

## **ARCH – Colorado’s ADRC**

### **What is an ADRC? – Aging and Disability Resource Center**

- A collaborative effort of the Administration on Aging and the Centers for Medicare and Medicaid Services.
- Three year federal grants were offered to states to develop ADRC’s. First grants issued in 2003.
- 43 states have received grants. Colorado is a 2005 grantee.

**The purpose of the ADRC** is to streamline access to long-term care services and empower individuals to make informed choices. **Long Term Care Services** (LTC) include the broad spectrum of services from unskilled in-home care to the skilled services provided in an extended care or nursing facility.

### **The Grant mandates that each ADRC**

- Must provide information and referral to both public and private pay individuals.
- Must target services to the elderly population and at least one additional population.
- Must provide the following services:
  - Information and Referral
  - Options and/or benefits counseling
  - Coordination with other programs
  - Case management/planning
- Must involve consumers and other stakeholders at the state and local level in the planning, implementation, and evaluation of the ADRC.
- Must measure performance.

**Colorado’s ADRC** is called **ARCH** (Adult Resources for Care and Help). The Larimer County Department of Human Services in conjunction with the Office on Aging is serving as the pilot site in Colorado.

### **Services Provided**

- ARCH provides **information and referral** to anyone who is in need of information regarding LTC.
- ARCH offers **short-term case management** – targeted to those 60+ or 18+ with disabling conditions that impair ADL’s and who need advocacy/services due to crisis or chronic need and/or whose current supports are not meeting their needs. Clients should not already have case management through another program – e.g. Options for Long Term Care, Larimer Center for Mental Health, etc.

## Why is the ARCH Program Important?

The long-term care system is complex. Understanding how to obtain services can be difficult. ARCH offers people a place to go for answers. A goal of the ARCH program is to provide people the information they need in order to make appropriate choices about all types of long term care. By accessing the appropriate services, both public and private, many people are able to remain living in their own homes and do not have to move to another setting. .

ARCH Case example 1 – Possible Home and Community Based Services (HCBS): M.P., age 40, has been disabled since 1995 when he suffered a severe head injury in a car accident. He moved from Florida to Colorado to be closer to his 35 year-old-brother, his only living relative. He and his brother live about one hour apart. His brother found him an inexpensive apartment, bought him a car, and pays part of M.'s rent. His brother is not his power of attorney. M.P. was referred by the mother of one of his neighbors. She called Adult Protective Services (APS) thinking that M.P. needed more help. APS referred the case to the ARCH program specialist (no neglect, abuse, exploitation). Both the neighbor and M.P were contacted. M.P. was happy to meet and discuss his situation. M.P. wanted and needed several things: 1) Counseling – he feels depressed 2) Financial freedom from his brother – puts stress on their relationship 3) A social life. M's finances and living situation were examined. He receives disability income (SSDI) of about \$800/ month. His rent is \$450/ month. He has Medicare and gets his part B premium paid through a Medicare Savings Program. He drives to two places - the grocery store and the bank. He gets lost easily and has the directions to the bank taped on the middle armrest of his car. He uses a walker and has 6 steps to his apartment. He tires easily. He has partial paralysis on the left side of his body and spasticity in his left leg. He has fallen several times but has learned to get up off the floor. He does not eat well, mostly eating pizza and microwavable food. He is unable to clean his house other than the very basics. He lost his social security card. He has no caseworker and has no knowledge of other programs for which he might qualify. He was assisted with the following: 1) A psychologist that does home visits and accepts Medicare was contacted and now sees him regularly. 2) Meals on Wheels was arranged to deliver hot meals five days a week and frozen meals for the weekend. 3) He was taken to the County vehicle registration office to get disabled plates. 4) He was taken to the Social Security office to apply for a new Social Security card. 5) The County Medicaid benefits helper was asked to help him apply for HCBS services. 6) His name was placed on the interest list for new accessible housing. 7) He was also assisted with applying to the Housing Authority for a Section 8 voucher. M.P. is a good example of a person that cannot pay privately for the help he needs. He has been living alone for three years with no knowledge of available resources. The hope is that he can remain independent in the community and have a safer, healthier, and more social life. Addendum: M. recently (October 2007) qualified for the HCBS-EBD (Elderly, Blind, Disabled) waiver, which provides in-home services and on-going case management. He is also going to an adult day program for younger disabled adults.

There is no actual cost estimate of services for M.P. at this time. However, Options for Long Term Care, the Single Entry Point in Larimer County, has provided some examples of the actual costs associated with keeping a person in the community utilizing HCBS funding for both skilled and unskilled services.

The first HCBS cost example is that of a person with very high formal assistance needs (associated with an agency). She lives in her own apartment. She receives a Certified Nurse Assistant visit (skilled care) three times each day to help with her morning routine, to assist with stretching exercises, and to provide assistance to bed at night. She also receives one homemaker visit (unskilled care) a day for lunch preparation, light housekeeping and laundry. In addition, she has a personal emergency response system. Her services cost \$164 per day, which is very close to the per day rate in a nursing facility. The difference is that she is in her own home with one-on-one help.

The second example is that of a man that needs very little formal assistance. His services include a personal emergency response system and weekly help with a shower. His services cost \$5.71 per day. It is important to note that he receives help with many other things, but those services are provided through informal assistance by his family.

ARCH Case Example 2 – Private Pay: E.P is 67 years old. He is a veteran. He has been disabled for one year due to sepsis. He uses a walker and lives alone in a trailer that he owns. He can drive except on days when he has dialysis. The ARCH resource specialist met with E.P. on two separate occasions. The first time was during his stay in a skilled nursing facility for rehabilitation. A friend of his called because his therapy was over and he was about to be transferred elsewhere. The ARCH resource specialist and the ombudsman met with E.P., his friend, the social worker, and the therapists and were able to advocate for another therapy evaluation. His therapy was restarted. Eventually, he moved to a Veteran's facility in Texas for further rehabilitation. The second meeting took place after his return home from Texas. He was very weak, had little appetite, and had transportation issues. Friends were helping with yard work, housekeeping and shopping. His income met the HCBS criteria but he had too many assets. A call was placed to Dial-A-Ride for an application and they approved rides to and from dialysis. Meals on Wheels is able to provide hot meals two days a week at \$4 per meal and Volunteers of America provides weekend frozen meals for a donation. E.P. was referred to the County Veteran's service person to explore any in-home help funds that might be available. Using a companion care agency for housekeeping, errands, and laundry at \$15-20 per hour was discussed. He needs about four hours of help per week. Medicaid funds none of his assistance. None of his services are daily. The proposed cost to him for private pay services is \$112 per week and possibly less if he gets Veteran's assistance.

In conclusion, empowering individuals to make informed choices and streamlining access to long term support services, whether private or public, are the ultimate goals of ARCH. The right service at the right time allows people to remain in their own homes and prolongs or even eliminates the need to move into a nursing facility. Ultimately, there are cost savings to both the individual and to public programs when people either never have to live in a nursing facility (the most expensive type of long term care) or the amount of time spent in a nursing facility is reduced.