

# **ARCH**

**Adult Resources for Care and Help**

**Colorado Aging and Disability Resource Center Project**

**Project Evaluation Final Report**

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This report was prepared under a contract with the Colorado Department of Human Services. The views expressed are those of the researcher and not necessarily the views of the Department of Human Services or its project officers.

# **Project Evaluation Final Report**

The Office of Aging and Adult Services, Colorado Department of Human Services obtained a grant from the federal Administration on Aging and Centers for Medicare and Medicaid Services in October 2005 to design and implement a series of Aging and Disability Resource Centers across Colorado. The project is part of a federal program effort to extend Aging and Disability Resource Centers to states across the country. Currently, all 50 states have ADRC projects. The Colorado project named their program Adult Resources for Care and Help (ARCH).

Colorado has four ARCH sites, as of September 2009. The initial site in Larimer County (Fort Collins) began in April 2006. The second site in Mesa County (Grand Junction) opened in June 2008. The Pueblo County site opened in February 2009 and the Colorado Springs site opened in July 2009. This report will focus on the Larimer County and Mesa County sites where more extensive data gathering and analysis has been done.

The evaluation was organized around the stated goals of the Colorado project. These goals were to streamline access to appropriate long term care services by: expanding and integrating information and assistance services, and identifying unmet needs and coordinating policy solutions through a regional advisory council. This analysis follows the federal program guidelines for ADRC evaluations

Expectations for Aging and Disability Resource Centers were defined by the federal program administrators and technical advisors early in the process. The guidelines are reflected in the bold topic headings of this report.

## **I. Implementation: Elements of an Aging and Disability Resource Center**

Each of the four Adult Resources for Care and Help programs were implemented into an existing landscape of single entry points for long term care (Medicaid contractors called Options for Long Term Care agencies), County Departments of Human Services, Area Agencies on Aging, Independent Living Centers and Community Center Boards. The ARCH programs formed partnerships with these agencies at all four sites. In both Larimer and Mesa counties, oversight for these three agencies reside in the county Department of Human Services. This structure facilitated integration of functions and strong collaboration of activities between the organizations. In Larimer County, the local 211 information system is housed separately from the ARCH. In Mesa County, the ARCH is housed with the 211 system. In both counties, the Medicaid eligibility function is housed in a separate unit of the County Department of Human Services.

### **A. Seamless system for consumers**

This co-location has allowed the development of a seamless information and referral system for long term care services in Larimer and Mesa Counties. Consumers making inquiries will be triaged to the ARCH program, if needed, no matter if they call 211, the Area Agency on Aging or the County Department of Human Services, in both counties. Hospital and nursing facility discharge planners are trained to contact the ARCH directly if needed.

## **B. Integrate access to streamline eligibility**

While this integrated access system has speeded eligibility determination for some individuals, there still remains a slow process for Medicaid eligibility/determination application for many individuals. Both counties have handouts listing the documentation needed to apply for Medicaid eligibility. In Larimer County, the Area Agency on Aging contracts with a service provider to provide assistance, for some individuals/families, in gathering the documentation necessary to apply for Medicaid eligibility. This service was found to speed eligibility determination for the users. There remain, however, serious impediments with the state's computerized eligibility system (Colorado Benefits Management System) and level of county staffing in getting consumers enrolled in a timely manner. System level survey results in both counties reveal that there is continued need to improve the service application and referral process.

## **C. Shift the institutional bias-critical pathways**

The ARCH programs have succeeded in further shifting the institutional bias in the long term care system. With the implementation of the single entry point system for long term care in 1993-95 and the ongoing nursing home deinstitutionalization projects begun in 1997, Colorado had a strong structure for and experience of providing consumers choices of community living. But with severe budget restrictions, staff reductions and program cuts resulting from the 2001 recession, Colorado's progress slowed in providing choices of community living. The ARCH program succeeded in integrating the connections between service providers and giving consumers more timely choices of long term care services.

In the Larimer County system level outcomes survey, sixty-nine percent of respondents indicated that provision of home and community-based services successfully reduces nursing home admissions on a regular basis. And sixty-nine percent of respondents indicated that the long term care service system offers a sufficient range of appropriate home and community-based services on a regular basis.<sup>1</sup> This compares to thirty-three percent indicating this category on the prior survey.<sup>2</sup> Substantial improvements over time were revealed in: referrals being followed through on, and in offering a sufficient range of appropriate home and community based services.

In Mesa County, the systems level outcomes survey results reveal that the vast majority of respondents believe that the current home and community based services and supports system reduces nursing home admissions.<sup>3</sup> Eighty percent of respondents indicated that provision of home and community-based services successfully reduces nursing home admissions on a regular basis. While fifty percent of respondents indicated that the long term care service system offers a sufficient range of appropriate home and community-based services regularly and thirty percent said it occurs sometimes.

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<sup>1</sup> Dann Milne, "Analysis of System Level Outcomes; Adult Resources for Care and Help in Larimer County," July 3, 2009.

<sup>2</sup> Dann Milne, "Analysis of Advisory Council Survey; Adult Resources for Care and Help in Larimer County," December 11, 2007.

<sup>3</sup> Dann Milne, "Analysis of Systems Level Outcomes Survey; Adult Resources for Care and Help in Mesa County," May 2, 2009.

#### **D. Meaningful involvement of consumers/stakeholders**

Both ARCH programs have succeeded in garnering meaningful involvement of consumers and stakeholders in their project organizations and activities. At their inception, both ARCH projects convened local advisory committees to assist in program development and implementation.

The Larimer County project Advisory Committee represents a broad cross-section of long term care stakeholders in the community. These include nursing facilities, senior housing providers, elderly advocacy groups, individuals with disabilities, adult day care providers, personal care providers, elder law, home health agencies, hospital discharge units, private and public (single entry point) case management agencies, meals on wheels, community centered boards, mental health center providers, the 211 system, and the Colorado Commission on the Aging are all represented on the advisory committee. Of the twenty-four individuals completing the initial advisory council survey, three individuals represented disability advocacy groups. Seven respondents represented aging constituencies. Twelve respondents represented service providers. Five represented public agencies. And six individuals associated themselves with other organizations.

The Mesa County advisory council represents a cross-section of long term care stakeholders in the community. These include elderly advocacy groups, the legal center, the single entry point (case management) agency, community centered boards, mental health centers, the 211 system, and the Area Agency on Aging.

Larimer County has given its advisory committee significant responsibilities. One of their major tasks was to identify unmet long term care needs and coordinate policy solutions. This work was organized by the ARCH co-directors and resulted in a comprehensive, prioritized list of recommendations for reform of the long term care system in Larimer County. (See Appendix 1).

The recommendations were sent from the Advisory Council to the Executive Directors of the Department of Human Services and the Department of Health Care Policy and Financing in August 2008. As of the date of this writing, there has been no response from either Department.

Mesa County, Pueblo County and El Paso County are going through similar efforts to identify unmet needs in their communities. This identification and prioritization of unmet needs is seen as the first step in addressing access to services issues.

#### **E. Partnership between Aging & Medicaid**

The ARCH project succeeded in creating stronger links between Aging Services and Medicaid at the local level. In Larimer County, the single entry point for long term care, the Aging Services program, and the ARCH program coordinators all report to the same supervisor. They conduct monthly planning and coordination meetings and participate in the ARCH advisory committee meetings. They work closely with the Medicaid eligibility unit which is housed in a separate division. To support their access functions, the ARCH obtained grant funding from the Colorado Health Foundation to support 0.5 FTE in the Medicaid eligibility unit to target applicants with special needs and provide them with extra assistance in order to expedite their applications.

In Mesa County, the Division Director of Adult Services oversees the single entry point agency, Medicaid eligibility and Aging Services. This creates a strong integration of functions at the county level. The staffs attend the other unit's staff meetings, planning meetings and advisory council meetings. Policy-making and activities are focused and well-coordinated.

While the Department of Health Care Policy and Financing endorsed the grant proposal submission, they did not engage in any of the implementation and operation activities requiring coordination between the two Departments for several years. More recently, the relationship at the state level is improving. A representative from Health Care Policy and Financing now attends state ARCH advisory committee meetings and attended the all-sites ARCH Summit meeting in August of 2009.

#### **F. Investment in Management Information Systems**

The state project office funded the development and operation of a VisionLink resource database for ARCH sites to use in storing information on service resource in each community. The sites are accessing other resources including the local 211 resource databases.

A case management database was established to capture and report client level data for the federally prescribed Semi-Annual Reporting Tool (SART). Larimer, Mesa, El Paso and Pueblo County ARCH sites collect and provide data to the state office for the SART reports and as requested.

The state unit on aging office together with the ARCH sites, 211, and VisionLink are working to determine if ARCH would best be served under the license of 211 Tapestry with VisionLink. This may provide for a stronger partnership and reduce costs.

#### **G. Performance measurement: continuous quality improvement (CQI), outcome**

The local ARCH programs track and report the standard outcome measures to the state program office on a routine basis. They also report and discuss activities and outcomes with their advisory councils. These quarterly advisory council meetings are used to discuss and resolve ARCH program problems and coordinate activities between agencies and organizations.

In addition, their contracted evaluation focused on outcome measures. Several outcome measures are found in the respective System Level Outcomes survey reports.

In the Mesa County Systems Level Outcomes Survey (April 22, 2009) 80 percent of respondents indicated that provision of home and community based services successfully reduces nursing home admissions. The Larimer County ARCH had two Systems Level Outcomes Surveys. The initial survey (December 11, 2007) results found that 64 percent of respondents reported that the provision of home and community based services successfully reduces nursing home admissions. The follow-up survey (July 3, 2009) reported a similar 69 percent of respondents indicated that the provision of home and community based services reduces nursing home admissions.

The two Larimer County surveys also indicated that the long term care system offers a sufficient range of appropriate home and community based services on a regular basis (69 percent of respondents). And the Mesa County survey found that a slightly lower 50 percent of respondents reported that the long term care system offers a sufficient range of appropriate home and community based services on a regular basis.

## **H. Sustainability**

The Larimer County and Mesa County ARCH sites were established using the existing county infrastructure of single entry point agencies, area agencies on aging, county Medicaid eligibility functions as a base. Services have been reorganized and funding reallocated to support the additional responsibilities of the ARCH program. In Larimer County, Area Agency on Aging funds for information and referral and case management have been allocated to support some ARCH functions for individuals 60 years old and older. In addition, Larimer, Mesa and El Paso Counties have obtained grant funding from the Colorado Health Foundation to provide extra assistance to expedite Medicaid eligibility applications to individuals younger than 60 years old. The El Paso County and Pueblo County sites were formed outside county government operations, with the Pueblo County program being incorporated into the County operations on January 1, 2010. They were able to form mutually-supportive strategic partnerships with all of the relevant local agencies.

The promise of sustainability for the future looks good. The four sites are all strong communities with a history of participant agencies working together to solve problems.

## **I. What were barriers impeding implementation**

The Department of Human Services has successfully worked to develop, implement and expand the ARCH system in spite of the significant barriers it faced. The three main barriers were: lack of collaboration by the Department of Health Care Policy and Financing, slow development of the management information system by the VisionLink contractor, and extreme budgetary problems caused by the recent recession. The state office and sites have used grant funding and found creative approaches to maintain and expand the system.

## **II. Visibility/Trust (over time for COI)**

### **A. Consumer satisfaction with assistance**

Overall, customer satisfaction with the Larimer and Mesa County programs is very high. The vast majority of the measures of customer service obtained in the two consumer satisfaction surveys done were scored at ninety percent or greater.<sup>4 5</sup> In Larimer County, ninety percent of survey respondents reported that they were very or somewhat satisfied with the services they received. Ninety-seven percent of individuals responded that the information received from

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<sup>4</sup> Dann Milne, "Adult Resources for Care and Help (ARCH) Larimer County; Customer Satisfaction Survey Report," September 12, 2010.

<sup>5</sup> Dann Milne, "Adult Resources for Care and Help (ARCH) Mesa County; Customer Satisfaction Survey Report," September 14, 2009.

ARCH was clear. Seventy-four percent (25 of 34) reported the information was helpful in dealing with the issue they called about. Eighty-four percent of respondents (29 of 35) reported no problems with the services provided by Adult Resources for Care and Help.

Sixteen percent of respondents did come to the office for services. Those that did received very prompt service, waiting less than five minutes to see someone for their scheduled appointment. For individuals requesting an in-home visit, the visit was also done very promptly.

On another broad indicator of consumer satisfaction, the Larimer ARCH was rated quite high. Eighty-nine percent of respondents reported that they would tell a friend or relative to call Adult Resources for Care and Help

The customer satisfaction survey revealed that the information/service provided by the Larimer ARCH was clear, helpful, prompt, respectful and knowledgeable. Overall, customers were very pleased with the services they received.

The Mesa County ARCH achieved similar high marks in their customer satisfaction survey. The vast majority of respondents, 94 percent, reported being very satisfied (79%) or somewhat satisfied (15%) with the help they received from ARCH. Ninety-four percent (31 of 33 individuals) responded that the information received from ARCH was clear. Eighty-eight percent (29 of 33) reported the information was helpful in dealing with the issue they called about. Ninety-one percent reported feeling that the ARCH staff took into account their wants and needs. Ninety-four percent reported the person they talked with was knowledgeable and courteous.

With another of the broad indicators of consumer satisfaction, the ARCH was rated very high. Ninety-one percent (30 of 33) reported that they would tell a friend or relative to call Adult Resources for Care and Help. An overwhelming majority (93%) of respondents indicated that they agreed (39%) or strongly agreed (54%) that they received information that they could understand and use when they called ARCH.

Overall customer satisfaction was very high with the Mesa County ARCH. Customers were very pleased with the services they received. Customers gave the Adult Resources for Care and Help program very high marks on the customer satisfaction survey. ARCH has met high standards of service delivery. The overall message is that the ARCH is doing well at what it was designed to do.

Customer satisfaction survey results from Mesa County and Larimer County are displayed and compared to four other Aging and Disability Resource Center surveys in Table 1. The Adult Resources for Care and Help programs compares quite favorably with Aging and Disability Resource Centers in other states.

Table 1 -- Comparison with Results in Other Aging and Disability Resource Centers

Question	Mesa County, Colorado	Larimer County, Colorado		Forsyth County, N.C.*	Maryland*	Georgia*	ADRC Semi-Annual Report Spring 2007*
Survey Response Rate	51%	56%		23%		23%	43%
The information received was clear.	94%	97%		94%	94%	87%	94%
Information received was helpful.	88%	74%		83%	86%	87%	89%
If left a message, were called back the same day.	40%	41%		25%			
Receiving services by telephone.	73%	83%		95%			
Waiting time at office appointment, less than 5 minutes.	100%			100%			
Received an in-home visit	3%						
Promptness of in-home visit, same day.							
, same week.	100%						
, after one week							
Person they talked to listened carefully	94%	94%				94%	99%
ARCH staff took into account wants and needs	91%	91%				91%	99%
Person they talked to was knowledgeable and courteous	94%	92%		100%	99%	94%	99%
Did you apply for Medicaid services?	3%						
Ease of application process: easier, as expected, harder							
Did you need help with Medicaid application paperwork?							
Did you get help with the application paperwork?							
Did the person explain the steps clearly?	100%	75%		100%			
How long did it take to receive services:							
Any problems with services provided?	9%						
Would you tell a friend or relative to call the ADRC?	91%	89%		91%	98%	91%	89%
Received information they could understand and use?	54%	94%					
Overall, how satisfied were you with help you received?	79%						
Referred to other information or services?	100%	54%		50%			

\*Forsyth County, "Findings from the First Posttest Consumer Satisfaction Survey for the Forsyth County ADRC Stations," May 2006.

Maryland, "Maryland Access Point Consumer Satisfaction Survey, March 2005-February 2006."

Georgia, "Gateway Consumer Satisfaction Survey Report SFY 2007," May 14, 2007.

ADRC Semi-Annual Report, "Summary of ADRC Semi-Annual Report Consumer Satisfaction Information, Spring 2007," September 2007.

[www.adrc-tae.org](http://www.adrc-tae.org)

## **B. Diverse user demographics**

The users surveyed in both customer satisfaction surveys represented the diverse backgrounds found in their communities. In Larimer County, a slight majority of inquiries (53 percent) were concerning a person 60 years old or older. Twenty-two percent said the constituent was under 60 years old, and the remaining 25 percent did not report an age. Of those survey respondents who had made their own inquiries, the average age was 60 years old and the range being between 41 and 82 years old. Twenty percent of the clients indicated they had a physical disability and fifteen percent had mental disorders or another disability.

Ninety-one percent of the respondents in Larimer County were white/Caucasian. Five percent were Native American and five percent were Latinos. Forty-three percent of respondents were male and fifty-seven percent were female. The average age of respondents was 58 years old with a range of 32 to 83 years. For individuals making their inquiries for themselves, the average age was 60 years old, with the range being between 41 and 82 years old.

The respondents to the survey were primarily from the ARCH region. The vast majority (86 percent) were from Fort Collins/Larimer County. One was from Denver, and the other survey respondents (one each) were from: South Dakota, Minnesota, Virginia and Oregon. This indicates that the ARCH was successful in providing individuals seeking information and connections to long term care services in Larimer County at a distance. This capability facilitates families and friends residing in another state supporting an individual in Larimer County staying in their own home.

In Mesa County, a substantial majority of inquiries (75 percent) were concerning a person 60 years old or older. Twenty-five percent said the constituent was under 60 years old. Eleven percent of the clients had a physical disability and fourteen percent had mental disorders or another disability. All of the respondents resided in Mesa County.

## **C. High profile of ARCH in community**

The responses to each of the visibility/awareness items (consumer awareness, knowledge of where to seek information, how to apply, knowledge of other provider services, general public awareness) in the Larimer County follow-up survey (July 3, 2009) showed improvement. Taken together, they indicate a substantial improvement in the awareness in the community of long term care services and supports over the initial benchmark survey. The ARCH has been at the center of a substantial marketing and system integration effort to make the public aware of the resources available conducted by the local Area Agency on Aging and the County Department of Human Services. The Office on Aging distributes 25,000 Resource Guides per year containing extensive information on services and supports. Services and supports information is also now available on the Larimer County web-site, and the local 211 information system now contains much of that information. The ARCH project has addressed this issue directly by meeting with and organizing hospital discharge planners, and attending and distributing information at many community group meetings, health fairs and service provider meetings.

The Mesa County ARCH has taken similar measures to enhance their visibility in the community. The Mesa County ARCH made presentations or hosted information booths on twenty occasions in the last fifteen months, including: Grand Valley Health Fair, Alzheimer's Association, Grey Gourmet sites, Senior Fair, Marillac Dental Clinic, RSVP Volunteer Fair and a farmer's market booth.

#### **D. Is ARCH info & counseling perceived as objective**

Yes. According to the customer satisfaction surveys administered in both counties, the information provided is perceived to be clear, helpful, the person listened carefully and took into account their wants and needs, and provided the information in a knowledgeable and courteous manner. In Larimer County, 89 percent would tell a relative or friend to contact the ARCH. In Mesa County, 91 percent would tell a relative or friend to contact the ARCH.

### **III. Efficiency-access process streamlined**

#### **A. Time**

The timing of access to long term care services, particularly services requiring Medicaid eligibility, was problematic. In Larimer County, 69 percent of respondents to the System Level Outcomes survey indicated that sometimes referral to and initiation of long term care services occurs within an appropriate timeframe. Only fifteen percent said this occurs regularly, and eight percent said this rarely occurs. For customers responding to the customer satisfaction survey, the timeliness of the start of Medicaid long term care services varied greatly among respondents. For individuals that were approved for Medicaid long term care services, 29% (two of seven) reported receiving services in less than one week. None reported services being started in 2-3 weeks or 1-2 months. One individual (14%) reported services taking 2-3 months to start, and two respondents (29%) reported taking more than three months.

In Mesa County, on the Systems Level Outcomes Survey, 30 percent of respondents indicated that sometimes referral to and initiation of long term care services occurs within an appropriate timeframe. Forty percent said this occurs regularly. Ten percent said this rarely occurs. The one individual surveyed applying for Medicaid services reported taking more than three months to become eligible.

#### **B. Number of steps**

The ARCH in both Larimer and Mesa County operate as part of a No-Wrong-Door information and referral system. In Larimer County most inquiry calls go to the 211 information system first. The ARCH has been part of a community-wide effort to get individuals, families and service providers to direct their service inquiries to the 211 system. The ARCH conducted several training sessions with the 211 administrators and staff on when to refer calls to the ARCH. About 25 percent of the calls to the ARCH are warm transfers (all three parties on the phone line) from 211. About 75 percent of the incoming calls to the ARCH are direct calls. The Area Agency on Aging has produced a Seniors Resource Guide with the ARCH direct phone number in it. The ARCH has produced informational brochures with their direct phone number in them

and they distribute these to home health agencies, social workers, the MS Society, the Centers for Independent Living, the Options for Long Term Care (single entry point) agency, and adult protective services. About one-third of the clients served by the ARCH are referred to public programs (Options for Long Term Care intake, Medicaid eligibility or adult protective services). About two-thirds of clients are referred to private sector direct providers including housing services. With this new information and referral system, customers are getting more information and finding fewer wrong doors in their information seeking process. The ARCH has succeeded in filling a serious gap in services by directing individuals who are not ready to apply for public benefits (and would not be eligible) to community services appropriate to meet their needs.

Larimer County reports that the State is processing applications faster under the new protocols established by the ARCH and Larimer County. As mentioned previously, the ARCH has obtained Colorado Health Foundation grant funding to support an individual dedicated to assisting individuals with difficulties in completing the Medicaid application process. The program which began in October 2009, is focused on individuals in hospitals and nursing facilities.

Mesa County has an equally close relationship with their 211 information system and a similar No-Wrong-Door approach. About ten to fifteen percent of the inquiries come directly to the ARCH program. Seventy to eighty percent of the calls come through 211, which refers to the ARCH as appropriate. The remaining ten to fifteen percent of the inquiries come into the county government (Area Agency on Aging or Department of Human Services). Through any of the doors, customers receive information and referral, or if needed, in-depth follow up from the ARCH. Financial eligibility processing appears to be speeding up as a result of ARCH efforts. ARCH staff assist one to two individuals per month in completing their eligibility application. Mesa County was also a recipient of funding from the Colorado Health Foundation for staff to support individuals under 60 years old needing special support in completing their applications.

#### **IV. Responsiveness**

##### **A. Does ARCH meet community/consumer needs**

Both Larimer and Mesa County sites are meeting an important need of consumers and both are working to improve their responsiveness to those needs. In Larimer County, 57 percent of respondents to the follow-up system level outcome survey indicated that consumers regularly express their belief that services they receive are responsive to their needs. This compares to the thirty-five percent in the initial survey.

On the initial benchmark system level outcome survey in Larimer County, a fairly substantial majority indicated that long term care consumers in Larimer County were informed about consumer choice and empowered to make it happen. This follow-up survey showed continued strength in this area of consumer choice and empowerment, and improvements in informed decision-making and in consumers receiving services that meet their needs. These two areas are exactly what the ARCH was designed to impact and they have accomplished improvement over time.

Sixty-two percent of survey respondents indicated that consumers who need long term care services and who have located them actually gain access to them regularly. Sixty-two percent of respondents indicated that consumers receive services that are of high quality on a regular basis, and thirty-one percent indicated this occurs sometimes.

Thirty-one percent of respondents indicated that providers of these services collaborate closely with each other to coordinate and streamline service provision on a regular basis. This compares to nine percent for this category on the initial survey.

This follow-up system level outcome survey in Larimer County revealed significant improvements in the long term care system. These are:

- An across-the-board improvement in visibility and awareness in the community about long term care service choices.
- An improved ability to make informed decisions, and to obtain services that are responsive to their needs.
- Improved access to long term services and supports, especially in locating services appropriate to consumers' needs.
- Improvement in referrals being followed through on.
- Improvement in provider connections and collaboration in the current system of long term services and supports.

Survey results in Mesa County revealed similar findings. In Mesa County, 70 percent of respondents to the system level outcomes study indicated that services are responsive to the needs of consumers regularly (30 percent) or sometimes (40 percent). Sixty percent of respondents indicated that county workers regularly seek input from consumers about their service needs and empower them to make choices to meet their needs. Sixty percent of respondents reported that the services consumers receive are of high quality on a regular basis.

In the Mesa County customer satisfaction survey, an overwhelming majority of respondents (93 percent) indicated they agreed (39%) or strongly agreed (54%) that they received information that they could understand and use when they called ARCH.

## **V. Effectiveness**

### **A. Decrease in unnecessary NF utilization/increase in appropriate use of HCBS**

Both counties have a strong foundation and substantial history of providing individuals choice of long term care services and supports to meet their needs. In Larimer County 69 percent of system level outcome survey respondents indicated that provision of home and community-based services successfully reduces nursing home admissions on a regular basis. In Mesa County, 80 percent of respondents indicated that provision of home and community-based services successfully reduces nursing home admissions on a regular basis.

In Larimer County, 69 percent of respondents indicated that the long term care service system offers a sufficient range of appropriate home and community-based services on a regular basis. In Mesa County, 50 percent of respondents indicated that this occurs regularly.

## **B. Satisfaction among stakeholders Providers, State agencies, Advocates, Advisory Council**

The Advisory Councils for both sites represent a broad cross-section of long term care stakeholders (service providers, consumer advocates and consumers) in each community.

In Larimer county these include nursing facilities, senior housing providers, elders advocacy groups, individuals with disabilities, adult day care providers, personal care providers, elder law, home health agencies, hospital discharge units, private and public (single entry point) case management agencies, meals on wheels, community centered boards, mental health center providers, the 211 system, and the Colorado Commission on the Aging are all represented on the advisory committee.

In Mesa County, the Advisory Council represents many, but not all, of the significant stakeholders in the long term care community. Of the 14 members on the Council, four individuals represented disability advocacy groups. Four respondents represented aging constituencies. Eight respondents represented service providers. Six represented public agencies. Four individuals associated themselves with the ARCH project. (Respondents were allowed to identify themselves with multiple organizations or entities).

One of the key tasks assigned to each Advisory Council was to focus on filling gaps in long term care services in their community. In Larimer County, 92 percent of the Advisory Council members surveyed reported the Advisory Council was effective at identifying gaps in services and supports. In Mesa, county 72 percent of the Advisory Council survey respondents reported that the Advisory Council was effective at identifying gaps in services and supports. In Larimer County, the majority (64 percent) of the Advisory Council members surveyed reported that the Advisory Council was taking actions to resolve gaps in long term care services. In Mesa County, the majority (54 percent) reported that the Advisory Council was taking actions to resolve gaps in long term care services.

## **Conclusions and Recommendations**

The following recommendations are based on findings from the several surveys conducted for the Larimer and Mesa County ARCH programs. While they may have specific direction for those programs, they have broad applicability to other sites with the same goals and objectives.

Surveys at both ARCH sites revealed that the ARCH programs are having a substantial, favorable impact on their region's long term care systems. Consumers know about their long term care choices and access to long term care services and supports was well established. The systems were working to provide individuals choices to remain in community living.

The two ARCH programs met high standards of service delivery. Customers in Larimer County gave the ARCH program very high marks on the customer satisfaction survey. The survey respondents indicated the information/service was clear and helpful; call backs, office appointments and in-home visits were prompt; and ARCH staff were respectful and knowledgeable. The vast majority of respondents, 94 percent, reported being very satisfied (79%) or somewhat satisfied (15%) with the help they received from ARCH. An overwhelming majority (93%) of respondents indicated that they agreed (39%) or strongly agreed (54%) that they received information that they could understand and use when they called ARCH. Ninety-one percent agreed that they would tell a friend or relative to call ARCH.

In Mesa County, overall customer satisfaction was also very high. The vast majority of respondents, 90 percent, reported being very satisfied (61%) or somewhat satisfied (29%) with the help they received from ARCH. An overwhelming majority of respondents indicated they agreed or strongly agreed that they received information that they could understand and use when they called ARCH. Eighty-nine percent agreed that they would tell a friend or relative to call ARCH.

The overall message is that the ARCH is doing well at what it was designed to do. The surveys also revealed areas needing improvement.

One of the key goals prescribed for Aging and Disability Resource Centers is the visibility of the ADRC and how it contributes to awareness of long term care services and supports in the community. In Larimer County, the ARCH program should continue and expand its efforts of marketing its services to hospital discharge planners, local physicians and potential consumers. A particular area of focus should be on lower income individuals and persons with disabilities who may ultimately apply for Medicaid services. Over the long run, this will make ARCH services available to more individuals seeking long term care services.

In Mesa County, the initial systems level outcome survey indicated a need for more effort to raise awareness in the community of long term care services and supports. The ARCH has been more successful in marketing its services to some client groups, but not to others. The customer group that is also seeking Medicaid eligibility should receive more emphasis as a target population. The ARCH project is planning to address this issue and has recently begun its marketing efforts.

Multiple survey sources in both counties pointed out difficulties faced by consumers in completing the Medicaid application process. The issue bears further investigation to determine the specific barriers in each county. One major difficulty is the State's computerized eligibility system (Colorado Benefits Management System-CBMS). Another is the difficulty some individuals, particularly those with confusion or residing in a hospital or nursing facility, have in gathering the required documentation needed to submit with an application (e.g., bank statements, birth certificates, property statements). Larimer County has addressed the issue through a contract with a service provider to assist individuals in gathering the required documents. Other counties have found this approach to be valuable. The customer surveys reported consumers finding the application process to be harder than expected and long delays in

becoming eligible. Each ARCH will need to collaborate with the county Medicaid eligibility unit to find ways of streamlining the process.

Another goal for Aging and Disability Resource Centers is to improve access to long term services and supports. Each ARCH has charged their Advisory Councils with the task of identifying gaps in long term care services and supports and developing ways of addressing those needs. While the Larimer ARCH has completed one cycle of this activity, it should be considered an ongoing quality improvement function.

Another approach to improving access to services is to improve the connections and collaboration among service providers in the current system of long term services and supports. The subsequent system level outcome survey in Larimer County revealed progress in this activity and work on it should be continued.

## **RECOMMENDATIONS TO THE COLORADO DEPARTMENT OF HUMAN SERVICES AND COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

Following are the issues that were identified by the ARCH Regional Advisory Council for Larimer County as the critical concerns that need to be addressed in order to improve access to long term care services in Colorado. For each issue, a problem statement denotes the reason for the concern and a story illustrates the concern. The recommendations follow.

### **I. Lack of Public Awareness**

Problem statement: The long term care community finds that the general public as well as the target population, older adults and people with disabilities, are not receiving the information they need to make informed decisions as they find themselves in need of long term support and services.

*John and Maude are an older couple who receive Meals on Wheels in their home from a volunteer, Daniela. On one of Daniela's delivery days, John told her that he and his wife needed to get their flu shots and asked if she could get the vaccine and give them their shots. Daniela explained that she was not allowed to do that, but that she would find out how they could get them. She learned that they were receiving services from a home health agency, contacted the agency and requested a nurse's visit. Two days later, they received their flu vaccine.*

**Recommendations:**

- **The ARCH website should be moved from pilot to statewide status. This website, containing a statewide resource directory should be tested by consumers, reading level friendly, multi-lingual, county/region based, and state funded.**
- **A community awareness campaign should be launched for local agencies, consumers, medical professional, legislators, and service providers. Local advisory committees could be used to support these campaigns.**
- **The ARCH website could serve as a primary source of education regarding long term care in Colorado. It could provide training materials for community agencies to utilize with their clients.**

### **II. Complexity of the long term care system**

Problem statement: The long term care system in Colorado is complex, fragmented, bureaucratic and not user friendly.

*Mable, a hospice patient with metastasized cancer, was living alone in her own home. Her daughter lived near by and had been providing support and care, but she also had two young children to care for and she worked fulltime. As Mable's disease progressed and her symptoms could not be managed at home, her doctors exhausted treatment options and recommended hospice in-patient care. Once her pain was under control with medication, she was ready for discharge and going back home, or to her daughter's home, were not viable options. She needed immediate nursing facility placement, and Medicaid was her only potential*

*pay source. The hospice social worker assisted with and submitted an application and began the search for a care facility that would accept her. Many facilities required a month's deposit, which Mable didn't have. Only a few would consider her in a Medicaid pending status, probably due to the fact that if she died within her first 30 days of placement, the facility would be at risk not being paid for the care they provided. At a time when all the emotions of facing an end to life are heightened, and all the losses of health, independence and privacy are having to be faced, there is the added stress of uncertainty that state Medicaid policies engender.*

#### **Recommendations:**

- a. The application process for Medicaid for long term care should be simplified. A committee with representatives from stakeholding venues who assist clients with the application should be formed to review the current application format. Consumers and representatives from state offices that can actually affect policy change should be included on the committee.**
- b. Medicaid rules should be changed to allow for presumptive eligibility for long term care. Many states have this rule in place and it works effectively.**
- c. A position should be developed within state government to coordinate training and community education and to maintain the ARCH website, resource directory and database. There should be dedicated funds for the evaluation of return on the state's investment and to identify population trends for needs.**

### **III. Lack of Coordination Within the Long Term Care System**

Problem statement: There is a lack of existing and potential interaction between Colorado Department of Human Services and Colorado Department of Health Care Policy and Financing (Medicaid) in the area of long term care.

*Tom, who is developmentally delayed, was having difficulty managing his medications at home. He is on Medicaid and his Home and Community Based Services (HCBS) is administered by Supportive Living Services through the Community Centered Board (CCB). In order to maintain his independence and honor his preference to live at home, medication monitoring was essential. The CCB made a referral to a home care agency to request a nurse to set up his medications weekly and provide an electronic medication reminder box. The home care agency requested information regarding the pay source for the service, and a delay ensued while three agencies, the CCB, the home care agency and the local Department of Human Services, tried to clarify who was responsible for payment for the electronic medication reminder. Tom experienced needless delays and anxiety while a final determination was sought over many exchanges among the agencies. Agency staff were frustrated because they lacked clarity about the resources they had available through their own Medicaid waiver systems and how to access those resources.*

**Recommendations:** This case is illustrative of many others occurring on a regular basis. Therefore, it is recommended that the State of Colorado take leadership in developing a coordination plan for the Colorado Department of Human Services and Health Care Policy and Financing. Steps to achieve this would include:

- Provide annual training to agency staffs to review what each agency does and to achieve transparency within the systems.
- Distribute a matrix that would show what services are available under the different waivers. Provide this matrix at all recommended trainings.
- Maintain a website for this matrix which would be updated regularly by the state.
- Cross educate all who administer the Medicaid waivers in order to have effective coordination and administration of services to consumers.
- Explore the restraints in each system and collaborate to identify ways to facilitate seamless services to consumers.
- Ensure that HCBS programs offer the same services with some special provisions for special populations.
- Provide mandatory public-input meetings for non-technical regulation changes.
- Provide an annual multi-agency conference on long term care.
- Develop an independent long term care division in the Governor's office.
- Simplify the process for regulatory and statewide changes.
- Develop an interdepartmental long term care advisory committee.

#### IV. Limited Resources for Information and Assistance

Problem statement: The ARCH statewide electronic information and referral system and local case management are critical components of a progressive long term care referral network in Colorado. There is currently no permanent funding for this valuable program.

*Susan lives in Maryland, far from her aging mother, Lucy, who lives alone in her own home in Colorado and is experiencing an increasing level of dementia. Susan can only come out to Colorado occasionally to check on her mother; she needs local assistance to provide information about services available to Lucy, who has adequate income and a good support system with friends and her church. She also needs a reliable person to coordinate her mother's care and let her know when changes occur in the level of care needed. Susan was referred to the ARCH program and the Resources Specialist visited with Lucy to assess her situation. The Resource Specialist recommended that Lucy consider assisted living and provided information to Susan about the facilities in Lucy's area where she could live with daily support and oversight while she maintained contact with her friends and church. It was a great relief to Susan to have someone to assist her with a difficult decision and that the solution was one her mother could afford.*

#### Recommendations:

- State funding of the ARCH program is essential to improving access to long term care in Colorado. Both the Colorado Department of Human Services (CDHS) and the Department of Health Care Policy and Financing (HCPF) should collaborate on legislation to expand and fund this program statewide.

**The Federal government is encouraging states to develop ADRC programs and is providing limited funding to promote the program.**

- **Both CDHS and HCPF should collaborate on seeking private sector funding to expand this program statewide. Funding from foundations and trusts is needed to support the development of the ARCH program while federal and state funding is being secured.**