. Print Design for 50+ Market**

Marketing Strategies for Reaching People with Disabilities

There are 54 million people with disabilities in this country. They are the largest and fastest-growing subgroup of the population, according to the U.S. Census Bureau. Experts in marketing to people with disabilities say the way to reach the majority of this market is to target the mainstream disability market before segmenting by specific types of disabilities. Other suggestions include the following.

- Get early feedback from people with a variety of disabilities in your product development.
- Make sure your office environment is friendly to visitors with disabilities.
- Integrate graphics of people with disabilities into the material and product design.
- Do research on people with disabilities to orient your materials development and marketing strategy. The Harris Survey conducted for the National Organization on Disability (NOD) (www.nod.org) is a good starting point.
- Although people with disabilities share a stronger common identity with one another than ever before, make sure your ideas reflect the diverse needs of the disability community.
- Do not assume that one modification or message will work for everyone.
- For the best local and regional access to people with disabilities, contact the Governors' Committees on Employment of People with Disabilities, local cable access channels, radio shows, and independent living centers. NOD also has representatives in each state.
- Reach people with disabilities through special-interest magazines, national radio, cable television networks, or the Internet.
- Reach the disability community through your mainstream advertising avenues. For every person with a disability, there are many family members and friends who are seeking information for their friends or family members who have a disability.

Adapted from National Organization on Disability— May 2004

TIPS ON INTERACTING WITH PEOPLE WITH DISABILITIES

INTRODUCTION

The State Health Insurance Assistance Program (SHIP) values every counselor, volunteer and beneficiary as an individual, and for the contributions that he/she can provide in obtaining and explaining healthcare information. People with disabilities have the same needs, wants and desires as others. Open communication among all parties is essential. You do not have to feel awkward when dealing with a person who has a disability.

This fact sheet provides some basic tips for you to follow. And if you are ever unsure about what to say or do with a person who has a disability, *just ask!*

ASK BEFORE YOU HELP!

Just because someone has a disability, do not assume he/she needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. And if he/she does want help, ask how before you act. Do not push or touch a person's wheelchair; it's part of his/her personal space. You may detach the chair's parts if you lift it by the handles or the footrest. Mobility-impaired people sometimes may lean on a door for support as they open it. Pushing them or quickly opening the door may cause them to fall. Even pulling out or pushing in a chair may present a problem.

BE SENSITIVE ABOUT PHYSICAL CONTACT

Some people with disabilities depend on their arms for balance. Grabbing them, even if your intention is to assist, could knock them off balance. Do not pat a person on the head or touch his/her wheelchair, scooter, or cane. Do not play or stroke an assist dog while it is working. People with disabilities consider their equipment part of their personal space.

THINK BEFORE YOU SPEAK

Always speak directly to the person with the disability, not to his/her companion, aide, or sign-language interpreter. People with disabilities are not asking you to use a special vocabulary just for them. Speak to them with the same words you would use with anyone else. Respect their privacy. If you ask about their disability, they may feel that you are treating them as a disability, not a human being.

PEOPLE WHO USE WHEELCHAIRS OR HAVE MOBILITY IMPAIRMENTS

People who use wheelchairs have different disabilities and varying abilities. Some can use their arms and hands. Some can get out of their wheelchairs and even walk for short distances. Do not lean over someone in a wheelchair to shake another person's hand. Do not ask the person in the wheelchair to hold something for you. When talking to a person in a wheelchair, grab your own chair and sit at their level. If that is not possible, stand at a slight distance, so that they are not straining their

neck to make eye contact with you. If you offer a seat to a mobility impaired person, keep in mind that chairs with arms are easier for some people to use.

GLOSSARY OF ACCEPTABLE AND UNACCEPTABLE TERMS

Acceptable Terms

- Person with a disability.
- Disability - A general term used for functional limitation that interferes with a person's ability, for example, to walk, hear or lift. It may refer to a physical, mental or sensory condition.
- People with cerebral palsy, people with spinal cord injuries.
- Person who had a spinal cord injury, polio, a stroke, etc., or a person who has multiple sclerosis, muscular dystrophy, arthritis, etc.
- Has a disability, has a condition of (spina bifida, etc.), or born without legs, etc.
- Deafness - refers to a total loss of hearing.
- Hearing impairment - refers to a partial loss of hearing within a range from slight to severe.
- Hard of hearing - Hearing-impaired; able to communicate through speaking and speech-reading, usually possessing listening and hearing abilities adequate for ordinary telephone communication. Many hard of hearing individuals use a hearing aid.
- Person who has a mental or developmental disability.
- Uses a wheelchair or crutches; a wheelchair user; walks with crutches.
- Able-bodied; - able to walk, see, hear, etc.; people who are not disabled.
- People who do not have a disability.
- A person who has (name of disability.) - Example: A person who has multiple sclerosis.

Unacceptable Terms

- Cripple - the image conveyed is of a twisted, reformed, useless body.
- Handicap, handicapped person or handicapped.
- Cerebral palsied, spinal cord injured, etc. - Never identify people solely by their disability.
- Victim - People with disabilities do not like to be perceived as victims for the rest of their lives, long after any victimization has occurred.
- Defective, defect, deformed, vegetable - These words are offensive, dehumanizing, degrading and stigmatizing.

- Deaf and Dumb - The inability to hear or speak does not indicate lack of intelligence.
- Retarded, moron, imbecile, idiot - These are offensive to people who bear the label.
- Confined/restricted to a wheelchair; wheelchair bound - Most people who use wheelchairs or mobility devices do not regard them as confining. They are viewed as liberating and a means of getting around.
- Healthy - When used in contrast with “disabled,” healthy implies that the person with a disability is unhealthy. Many people with disabilities have excellent health.
- Normal - When used as the opposite of disabled, this implies that the person is abnormal. No one wants to be labeled as abnormal.
- Afflicted with, suffers from... - Most people with disabilities do not regard themselves as afflicted or suffering continually.
- Afflicted - a disability is not an affliction.



Print Design for 50+ Market

Good print design facilitates good reading. You only get your point across if consumers can read the materials. Below is some basic print design features designed to improve readability.

4 Major Areas of Vision Changes

Declining Near Vision Around age 50, most people have difficulty focusing sharply on near objects, such as reading material and computer screens. Many people wear bifocals or reading glasses to accommodate for this change. Slightly increase text size.

Glare Because of normal changes in the lens of the eye, glare makes it difficult to read print materials. Avoid glossy paper.

Light/Dark Contrast As people age, the ability to discern text without adequate light-dark contrast on the page declines. Use high color contrast between text and background.

Color Perception At about age 75, yellowing in the lens of the eye leads to changes in color perception. White paper or background will take on a yellow tint and cool colors such as blues, greens and violets become somewhat distorted. Avoid highlighting in yellow and avoid juxtaposing blue and green.

Type Style

Simple type styles are most effective. Choose fonts based on their legibility, and avoid using several types of fonts mixed together. Too much contrast in stroke thickness can detract from legibility. Avoid type that is bizarre, complicated, decorative or cursive – and those that are very bold or exceptionally light.

Fonts

Serif typeface may help the eye move from word to word more easily on the printed page. Businesses may choose to use serif fonts simply because their customers are more accustomed to it. Some suggested font families are: Garamond, Helvetica, and Times New Roman.

Type sizes

As a general rule, bigger font is better. The size will depend somewhat on the type of font, with narrower font types requiring larger point size. As a general rule, 10point type is acceptable, but a 12-point to 14-point type for body text is preferable. Use a 14-point to 18-point for titles. Footnotes and smaller font text shouldn't be smaller than 8 points.

Type weights

The suggested ideal text type is regular weight or medium for body text, bold for titles. Avoid light typefaces, especially with smaller sized type.

Capital letters

Use upper and lowercase letters for titles and body text. Lowercase letters are easier to read than all capital letters, so avoid continuous text in all capital letters.

Italic type

Avoid using italic type. It tends to impede reading speed, although it can be used sparingly for emphasis.

Line length

The eye can most comfortably read a line of 8 to 15 words (about 50-75 characters per line) or between 5 and 6 inches long for a one-column format. For a two-column format, an optimal column width is 2 to 3 inches wide. Provide enough of a margin between columns to clearly separate the two – a suggested space of 3/8" to 1/2" between columns.

Line Spacing

The amount of spacing or leading between lines of text should be at least one or two points greater than the body text size. A minimum of 25-30 percent over point type size is recommended for readability in text copy.

Justification

Left justification – where the text lines up along the left margin – is optimal. Avoid full justification, where each line comes to the same length, condensing or stretching spaces between words or single letters. This slows down reading. If the text typography is full justified, you should hyphenate to avoid very wide word spacing. Even word spacing is best.

Ghosted Images

Avoid patterned or shadowed images as background under text. Text should not be placed over photos, art, or images.

Web Design

The 50+ market is among the fastest growing segment of web users, it's important that web sites be designed with them in mind. While most of the basic print principles apply, businesses should also pay attention to these essential points.

Page Content

Users scan your page before they read it, so your text must be succinct. Keep page length short and in a format that's easy to scan. Place the most important information on the first screen, and stick to one or two screens of text for the home and menu pages. If the document is long, provide a summary at the top of the page. Keep page design clear, logical and simple. Label each page with the site name.

Layout

Use standard page design, symbols, icons and menu options throughout the site. Use the same set of navigation buttons in the same place on each page of the site. Label each page in the same location with the name of the web site consistently displayed. All pages should be titled with descriptive titles. All pages should have the same alignment of information, both vertically and horizontally.

It is recommended that there be a wide margin (1-1/2" plus) on the right side of the page to allow for various screen sizes. All body text should be double-spaced. Left hand alignment is optimal with center alignment acceptable for titles.

Large areas of white space and small blocks of text increase site readability and usability. Do not use coding that limits user's ability to adjust or change font, sizes or colors, as many may need to do so.

Language

Use the active voice. Use simple language wherever possible and provide an online glossary of technical terms.

Scrolling

It is essential that the website be formatted so that all of the contents of the home page can be viewed without having to scroll downward. The 50+ users generally will not think to scroll down on the home page; therefore, some of the information at the bottom of the page may be overlooked. Once within the actual website they find scrolling to be acceptable.

Text design

The principles of good print design apply to web print design, too. Keep text size to at least 12 points by default, and provide a button to increase text size on the site. Keep to the most basic and common fonts, and use sans serif typefaces. Commonly used sans serif fonts include Arial, Helvetica, and Verdana. Avoid all capital letters in text, use bold as call outs. Present body text in upper and lower case letters. Use all capital letters and italics in headlines only. Underlining should only be used for hyper-links.

Shading/Colors

Use colors with maximum contrast. Use bright and bold colors, avoid fluorescents, and avoid yellow text. Avoid yellow and blue and green in close proximity – these colors are difficult for aging eyes to discriminate.

There should be high contrast between text and background colors. Avoid distracting backgrounds and embossed logos. Use dark type or graphics against a light background, or white lettering on a black or dark-colored background. Avoid patterned

backgrounds. A very light gray background is recommended to reduce glare.

Navigation

This is the most important element in web usability. Design your navigation to provide an explicit step-by-step procedure whenever possible to ensure that people understand what follows next. Consider using clearly worded buttons such as “Previous Page” and “Next Page” to allow the user to review or move forward.

Provide a site map to show how the site is organized and where different pages and information can be found. Incorporated text within each icon, if possible, and use large buttons that do not require precise mouse movements for activation.

Links

Use hyperlinks to avoid lengthy pages that require too much scrolling. Position important links higher on the page and clearly indicate internal and external site links. Carefully label links, but with no more than 10 to 12 words describing what information exists at the site link.

Make all links and buttons large and easy for users to point and click. Remember the three-click rule: Users will often exit a site if it takes more than three clicks to get the information they need. Change the link’s color after the user visits it. Make a clear distinction between text used for linking and text used for headings. Be consistent with that distinction throughout the site.

Menus

Keep menus and links static. Moving elements are difficult to read and to target. Instead of pull-down menus, use drop-down menus that stay open when clicked once.

Search capability

The search capability is an important feature in web design. Most middle-aged and older adults prefer searching to browsing. Keep the searching box distinct from the browsing area. Repeat the user’s query with the search results and have results visible without the need to scroll.

Consistency

Using a consistent format throughout the entire site is essential to alleviating confusion within this target group. Users are confused when they are surfing a website and find a section that does not use the same format as the rest of the site. Frequent website re-designs should be avoided for the same reason.

Graphics

Purposeless animation and audio can be annoying. If animation or audio is important to the subject, provide alternative text for those users with older technology or other limitations. Use text-related images only and avoid home pages that consist entirely of graphical elements. Do not use flashing or blinking graphics or pop-up windows and try to avoid ad banners. Use short segments to reduce download time on older computers.

Security/Safety Fears

There is a real fear among the 50+ regarding Internet security. They are less willing to disclose their personal information online; thus they are less apt to register on a site to make online purchases.

Adapted from **Keys to Success with the 50+ Market** AARP, May 2004

Sutton Group 4590 MacArthur Boulevard, N.W. / Suite 200 / Washington, D.C. 20007 / **T** 202.342.1333 / **F** 202.342.0833

Appendix 12

Sample Marketing Plan

Santee-Lynches Aging and Disability Resource Center (SL ADRC)

Marketing and Outreach Plan

The SL ADRC is an initiative that will streamline policies and practices within the Santee-Lynches Region to increase consumer access to information and services in a comprehensive, flexible, and cost effective manner. The Santee-Lynches Region consists of Clarendon, Kershaw, Lee, and Sumter Counties.

The audiences to be service by the SL ADRC area:

- Seniors age 55 and over
- Adults (18 and over) with disabilities
- Providers, family members and other caregivers who are caring for our targeted population
- Others who have a concern for our clients.

Purposes:

- To introduce the new SL ADRC
- To increase awareness of the SC ACCESS
- To provide information in a clear format that consumers will understand
- To provide regional residents with information and access to a variety of services

This Marketing and Outreach Plan is designed to reach our audiences via a wide mix of mediums. Two paths will be considered during each approach, one directed toward our advocates and regional providers and the second to engage the consumers who will be utilizing the ADRC program.

We recognize that marketing challenges must be overcome to make this effort fruitful. These include:

- A wide range of diverse target audiences
- Audiences that have been historically difficult to communicate with due to constraints such as time and accessibility; geographically widespread groups
- Varying levels of education
- Limitation of available resources
- Confusing eligibility rules and complex application procedures
- Cultural and language problems in some areas of the region

We will market heavily and continually. We will also target information and assistance to everyone, regardless of income (to include private pay). This will help ensure long-term care planning takes place with non-Medicaid populations and its helps to solidify the Center's role in the state.

The variety of measures we use will help ensure each county enjoys full and equal access to the SL ADRC.

A Two Phase Approach:

We will approach our marketing and outreach efforts in phases to help save funds to specifically target the various audiences at the most effective times.

Phase One – One month prior to the SL-ADRC's grand opening

Goal: To inform and motivate key provider and advocacy populations to accept referrals from the SL ADRC

Method: Mailing with cover letter and informational brochures sent to:

- Care coordinators, case managers, and hospital discharge planners at hospitals/rehabilitation centers
- Centers for independent living, adult living and assisted living communities
- Shaw Air Force Base Public Affairs
- Trade organizations and organizations providing advocacy and counseling
- Targeted physicians
- Social workers
- Retirement communities
- Head of professional organizations such as SC Bar Association, financial planners, trust officers, physical, occupational, and other therapists, nursing etc.
- State and local elected officials
- Home delivered meal providers
- Other agencies providing services to our targeted populations

Phase Two – Week of Grand Opening

Goal: To build awareness and initiate participation among consumers.

Method: Announcement piece to potential consumers that are distributed through:

- Senior centers
- Rehabilitation Centers
- Community centers
- Targeted direct mail
- Provider locations
- Disability forums and organizations
- Special newsletters for older adults and adults with disabilities
- Selected employers
- Retirement communities
- Professional organizations
- Service organizations
- Places of worship (faith-based community)
- VA Clinics
- Retirement Clubs/Organizations
- Low Income Advocacy Council
- Home Health Agencies
- Pharmacy Associations
- Primary Care Associations
- Associations for Mental Health
- Coalition for Disability Rights

- Protection and Advocacy
- American Red Cross
- The Salvation Army
- Selected eating establishments
- Ethnic Service Organization
- Senior Housing
- Food Banks

The following sources will be used:

- Targeted cable ads would be timed to start running just prior to the opening of the SL ADRC.
- Print advertising
- Printed ads will be strategically place to run for the first 4 to 6 months of the launch period (as funds permit).
- Public Service Announcements in the local papers of all four counties
- Senior and Disability advocacy newsletters
- Announcements to the regional AARP chapter(s), Cerebral Palsy, Muscular Dystrophy Society, Alzheimer's Association, Gerontological Association, SC Disability Forums, Hospice etc
- Brochures, flyers, posters, postcards, bookmarkers, etc will be produced.

Radio Advertising

- Radio ads would be timed to begin running just prior to the grand opening of the SL-ADRC

Website Advertising

- Request partners to include a hot link to the SL ADRC website when it is developed

Other

- Set up interviews with local newspapers to feature launch of the SL ADRC and its associated website
- Set up events at retirement communities, senior centers, Rehab Centers, and other appropriate sites across the region
- Staff tables at health and senior fairs, hand out brochures
- Write and distribute press releases for the initial launch of the site.
- Participate in region-wide community forums
- Have an Open House
- Educate partners so they can communicate meaningful information to their clients
- Possibly have an ADRC song written or name a burger etc for a certain time period

Mobile Unit

- Use banners on the Mobile Unit that will be used for trips to rural areas
- Advertise in the local papers the mobile unit schedule

Initiate a Word of Mouth Campaign

- Make it a regular procedure to ask clients to spread the word
- Ask faith-based community to spread the word
- Educate influential community people

Other Actions

- Advertise on the SL COG Marquee
- Take advantage of Older Americans Month and other Targeted Group Months
- Increase Visibility and Use of SC ACCESS

Appendix 13

Customer Satisfaction Survey



Consumer Satisfaction Survey ²⁴

We here at the Lower Savannah Council of Government want to make sure that our consumers are satisfied with the services we provide to you through the Aging and Disability Resource Center. So, we really want to find out how you felt about your contact with our ADRC staff person. Just look over this survey and circle answer that fits your opinion about the ADRC best. If a question does not apply to you, circle “9”. When you’re finished, send the survey back to us in the self-addressed stamped envelope that is enclosed with this letter. Thank you very much for your time.

	Agree Strongly 1	Agree Somewhat 2	Disagree Somewhat 3	Disagree Strongly 4	Doesn't Apply 9
While answering the following questions, please think about the most recent time you contacted the ADRC...					
1. I was able to talk to a “real” person the first time I called the ADRC.	1	2	3	4	9
2. If I had to leave a message, someone from the ADRC called me back within 24 hours.	1	2	3	4	9
3. The ADRC staff person was friendly and courteous.	1	2	3	4	9
4. If the first staff person could not help me, I was connected to someone who could right away.	1	2	3	4	9
5. The staff person told me that my information would be handled confidentially.	1	2	3	4	9
6. The staff person understood my needs.	1	2	3	4	9
7. The staff person answered my questions.	1	2	3	4	9
8. The staff person gave me information useful to my specific situation.	1	2	3	4	9

²⁴ This tool was developed by Dr. Katherine Leith, Center for Health Services and Policy Research, University of South Carolina for the South Carolina pilot project.

9. The ADRC staff person gave me information that was accurate and current.	1	2	3	4	9
10. The staff person told me about a lot of different services available to me in this area.	1	2	3	4	9
11. The staff person referred me to services that are appropriate for me.	1	2	3	4	9
12. The staff person explained to me what he or she could or could not do on my behalf.	1	2	3	4	9
13. It was easy to follow what the ADRC person was telling me	1	2	3	4	9
14. I have trust in what the staff person told me.	1	2	3	4	9
15. Working with the ADRC was easy.	1	2	3	4	9
16. I was really pleased with the way I was treated by ADRC staff.	1	2	3	4	9
17. I would use the ADRC again in the future.	1	2	3	4	9
18. I would recommend the ADRC to others.	1	2	3	4	9

Please tell us a little bit about you...

1. How did you find out about the ADRC?

1. Newspaper 2. Web site 3. Service provider/Agency 4. Brochure
 5. Friend/relative 6. Other _____

2. Is this your first contact with the ADRC (if "No", please check all that apply)?

1. Yes 2. No
 1. By phone 2. In person 3. Web site # of prior contacts: _____

3. Who was it you wanted help for when you contacted the ADRC?

1. Myself 2. My spouse / partner 3. My parent
 4. Other: _____

4. What is your age? _____

5. What is the age of the person you got information for? _____

6. Is the person you are getting information for disabled? (If "Yes" please check all that apply).

1. Yes ~ 2. No ~

1. Physically ~ 2. Developmentally ~ 3. Cognitively ~

7. What is your gender?

1. Male ~ 2. Female

8. What is your marital status?

1. Married ~ 2. Separated/Divorced ~ 3. Widowed ~ 4. Single/Never married ~

9. What is your race?

1. White ~ 2. African-American ~ 3. Asian ~ 4. Hispanic ~

4. Other _____

10. What is the highest educational grade you completed? _____

11. What location do you live in?

1. City ~ 2. Suburban ~ 3. Rural ~

Appendix 14

Tools for Obtaining Feedback From Partners and Other Stakeholders

- A. Partner Interview Protocols**
- B. Collaborative Process Checklist**
- C. Selected Measures of Streamlining**
- D. Quality Assurance Assessment Tool**

ADRC Interview Guide

Follow-up Individual Staff / Partner Interview²⁵

- Opening** 1. Please tell me, how has the ADRC been doing since we talked last time?
- Introduction* 2. What has your role been in the ADRC up to now?
- Transition* 3. How does what you have been doing match up with what you thought you should be doing?
- Key* 4. How does what all the key players have been doing match with you think should be happening right now?
- Key* 5. So, what is going well?
- Key* 6. What is not going well?
- Probe* 7. How can we address that?
- Key** 8. What is the next “must do” thing for us in this second year of the project?
- Ending* 9. After having been involved with the ADRC for over a year now, where do you see it by the end of the project...realistically?

²⁵ This tool was developed by Dr. Katherine Leith, Center for Health Services and Policy Research, University of South Carolina for the South Carolina pilot project.

**SOUTH CAROLINA ADRC
Collaborative Process Checklist²⁶**

Evaluating and monitoring the collaborative efforts in the process towards establishing the ADRC are essential tasks to ensure that such efforts are as successful as possible and lead to the desired outcome. Please take a moment and read the questions about the collaborative processes between all ADRC partnering organizations. Mark the answer that best reflects your opinion of how well that process is **currently** functioning.

Please rate the effectiveness of the collaborative process between <u>all organizations</u> involved in making the ADRC happen:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>In their collaborative efforts to establish the ADRC, all partnering organizations CURRENTLY...</i>					
1. communicate openly and clearly with each other	1	2	3	4	5
2. understand each other's organizations, including the people, organizational cultures, and organizational values					
3. believe in the value of stronger collaboration between all partnering organizations	1	2	3	4	5
4. have the support of the leadership of their organizations to establish the ADRC	1	2	3	4	5
5. consider the current activities of the LSCOG and the State Office on Aging towards establishing the ADRC as beneficial	1	2	3	4	5
6. understand the organizational barriers that may impede stronger collaboration towards establishing the ADRC	1	2	3	4	5
7. have and/or make available the necessary resources to further the collaborative efforts towards establishing the ADRC	1	2	3	4	5
8. appreciate the extend of involvement of the other organizations towards establishing the ADRC	1	2	3	4	5
9. work jointly and collaboratively towards establishing the ADRC	1	2	3	4	5
10. believe that the benefits of working towards and having the ADRC exceed the drawbacks	1	2	3	4	5

²⁶ This tool was developed by Dr. Katherine Leith, Center for Health Services and Policy Research, University of South Carolina for the South Carolina pilot project.

PLEASE RATE THE EFFECTIVENESS OF THE (<u>fill in appropriate group</u>)	Strongly Disagree	Disagree	Agree	Strongly Agree	Undecided
As a member of the (<u>fill in appropriate group</u>) I CURRENTLY believe that...					
11. group members have a common vision and goal	1	2	3	4	<input type="checkbox"/>
12. the group addresses problems / conflict appropriately	1	2	3	4	<input type="checkbox"/>
13. members of the group participate equally to bring about success of the ADRC	1	2	3	4	<input type="checkbox"/>
14. I am clear about my role in and contributions to the group	1	2	3	4	<input type="checkbox"/>
15. my involvement with the group is valued by other members	1	2	3	4	<input type="checkbox"/>
16. Other members have a clear sense of their roles in the group	1	2	3	4	<input type="checkbox"/>
17. the group's effort are valued by the ADRC team (LSCOG and the State Office on Aging)	1	2	3	4	<input type="checkbox"/>
18. the group needs greater supportive guidance from the ADRC team (LSCOG and the State Office on Aging)	1	2	3	4	<input type="checkbox"/>
19. group members experience strained relations with their own organizations due their involvement with the ADRC	1	2	3	4	<input type="checkbox"/>
20. the group has access to resources necessary for achieving its goal of establishing the ADRC	1	2	3	4	<input type="checkbox"/>
21. the efforts of the group to bring about the ADRC are successful	1	2	3	4	<input type="checkbox"/>

Please also respond to the following two questions. We are interested in **your personal opinion**. As you answer the questions, keep in mind that the effort to bring about stronger collaboration between all the partners is an ongoing process that changes over time. Thus, please tell us how you see things **currently**. Thank you!

1. In your opinion, what are the barriers to establishing stronger collaboration between all the ADRC partnering organizations?
2. What would facilitate better collaboration between the ADRC partnering organizations?
3. What are the benefits of establishing the ADRC, particularly when you consider the efforts involved in making this project a reality?

Selected Measures of Streamlining²⁷

Streamlining Process	Selected Indicators of Streamlining			
	<p>Italicized Text = measure specified in Minimum Data Set (MDS) or Evaluation Guidelines (EG) Regular Text = measure described in the document: Evaluation Plan Highlights 2003 & 2004 Grantees; not specified in MDS or Evaluation Guidelines. States listing the measure are provided in (parentheses).</p>			
	Ease	Timeliness	Facilitation of Consumer Choice	Reliability
↓ Initial Call to ADRC	--Track # Contacts, telephone, web inquiries (MDS) --Hours of operation accommodate easy access (WI). --Minimized the need for client travel (CA). --Track # abandoned calls (CA, MN, NM). --Determine increase in percentage of calls that are smoothly transferred through the telephone system to counselors (NM).	--# Contacts per FTE (MDS). --Speed with which calls are answered (CA, NM). --Decreased time for callbacks to messages left on voice mail (NC).	--Use of web-based information system developed with consumer and service provider input. --Intake screens initiate access to diverse types of client services and information (EG). --Disposition of initial call matches caller need (EG).	--Track # Contacts by type of caller (MDS). --Track # Contacts by source of referral (MDS). -- Frequency/method for updating resource information (EG). --Frequency/level of staff training & experience (EG). --Assess cultural competency of staff (EG).
Basic Information	--Reduction in # times consumers must provide the same information (NC).	--Decreased average length of time for consumers to receive needed information (IN).	--Average # web site hits per month. (MDS)	# Contacts/1,000 service area population. (MDS)
Comprehensive Needs Assessment	--# On-line application forms (MDS). --Reduction in # times consumers must provide the same information (NC).	--Reduced waiting time to see a professional (NC).	--# times "other" service-related needs have been identified (mental health, nutrition, etc.)	

²⁷ Prepared by the Lewin Group as a technical assistance brief for ADRC grantees. It may be found at www.adrc-tae.org.

<p>Providing Assistance: Options Counseling; Care Planning; Benefits Assistance; Referrals; Futures Planning; Crisis Intervention; Employment Options, other</p>	<p>--Reduction in # consumer contacts required to access multiple services (MN). --Consumer satisfaction survey results (ease of understanding information, usefulness, responsiveness). --Provider survey results</p>	<p>--Decreased average length of time for consumers to receive needed information (IN). --# individuals accessing/receiving services over time.</p>	<p>--Assess consumer usage of information and subsequent satisfaction with choices. --# and type of referrals to programs that facilitate consumer choice (direct pay, cash & counseling, etc.)</p>	<p>--Conduct baseline & follow-up interviews on consumers' perceptions about access to services (ME)</p>
<p>Eligibility Determination</p>				
<p>Financial</p>	<p>--<i>Flowchart of avenue and steps needed to apply for public programs—pre and post-ADRC (MDS)</i> --Reduced # of contacts, applications or steps required between initial contact and determination (MD, NM, NC). --Reduced time required for eligibility determination to be made (MD, CNMI, NM, NC, WI).</p>	<p>--<i>Flowchart of avenue and steps needed to apply for public programs—pre and post-ADRC (MDS)</i> --Develop/monitor process map and track time for determinations for public program eligibility. --<i>Decrease in time to determine financial eligibility (EG)</i></p>		<p>--# of Financial Determinations of eligibility including outcome data. (MDS) <i>Track data over time.</i></p>
<p>Functional</p>	<p>--Reduced # of contacts, applications or steps required between initial contact and determination. --Reduced amount of time for determination to be made (MD, CNMI, NM, NC, WI).</p>	<p>--Develop/monitor process map and track time for determinations for public program eligibility (IN).</p>		<p>--# of Institutional LOC Determinations by target group and secondary target group. (MDS; Include reason and outcome regarding LOC determinations. (MDS) <i>Track data over time.</i></p>

<p>Service Access</p>	<p>--Reduced # calls to other agencies before reaching ADRC (NC, GA). --Use of survey of ADRC staff satisfaction to determine if web-based information system facilitates data collection and information sharing for such services as eligibility determination and short-term case management coordination (IN).</p>	<p>--Reduced # calls to other agencies before reaching ADRC (CA, MN, MN). ---- <i>Consumer/Service Provider/Critical Pathway Partner feedback on ADRC performance (EG).</i> --Case studies; testimonials; focus group findings (EG).</p>		<p>--Use a "Systems Change Checklist" to capture change in desired system level outcomes (SC).</p>
<p>Ongoing Monitoring</p>	<p>--Consumer satisfaction survey to assess # calls made by consumers to other agencies before reaching ADRC (CA, NM, MN)</p>		<p>--Develop checklist to monitor partner involvement in all aspects of ADRC</p>	<p>--Survey staff regarding ADRC MIS and web-based info systems to manage data (IN). --Determine whether the ADRC is providing accurate and useful information about placement options (NC).</p>

Quality Assurance Assessment Tool

Aging and Disability Resource Center Quality Site Review

Focus Area: Unification of Organizational Properties

	Best Practices/Benchmarks		ADRC Comments	Site Review Comments
1) <i>Is the ADRC mission statement consistent with day-to-day organizational priorities?</i>	Y	N	<ul style="list-style-type: none"> ✓ ADRC staff can articulate how their day-to-day work supports the ADRC mission statement ✓ Consumers feel that the ADRC mission statement truly represents their experience. ✓ There is evidence that the ADRC initiates organizational change in a way that is consistent with the organization's mission. 	
2) <i>Does the ADRC have a process for organizational decision making that empowers staff & consumers?</i>	Y	N	<ul style="list-style-type: none"> ✓ There is evidence that people who will be most affected by decisions participate in the decision making process ✓ There is evidence that staff understand the ADRC's decision-making processes and how to contribute their ideas/concerns 	
3) <i>Does the ADRC get involved in systems-level problem solving, planning, and implementing innovative solutions at the local level?</i>	Y	N	<ul style="list-style-type: none"> ✓ ADRC staff has an understanding of what is important to consumers and the barriers that exist ✓ ADRC staff play an active role in problem solving and working to remove barriers in their community 	
4) <i>Does the ADRC invest in maintaining & building its consumer-centered strengths over time to better incorporate them into the organizational 'culture'?</i>	Y	N	<ul style="list-style-type: none"> ✓ There is evidence that ADRC staff DO NOT rely on one person or sub-set of staff within the organization to carry the mission of the organization ✓ The ADRC has incorporated learning opportunities and organizational behaviors that instill consumer-centered thinking for all staff 	
5) <i>Does the ADRC have mechanisms for the continuation of processes that work well within the organization that are not reliant on specific people</i>	Y	N	<ul style="list-style-type: none"> ✓ Administrative work flows and logic behind data systems are documented and accessible ✓ There is evidence that staff have opportunities to share & record 	

<i>maintaining specific job roles?</i>			successful solutions & efficiencies with other staff on a regular basis		
Focus Area: Outreach & Public Education					
			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) <i>Has the ADRC identified appropriate populations, community agencies and service providers for its marketing and outreach program?</i>	Y	N	<ul style="list-style-type: none"> ✓ Isolated/at risk populations ✓ People who could benefit from advance LTC Planning ✓ Physicians, pharmacists, senior centers, clergy, emergency services providers & others who may be in a position to refer people to the ADRC 		
2) <i>Does the ADRC have a written marketing and outreach plan?</i>	Y	N			
<i>Are there specific strategies for reaching target populations /organizations?</i>	Y	N			
3) <i>Has the ADRC implemented an ongoing program of marketing and outreach?</i>	Y	N	<ul style="list-style-type: none"> ✓ Marketing products and a history of marketing activities ✓ Marketing materials appropriate for the target populations (easy to understand, alternative languages, etc) ✓ Established working relationships with service providers and community organizations who are also involved with the ADRC's target populations 		
4) <i>Does the number of contacts received by the ADRC exceed the baseline data for each target population?</i>	Y	N			
5) <i>What problems, if any, has the ADRC experienced in meeting its performance goals for outreach and marketing?</i>	-	-	<ul style="list-style-type: none"> ✓ Identified barriers ✓ Plans to address barriers ✓ Identified resources for removing barriers 		

Focus Area: Information & Assistance

			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) <i>Does the ADRC maintain resource files on, have staff who are knowledgeable about and provide information and assistance on a variety of topics of concern to all target populations?</i>	Y	N	<ul style="list-style-type: none"> ✓ APS, abuse, neglect, domestic violence & financial exploitation ✓ Living arrangement options ✓ Disability and LTC services ✓ Paying for LTC ✓ Health ✓ Behavioral Health ✓ Employment, training & voc rehab ✓ Financial ✓ Transportation ✓ Nutritional ✓ Home maintenance ✓ Legal issues ✓ Education, recreation, life enhancement, volunteerism ✓ Caregiver 		
2) <i>Do ADRC staff provide comprehensive I&A services in addition to answering questions and providing information?</i>	Y	N	<ul style="list-style-type: none"> ✓ Actively determine needs of the inquirer and the urgency of the problem ✓ Evaluate & suggest appropriate resources ✓ Make referrals ✓ Actively assist in linking the inquirer to needed services when necessary, including intervention, emergency assistance, and referrals to adult protective services for at-risk individuals ✓ Help customers locate alternative resources when needed services are unavailable ✓ Counseling, including face to face meetings with customers, to help people evaluate their strengths and preferences and understand the array of services and options available ✓ Follow-up when needed to determine whether outcomes have been achieved 		

			<ul style="list-style-type: none"> ✓ Advocate on behalf of the individual when services are not adequately provided 		
3) <i>Does the ADRC use the system in place for updating and ensuring the accuracy of the information it provides?</i>	Y	N	<ul style="list-style-type: none"> ✓ SC Access data is kept current ✓ New providers are identified and added to the database 		
4) <i>Is the ADRC equipped to handle telephone inquiries, walk-in traffic and scheduled appointments with consumers?</i>	Y	N			
5) <i>When people call the ADRC, are they able to speak directly to a person, rather than an answering machine?</i>	Y	N			
6) <i>Are I&A services provided by knowledgeable, professional staff?</i>	Y	N	<ul style="list-style-type: none"> ✓ Staff are knowledgeable about the target populations served ✓ Staff are skilled in communications ✓ Staff are trained in best practices for I&A ✓ Staff meet minimum hiring requirements 		
7) <i>Does the ADRC have feedback mechanisms in place to indicate whether or not people are getting the help they need and are satisfied with I&A services?</i>	Y	N			
8) <i>Does the ADRC have processes in place for identifying & addressing circumstances when existing community resources do not meet target populations' needs?</i>	Y	N	<ul style="list-style-type: none"> ✓ Process for addressing identification of non-existent resources ✓ Process for addressing identification of less than adequate services 		

9) <i>Has the ADRC identified problems in meetings its performance goals for I&A services?</i>	Y	N	<ul style="list-style-type: none"> ✓ Identified barriers ✓ Plans to address barriers ✓ Identified resources for removing barriers 		
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Focus Area: Benefits Counseling

						Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) <i>Does the ADRC ensure that consumers are being linked to the services of the disability and/or Medicaid/benefits specialist, when appropriate?</i>	Y	N	<ul style="list-style-type: none"> ✓ Disability Benefits Specialist ✓ Aging Benefits Specialist ✓ Medicaid Benefits Specialist 					
2) <i>Does the ADRC ensure the Medicaid/benefits and disability specialist(s) are performing all necessary duties?</i>	Y	N	<ul style="list-style-type: none"> ✓ Provide accurate and current information on a comprehensive array of private and government benefits and programs ✓ Provide information and assistance about how to access benefits ✓ Assist potential applicants for Medicaid, SSI, food stamps, etc ✓ Provide advice and assistance in preparing and filing complaints, grievances and appeals at the local and state levels, as well as beyond ✓ Negotiate on behalf of individuals with service providers or DHHS regarding disputes over LTC services ✓ Make appropriate referrals for employment and other disability related counseling and services ✓ Consult with legal back-up to determine appropriate interpretation of law or regulation & appropriate action to assist in resolution of concerns ✓ Refer to providers who will represent, as appropriate, older people or individuals with developmental and/or physical 					

			<p>disabilities as needed in administrative hearings as well as in other formal or informal grievance steps</p> <ul style="list-style-type: none"> ✓ Refer to legal backup for consideration of representation in judicial proceedings ✓ Identify concerns and problems, as appropriate, of older people or of individuals with developmental and/or physical disabilities and related system level issues and present that information to appropriate entities. 		
10) Has the ADRC identified problems in meetings its performance goals for Benefits Specialist services?	Y	N	<ul style="list-style-type: none"> ✓ Identified barriers ✓ Plans to address barriers ✓ Identified resources for removing barriers 		

Focus Area: Access to SSI, SSI-E, Medicaid and Food Stamps

			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) The ADRC is linking people to government benefits for which they are entitled and/or eligible	Y	N	<ul style="list-style-type: none"> ✓ Eforms are used when appropriate. 		
2) Has the ADRC identified problems in meetings its performance goals for SSI, SSDI, Medicaid & Food Stamps services?	Y	N	<ul style="list-style-type: none"> ✓ Identified barriers ✓ Plans to address barriers ✓ Identified resources for removing barriers 		

Focus Area: Emergency Response

			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) Does the ADRC have a process to ensure that people are connected to the appropriate emergency services when needed?	Y	N			

2) <i>Does the ADRC have a process for providing emergency response to 'after hours' calls?</i>	Y	N			
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Focus Area: Elder Abuse & Adult Protective Services

			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) <i>Does the ADRC have a process for identifying persons who may need elder abuse and/or adult protective services?</i>	Y	N			
2) <i>Does the ADRC ensure people have access to all elder abuse and/or adult protective services?</i>	Y	N	<ul style="list-style-type: none"> ✓ Abuse & neglect investigations ✓ Assistance in obtaining physical custodial care, housing, medical care, medications and food ✓ Voluntary or court ordered protective services ✓ Facilitate linkage with law enforcement, domestic violence, mental health services, and emergency detention when needed ✓ Guardianship ✓ Representative payee 		

Focus Area: Transitional Services

			Best Practices/Benchmarks	ADRC Comments	Site Review Comments
1) <i>Does the ADRC play an active role in facilitating the transition of adults with disabilities into the LTC system?</i>	Y	N	<ul style="list-style-type: none"> ✓ Coordination with long term support providers 		
2) <i>Does the ADRC provide accurate information to adults with disabilities regarding services, resources & programs in the LTC system?</i>	Y	N			

3) Does the ADRC provide written information to school districts regarding the availability of the ADRC for referrals for assistance in transitioning young adults with disabilities to adult services?	Y	N			
4) Does the ADRC provide the DSN Board, DSS, Mental Health, DHEC, VR, school districts, etc. with written information regarding LTC services?	Y	N	<ul style="list-style-type: none"> ✓ Information about services of the ADRC ✓ Information on other LTC systems & services 		

Focus Area: LTC Options Counseling & the Functional Screen

Best Practices/Benchmarks			ADRC Comments	Site Review Comments
1) Does the ADRC have MOUs with area hospitals and LTC Facilities for purposes of providing consumers with information about the ADRC and for making/receiving referrals.?	Y	N		
2) Is the ADRC actively involved in expanding the community's understanding and referral of people in target populations needing Long Term Care?	Y	N	<p>ADRC provides ongoing education to all LTC referring agencies and providers re: what is expected of providers, process for making a referral, the goals of options counseling and how the ADRC is intended to benefit people in target populations</p> <p>The ADRC provides education to the general public regarding LTC referrals, the goals of options counseling and how LTC is intended to benefit people in target populations</p>	

3) <i>Does the ADRC provide LTC Options Counseling and Screening to all interested individuals in the ADRC target population(s)?</i>	Y	N	<ul style="list-style-type: none"> ✓ At request or expression of interest by individual in target group ✓ At request or expression of interest by person acting for an individual in target group ✓ Hospital discharge referrals of people meeting criteria outlined in contract ✓ LTC facility referrals of people meeting criteria outlined in contract 		
4) <i>Has the Partnership with CLTC been formed?</i>	Y	N			
5) <i>Are the Protocols used for CLTC and the ADRC being followed</i>	Y	N			
6) <i>Has the ADRC and CLTC implemented Quality Improvement plans if Initial Contact Goals have not been met?</i>	Y	N			
7) <i>Does the ADRC follow consumer-centered standards when providing LTC Options Counseling?</i>	Y	N	<ul style="list-style-type: none"> ✓ Face-to-face with the consumer for both counseling and screen provision ✓ In the presence of other people as requested by the consumer ✓ Gather information from other people as requested and/or permitted by the consumer ✓ Release of information from consumer or POA/Guardian when confidential records must be reviewed ✓ Assurance of accuracy of information provided to the consumer and recorded in SC Access 		

8) <i>Does the ADRC ensure standards for quality of information provided during counseling are followed?</i>	Y	N	<ul style="list-style-type: none"> ✓ Full range of LTC options available to consumer ✓ Public and Private methods for paying for LTC services, including Medicaid and fee-for-service options ✓ Information on factors for consumer to consider when making their decision 		
9) <i>Does the ADRC ensure that only trained, qualified staff provide LTC Options Counseling?</i>	Y	N			
10) <i>Does the ADRC have processes in place to ensure accuracy of screenings for eligibility determination?</i>	Y	N	<ul style="list-style-type: none"> ✓ Random review of all CLTC referrals to ensure accuracy and reliability ✓ Coordination with CLTC to ensure LOC and financial screening has been done ✓ Data is electronically sent to CLTC ✓ CLTC records disposition in SC Access 		
11) <i>Does the ADRC provide adequate follow-up contacts to people following Options Counseling to determine if additional assistance is needed?</i>	Y	N	<ul style="list-style-type: none"> ✓ ADRC staff have guidelines for making follow-up contacts to consumers, including turn-around time goals 		
12) <i>Has the ADRC implemented Quality Improvement plans if follow-up contact goals have not been met?</i>	Y	N			

Focus Area: Access to Medicaid Benefits

Best Practices/Benchmarks	ADRC Comments	Site Review Comments
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1) Does the ADRC have linkages with the local Medicaid (DHHS) to facilitate seamless and accurate determination of eligibility?	Y	N			
2) Does the ADRC have a MOU with the local DHHS?	Y	N	<ul style="list-style-type: none"> ✓ There is evidence that terms of the eligibility & entitlement determination plan have been adhered to by both the ADRC and the DHHS office. ✓ There is evidence that waiting lists & delayed enrollment lists have been maintained. 		
4.) Does the ADRC provide information and choice counseling to assist eligible individuals?	Y	N	<ul style="list-style-type: none"> ✓ Differences in services & benefits by Medicaid and fee-for-service ✓ General benefits and services available from Medicaid, and what's not available ✓ Criteria and procedures used by Medicaid to decide what services to provide individuals ✓ Criteria and procedures for cost-sharing and spend-down ✓ Consumer rights & responsibilities ✓ Consumer complaints & grievance/appeal processes for Medicaid 		

Focus Area: Quality Improvement and IT Program Elements

	Best Practices/Benchmarks		ADRC Comments	Site Review Comments
1) Does the ADRC have an adequate QI Administrative Structure & appropriate IT & Human Resources?	Y	N		
2) Is there adequate evidence of active contribution of consumers of ADRC target populations in the QI process?	Y	N		

3) <i>Have the activities, goals and timelines in the ADRC's QI work plan been achieved?</i>	Y	N			
4) <i>Has the ADRC developed a process for ongoing Quality Improvement.</i> <i>If yes, did the QI project result in measurable improvement?</i>	Y	N			
5) <i>Does the ADRC delegate any of the QA/QI responsibilities outlined in the ADRC contract to subcontracted entities?</i>	Y	N	<ul style="list-style-type: none"> ✓ A written agreement that meets expectations outlined in the ADRC contract ✓ SUA and/or ADRC ongoing monitoring of subcontractor's performance ✓ Formal review by ADRC of subcontractor's performance on an annual basis 		

Focus Area: Sustainability

	Best Practices/Benchmarks		ADRC Comments	Site Review Comments
1) <i>Does the ADRC have a plan for sustainability beyond the grant</i>	Y	N		

Appendix 15

Example of Kick-off Celebration

Helpful Tips for a Kick-off

ADRC ADVISORY COMMITTEE

Stephen Barrineau (*Chairperson*), EPCHHA
David Evans (*Vice Chairperson*), Sumter Co. Advocate
Ann August/Michael Jonas, Santee-Wateree RTA
David Baker, Clarendon DSN Board
Shirley Benbow, Lee County Advocate
Carolyn Bishop-McLeod, DHEC, Home Health
Kathy Bradley, DSN Kershaw Board
Newton Brown, The Salvation Army
Rosetta Burson, DHSS, Comm Long Term Care
Debra Canty, National Federation of the Blind
Cynthia Davis, DSS, Lee County
Dayle Fersner, SPCA, Sumter
George General, Care South Inc., Lee County
Carolyn Haynes, CG Morning Out, Clarendon Daisy
Brown/Sherill Holder, Sumter DSN Board
John Hornsby/Glenn Hesselbart, Voc Rehab
Patsy Johnson, Family Support Center, Shaw AFB
Silvia Jonkoff, Kershaw County Advocate
Mary Mack, Lee DSN Board
Sheriff Steve McCaskill/Capt David Thomley,
Kershaw County
Maggie McDonald, DSS, Sumter County
Lynn Melton, Santee-Wateree Mental Health
O.J. Papucci/Liz Thomas, SL-RCOG Transp
Loretta Pollard, Clarendon County Advocate
Larry Watters, EPCHHA
Mattie Westry, Lee County Advocate

Other ADRC Points of Contact

Denise Rivers, State Office on Aging
Vickie Williams, AAA Director
Gena Kiber, ADRC Resource Coordinator
Joe Perry, Information & Referral Specialist

**The Grand Opening Celebration
of the
Santee-Lynches
Aging & Disability Information Center
(SL ADRC)**

October 12, 2006

10:00 am to 12:00 noon

“Autumn Road – A Journey Worth Taking”



***SL ADRC -- a new way to find community assistance for
seniors, adults with disabilities, and their caregivers***

**The Santee-Lynches ADRC --
Serving Clarendon, Kershaw, Lee & Sumter Counties**

The Santee-Lynches Aging and Disability Resource Center (ADRC) is an one-stop operation where residents can receive information and assistance in applying for services that they want and/or need, in order to live independently in their homes and communities.

In close collaboration with its partners and its advisory committee, many of whom are here today, the ADRC is committed to achieving the following goals: (1) Operate an effective Center that will include streamlined eligibility screening and service application assistance, counseling, personalized referrals, and prevention and early intervention programs; (2) Travel to its 4-county region's rural communities to assist those that are not able to visit the Sumter Center; (3) Provide comprehensive and consumer-friendly information concerning options on available short/long term services and benefits, thus empowering individuals to make informed choices; (4) Link private-pay residents, who are not eligible for home & community based services, with other public and private resources they would like or need; (5) Expand the use of SC ACCESS (www.scaccesshelp.org), a comprehensive web site containing information for seniors, adults with disabilities, and their caregivers concerning a wide range of services available in South Carolina. If a computer is not available, individuals may contact one of the Center's Information and Referral Specialists to access the web site for them.

The Center is located at 36 West Liberty Street, PO Box 1837, Sumter SC 29151. Call us for an appointment or the mobile unit's schedule for your community. The phone numbers are (803) 775-7381 or 1-800-948-1042.

Please be sure to visit the resource booths

PROGRAM

Band Music

B-D and Company - Sumter, SC

Welcome

*Stephen Barrineau, CEO EPCHHA &
ADRC Advisory Committee Chairman*

Invocation

*Reverend William S. Randolph
Mayor Pro Tem, City of Sumter*

Solo Singer

Patty Patterson, Chief of Police - City of Sumter

Door Prize Drawing

Choir Music

*Delaine Singing Angels
Delaine Senior Center, Sumter, SC*

Door Prize Drawing

Opening Comments

*James Darby, Executive Director
Santee-Lynches Regional Council of Governments
Mike Easterday, Chief of Staff, Lt Governor's Office
& Acting Director of the SC Office on Aging*

Band Music

B-D and Company - Sumter, SC

Ribbon Cutting Ceremony/Refreshments

*Mike Easterday – Chief of Staff, Lt Governor's Office
& Acting Director of the SC Office on Aging
Thomas Alexander – Mayor City of Bishopville &
Chairman, Santee-Lynches Regional COG Board of Directors
James Darby - Executive Director
Santee-Lynches Regional Council of Governments
Stephen Barrineau – CEO EPCHHA &
ADRC Advisory Committee Chairman*

Door Prize Drawing

Choir Music

*Summerton Senior Citizens' Choir
Summerton Senior Center, Summerton, SC*

Door Prize Drawing

Band Music

B-D and Company - Sumter, SC

Closing Remarks

Stephen Barrineau

God Bless America

MSgt Robert F. Kennedy, Shaw AFB SC

ADRC Kick-Off “Helpful Hints”

Welcome and Opening Remarks

- Have a vibrant, dynamic, entertaining MC – preferably someone (Chair?) on the ADRC Advisory Council
- Allow 1-3 minutes for each speaker. Keep it short.
- Have this in a quiet place where attendees can hear what is being said about the ADRC.
- Have both an aging and a disability speaker along with the dignitaries.
- Ribbon cutting with aging and disability represented.
- A few short testimonials of how ADRC has helped them.

Partner/Community Exhibits

- Have both aging and disability organizations represented.
- Lots of freebies along with information.
- Free health related screenings, prescription management by pharmacist, etc.

Attendees

- Have both aging and disability populations represented.

Door Prizes

- Have both partners and the community donate door prizes.
- Give them out periodically during the day.

Refreshments

- Finger foods, cake, punch.
- Have separate table for sugar-free.
- Much can be donated by bakeries, grocery stores, etc.

Entertainment

- Music, local singing talent, dancers, etc.

Other

- Chairs for attendees.

Appendix 16

Facilitators of ADRC Sustainability Lewin Site Visit Summary

Facilitators of ADRC Sustainability: Lessons from the Field²⁸

In the winter and spring of 2006, The Lewin Group conducted site visits to six 2003 Aging and Disability Resource Center grantees to discover the elements of their programs that appear to be sustainable and what they are doing to promote ADRC sustainability in the long term. We visited Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, and South Carolina, touring at least one pilot site in each state and discussing sustainability with project leaders, staff, advisory board members, and other project partners at the state and local levels.

We had three goals for making these site visits:

- 1) to discover what features of the ADRC initiative are most likely to be sustained and/or replicated,
- 2) to learn what strategies states are using to achieve sustainability, and
- 3) to identify conditions, features or characteristics of the different states and ADRC models that facilitate sustainability, particularly related to the goal of streamlining access.

This document summarizes our findings related to the third goal for the site visits; it contains a list of the most common conditions, features and characteristics that the states we visited identified as being facilitators of sustainability. To create this list, we selected facilitators that were identified by more than one of the six grantees. These emerged from discussions we held with individuals from all levels of the ADRC projects, and were reported to us by and about state leaders and staff, pilot site directors and staff, advisory board members, and other community stakeholders. While these were identified by grantees as attributes of their projects that they believe will help them achieve sustainability, they might also be viewed as strategies used by grantees to enhance their chances for sustainability. Rather than passively enjoying these as serendipitous project features, in some cases grantees actively sought and deliberately cultivated these facilitating conditions. It is also important to note that while several of these facilitators were identified by all six grantees in our study, none of the six grantees identified all of these facilitators. Next to each facilitator in the table below, the number of grantees who identified it is presented in parentheses.

These findings are presented according to a sustainability framework developed by Mary Ann Scheirer that we used to guide our study.²⁹ This framework includes three broad components of sustainability: 1) aspects of project design and characteristics, 2) factors within the organizational setting, and 3) factors in the broader community environment.

²⁸ This document was prepared by the Lewin Group as a technical assistance brief for ADRC grantees. It may be found at www.adrc-tae.org.

²⁹ Mary Ann Scheirer, "Is Sustainability Possible? A Review and Commentary on Empirical Studies of Program Sustainability," *American Journal of Evaluation*, Vol. 26, No. 3, September 2005

Sustainability Facilitators: Self-Reported by ADRC Grantees

Framework Components	Facilitators	
Project Design and Characteristics	State Structure and History	Project leaders and staff view the ADRC initiative as part of a larger state long term care systems reform effort. (6)
		Project leaders understand the political climate in which the ADRC operates and think carefully about how to communicate with state, regional and local leaders. (4)
		State and local project leaders see themselves as working together in a collaborative partnership, with “give and take” on both sides. (4)
		Project leaders are visionary, willing to take on challenges and work around bureaucratic barriers. (3)
		ADRC has the capacity to cultivate, utilize and build upon policy directives that happen from the top down. (3)
	Partnership	Building partnerships is not seen as a separate project activity but as a critical component of the integration and streamlining of services. (6)
		The ADRC grant is viewed as an opportunity to formalize and strengthen relationships that were already in place. (6)
		ADRC has the ability to identify, accept and cultivate the active participation of “natural,” and unexpected partners in project activities. (5)
		Developing partnerships with diverse stakeholders is viewed as a key strategy for creating “information bridges” to consumers as well as to the broader community. (3)
	Project Champions	ADRC teams can identify several “champions” of the project (not just one), including individuals from all levels of the project and groups of individuals, such as Advisory Boards. (6)
Organizational Setting	Staffing	Project staff has considerable experience serving the ADRC target populations. (4)
		Staff at all levels share and can articulate the vision and values of the ADRC project. (4)
		There is a strong commitment to continuous staff training and cross training which is viewed as crucial to staff effectiveness and an integral component of the provision of quality services. (4)
		Maintaining appropriate staffing levels and high staff morale are top priorities of state and local leaders. (3)
	Infrastructure	Staff at all levels view management information systems as an important long-term investment and point to the importance of working smarter, not harder. (4)
		Efficient and effective data management systems are seen as essential components of success. (4)

Framework Components		Facilitators
Organizational Setting (cont.)	Infrastructure (cont.)	The state provides the management expertise and collaborative opportunities necessary to drive the evolution of MIS and IT to the endpoint where the systems are envisioned to be. (3)
	Procedures	Project staff and partners demonstrate a strong commitment to and take pride in designing “consumer-centered” policies and procedures. (6)
		There is a pervasive commitment to “stay on message” and stay focused on the mission of the ADRC initiative, and not get distracted by competing demands. (4)
		Project staff at all levels and collaborators, such as Advisory Board members, place a strong emphasis on careful planning prior to implementation of project activities. (4)
		ADRC stakeholders exhibit a willingness to be flexible and engage in creative problem-solving. (4)
Broader Community	Role of the ADRC	Stakeholders at all levels view the ADRC grant as a catalyst for positive systems change. (6)
		There is congruence or close alliance between the functions, missions, and priorities of the organizations chosen to become ADRCs and the federal ADRC vision and mission. (5)
		ADRC leaders and partners are active in their communities and meld grant activities with other initiatives and activities that are going on in the broader community. (4)
	Funding	Local and state leaders of the ADRC project are skilled at leveraging - combining resources in creative ways and taking advantage of unexpected opportunities and strategic partnerships. (6)

(NOTE: The numbers in parentheses after each facilitator indicates the number of grantees out of the 6 we visited that identified this condition as a facilitator of sustainability.)