



# Aging and Disability Resource Centers

Southwestern Connecticut Agency on Aging and Independent Living  
2011 Annual Meeting  
October 20, 2011

# Learning Objectives

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- Understand the purpose and vision of the ADRC program, nationwide and in Connecticut
- Explain the five operational components of ADRC programs:
  - Information & Awareness
  - Options counseling
  - Streamlined Access
  - Person-Centered Hospital Discharge Planning
  - Quality Assurance & Evaluation

# Technical Assistance Exchange



## Technical Assistance Resources

- Website
- Resource Materials
- Weekly Electronic Newsletters
- Grantee Surveys
- Examples from the Field

## Grantee Community

- Teleconferences/Web casts
- Trainings
- National Meetings
- On-line Forum

# LTC System Challenges

Fragmented  
Confusing  
Lacks focus on consumer  
Institutional bias  
Increase in population = \$\$\$\$\$



## **ADRC Reform Strategy**

*enhancing individual choice*

*make informed decisions*

*access needed services*

# LTC Reform History

1963 – Developmental Disabilities Assistance & Bill of Rights Act

1973 – Rehabilitation Act

1990 – Americans with Disabilities Act (ADA)

1999 – *Olmstead* Decision

2001 – New Freedom Initiative (NFI)

2003 – Aging and Disability Resource Centers

2006 – Older Americans Act Reauthorization

**2007 – Community Living Program**

2008 – Veterans-Directed HCBS

**2009 – Year of Community Living**

2010 – Health Care Reform



# National Vision for ADRCs

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## Aging and Disability Resource Centers...

*every community in the nation*

*highly visible and trusted*

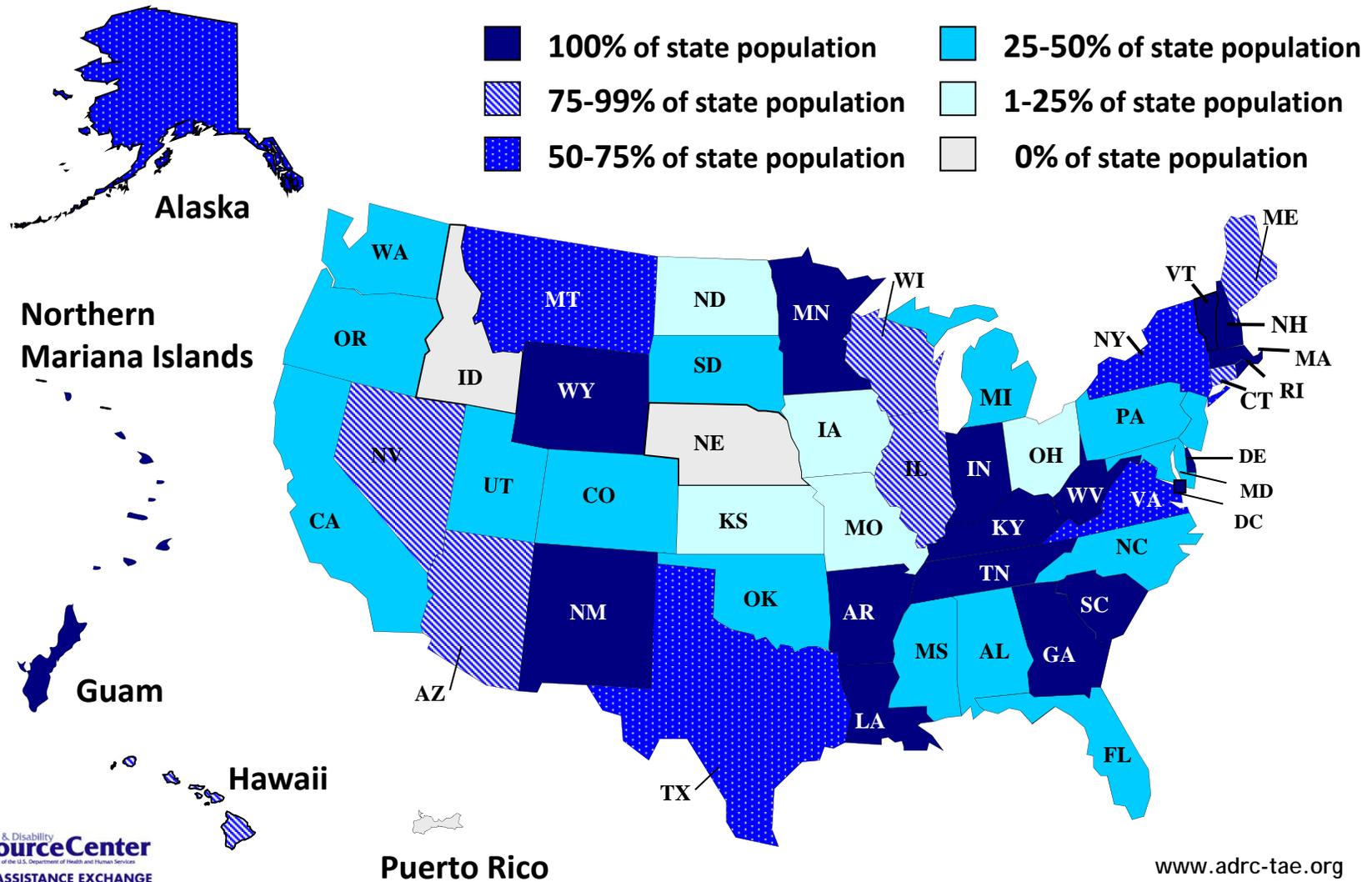
*people of **all incomes and ages***

*information on the **full range** of long-term support **options***

***point of entry** for **streamlined access** to services*



# ADRC Coverage as of September 2011

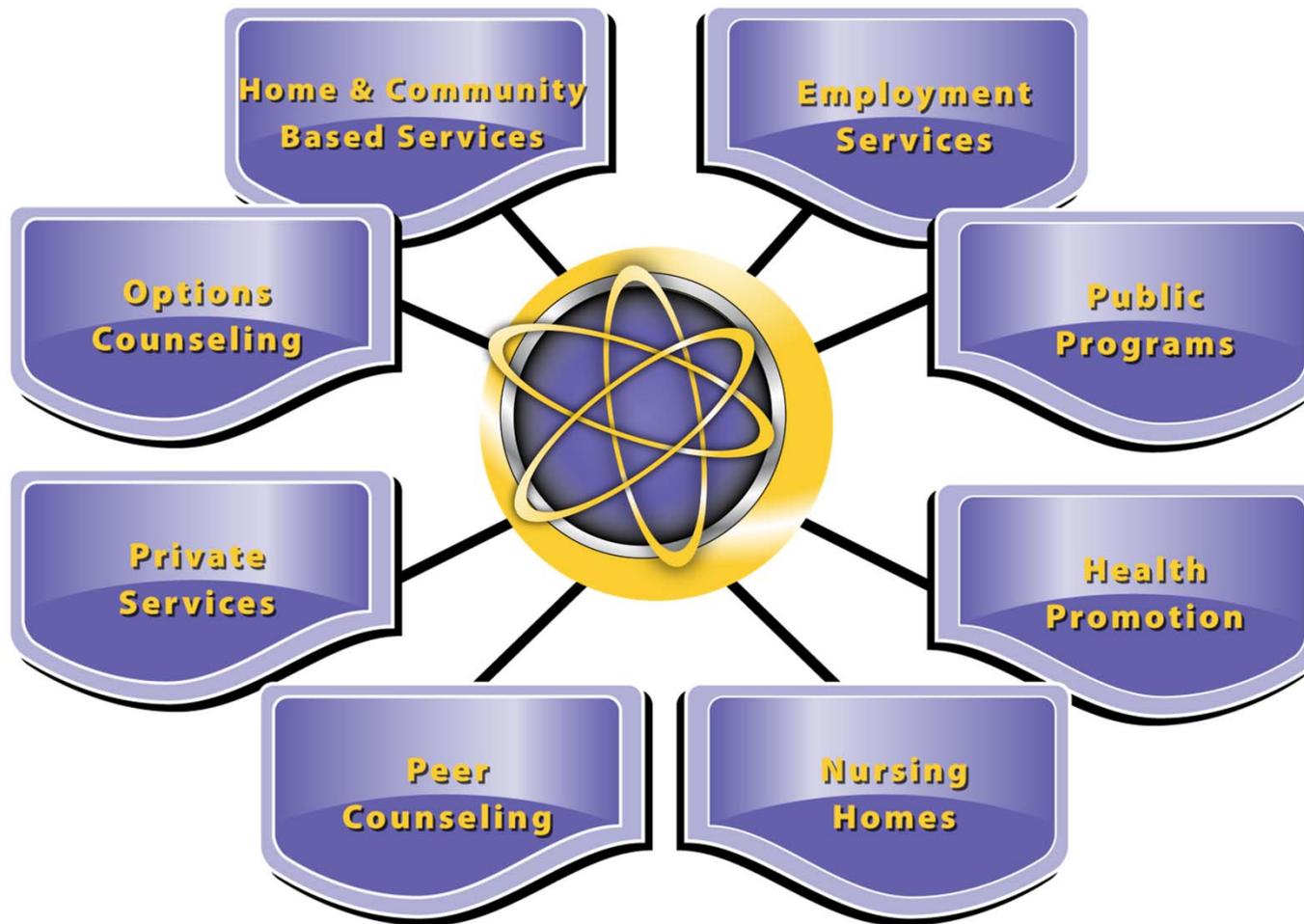


# What's Different About ADRCs?

- All populations and income levels served
- Seamless system from consumer perspective
- Integration of/coordination across aging, disability, Medicaid service systems
- Formal partnerships
- High level of visibility and trust
- Options counseling
- Proactive intervention into LTSS pathways

*More a process than an entity*

# Partnerships - Critical for ADRC Activities





# Key Partners

- State Units on Aging (SUA)
- State Disability Agencies and Organizations
- Area Agencies on Aging (AAAs)
- Centers for Independent Living (CILs)
- Statewide Independent Living Councils (SILCs)
- Developmental Disabilities Councils
- Public and private aging and disability service providers
- State Health Insurance Assistance Program (SHIP)
- Long term supports and service providers (e.g., home health, nursing facilities, assistive technology, etc.)
- Critical pathway providers (e.g., hospital discharge planners, physicians)
- 2-1-1
- Adult Protective Services and Ombudsman
- Medicaid agencies (state and local)

# Key Aspects and Activities of ADRC Formal Partnerships

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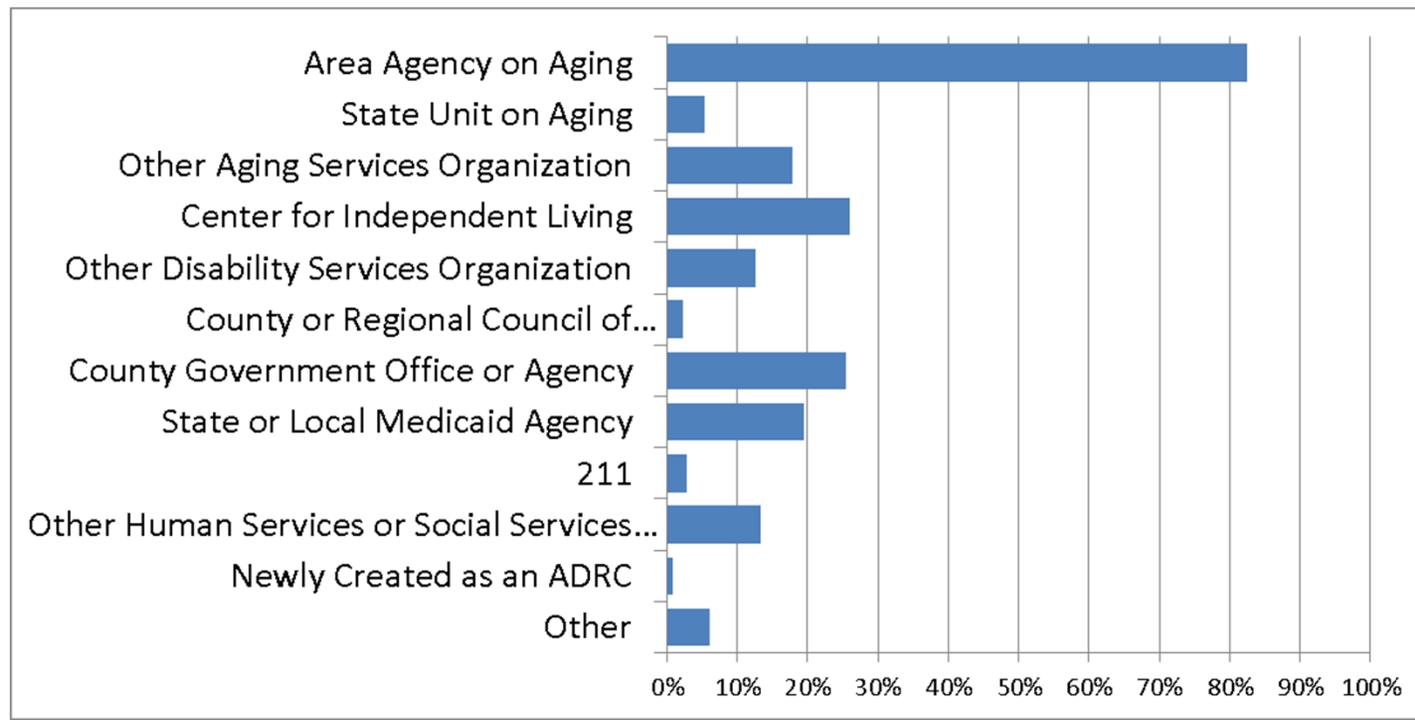
- Formal agreements
- Formal written protocols
- Co-location of staff
- Regular cross-training of staff
- Joint marketing and outreach activities
- Collaboration on client services
- I&R resources are shared
- Client data are shared

# ADRC Partnerships Lessons Learned

- Collaboration makes you stronger and helps you serve your community better
- It takes sensitivity, commitment and patience to understand and overcome cultural and organizational differences
- Focus on similarities between organizations and where mission, values and goals align
- Pick a specific project to work on together to get started
- Be aware of differences in terminology or interpretation (client, peer, consumer-direction, case management, peer counseling)
- Recognize and account for differences in staff and organizational capacity across organizations
- Be as open-minded, transparent and inclusive as possible

# Model and Operating Organizations *(SART April 2011)*

- 46% of ADRCs are operated by more than 1 organization
- 82% include an AAA as one operating organization, 25% include a Center for Independent Living



# ADRC Partnerships in Connecticut

- South Central Community Choices - opened October 2008
  - Partners include: Agency on Aging of South Central CT & Center for Disability Rights
  
- Western Community Choices - opened May 2009
  - Partners include: Western CT Area Agency on Aging & Independence Northwest
  
- North Central Community Choices - opened May 2010
  - Partners include: North Central Area Agency on Aging, Independence Unlimited & Connecticut Community Care Inc.

# ADRC Operational Components



# ADRC Operational Components: Information and Awareness

- Outreach and Marketing
- Marketing to and Serving Private Paying Populations
- Information & Referral
- Comprehensive Resource Database
  - Includes information about the range of long term support options, providers, programs, and services available
  - Established Inclusion/Exclusion policies
  - Accessible to the public via searchable and accessible website
  - Consistent and Uniform Information available across sites
  - Centralized maintenance and statewide coverage are preferable



# ADRC Operational Components: Options Counseling

- ADRCs Provide Decision Support

- Options Counseling

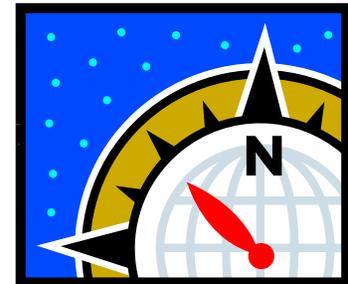
*. . . an **interactive** decision-support process whereby consumers, family members and/or significant others **are supported** in their deliberations **to determine** appropriate **long-term support choices** in the context of the consumer's needs, preferences, values, and individual circumstances*

- Forward thinking, unbiased

# ADRC Operational Components: Streamlining Access

## From the consumer's perspective

- ⊘ Go somewhere else  
“no wrong door” or “one stop shop” access to services and supports
- ⊘ Call another organization or agency  
seamless referral to other agencies; consumers do not need to make another phone call
- ⊘ Repeat same information over and over  
information systems designed so that information collected at the initial point of contact populates multiple forms
- ⊘ Worry about getting “lost in the system.”  
follow-up after referrals are made



# ADRC Operational Components: Streamlining Access

- Organizational Strategies
  - Single, standardized entry process
  - Coordinated financial and functional/clinical eligibility determination processes
  - Uniform criteria across sites to assess risk of institutional placement in order to target support to individuals at high-risk
  - Comprehensive assessment used to determine eligibility conducted by SEP staff or by seamless referral to partnering organization
  - Financial eligibility determined on-site at SEP, online, or by seamless referral to partnering organization
  - Follow-up provided for individuals on waiting lists
  - Eligibility status tracked and follow-up contact made upon determination

# ADRC Operational Components: Streamlining Access Best Practice State Examples



Function	Progress
Resource database	25 states -- statewide web-based directories available to consumers and service providers
Functional eligibility	40% of ADRCs have co-located FuE staff
Financial eligibility	25% of ADRCs have co-located FiE staff
Medicaid application	34 states – application available on-line
Medicaid application submission	7 states allow applications to be completed on-line and submitted electronically
Consumer decision tool	Available on-line in 16 states; 15 states developing technology
Portable technology	8 states use laptops in the field; 3 include portable document scanners and photography

# ADRC Operational Components: Person-Centered Hospital Discharge Planning

- Create linkages that ensure people have the information
  - to make informed decisions
  - to understand their support options
- as they pass through critical health and LTC transition points
  - hospital discharge
  - nursing or rehab facility admission or discharge



# ADRC Operational Components: Quality Assurance and Evaluation

Systems to evaluate quality of programs

- Measure: consumer outcomes  
system efficiencies  
costs
- Use results: improve services  
identify and meet needs  
strengthen programs



# ADRC Operational Components: Quality Assurance and Evaluation

ADRCs establish and track performance goals and indicators related to their ADRC activities.

Goal	Indicator
Trust	Consumers rate the assistance they receive as reliable, objective and comprehensive.
Visibility	People in the community are aware of the ADRC.
Ease of Access	People are able to access ADRC services in multiple ways – in person, by phone, by e-mail, through a website.
Responsiveness	Staff listen to consumers’ concerns and take into account their unique needs and circumstances.
Efficiency	Consumers report a reduction in the number of times they had to repeat information when accessing services.
Effectiveness	Consumers report that they receive the services they need help them remain in the community.

# ADRC Operational Components: Quality Assurance and Evaluation

Consumers have consistently reported high levels of satisfaction with ADRCs

- Services
- Responsiveness
- Staff knowledge
- Information
- Capacity to make informed decisions



*“I never knew that this could be so easy and pleasant. I was expecting something far more bureaucratic and difficult.”*

# Criteria of a Fully Functioning ADRC/SEP

- Fully Functioning criteria based on ADRC operational components
- In 2008 and 2010 TAE assessed each ADRC grantee against the fully functioning criteria to gauge where they stood relative to AoA and CMS's goals for the grants
- 2010 Assessment specified metrics in six areas:
  - Information, Referral, and Awareness
  - Options Counseling and Assistance
  - Streamlined Eligibility Determination for Public Programs
  - Person-Centered Transition Support
  - Target Populations and Partnerships
  - Quality Assurance

# Percent of States with “Fully-Functional ADRCs” by Domain

■ Information, Referral, and Awareness	37%
■ Options Counseling and Assistance	25%
■ Streamlined Eligibility Determination for Public Programs	40%
■ Person-Centered Transition Support	33%
■ Target Populations and Partnerships	71%
■ Quality Assurance	17%

**15 States Fully Functional Across All Domains in 2010 - Compared with 10 in 2008**

# Fully Functional Assessment: Connecticut

- Connecticut ranked 21 of 52 states
- Fully met the criteria:
  - Systematic I&R
  - Resource database
  - I&R Follow-up
  - Options Counseling Standards and Protocols
  - Short term crisis intervention
  - Long term futures planning
  - Formal agreements with critical pathway providers
  - Target populations
  - Consumer involvement
  - Aging and Disability partnerships
  - Stakeholder involvement
- Important area for growth:
  - Private Pay
  - Overall coordination of financial/functional eligibility

# Affordable Care Act Provisions and ADRCs

- Funding/Initiatives channeled through ADRC
- ADRC funding (Sec 2405)
  - PPACA authorizes \$10 million per year for five years for ADRC implementation and expansion.
- Extending and expanding Money Follows the Person (Sec. 2403)
  - PPACA extends the demonstration through 2016 and expands the target population to make more nursing facility residents eligible to qualify under the program. Funding awarded for MFP/ADRC Coordination 2010.

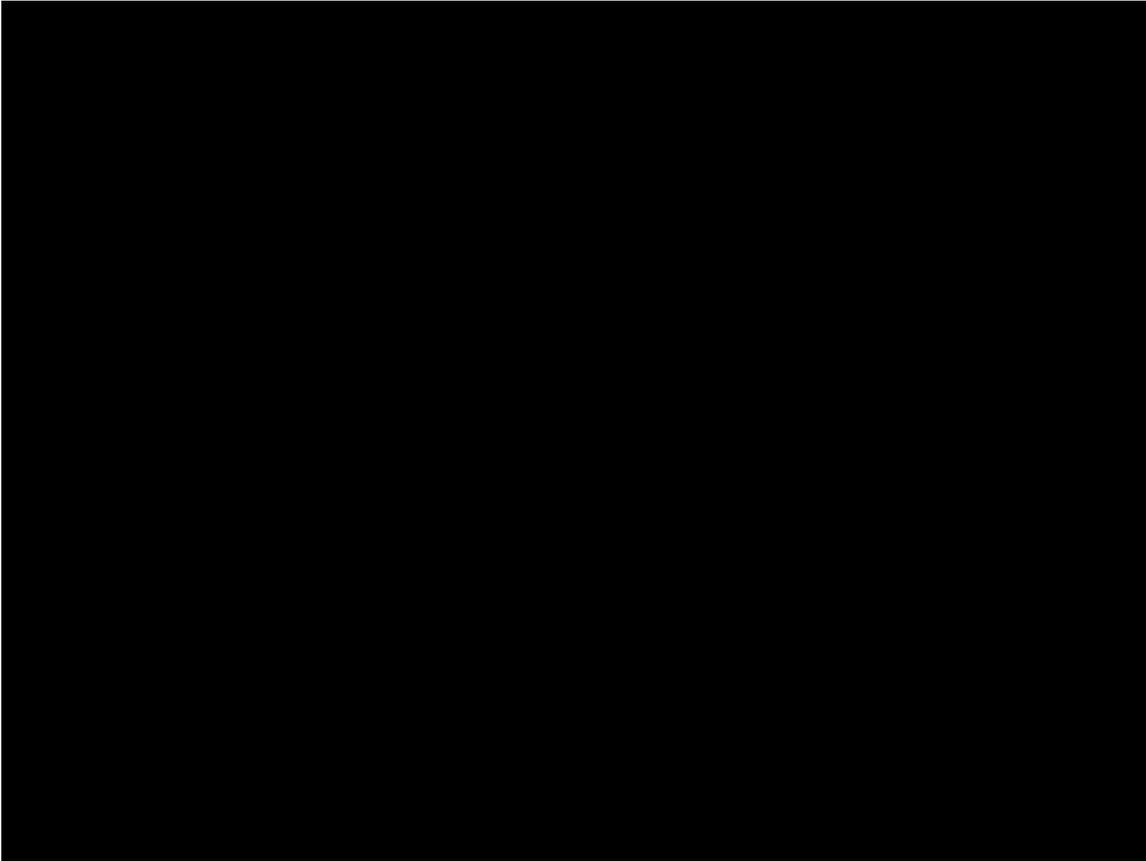
# Affordable Care Act Provisions and ADRCs (cont.)

- **Community-based care transitions program (Sec. 3026)**
  - Provides funding to hospitals and community-based entities that furnish evidence-based care transition services to Medicare beneficiaries at high risk for readmission.
  - For entities eligible to participate in community-based care transitions program, the law gives priority to applicants that “participate in a program administered by the Administration on Aging to provide concurrent care transitions interventions with multiple hospitals and practitioners.”
  
- **Incentives for States to offer HCBS as alternative to nursing homes (Sec. 10202)**
  - Establishes a State Balancing Incentive Payments Program for new and expanded offerings of non-institutionally-based long-term services and supports.
  - States must make structural changes including developing a “no wrong door-single entry point system” that enables consumers information about the availability of all long-term services and supports, how to apply, referral to services and supports in the community, financial and functional eligibility for services and assistance with the assessment process for financial and functional eligibility. Begins 10/11; ends 9/15.

# Why Are ADRCs Integral to the HCBS and LTSS Infrastructure?

- ▶ For most states, building upon existing infrastructure(s) = **existing funding source(s)**
- ▶ Offer/provide access to core services for individuals seeking LTSS, caregivers, and providers:
  - Information, Referral & Assistance
  - Decision Support/Options Counseling
  - Service Facilitation
  - Most importantly, they are the HUB OF THE WHEEL





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Lauren O'Reilly

Research Consultant, The Lewin Group

508-520-3828

[lauren.oreilly@lewin.com](mailto:lauren.oreilly@lewin.com)

Technical Assistance Exchange

[www.adrc-tae.org](http://www.adrc-tae.org) and [adrc-tae@lewin.com](mailto:adrc-tae@lewin.com)