

## **Integrating Aging & Disability Populations I&A**

**Tuesday October 5th, 10:15-11:45**

### ***Moderator:***

Henry Claypool, Advancing Independence, former Senior Advisor for Disability Policy to the Administrator of CMS

### **Montana's Implementation Experience and Connections to Disability Networks**

Sue Bailey, Program Manager, YCCOA Resource Center

### **Alaska's Use of Independent Living Centers as the ADRC**

Patrick Reinhart, Executive Director of the Alaska State Independent Living Council (SILC) and the Alaska Mobility Coalition

### **Massachusetts's Cross-Training Curriculum and Experience in Local Partnership**

Heather Johnson-Lamarche, Consultant with the UMMS Center for Health Policy & Research, MA Executive Office of Elder Affairs, and NASHIP

### ***Experts in the Audience***

April Meyers, Developmental Disabilities Program Specialist, Administration on Developmental Disabilities

Martha Taylor, Project Director for the SHIP National Resource Center, State Health Insurance Program Technical Assistance

Martin Gould, Research Specialist, National Council on Disabilities

Theresa Lambert, Deputy Director, National Association of State Units on Aging

## Speaker Biographies

**Henry Claypool** is the former Senior Advisor for Disability Policy to the Administrator of CMS, formally the Health Care Financing Administration (HCFA). While at HHS Claypool played a key role in marshalling a highly effective implementation effort in response the Olmstead decision that involved an extensive review of federal policy and development of guidance to States on the operation of the Medicaid program. Also of note is Claypool's work on Medicare's coverage policy regarding certain assistive technologies. In 2000, the agency classified augmentative communication devices as durable medical equipment allowing the Medicare program to pay for these aids.

**Sue Bailey** is a native of Chicago, Illinois but her home is Montana. She is a graduate of MSU with a B.S. degree in Wildlife Management and a graduate of Eastern Montana College with a B.S. degree in Elementary Education. Sue has worked with seniors at the Yellowstone County Council on Aging for the last 8 years as the Volunteer Coordinator for the Yellowstone County RSVP program, Caregiver Support Coordinator for YCCOA Caregiver Support Program, and most recently as the Program Manager of the YCCOA Resource Center. She has found it very exciting to be involved in the start up of both the National Family Caregiver Support program and now the pilot project for the Aging and Disabled Resource Centers.

**Patrick Reinhart** has been chair of the National State Independent Living Council (SILC) Congress and is currently Vice-Chair. As Executive Director of the Alaska SILC, Mr. Reinhart has taken a leadership role in promoting the independent living philosophy throughout state government. A Wisconsin native, Mr. Reinhart has lived in Anchorage, Alaska for 21 years.

**Heather Johnson-Lamarche**, MSW, MPH, brings over 12 years experience in long-term care policy, planning and analysis, and program development. Her primary areas of expertise focus on broad systems change and the reorganization of community-based systems of care to meet consumer needs. She has worked to enhance the quality of care for frail elders and younger persons with disabilities through the development of residential alternatives to nursing homes. With expertise in assisted living policy, geriatric assessment, care management, and long-range strategic planning, Heather has built a reputation as a critical thinker and team-builder.

Ms. Johnson-Lamarche is currently a consultant with the UMMS Center for Health Policy & Research, the MA Executive Office of Elder Affairs, and NASHP. She is involved in several New Freedom Initiative projects including the Project Director for the ADRC Grant, the project leader for the Real Choice Functional Assessment Work Group and team member of the Independence Plus Quality Work Group. She has managed previous grants, including Vermont's Champlain Long Term Care Coalition Community Partnerships for Older Adults RWJF grant. Heather worked for five years in the private sector as the Senior Healthcare Planning Analyst for PKC Corporation, a medical content company dedicated to building evidence-based tools for clinical decision-support and healthcare improvement. Previously, she

worked for over five years with the VT Department of Aging and Disabilities as its Senior Planner. Heather received an MSW and MPH from Boston University.

**April M. Meyers** currently works as a Developmental Disabilities Program Specialist at the Administration on Developmental Disabilities where she coordinates the Projects of National Significance (PNS) Grant Program. Presently, the PNS Grant Program is focusing on planning and implementing one-stop centers to assist unserve and underserved families of individuals with developmental disabilities. Prior to her federal employment, April coordinated a grant on managed care and long-term services for the Institute on Disability at the University of New Hampshire and a Personal Assistance Services Project for the national office of the United Cerebral Palsy Association. She began her professional career providing consumers with community supports and advocacy services at Centers for Independent Living, after receiving her B.A. in Sociology from a small liberal arts college in her home State of Maine.

**Martha Taylor** is employed by Johnson, Bassin & Shaw as the Project Director for the SHIP National Resource Center. Contracted by Centers for Medicare & Medicaid Services (CMS), the SHIP National Resource Center provides Technical Assistance and Support to the National SHIP Network. Prior to coming to the Resource Center, Martha was the Program Manager of the Elder Rights Unit and Coordinator for the Arizona State Health Insurance Assistance Program (SHIP) at Arizona Aging & Adult Administration and served as Chair of the National SHIP Steering Committee. Funded by the Centers for Medicare & Medicaid Services, SHIP provides education and training on the Medicare system including eligibility and enrollment, assists persons with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about care or treatment, choosing a Medicare +Choice plan or reconciling Medicare bills.

Martha Taylor has her B.S. degree from Indiana University. Since 1979 she has worked with older adults in a variety of settings including senior centers, skilled nursing facilities, Area Agencies on Aging, State Unit on Aging and the National Resource Center.

**Martin Gould**, Ed.D. joined the National Council on Disability staff as the research specialist in January 2000. He previously served as director of outcomes research at an international non-profit organization. His current NCD policy research work areas include: health care; long-term services and supports; livable communities; and education. He has also published policy and program research in several of these areas as well.

**Theresa N. Lambert**, Deputy Director, National Association of State Units on Aging serves as part of the organization management team to provide leadership in the planning and management of Association in support of its membership, the 56 State and Territorial Agencies on Aging. She also directs one of NASUA's three organizational divisions – Center for State Promotion of Productive Aging, which includes a variety of projects: National Aging Information & Referral Support Center, National Eldercare Locator (with National Association

of Area Agencies on Aging), Promoting Public Sector Involvement in 2-1-1, Clearinghouse on State and Local Older Worker Programs, State Health Promotion/ Disease Prevention Among Older Adults.

Ms. Lambert serves on many national advisory committees and boards and as liaison to a broad range of internal and external publics – national and international organizations, federal agencies, foundations, businesses, media entities, and public relations firms. Prior to joining NASUA, she directed professional development and continuing education programs in gerontology at the Ethel Percy Andrus Gerontology Center at the University of Southern California.



# The Resource Center

The  
Montana  
ADRC Model

# Statistics for Our Service Area

## ◆ Montana

145,550 square mile/918,000 pop.

6.2 person per square mile

Overlay Montana on the Atlantic coast, and it would reach from Boston west to Cleveland and south to Baltimore!

## ◆ Yellowstone County



2,666 square miles/133,000 pop.

49 persons per square mile

Mean travel time to work – 18 min.

# Grant Features

- ◆ Serving Aged 60 and older & Physically Disabled 18 and older
- ◆ Extended service hours seven days a week
- ◆ Located in local Shopping Mall for ease of access
- ◆ Streamline access to service with one-stop



# Choices

- ◆ Staff initially predominately drawn from aging service – extended hours staff more experienced in disability services
- ◆ First target group “seniors” – but always included disability services in outreach
- ◆ Advisory Committee – large group with smaller working group

# Network Connections

- ◆ Involve stakeholders from inception- both aging and disability services
- ◆ Small state numbers create good federal-state-local connections. Everyone works with everyone normally.

- **Very generous with staff time for trainings**

- **Donating materials & equipment**

# Challenges w/ possible solutions

- ◆ Fluctuating client load day vs. evening and weekend – extended staff focus on follow-up contacts
- ◆ Staff communication with so many different shifts – email and system-wide database

# On-going Challenges

- ◆ Tight budgets and service holes
- ◆ Client load growing on a fixed number of staff
- ◆ Urban vs. rural client
- ◆ Clients with needs beyond our service expertise
- ◆ Reaching our minority populations
- ◆ Creating a single entry data system used state-wide for accessing services



# AGING & DISABILITY RESOURCE CENTER



ALASKA

# GRANT STRUCTURE

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## Federal Funding

- *Administration on Aging*
- *Centers for Medicare & Medicaid Services*

## Grantee

- *Alaska Housing & Finance Corporation*

## Managing Partner

- *Statewide Independent Living Council*

## Service Delivery

- *Alaska Centers for Independent Living*

# PARTNERS

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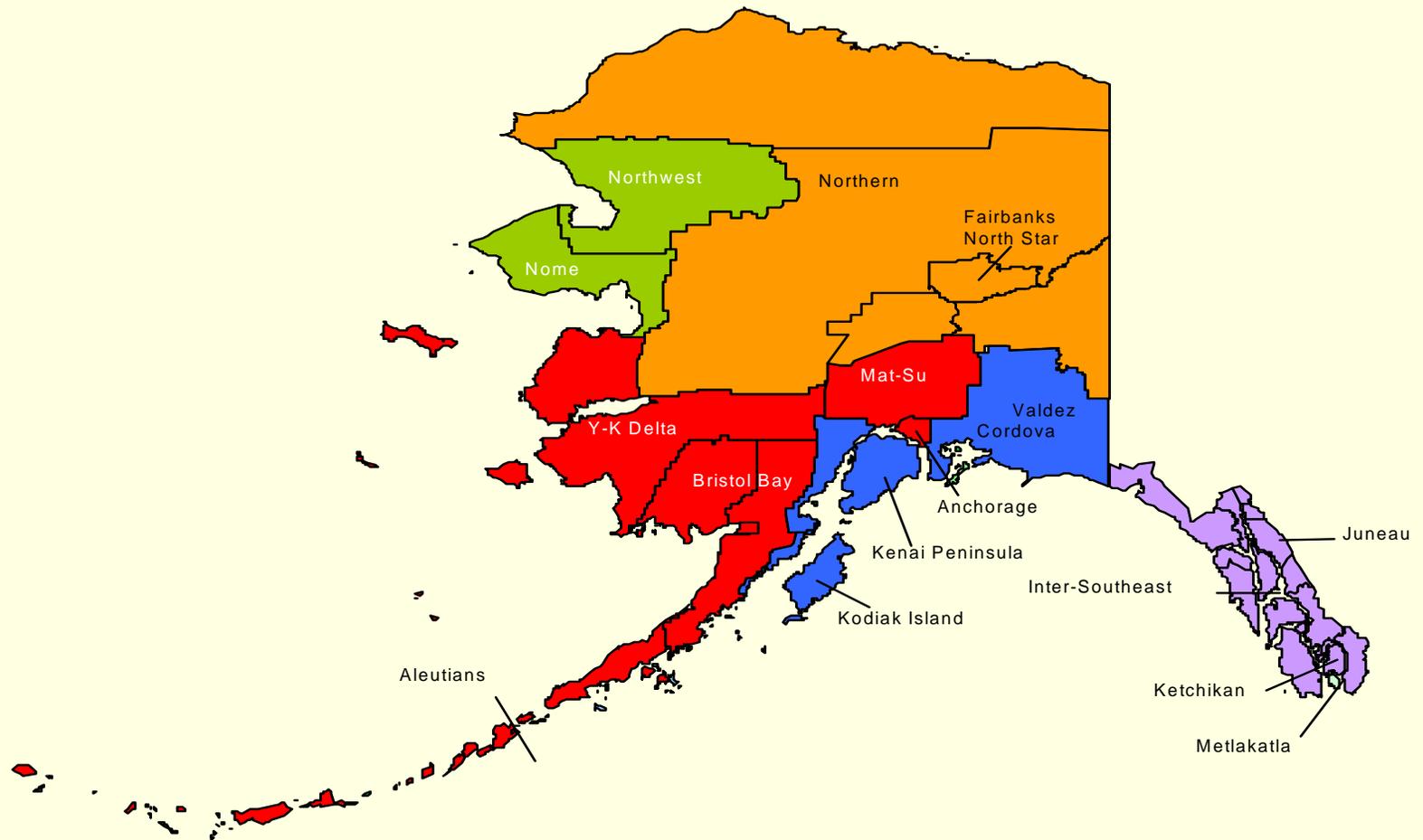
- Statewide Independent Living Council
- Division of Senior & Disability Services
  - Senior Hotline
- Older Persons Action Group
  - Senior Voice
- Independent Living Centers
  - Kenai
  - Juneau
  - Anchorage
  - Fairbanks
  - Kotzebue

# PROJECT SITES

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- Five Project Sites Across Alaska
  - Southeast Alaska Independent Living (SAIL)
  - Kenai Peninsula Independent Living Center (KPILC)
  - Access Alaska Anchorage
  - Access Alaska Fairbanks
  - Arctic Access Kotzebue

# REGIONAL SERVICE AREAS



# IMPLEMENTATION

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- Begins with two project sites subcontracted with SILC
- Year One Implementation at:
  - SAIL (Juneau)
  - KPILC (Kenai)

# IMPLEMENTATION

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- Services available at SAIL and KPILC by the end of year one:
  - Public Awareness
  - Adjusted information and referral to include services available to seniors and persons with disabilities regarding long-term care options.
  - Provide eligibility screening and comprehensive assessment of long-term support needs, planning, and Medicaid financial eligibility determination.

# IMPLEMENTATION

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- Continues with three remaining project sites subcontracted with SILC
- Year two implementation at:
  - Access Alaska (Anchorage)
  - Access Alaska (Fairbanks)
  - Arctic Access (Kotzebue)

# IMPLEMENTATION

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- Services available to remaining centers in year two, month four include:
  - Same services as implemented at pilot centers
- Services available to all centers by the end of year three include:
  - Awareness & Information
  - Assistance
  - Access

# AWARENESS & INFORMATION

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- Public Education
- Information on long term support options
- Monthly articles in *Senior Voice*

# ASSISTANCE

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- Long term support options counseling
- Benefits counseling
- Employment options counseling in cooperation with appropriate government resources
- Referral to other programs and benefits to help people remain in the community
- Crisis Intervention
- Helping people plan for future needs

# ACCESS

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- Eligibility screening
- Access to private pay long term support services
- Support needs assessment
- Programmatic eligibility determination (including Medicaid)
- One stop access to all public programs for community and institutional long term support services
- Foreign language bank through OPAG

# CURRENT EVENTS

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- Signed contract with AHFC
- Hired Program Coordinator
- Logistics
- KPILC hired IL Specialist
- Meeting with staff writer from *Senior Voice*
- Met with pilot site staff
- Monthly technical support teleconferences

# UPCOMING EVENTS

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- Finalize subcontracts with pilot sites
- Attend and present at the ADRC National Meeting in Washington, DC
- Meet with and present to the ADRC advisory board
- Develop a generalized brochure
- Assess knowledge and training needs of CIL staff
- MICIL software adjustments
- Meet with DSDS Senior Hotline Coordinator
- Develop prescreening tools

# QUESTIONS ??

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- Answers

# Thank You

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Statewide Independent Living Council  
1057 W. Fireweed Lane, Suite 206  
Anchorage, AK 99503

- Patrick Reinhart; Executive Director  
[reinhart@gci.net](mailto:reinhart@gci.net) - (907) 263-2004
- Melanie Peterson; Project Coordinator  
[mjpeterson@gci.net](mailto:mjpeterson@gci.net) - (907) 263-2009

# The Merrimack Valley Aging and Disability Resource Center (MVADRC) Cross Training

## Session 1

Overview and Philosophical Tenets of the  
Elder Services of Merrimack Valley and  
Northeast Independent Living Program

September 2004



# LTC for Elders – It's Roots and Origin

## Session 1

Presented by

Anne Proli Cataldo, Associate Executive Director  
Elder Services of the Merrimack Valley, Inc.

and

Merrimack Valley Aging and Disability Resource  
Center



# The Federal Response to Aging Issues

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

**1935**  
**The Social Security Act**



# The Advent of the Civil Rights and Women's Movements



**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

Mid 1960's

**Medicare  
and  
Medicaid  
begin**





## **Medicare / Medicaid and Special Needs**

For the disabled, mentally retarded, and mentally ill the concept of least restrictive environment was promoted.

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

# Remaining at Home





## **“De-institutionalization” Movement**

The "de-institutionalization" movement was initiated, with the most significant changes occurring through class action suits on behalf of the disabled.



**1965**

**The Older American's  
Act**

**Signed by President Johnson**





## **The Older American's Act Created:**

- The Administration on Aging (Federal)
- State Units of Aging (In Massachusetts, known as the Executive Office of Elder Affairs)
- Sub-state Area Agencies on Aging (ESMV is one of 670 nationwide)





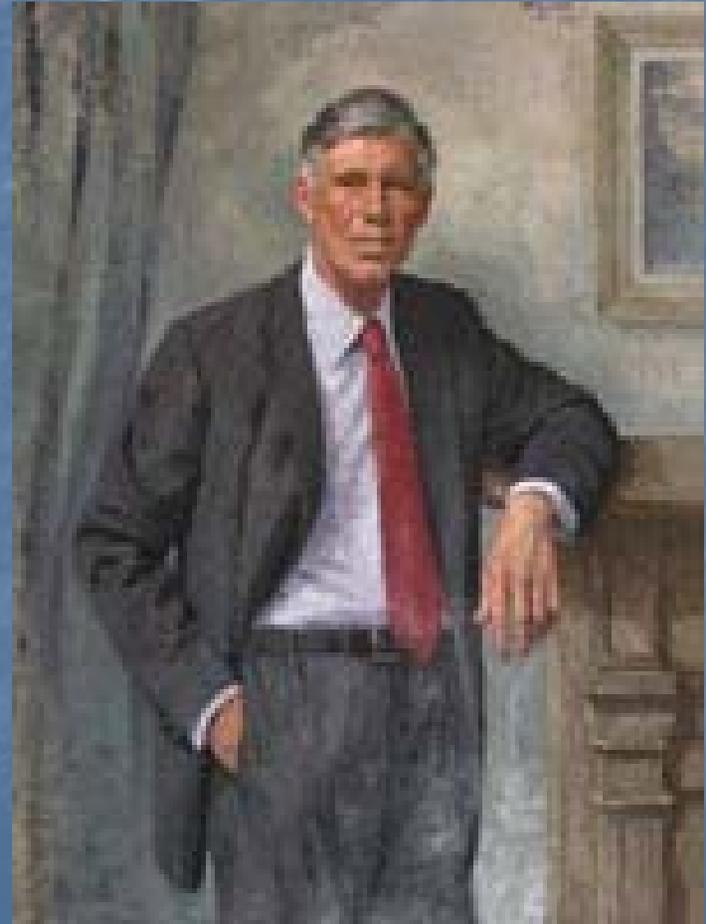
## **As an AAA, ESMV's mandate is:**

- To plan and monitor the needs of all people over age 60 living in our service area (23 cities and towns of the Merrimack Valley).
- A needs assessment is required every four years, and a plan developed to address those needs.
- § To administer federal funding to help create the programs needed.



# The Massachusetts Response

The Creation of the  
Executive Office of  
Elder Affairs



**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

# The Massachusetts Response

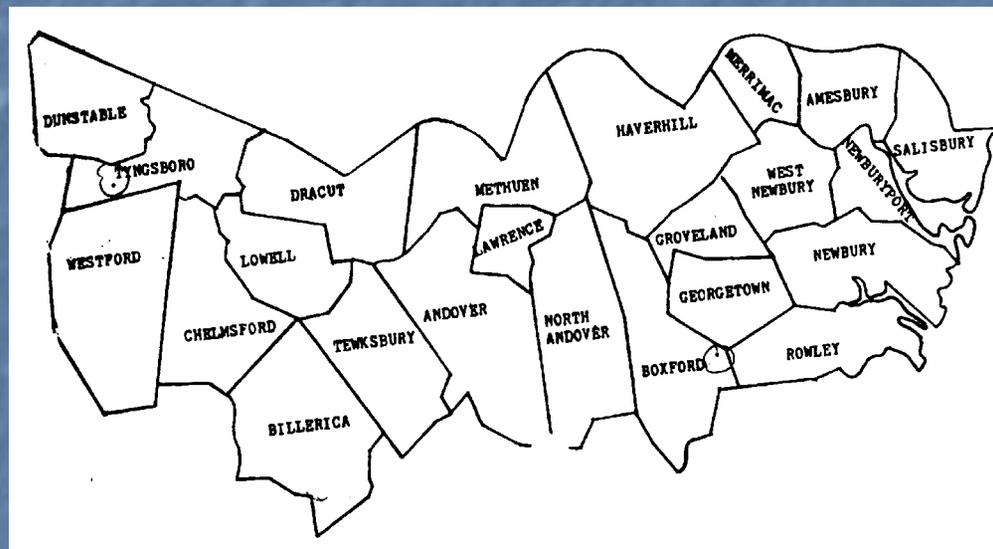
## State-funded Home Care



Frank Manning

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

## The Massachusetts Response



27 Home Care corporations created



**1982**

Mass Home Care is formed



**Mass Home Care**

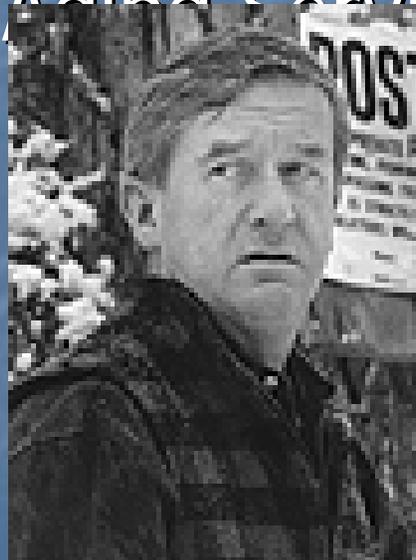
24 Third Avenue, Burlington, MA 01803  
“There’s No Care Like Home Care”



**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

**1996**

The Creation of Aging Service Access Points





**1997**

The Executive Office of Elder Affairs  
is given the authority to designate and  
oversee ASAP's



## Philosophical Tenets for Service

- Consumer Controlled Non-Profit Organizations
  - ✓ 51% of Board members be over the age of 60
  - ✓ 51% appointed by local Councils on Aging
- Independent Case Management Model
- Interdisciplinary Model



## **Consumer Controlled Non-Profit Organizations**

**51% of Board members must be over the age  
of 60**

**51% appointed by local Councils on Aging**



## Independent Case Management Model

ASAP's are only allowed to conduct case management, information and referral, and protective services directly, and must subcontract for all other services.



## **Interdisciplinary Model Recognizing the Key Role of Social Supports**

Case managers coordinate clients' care with nurses, the elders and their families, and outside agencies to provide the best care at home.

# The Independent Living Movement: Its Roots and Origin

## Session One

“Nothing about us without us”

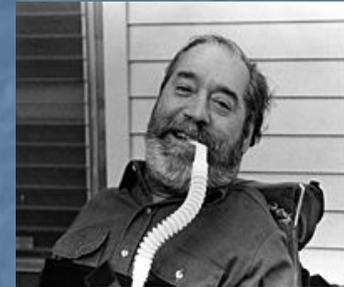
Presented by:

Charles Carr, Executive Director  
Northeast Independent Living Program, Inc.

[NILP.ORG](http://NILP.ORG)

# The Independent Living Movement

## Roots and origin



- Definition:

In its broadest implications the independent living movement is the civil rights movement of millions of Americans with disabilities. It is the wave of protest against segregation and discrimination and an affirmation of the right and ability of disabled persons to share fully in the responsibilities and joys of our society.

Edward V. Roberts,

1977

# The Independent Living Movement

## Philosophical Tenets

- Consumer Control
- Cross Disability
- Right to Fail (Take risks)
- Choice
- The Exercise of Power

# The Independent Living Movement

## Philosophical Tenets

- Consumer Control
- Cross Disability
- Right to Fail (Take risks)
- Choice
- The Exercise of Power

# The Independent Living Movement

## Philosophical Tenets

- Cross Disability

The practice of inclusion of all disability groups in the movement, to ensure independence for all. When we work together, in a unified voice, to advocate for basic survival resources such as housing, benefits and services, and civil rights that cut across all disability types, we're more powerful politically.

# The Independent Living Movement

## Philosophical Tenets

- Right to Fail

Everyone is entitled to take risks in life. Generally, institutions provide a false sense of security and require compliance and safety. Living in the community for people with disabilities often means trying new and different ways to live that are sometimes very difficult to learn and master. Along the way, like anyone else, some people with disabilities fail to do well enough to make it, and they may return to an institution.

# The Independent Living Movement

## Philosophical Tenets

- Choice

People with disabilities want to decide for themselves what services they want, how they want them delivered, by whom, and in what context. This means having personal control over life choices, services and activities.

# The Independent Living Movement

## Philosophical Tenets

- The Exercise of Power

*A significant social movement becomes possible when there is a revision in the manner in which a substantial group of people, looking at the same misfortune, see it no longer as a misfortune warranting charitable consideration, but as an injustice which is intolerable to society.*

Gerben DeJong, 1979

# The Independent Living Movement

## The Struggle and the Journey



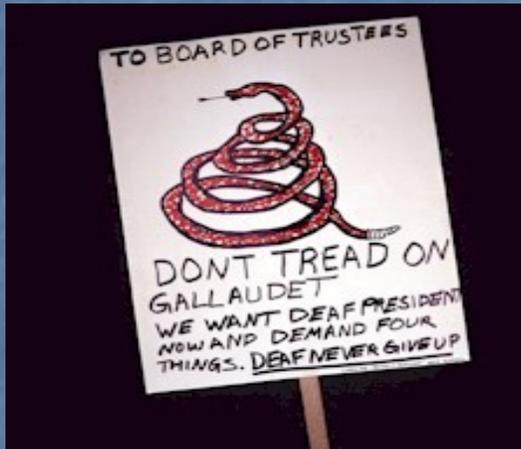
Disabled veterans in wheelchairs protest in late 1940's.

# The Independent Living Movement

**Section 504 of the 1973 Rehabilitation Act prohibited discrimination against people with disabilities in federally funded programs.**



# The Independent Living Movement



In 1988, students and alumni of Gallaudet University defied their board of trustees to force the hiring of a deaf person as president.



American Disabled for Attendant Programs Today (ADAPT) demonstration for national Personal Assistance Services, Baltimore, 1990.

# The Independent Living Movement

**Signed into law in 1990, the Americans with Disabilities Act (ADA) is one of the most significant civil rights documents of the 20th century. Its purpose is to end discrimination, reduce barriers to employment, and ensure access to education for people with disabilities.**

Senator Tom Harkin  
principal sponsor of the bill, urges  
its passage in the US senate using  
American Sign Language.

# The Independent Living Movement

## A Different Model of Services & Advocacy

- Centers for Independent Living
  - *The locus of the problem is not the individual, but the environment that includes not only the rehabilitation process but also the physical environment and the social control mechanisms in society-at-large. To cope with these environmental barriers, the disabled person must shed the patient or client role for the consumer role. Advocacy, peer counseling, self-help, consumer control, and barrier removal are the trademarks of the independent living paradigm.*

*Gerben DeJong,  
1979*

# The Independent Living Movement

## Centers for Independent Living

- Early Independent Living Centers (ILC's)
  - By the mid-1970s, organizations were being formed that put independent living philosophy and concepts into operation.
  - In Berkeley, California, students from the University of California founded the first center for independent living in 1972 as a means of creating independent living options within the Berkeley community.
  - The Boston Center for Independent living was formed in response to student demands in the Boston area in 1974.

# The Independent Living Movement

## Centers for Independent Living

### ■ Early Independent Living Centers

In most of these early centers, it was people with disabilities who were demanding respect through a different form of service delivery. They were putting these organizations together and securing funding for basic human needs based upon the models of service delivery they wanted in order to achieve their own independent living goals. Their services and advocacy activities fit the emerging independent living paradigm and not the rehabilitation or medical model.

# The Independent Living Movement

## Centers for Independent Living

- The core values of the Independent Living philosophy became the backbone of ILC Advocacy and Services.
  - **Consumer Control** - At least 51% of ILC Board of Directors, and staff at all levels must be *qualified* persons with disabilities.
  - **Cross Disability** - ILC's serve people with all types of disabilities.
  - **Right to Fail** - By promoting and supporting community living, ILC's recognized that there are inherent risks, and prepared consumers for that eventuality.
  - **Choice** - ILC's assist consumers in understanding what choices they have in all aspects of their lives, and support them throughout the decision-making process.
  - **Exercise of Power** - Individuals and systems advocacy are a hallmark of ILC's and unite the disability community to rise up against social injustice and other barriers to independence.

# The Independent Living Movement

## Centers for Independent Living

- Title VII of the Rehabilitation Act, as amended in 1984 defined core ILC services.
  - **Information and Referral** - To persons with disabilities, service providers, families and community members on disability and independent living topics and issues; and, referral assistance to link individuals with appropriate organizations, services and resources.
  - **Peer Counseling** - A majority of staff have disabilities and serve as role models to consumers, providing information and support, and facilitating decision making.
  - **Skills Training** - Training activities which focus on consumer skill development to achieve or increase independence.
  - **Advocacy** - A service process emphasizing consumer control and self-reliance. An array of approaches aimed at assisting persons with disabilities to take charge of the life choices, act on their own behalf, and overcome situations that reduce the potential for independence.

**The Merrimack Valley Aging  
and Disability Resource Center  
(MVADRC)  
Cross Training**

Session 2

The Nuts and Bolts

September 2004



# **The Nuts and Bolts of Aging Services Session 2**

Presented by

Anne Proli Cataldo

Associate Executive Director

Elder Services of the Merrimack Valley, Inc.

# ASAPs Have 5 Key Functions:

1. Provide Information and Referral
2. Conduct a Comprehensive Needs Assessment for Elders
3. Develop a Care Plan to Address Unmet Needs
4. Purchase Services Necessary to Implement the Care Plan
5. Monitor the Effectiveness of the Care Plan Over Time

# Home Care Intakes

1. Age Info Department Contacted
2. Age Info Provides Information / Referral or Initiates Home Care Intake
3. ESMV Staff (Nurses, Case Managers) Meet to Assign In-home Assessment
4. Eligibility for Services Determined at In-home Assessment

# In order to receive State Home Care Services, an elder must meet the following eligibility requirements:

- ❑ Residency
- ❑ Age Eligibility
- ❑ Income Eligibility
- ❑ Functional Impairment Level Eligibility (FIL)
- ❑ Need Eligibility



# Residency and Age Eligibility

Residency – Massachusetts resident

Age Eligibility – at least 60 years old  
--or less than 60 with Alzheimer's  
Disease

# Income Eligibility

## Annual Gross Income

- 1-person household  
\$20,778 maximum
- 2-person household  
\$29,402 maximum

## Monthly Gross Income

- 1-person household  
\$1,732 maximum
- 2-person household  
\$2,450 maximum

# Functional Impairment Level (FIL)

The Massachusetts Long Term Care Needs Assessment (MLTCNA) tool determines elders' inability to perform:

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)

# Need Eligibility

## Unmet Critical and Non-critical Needs

An applicant or client who meets the FIL criteria must also have unmet needs defined by EOEA as being in a "critical" area at the time of the initial assessment.

# Case Managers to Address Needs

- Care Plan - Service Providers in \_\_\_\_\_ Categories
- Service Plan Initiated
- Plan Adjusted as Needed

# MassHealth Programs

- Group Adult Foster Care Program (GAFC)
- Family Care for Adults (FCA)
- Personal Care Attendant Program (PCA)

# Group Adult Foster Care (GAFC)

- Is in subsidized/housing authority complex
- Requires PCA daily
- May receive 2 days Adult Day Health and Home Health Services up to 8 hours per week without special permission
- Not in 2176 Waiver Program
- Family

# Family Care for Adults (FCA)

Families provide a home environment, care, and companionship.



26 elders living with 19 host families.

# Personal Care Attendant (PCA)

36 elders enrolled



Program can provide overnight care,  
if needed

# Supportive Housing Programs

Provide services and supports to elderly and disabled adults in state and federally funded housing developments.



# Age Information

In June 2004, staff received 1,725 calls, which resulted in:

- 368 intakes
- 563 Help Desk calls
- 49 Elders at Risk / Protective calls
- 363 requests for information

# Coordination of Care



- 400 elders screened on average per month by registered nursing staff for eligibility for MassHealth services (nursing homes, adult day healthcare)

# Home Care

- 3,000 elders served on average per month
- 1,174 elders received Personal Care Homemaking
- 4.5 hours of homemaking on average/week
- 105 – oldest homecare client
- 26 years – longest enrolled client

# Home Care Programs

Homemaker

Social Day Care

Adult Day Health

Supportive Home Care  
Aide

Laundry Service

Emergency  
Response/On-call

Adaptive Housing

Medication Dispensing

Habilitation Therapy

Wanderer Locator

Personal Care

# Home Care Programs

Companion

Chore

Grocery Shopping

Transportation

Emergency Shelter

Respite

Vision Rehabilitation

Dementia Day Care

Home Health Services

Home Delivered Meals

# Respite

- 142 caregivers assisting per month on average
- Adult/Dementia Daycare—most typical service
- \$337 – average cost per month for a family

# Protective Services

## Investigates Reports of:

Physical Abuse

Emotional Abuse

Sexual Abuse

Caregiver Neglect

Self-Neglect

# Protective Services

Provides assistance for 106 elders per month on average

- Allegations investigated
- If confirmed, develop service plan with client
- Alleviate/eliminate the reported abuse

# Homeless Elders Program

- Serves an average of 36 elders/ month
- Manages a range of transitional housing sites to support elders while seeking permanent housing

# Northeast Independent Living Program

## The Nuts and Bolts Session 2

Presented by Charlie Carr  
Executive Director

Northeast Independent Living Program, Inc.

# NILP Core Services

*Throughout all of our Programs and Services are interwoven, at a minimum, the four basic core services required by law to be classified as an ILC. They are:*

- ❖ *Information and Referral*
  - ❖ *Peer Counseling*
  - ❖ *Skills Training*
  - ❖ *Advocacy*

# Information and Referral

NILP provides Information and Referral to persons with disabilities, service providers, families and community members on disability and independent living topics and issues; and, referral assistance to link individuals with appropriate organizations, services and resources.

# Peer Counseling

One of NILP's strongest points is that a majority of our staff have disabilities and serve as role models to consumers, providing information and support, and facilitating decision making.

# Skills Training

Training activities, which focus on consumer skill development to achieve or increase independence.

# Advocacy

A service process emphasizing consumer control and self-reliance. An array of approaches aimed at assisting persons with disabilities to take charge of their life choices, act on their own behalf, and overcome situations that reduce the potential for independence.

# Other NILP Services and Specific Programs

NILP provides advocacy and services to *all* people with disabilities. Individuals with disabilities that do not fit within the parameters of the broad program descriptions are encouraged to ask for general information and referral which will then direct them to the program that is best suited to meet their disability specific needs.

# NILP Services and Specific Programs

- Adults with Physical Disabilities Program
- A Smoother Transition
- Deaf and Hard of Hearing IL Services
- Services to Mental Health Consumers/Psychiatric Survivor Communities
- VR-IL
- Aging & Disability Resource Center (ADRC)
- ADA Consulting Services

# Adults with Physical Disabilities Program

Program works with adults who have physical disabilities such as spinal cord injury, cerebral palsy and muscular dystrophy. Independent Living services include Personal Care Assistance, peer counseling, accessibility advocacy, and referral for durable medical equipment.

# A Smoother Transition

Works with adolescents with disabilities and their families to facilitate the transition from both institutional and public schools into the adult human services system. Specialized services include advocacy and information during the development of Individualized Education Plans and social/recreational activities.

# Deaf and Hard of Hearing IL Services

The DHHILS program works with people who are culturally Deaf, late deafened, and hard of hearing in order to provide an environment that is communication accessible where a comprehensive array of IL services are available to assist in living independently. Unique services include ASL classes and peer mentoring.

# Services to Mental Health Consumers/Psychiatric Survivor Community

Works with people who have psychiatric disabilities through group empowerment and community organizing campaigns and training to fight against stigma, learned helplessness, and cruel and unusual punishment in mental hospitals. Unique services include coordinating the Lawrence Organizing Voices of Empowerment group, Peer Counseling and Training, and inpatient discharge planning at Tewksbury State Hospital.

# Vocational Rehabilitation- Independent Living

The Vocational Rehabilitation/Independent Living Program provides pre-vocational IL assessment, Peer Counseling, Information and Referral, Advocacy and Skills Training to eligible MRC consumers. Additional services, such as Money Management, Transportation, Benefits Counseling and Housing services all optimize a person's readiness for vocational choices, planning, and implementation

# Aging and Disability Resource Center

The Merrimack Valley Aging and Disability Resource Center (MVADRC) is a new collaborative project between NILP and Elder Services of the Merrimack Valley that will create a “no-wrong door” entry point of service for people with disabilities and elders, looking to access community-based long-term services. Services such as information and referral, intake, and case management processes will be streamlined between agencies, to make it easier for consumers to acquire long-term services regardless of age or disability in an efficient seamless manner.

# ADRC Community Options

Referrals to NILP will come from individuals in the community or from the Elder Services of the Merrimack Valley or eventually other community partners. At NILP there is a centralized Information & Referral (I&R) system whereby the individual/agency calling in, is directed to the appropriate program within NILP or referred behind the scenes to the Elder Services if appropriate. Therefore an individual with a disability, elderly or both will have access to a wide range of services without having to make many phone calls but rather one call to either NILP or Elder Services of the Merrimack Valley to start the process in motion.

# ADA Consulting Services

The program works with Department of Public Health providers that are presently not accessible, to educate them on accessibility requirements under the ADA, and assist them in coming into compliance.

# The Merrimack Valley Aging and Disability Resource Center (MVADRC) Cross Training

Session 3

So What Does This Mean For Us?

The ADRC Grant

September 2004

# Aging and Disability Resource Center Grant Program

- Jointly funded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS)
- 3-year grant awarded to the Executive Office of Elder Affairs
- Elder Affairs selected two organizations to pilot the grant
- Collaborative effort between Elder Services of the Merrimack Valley, Inc. (ESMV) and the Northeast Independent Living Program, Inc. (NILP)

# ADRC Primary Goal

Create a single, coordinated system of information and access for all persons seeking long term services and supports, regardless of age, disability or income .

# ADRC Objectives

- Minimize confusion
- Enhance individual choice
- Support informed decision-making
- Increase the cost-effectiveness of the long term supports system

# ADRC Key Functions

- Public Education and Outreach
- Information and Referral
- Options Counseling
- Benefits Counseling
- Employment Options Counseling
- Crisis Intervention
- Clinical and Financial Eligibility Screening
- Intake, Assessment and Service Planning

# The Massachusetts Model

- “No Wrong Door” approach versus “Single Entry Point”
- Bring together two organization types serving populations with similar needs
  - Aging Service Access Points (ASAPs) and Independent Living Centers (ILCs)
- Coordination and streamlining of key functions within existing organizations.
- Serve as statewide model for replication.

# The Big Picture View

3-year grant award to the MA  
Executive Office of Elder  
Affairs (EOEA)

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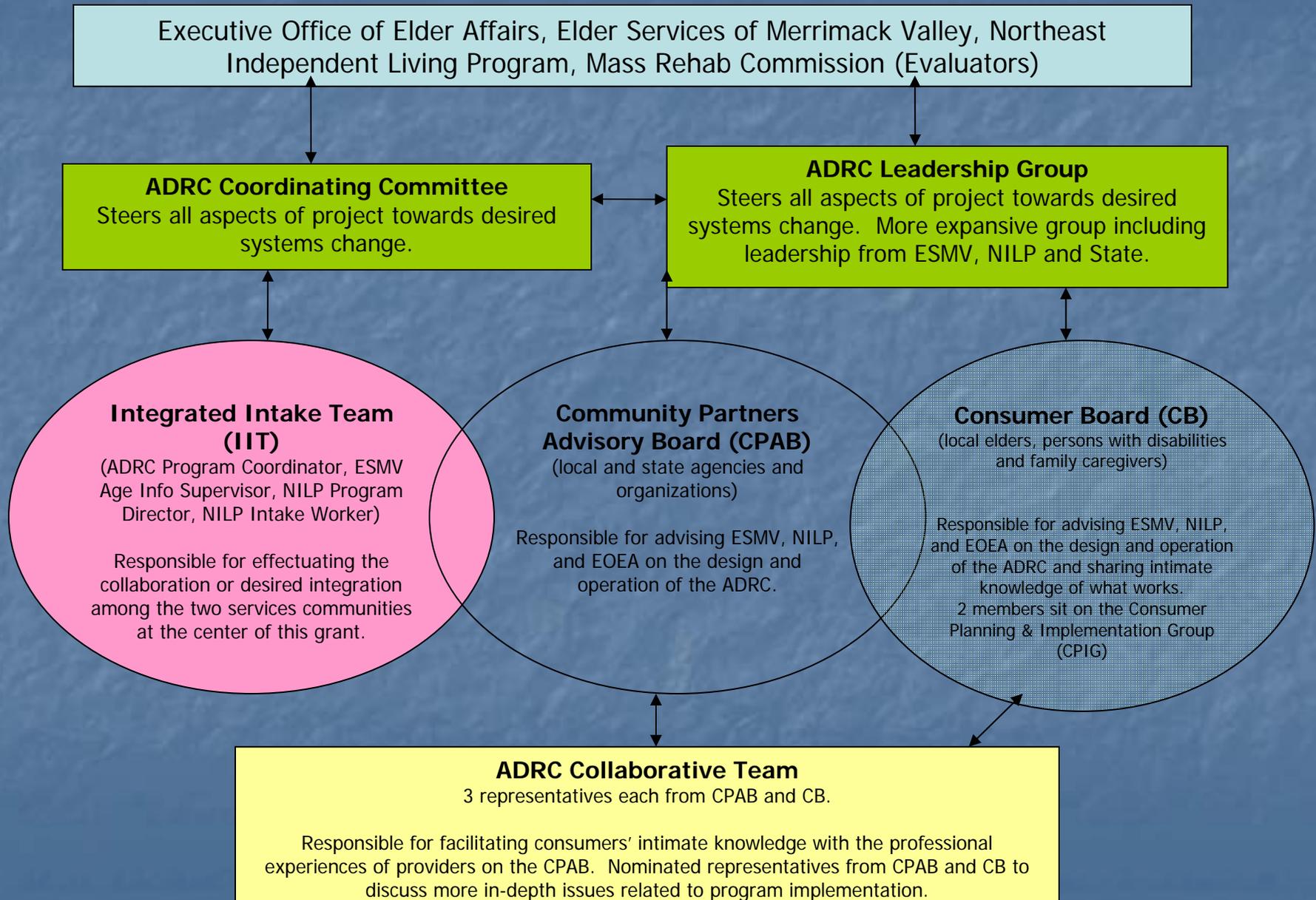
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(EOEA Consultant, ESMV, NILP,  
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**Integrated Intake  
Team**

**Community Partners  
Advisory Board**

**Consumer Board**

# MA ADRC Grant Implementation and Coordination Model



# MA ADRC Advisory Board Structure and Collaborative Decision-Making Model

Executive Office of Elder Affairs, Elder Services of Merrimack Valley, Northeast Independent Living Program, Mass Rehab Commission (Evaluators)

## ADRC Coordinating Committee

Steers all aspects of project towards desired systems change.

**Community Partners  
Advisory Board**  
(State and local agencies  
and organizations)

**ADRC  
Collaborative  
Team**  
(3 reps each  
from CPAB and  
CB)

**Consumer Board**  
(local seniors, persons  
with disabilities, family  
caregivers and support  
persons)

## Grant Support and Coordination

Office of Elder Affairs Consultant (Project Director)  
Program Coordinator (office at ESMV)  
2 Intake Workers (1 at ESMV, 1 at NILP)  
Outreach & Training Coordinator (office at NILP)

# What Are We Doing?

- Year 1:
  - Coordinate Information & Referral processes across ESMV and NILP
  - Create Consultation Form for common clients
  - Create I&R protocols across organizations
  - Cross train staff within ESMV and NILP
  - Create Community Partners Advisory Board (CPAB) and Consumer Board (CB)
  - Create 3-Year Evaluation Plan

# What Are We Doing?

- Year 2:
  - Coordinate eligibility, assessment and service planning services across ESMV and NILP
  - Conduct outreach to un- and underserved populations
  - Train CPAB member staff
  - Target and coordinate efforts with critical access points in community (hospital discharge planners, nursing homes, etc.)

# What Are We Doing?

- Year 3:
  - Expand model to entire Northeast Region
  - Conduct outreach & education to identified providers and consumers in new region
  - Evaluate model for replication
  - Ensure sustainability
  - Identify likely expansion areas
  - Develop long-range strategic plan for expansion

# The Merrimack Valley Aging and Disability Resource Center (MVADRC) Cross Training

Session 1

Overview and Philosophical Tenets of the  
Elder Services of Merrimack Valley and  
Northeast Independent Living Program

September 2004



# LTC for Elders – It's Roots and Origin

## Session 1

Presented by

Anne Proli Cataldo, Associate Executive Director  
Elder Services of the Merrimack Valley, Inc.

and

Merrimack Valley Aging and Disability Resource  
Center



# **The Federal Response to Aging Issues**

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

**1935**  
**The Social Security Act**



# The Advent of the Civil Rights and Women's Movements



**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

Mid 1960's

**Medicare  
and  
Medicaid  
begin**





## **Medicare / Medicaid and Special Needs**

For the disabled, mentally retarded, and mentally ill the concept of least restrictive environment was promoted.

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

# Remaining at Home





## **“De-institutionalization” Movement**

The "de-institutionalization" movement was initiated, with the most significant changes occurring through class action suits on behalf of the disabled.



**1965**

**The Older American's  
Act**

**Signed by President Johnson**





## **The Older American's Act Created:**

- The Administration on Aging (Federal)
- State Units of Aging (In Massachusetts, known as the Executive Office of Elder Affairs)
- Sub-state Area Agencies on Aging (ESMV is one of 670 nationwide)





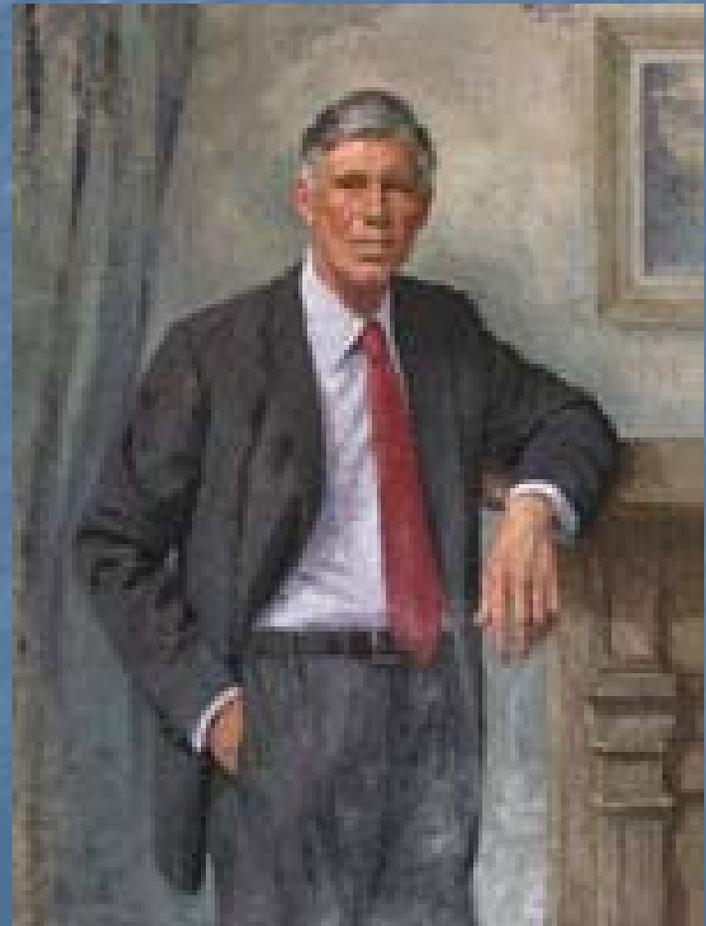
## **As an AAA, ESMV's mandate is:**

- To plan and monitor the needs of all people over age 60 living in our service area (23 cities and towns of the Merrimack Valley).
- A needs assessment is required every four years, and a plan developed to address those needs.
- § To administer federal funding to help create the programs needed.



# The Massachusetts Response

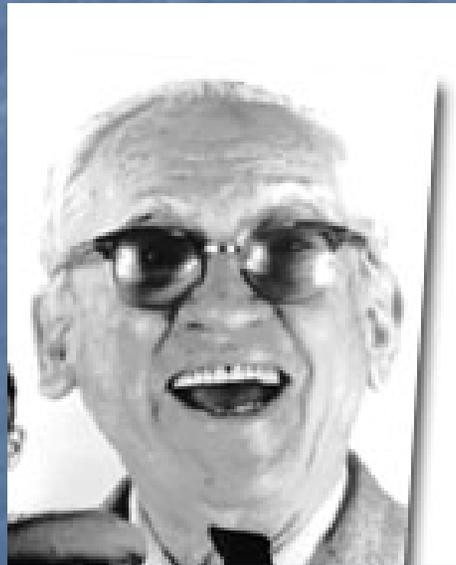
The Creation of the  
Executive Office of  
Elder Affairs



**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

# The Massachusetts Response

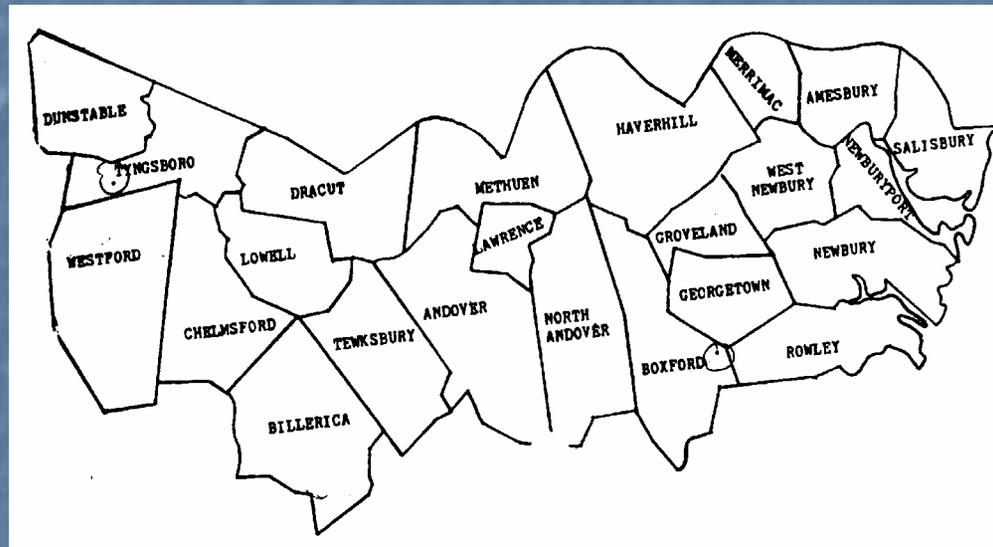
## State-funded Home Care



Frank Manning

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

## The Massachusetts Response



27 Home Care corporations created



**1982**

Mass Home Care is formed



**Mass Home Care**

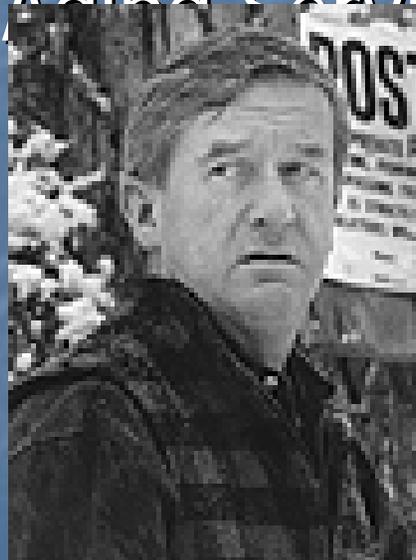


24 Third Avenue, Burlington, MA 01803  
"There's No Care Like Home Care"

**Elder Services of the Merrimack Valley, Inc.**  
*Choices for a life-long journey*

1996

The Creation of Aging Service Access Points





**1997**

The Executive Office of Elder Affairs  
is given the authority to designate and  
oversee ASAP's



## Philosophical Tenets for Service

- Consumer Controlled Non-Profit Organizations
  - ✓ 51% of Board members be over the age of 60
  - ✓ 51% appointed by local Councils on Aging
- Independent Case Management Model
- Interdisciplinary Model



## **Consumer Controlled Non-Profit Organizations**

**51% of Board members must be over the age  
of 60**

**51% appointed by local Councils on Aging**



## Independent Case Management Model

ASAP's are only allowed to conduct case management, information and referral, and protective services directly, and must subcontract for all other services.



## **Interdisciplinary Model Recognizing the Key Role of Social Supports**

Case managers coordinate clients' care with nurses, the elders and their families, and outside agencies to provide the best care at home.

# The Independent Living Movement: Its Roots and Origin

## Session One

“Nothing about us without us”

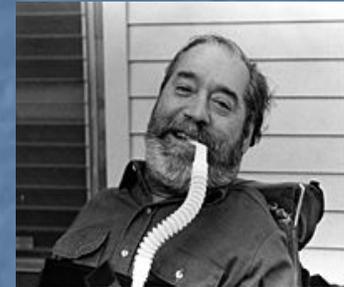
Presented by:

Charles Carr, Executive Director  
Northeast Independent Living Program, Inc.

[NILP.ORG](http://NILP.ORG)

# The Independent Living Movement

## Roots and origin



- Definition:

In its broadest implications the independent living movement is the civil rights movement of millions of Americans with disabilities. It is the wave of protest against segregation and discrimination and an affirmation of the right and ability of disabled persons to share fully in the responsibilities and joys of our society.

Edward V. Roberts,

1977

# The Independent Living Movement

## Philosophical Tenets

- Consumer Control
- Cross Disability
- Right to Fail (Take risks)
- Choice
- The Exercise of Power

# The Independent Living Movement

## Philosophical Tenets

- Consumer Control
- Cross Disability
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# The Independent Living Movement

## Philosophical Tenets

- Cross Disability

The practice of inclusion of all disability groups in the movement, to ensure independence for all. When we work together, in a unified voice, to advocate for basic survival resources such as housing, benefits and services, and civil rights that cut across all disability types, we're more powerful politically.

# The Independent Living Movement

## Philosophical Tenets

- Right to Fail

Everyone is entitled to take risks in life. Generally, institutions provide a false sense of security and require compliance and safety. Living in the community for people with disabilities often means trying new and different ways to live that are sometimes very difficult to learn and master. Along the way, like anyone else, some people with disabilities fail to do well enough to make it, and they may return to an institution.

# The Independent Living Movement

## Philosophical Tenets

- Choice

People with disabilities want to decide for themselves what services they want, how they want them delivered, by whom, and in what context. This means having personal control over life choices, services and activities.

# The Independent Living Movement

## Philosophical Tenets

- The Exercise of Power

*A significant social movement becomes possible when there is a revision in the manner in which a substantial group of people, looking at the same misfortune, see it no longer as a misfortune warranting charitable consideration, but as an injustice which is intolerable to society.*

Gerben DeJong, 1979

# The Independent Living Movement

## The Struggle and the Journey



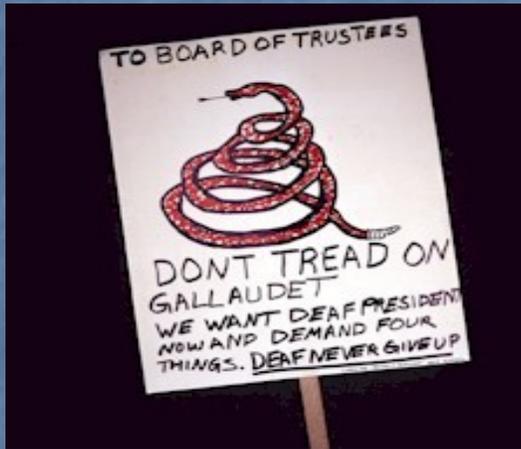
Disabled veterans in wheelchairs protest in late 1940's.

# The Independent Living Movement

**Section 504 of the 1973 Rehabilitation Act prohibited discrimination against people with disabilities in federally funded programs.**



# The Independent Living Movement



In 1988, students and alumni of Gallaudet University defied their board of trustees to force the hiring of a deaf person as president.



American Disabled for Attendant Programs Today (ADAPT) demonstration for national Personal Assistance Services, Baltimore, 1990.

# The Independent Living Movement

**Signed into law in 1990, the Americans with Disabilities Act (ADA) is one of the most significant civil rights documents of the 20th century. Its purpose is to end discrimination, reduce barriers to employment, and ensure access to education for people with disabilities.**

Senator Tom Harkin  
principal sponsor of the bill, urges  
its passage in the US senate using  
American Sign Language.

# The Independent Living Movement

## A Different Model of Services & Advocacy

- Centers for Independent Living
  - *The locus of the problem is not the individual, but the environment that includes not only the rehabilitation process but also the physical environment and the social control mechanisms in society-at-large. To cope with these environmental barriers, the disabled person must shed the patient or client role for the consumer role. Advocacy, peer counseling, self-help, consumer control, and barrier removal are the trademarks of the independent living paradigm.*

*Gerben DeJong,  
1979*

# The Independent Living Movement

## Centers for Independent Living

- Early Independent Living Centers (ILC's)
  - By the mid-1970s, organizations were being formed that put independent living philosophy and concepts into operation.
  - In Berkeley, California, students from the University of California founded the first center for independent living in 1972 as a means of creating independent living options within the Berkeley community.
  - The Boston Center for Independent living was formed in response to student demands in the Boston area in 1974.

# The Independent Living Movement

## Centers for Independent Living

### ■ Early Independent Living Centers

In most of these early centers, it was people with disabilities who were demanding respect through a different form of service delivery. They were putting these organizations together and securing funding for basic human needs based upon the models of service delivery they wanted in order to achieve their own independent living goals. Their services and advocacy activities fit the emerging independent living paradigm and not the rehabilitation or medical model.

# The Independent Living Movement

## Centers for Independent Living

- The core values of the Independent Living philosophy became the backbone of ILC Advocacy and Services.
  - **Consumer Control** - At least 51% of ILC Board of Directors, and staff at all levels must be *qualified* persons with disabilities.
  - **Cross Disability** - ILC's serve people with all types of disabilities.
  - **Right to Fail** - By promoting and supporting community living, ILC's recognized that there are inherent risks, and prepared consumers for that eventuality.
  - **Choice** - ILC's assist consumers in understanding what choices they have in all aspects of their lives, and support them throughout the decision-making process.
  - **Exercise of Power** - Individuals and systems advocacy are a hallmark of ILC's and unite the disability community to rise up against social injustice and other barriers to independence.

# The Independent Living Movement

## Centers for Independent Living

- Title VII of the Rehabilitation Act, as amended in 1984 defined core ILC services.
  - **Information and Referral** - To persons with disabilities, service providers, families and community members on disability and independent living topics and issues; and, referral assistance to link individuals with appropriate organizations, services and resources.
  - **Peer Counseling** - A majority of staff have disabilities and serve as role models to consumers, providing information and support, and facilitating decision making.
  - **Skills Training** - Training activities which focus on consumer skill development to achieve or increase independence.
  - **Advocacy** - A service process emphasizing consumer control and self-reliance. An array of approaches aimed at assisting persons with disabilities to take charge of the life choices, act on their own behalf, and overcome situations that reduce the potential for independence.

**The Merrimack Valley Aging  
and Disability Resource Center  
(MVADRC)  
Cross Training**

Session 2

The Nuts and Bolts

September 2004



# **The Nuts and Bolts of Aging Services Session 2**

Presented by

Anne Proli Cataldo

Associate Executive Director

Elder Services of the Merrimack Valley, Inc.

# ASAPs Have 5 Key Functions:

1. Provide Information and Referral
2. Conduct a Comprehensive Needs Assessment for Elders
3. Develop a Care Plan to Address Unmet Needs
4. Purchase Services Necessary to Implement the Care Plan
5. Monitor the Effectiveness of the Care Plan Over Time

# Home Care Intakes

1. Age Info Department Contacted
2. Age Info Provides Information / Referral or Initiates Home Care Intake
3. ESMV Staff (Nurses, Case Managers) Meet to Assign In-home Assessment
4. Eligibility for Services Determined at In-home Assessment

# In order to receive State Home Care Services, an elder must meet the following eligibility requirements:

- ❑ Residency
- ❑ Age Eligibility
- ❑ Income Eligibility
- ❑ Functional Impairment Level Eligibility (FIL)
- ❑ Need Eligibility



# Residency and Age Eligibility

Residency – Massachusetts resident

Age Eligibility – at least 60 years old  
--or less than 60 with Alzheimer's  
Disease

# Income Eligibility

## Annual Gross Income

- 1-person household  
\$20,778 maximum
- 2-person household  
\$29,402 maximum

## Monthly Gross Income

- 1-person household  
\$1,732 maximum
- 2-person household  
\$2,450 maximum

# Functional Impairment Level (FIL)

The Massachusetts Long Term Care Needs Assessment (MLTCNA) tool determines elders' inability to perform:

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)

# Need Eligibility

## Unmet Critical and Non-critical Needs

An applicant or client who meets the FIL criteria must also have unmet needs defined by EOEA as being in a "critical" area at the time of the initial assessment.

# Case Managers to Address Needs

- Care Plan - Service Providers in \_\_\_\_\_ Categories
- Service Plan Initiated
- Plan Adjusted as Needed

# MassHealth Programs

- Group Adult Foster Care Program (GAFC)
- Family Care for Adults (FCA)
- Personal Care Attendant Program (PCA)

# Group Adult Foster Care (GAFC)

- Is in subsidized/housing authority complex
- Requires PCA daily
- May receive 2 days Adult Day Health and Home Health Services up to 8 hours per week without special permission
- Not in 2176 Waiver Program
- Family

# Family Care for Adults (FCA)

Families provide a home environment, care, and companionship.



26 elders living with 19 host families.

# Personal Care Attendant (PCA)

36 elders enrolled



Program can provide overnight care,  
if needed

# Supportive Housing Programs

Provide services and supports to elderly and disabled adults in state and federally funded housing developments.



# Age Information

In June 2004, staff received 1,725 calls, which resulted in:

- 368 intakes
- 563 Help Desk calls
- 49 Elders at Risk / Protective calls
- 363 requests for information

# Coordination of Care



- 400 elders screened on average per month by registered nursing staff for eligibility for MassHealth services (nursing homes, adult day healthcare)

# Home Care

- 3,000 elders served on average per month
- 1,174 elders received Personal Care Homemaking
- 4.5 hours of homemaking on average/week
- 105 – oldest homecare client
- 26 years – longest enrolled client

# Home Care Programs

Homemaker

Social Day Care

Adult Day Health

Supportive Home Care  
Aide

Laundry Service

Emergency  
Response/On-call

Adaptive Housing

Medication Dispensing

Habilitation Therapy

Wanderer Locator

Personal Care

# Home Care Programs

Companion

Chore

Grocery Shopping

Transportation

Emergency Shelter

Respite

Vision Rehabilitation

Dementia Day Care

Home Health Services

Home Delivered Meals

# Respite

- 142 caregivers assisting per month on average
- Adult/Dementia Daycare—most typical service
- \$337 – average cost per month for a family

# Protective Services

## Investigates Reports of:

Physical Abuse

Emotional Abuse

Sexual Abuse

Caregiver Neglect

Self-Neglect

# Protective Services

Provides assistance for 106 elders per month on average

- Allegations investigated
- If confirmed, develop service plan with client
- Alleviate/eliminate the reported abuse

# Homeless Elders Program

- Serves an average of 36 elders/ month
- Manages a range of transitional housing sites to support elders while seeking permanent housing

# Northeast Independent Living Program

## The Nuts and Bolts Session 2

Presented by Charlie Carr  
Executive Director

Northeast Independent Living Program, Inc.

# NILP Core Services

*Throughout all of our Programs and Services are interwoven, at a minimum, the four basic core services required by law to be classified as an ILC. They are:*

- ❖ *Information and Referral*
  - ❖ *Peer Counseling*
  - ❖ *Skills Training*
  - ❖ *Advocacy*

# Information and Referral

NILP provides Information and Referral to persons with disabilities, service providers, families and community members on disability and independent living topics and issues; and, referral assistance to link individuals with appropriate organizations, services and resources.

# Peer Counseling

One of NILP's strongest points is that a majority of our staff have disabilities and serve as role models to consumers, providing information and support, and facilitating decision making.

# Skills Training

Training activities, which focus on consumer skill development to achieve or increase independence.

# Advocacy

A service process emphasizing consumer control and self-reliance. An array of approaches aimed at assisting persons with disabilities to take charge of their life choices, act on their own behalf, and overcome situations that reduce the potential for independence.

# Other NILP Services and Specific Programs

NILP provides advocacy and services to *all* people with disabilities. Individuals with disabilities that do not fit within the parameters of the broad program descriptions are encouraged to ask for general information and referral which will then direct them to the program that is best suited to meet their disability specific needs.

# NILP Services and Specific Programs

- Adults with Physical Disabilities Program
- A Smoother Transition
- Deaf and Hard of Hearing IL Services
- Services to Mental Health Consumers/Psychiatric Survivor Communities
- VR-IL
- Aging & Disability Resource Center (ADRC)
- ADA Consulting Services

# Adults with Physical Disabilities Program

Program works with adults who have physical disabilities such as spinal cord injury, cerebral palsy and muscular dystrophy. Independent Living services include Personal Care Assistance, peer counseling, accessibility advocacy, and referral for durable medical equipment.

# A Smoother Transition

Works with adolescents with disabilities and their families to facilitate the transition from both institutional and public schools into the adult human services system. Specialized services include advocacy and information during the development of Individualized Education Plans and social/recreational activities.

# Deaf and Hard of Hearing IL Services

The DHHILS program works with people who are culturally Deaf, late deafened, and hard of hearing in order to provide an environment that is communication accessible where a comprehensive array of IL services are available to assist in living independently. Unique services include ASL classes and peer mentoring.

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**Merrimack  
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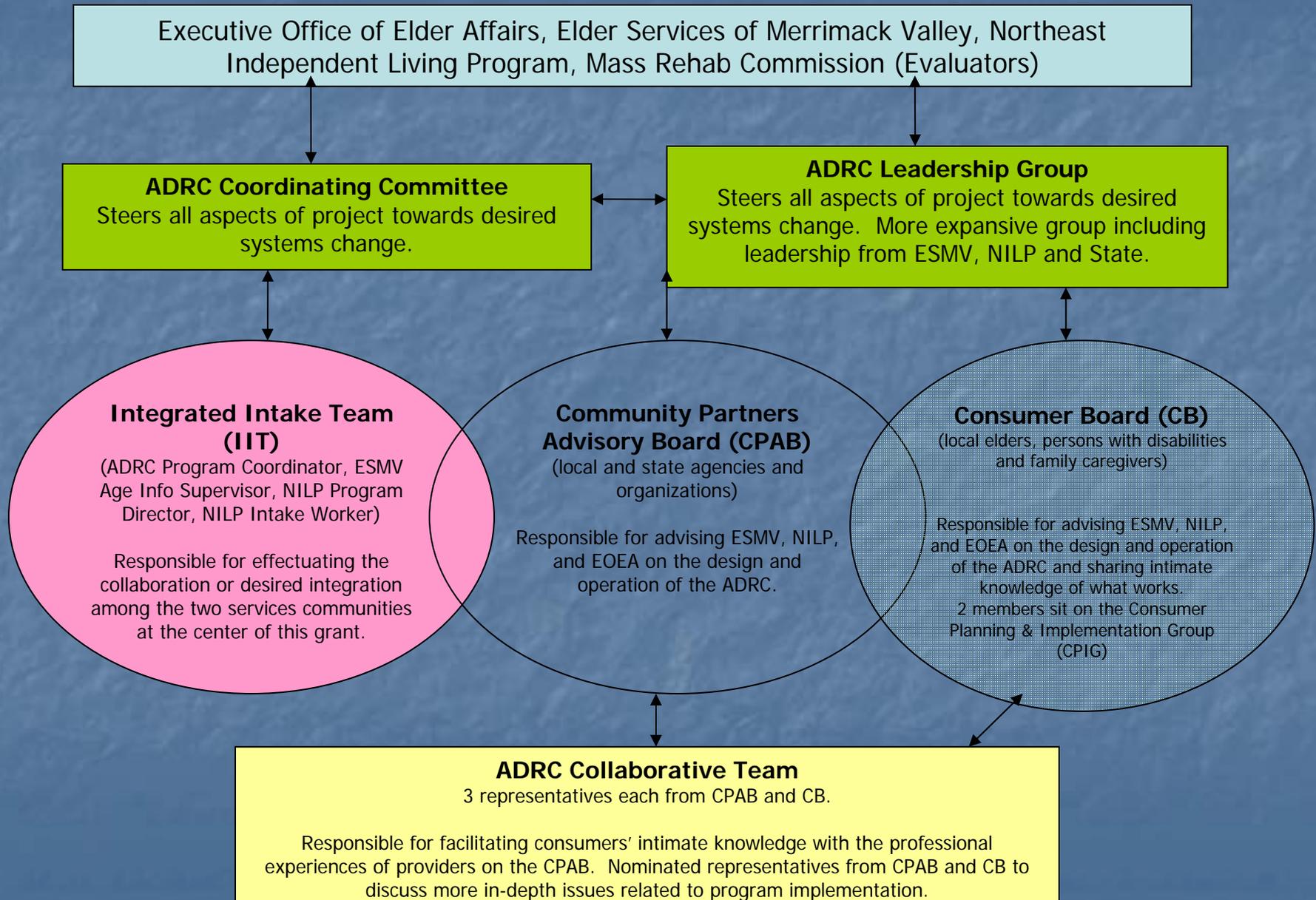
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# MA ADRC Grant Implementation and Coordination Model



# MA ADRC Advisory Board Structure and Collaborative Decision-Making Model

Executive Office of Elder Affairs, Elder Services of Merrimack Valley, Northeast Independent Living Program, Mass Rehab Commission (Evaluators)

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Steers all aspects of project towards desired systems change.

**Community Partners  
Advisory Board**  
(State and local agencies  
and organizations)

**ADRC  
Collaborative  
Team**  
(3 reps each  
from CPAB and  
CB)

**Consumer Board**  
(local seniors, persons  
with disabilities, family  
caregivers and support  
persons)

## Grant Support and Coordination

Office of Elder Affairs Consultant (Project Director)  
Program Coordinator (office at ESMV)  
2 Intake Workers (1 at ESMV, 1 at NILP)  
Outreach & Training Coordinator (office at NILP)

# What Are We Doing?

- Year 1:
  - Coordinate Information & Referral processes across ESMV and NILP
  - Create Consultation Form for common clients
  - Create I&R protocols across organizations
  - Cross train staff within ESMV and NILP
  - Create Community Partners Advisory Board (CPAB) and Consumer Board (CB)
  - Create 3-Year Evaluation Plan

# What Are We Doing?

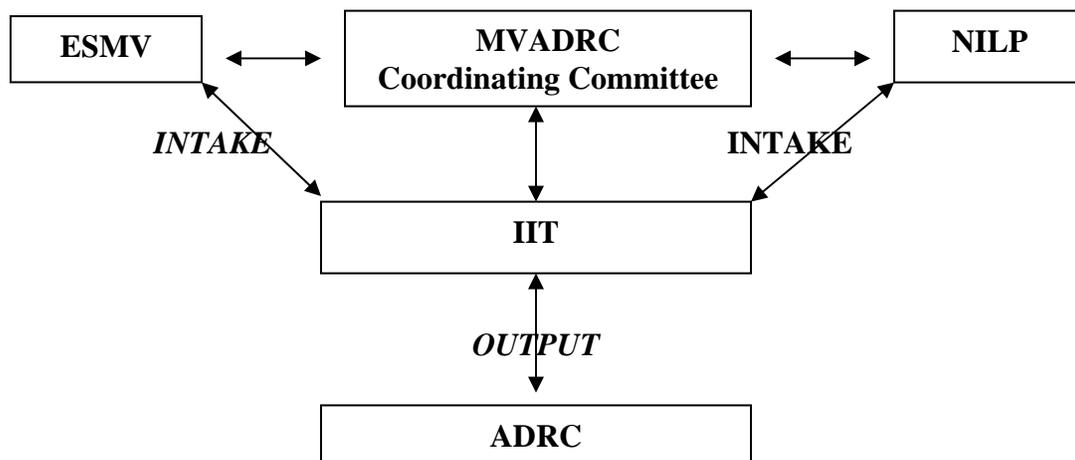
- Year 2:
  - Coordinate eligibility, assessment and service planning services across ESMV and NILP
  - Conduct outreach to un- and underserved populations
  - Train CPAB member staff
  - Target and coordinate efforts with critical access points in community (hospital discharge planners, nursing homes, etc.)

# What Are We Doing?

- Year 3:
  - Expand model to entire Northeast Region
  - Conduct outreach & education to identified providers and consumers in new region
  - Evaluate model for replication
  - Ensure sustainability
  - Identify likely expansion areas
  - Develop long-range strategic plan for expansion

**Merrimack Valley ADRC  
Integrated Intake Team  
Report to the Coordinating Committee**

The Integrated Intake Team (IIT) has become a key part of the entire ADRC grant program; and, it could be said, the title of this team is somewhat misleading. While it is true that IIT has discussed and reviewed tools used during an Intake process, “Intake” for this team extends beyond the limits of tools or the specific process of enrolling consumers/participants officially into services. “Intake” in relationship to IIT is more so descriptive of an opening in the program structure through which information enters into two separate entities – ESMV and NILP. This information is analyzed, discussed, and gradually bridges the two entities. Essentially ESMV and NILP are prominent organizations in each of their respective fields of expertise: Elder Services and Services for People with Disabilities. Bridging a collaboration intended to expand into the integration of the two service communities has required IIT to see any type of tools to document various levels and degree of services as not the end but the means to “Intake” or “take in” information about separate service philosophies, customs and practices, as well as terminology. The *Intake* is processed and the output is integrated service practices - see figure below.



IIT met for the first time on February 27, 2004. Since then the team had 4 additional meetings in March (Mar. 5,12,19,26) and another on April 4 – each meeting lasted two hours. The team includes four team members: Nilka I. Alvarez-Rodriguez, ESMV/ADRC Coordinator; Meredith Carver, ESMV/Age Info Supervisor; Karen Bureau, NILP Massachusetts ADRC

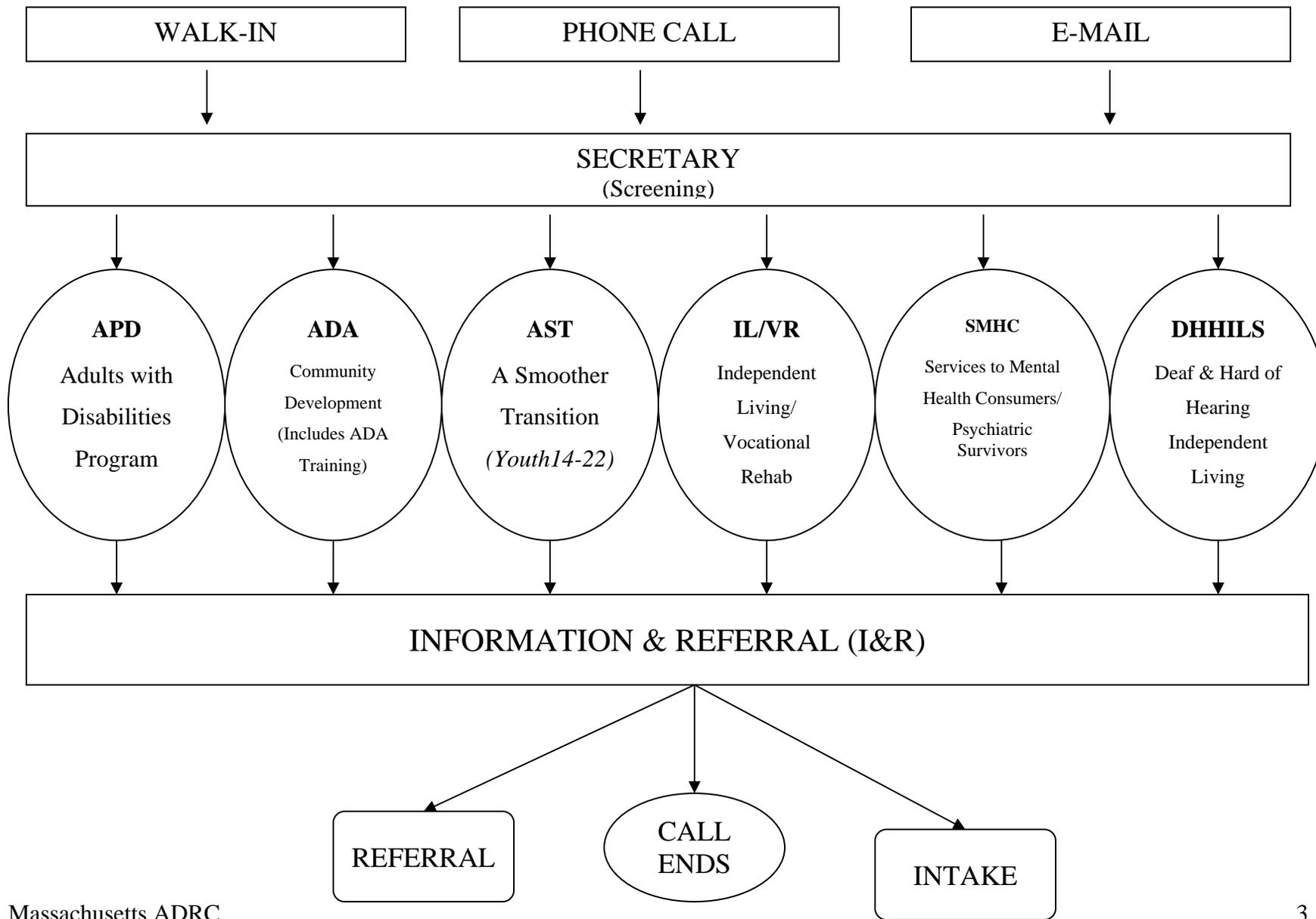
Integrated Intake Team Report  
NAR

Program Director; and, Elizabeth Quinn NILP/ADRC Intake Worker. In the past six weeks, the issues covered and jobs performed by IIT were as follows:

- (1) Developed a derivative work-plan and timeline for the team from the general ADRC work-plan and timeline.
- (2) Discussion and review of the ESMV and NILP tools used for I&R, Intake, and Assessment.
- (3) Began to organize supportive resources available to each service community into an integrated - or ADRC - Resource Guide.
- (4) Analyzed and reviewed the “Real Choice Functional Assessment Tool” and generated several lists covering concerns, questions, and recommendations.
- (5) Started to generate a list of terms used by each service community to create a Glossary of Terms that will facilitate communication.
- (6) Exchanged mission statements from ESMV and NILP to provide an analysis in relationship to service practice and culture of each organization.
- (7) Prepared, discussed, and analyzed service scenarios to decipher what are the underlying dynamics (i.e., funding requirements, etc.) in the handling of such service situations and identify key points for a cross-training program.
- (8) Developed workflow charts accompanied by written descriptions that explain I&R, Intake, and Assessment processes at ESMV and NILP.
- (9) Preliminary formulation of a shared I&R tool referred to as the “consultation form”.

As the ADRC program grant grows, the direction and necessary tasks become clear. Such an occurrence also means some of the work has to be revisited. The IIT work-plan and timeline will change by virtue of amendments born out of new sets of understood agreements among the ADRC leadership that will affect the nature of the overall work-plan and timeline. The IIT attached to this report the ESMV and NILP flowcharts with accompanying explanation on the I&R, Intake, and Assessment processes within each respective organization.

# Northeast Independent Living Program's I&R Flowchart



## **Northeast Independent Living Program I&R Flowchart**

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

- Walk-in
- Phone Call (Agency #, 1-800-Age-Info, or ESMV's 800 #)
- E-mail

**Step 2:** Initial Contact is made with the Secretary. The Secretary conducts a screening to determine where to direct the participant – to which of the agency programs.

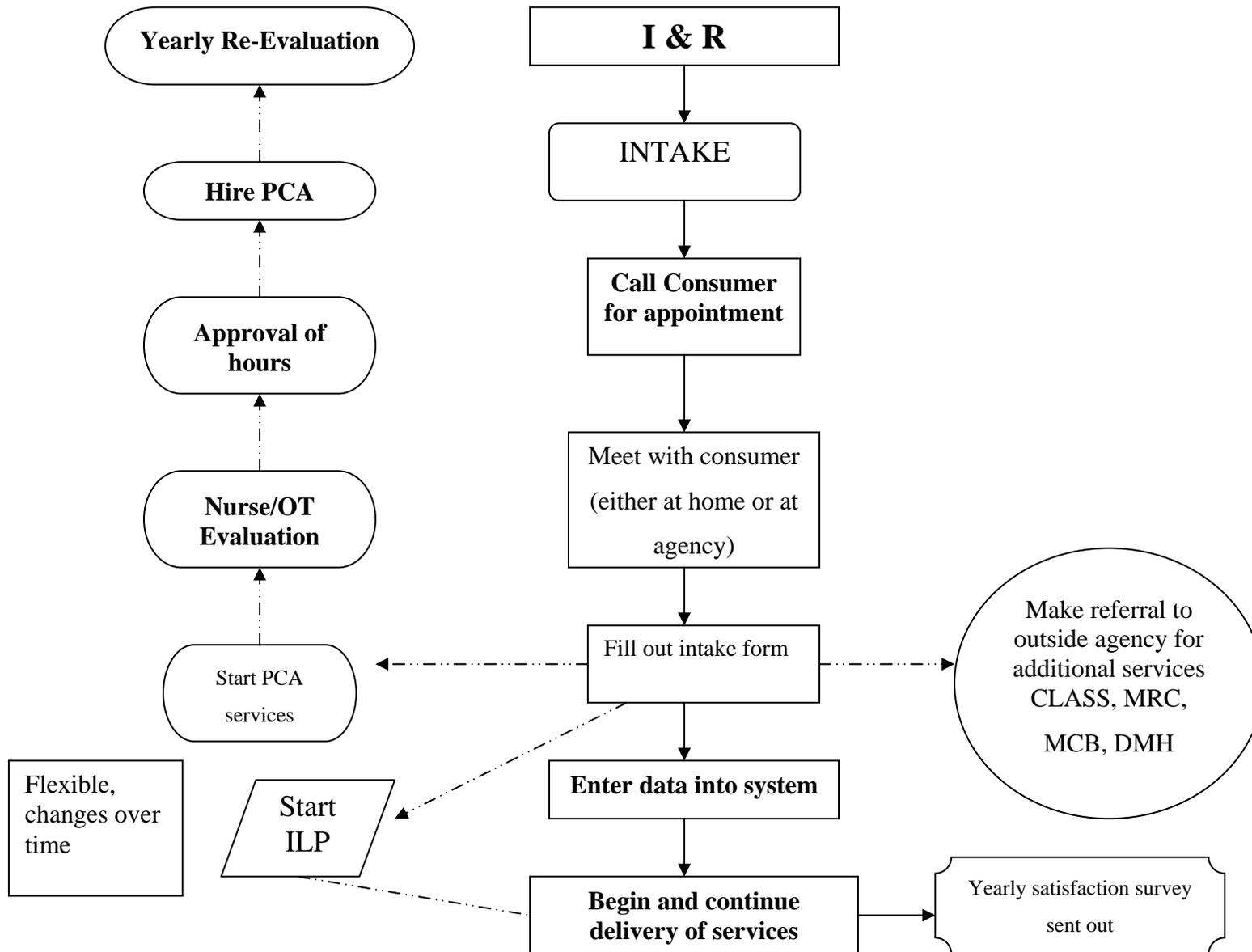
**Step 3:** Information and Referral is performed by Program staff.

- Adults with Disabilities Program
- Community Development (Includes ADA Training)
- A Smoother Transition (Youth 14-22)
- Independent Living/ Vocational Rehab
- Services to Mental Health Consumers/Psychiatric Survivors

**Step 4:** Program staff proceeds to either make a Referral or conduct an Intake.

\*\*\*\*\*

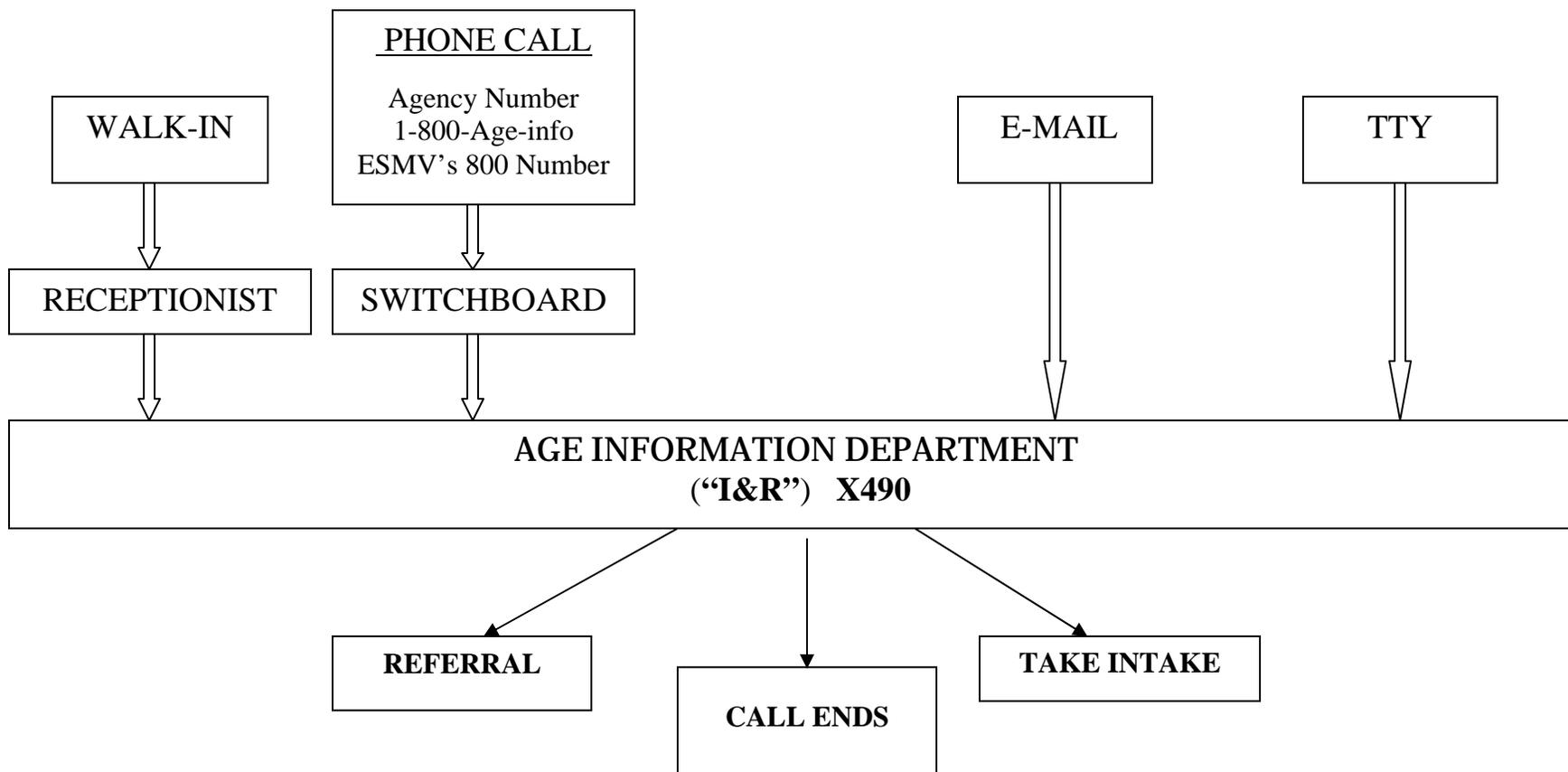
# Northeast Independent Living Intake and Assessment Flowchart



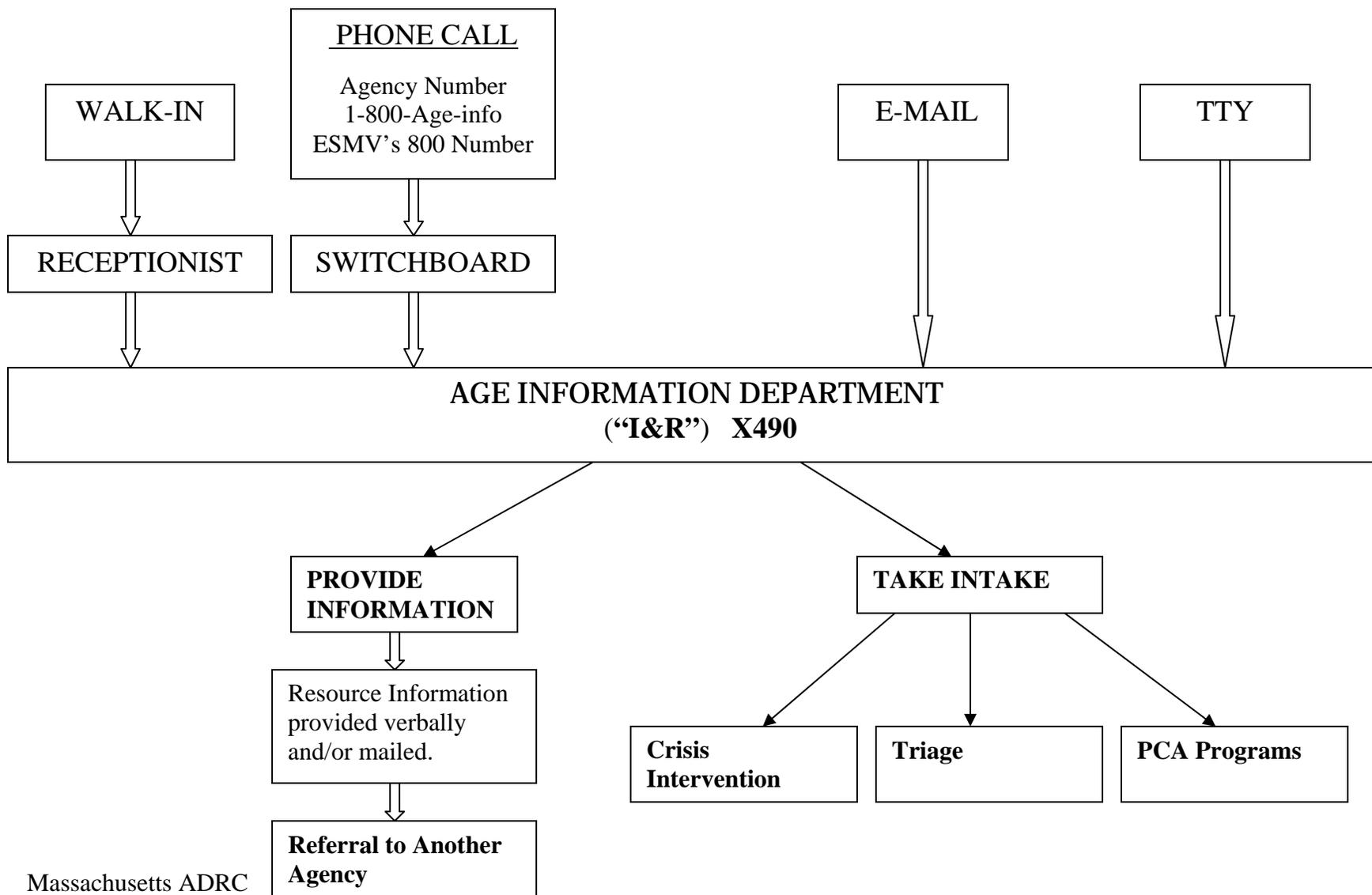
Appendix F  
**Northeast Independent Living Program  
Intake & Assessment Flowchart**

- Step 1** Program intake is conducted.
- Step 2:** Staff calls participant for an appointment.
- Step 3:** Meet with consumer either at the home or at the agency.
- Step 4:** Fill out Intake form.
- Step 5:** Make referral to outside agency or start PCA/ILP services.
- Step 6:** Under PCA services the nurse conducts an OT evaluation to determine hours of service needed.
- Step 7:** PCA is hired.
- Step 8:** Annual re-evaluations are conducted in both the PCA and ILP services.

# ***Elder Services of the Merrimack Valley I&R and Intake Flowchart A***



### ***Elder Services of the Merrimack Valley I&R and Intake Flowchart B***



Appendix F  
**Elder Services of the Merrimack Valley, Inc.**  
**I&R and Intake Flowchart**

**Step 1:**      Client/Friend/Relative/Provider Initiates Contact in 1 of 5 possible ways:

- Walk-in
- Phone Call (Agency #, 1-800-Age-Info, or ESMV's 800 #)
- E-mail
- TTY
- ESMV Nurse Case Manager

**Step 2&3:**      Initial Contact can be with a receptionist if a walk-in or with the switchboard operator if phoning – both of which would connect the person to the Age Info Department. The other three methods of initiating contact (E-mail, TTY, or ESMV Nurse Case Manager) leads directly to the Age Info Department without the second Step.

**Step 4**      Age Info staff proceeds to perform 1 of the 2 possible types of services:

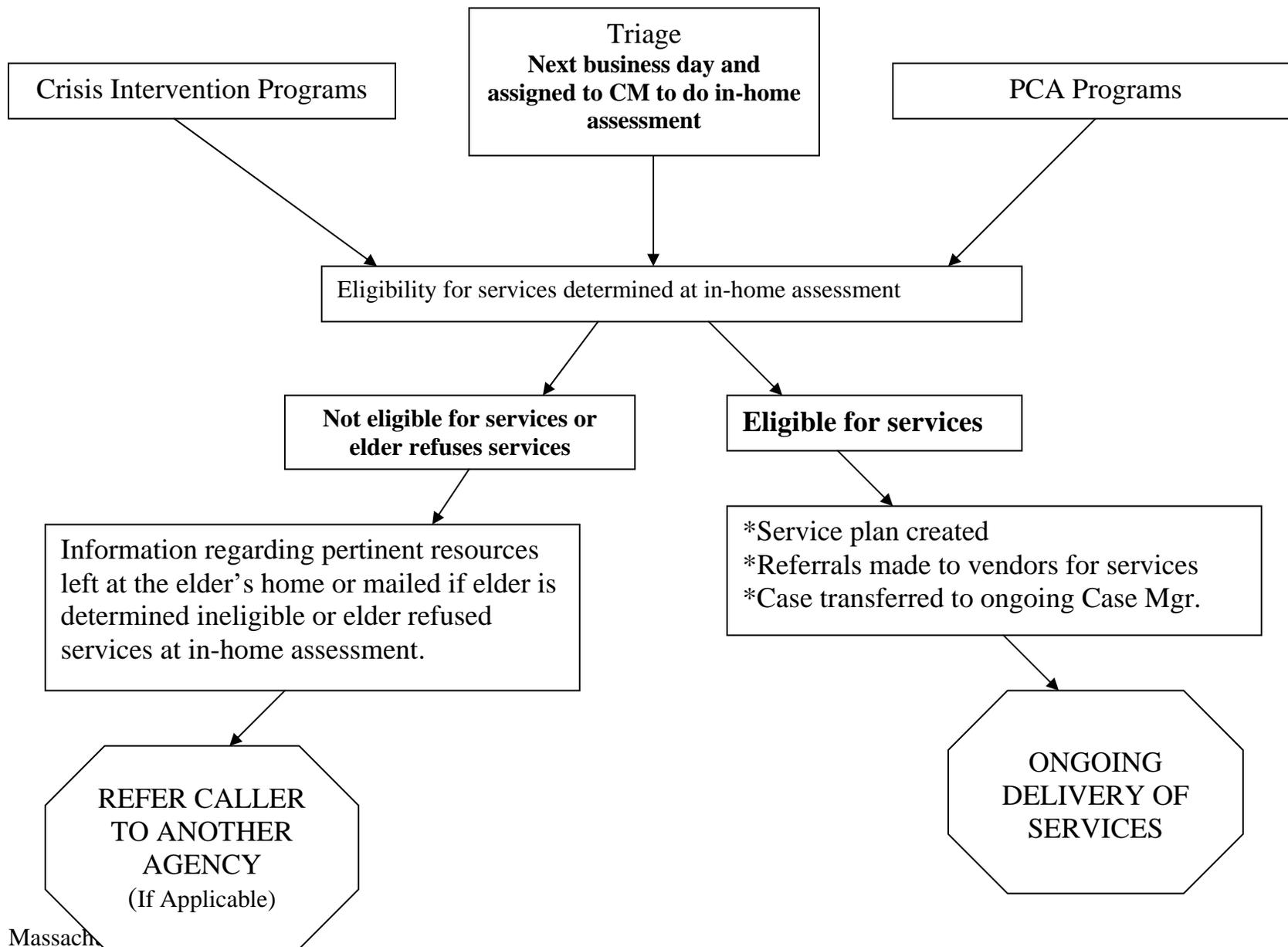
Provide Information and Referral Services. Information is given to the person either verbally, by way of mail, or both; and, the person can also receive a referral to another agency.

Take Intake. Age Info staff can also move beyond I&R to take an intake for one of the three categories of programs: (a) Crisis Intervention Programs – Elder Abuse, Elder at Risk, Homeless; (b) Home Care Programs – Home Care, Respite Care, Elder Care Advice, Meals on Wheels, etc.; (c) Special Programs – PCA, Nursing Home, Adult Day Health Screening, Family Care for Adults.

\*\*\* Special Note: *The difference between flowcharts A and B is that B provides greater detail about the referral and the intake.*

\*\*\*\*\*

# ***Elder Services of the Merrimack Valley Assessment Flowchart***



Appendix F  
**Elder Services of the Merrimack Valley, Inc.  
Assessment Flowchart**

**Step 1** Consumer assignment to relevant program.

*Homecare Program.* Intakes taken for the Home Care Program go directly to “Triage” the next business day. Once in Triage, an interdisciplinary team reviews the intakes and the Job Coach assigns consumers to case managers and nurses to conduct an initial assessment and eligibility.

*Special Programs.* Intakes referred to Special programs from Age Info also go to Triage, unless the consumer is already a client in another agency program.

*Crisis Intervention.* Crisis Intervention intakes bypass triage. As soon as the intake is completed, the Age Info staff takes it directly to the Crisis Intervention Unit. When the situation requires immediate attention, there is a verbal conference that takes place prior to the staff delivering the intake.

**Step 2:** Initial Eligibility and Assessment conducted by program staff.

The Crisis Intervention Program conducts an initial assessment to ascertain what intervention can be given to assist consumers in crisis. All programs, for the most part, conduct eligibility for services at an in-home assessment.

- a. If an elder were found ineligible or refuses services, pertinent information is left about resources or about a written appeal process. When appropriate the elder can be referred to another agency or an alternate ESMV program in which case he/she returns to Intake.
- b. If an elder is found eligible for services than a service plan is created.

**Step 3:** Program staff develops service plan based on unmet needs and referrals are made to vendors for services.

**Step 4:** Case is opened once a service starts and it is passed on to a case manager.

**Step 5:** Case manager sees client on a regular visit cycle, usually quarterly, also following any hospitalization and adjusts service plan to best meet the client’s needs. Some Special programs have a different visiting cycle.

Appendix F

**Step 6:** The case manager or nurse – if the client receives Personal Care – conduct annual re-determinations.