



Iowa ADRC Workshop

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Overview

- ADRC Background & History
- ADRC Operational Components
- ADRC Fully Functional Criteria
- ADRC Readiness Assessment
- Getting Started



ADRC Background: Long Term Services and Supports System Challenges

- **Fragmented, Complex & Confusing**
- **Institutional bias**
- **Lacks focus on consumer**
- **Increasing population & demand for an array of HCBS**



ADRC Background: 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



ADRC Background: ADRC Is More a Process than an Entity

- *Changing Program Identity*

Moving from experts working in isolation to co-location, formal coordination, routine communication, cross-training

- *Changing Program Focus*

Moving from focus on eligibility, programs and services to a proactive consumer-oriented approach with intensive outreach to individuals of all income levels and comprehensive options counseling

How is this achieved?

FORMAL PARTNERSHIPS



ADRC History: National Vision for ADRCs

Aging and Disability Resource Centers...

every community in the nation

highly visible and trusted

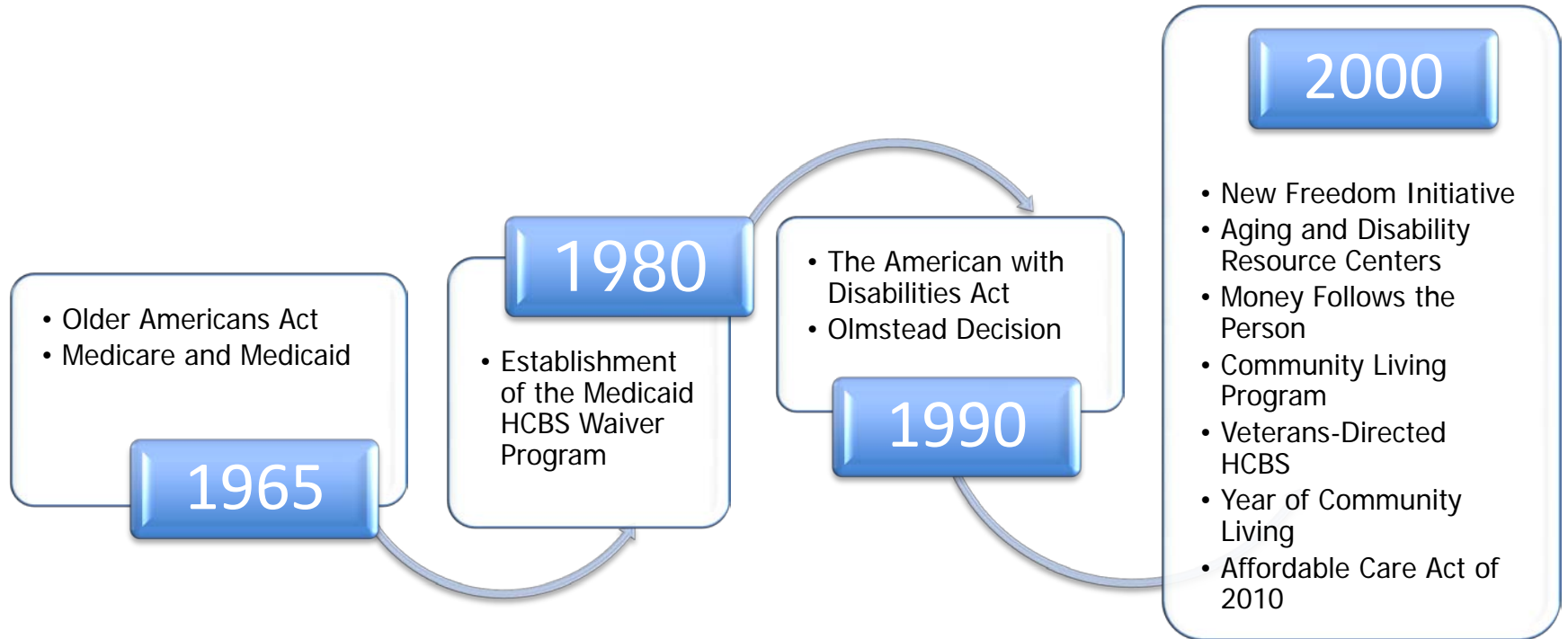
people of **all incomes** and ages

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

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

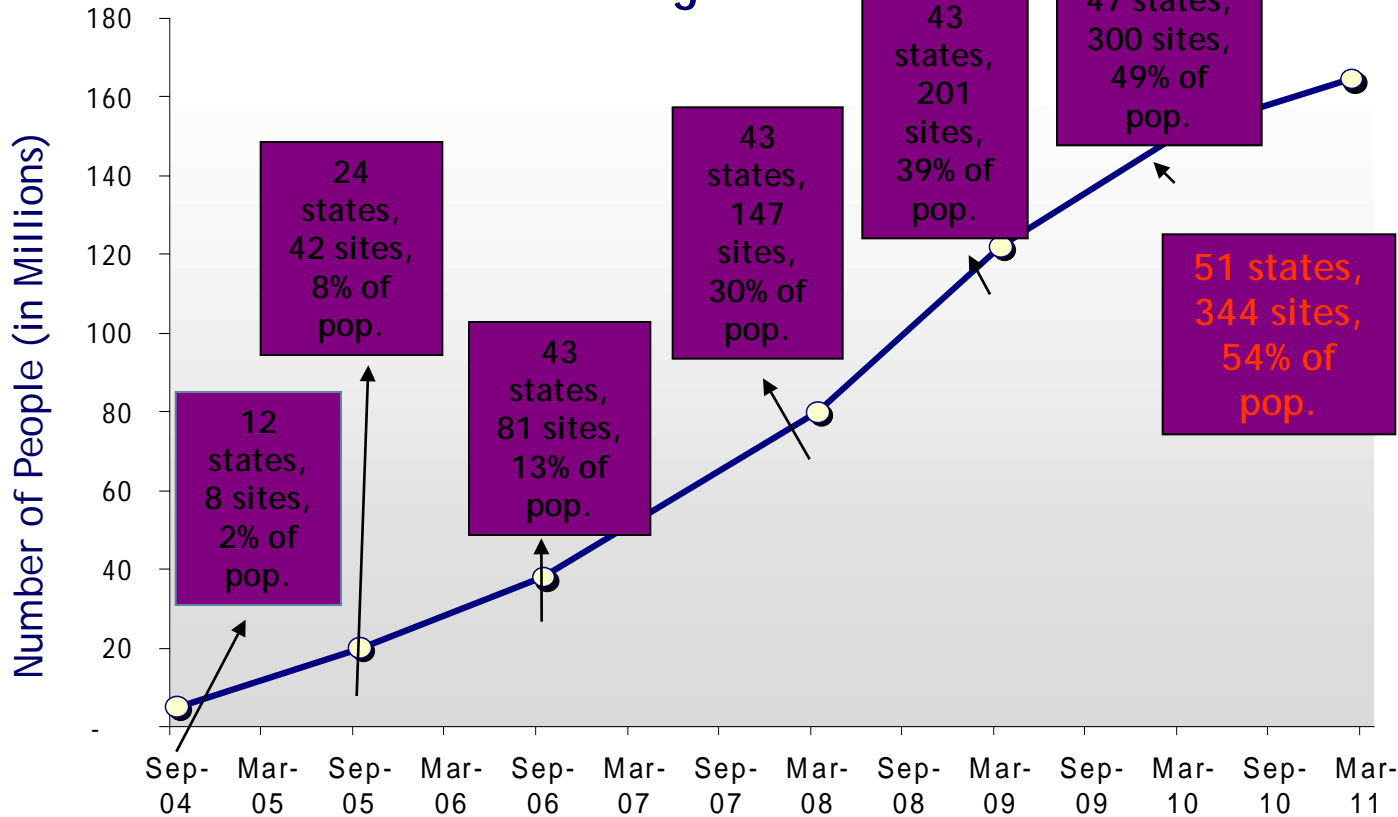


ADRC Place in LTSS Reform History



ADRC History & Timeline

Growth in ADRC Coverage

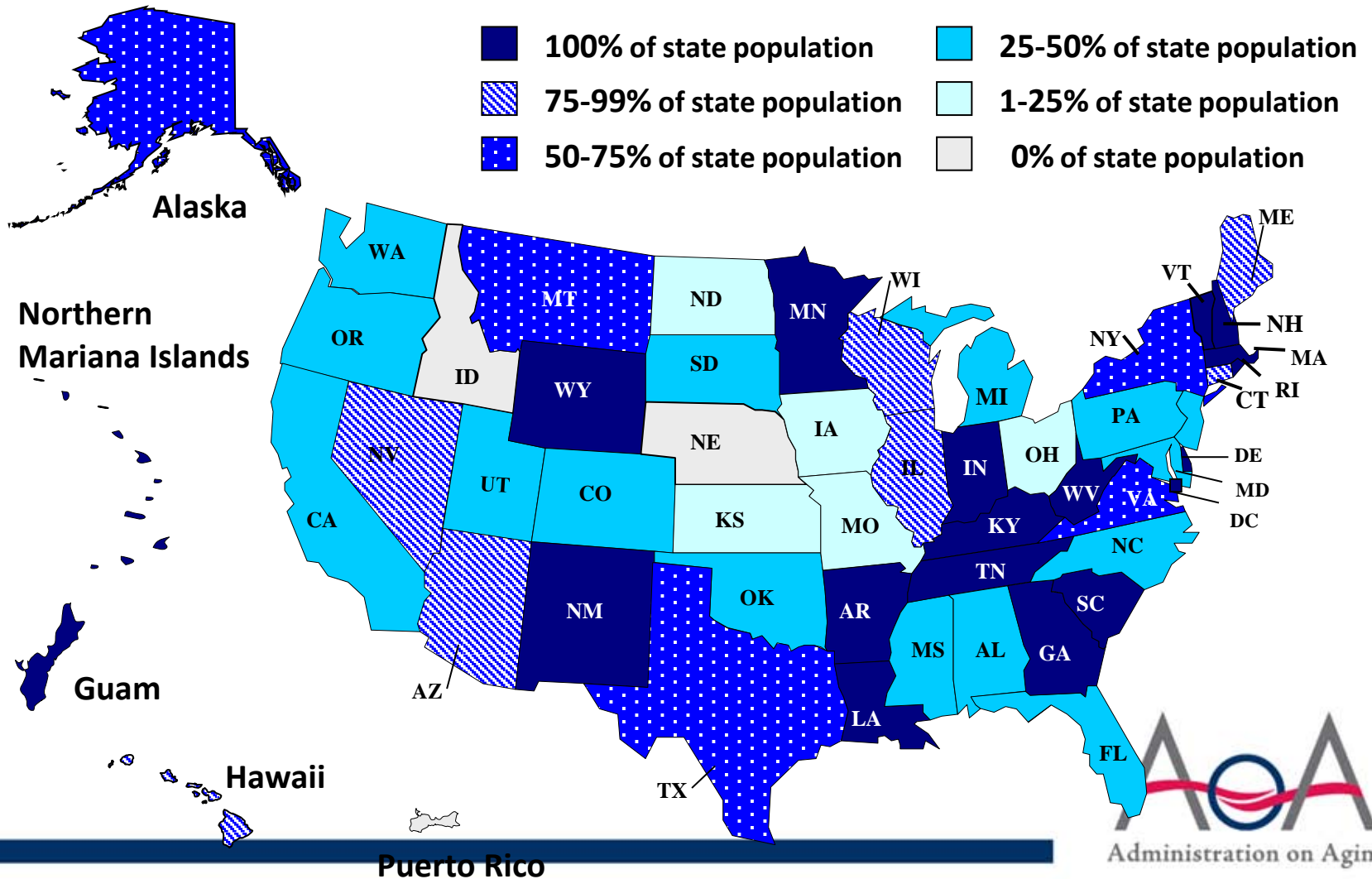


- Over \$110M in funding for ADRC initiatives since 2003

- 33 states passed ADRC legislation, developed exec. guidance, and/or contributed state funds to enhance and expand ADRCs

- State funding contributions to date exceed \$43M

ADRC History: ADRC Coverage as of September 2011



Five Operational Components of ADRCs



Operational Components:

1. Information, Referral and Awareness

- **Outreach and Marketing**
- **Marketing to and Serving Private Paying Populations**
- **Systematic I&R/A and Comprehensive Resource Database**
 - All ADRC partners use common resource database
 - Includes information about the range of long term support options, providers, programs, and services available
 - Regularly updated and accurate
 - Established inclusion/exclusion policies that address resources and providers for private paying individuals and families
 - Accessible to the public via a comprehensive website

Operational Components:

1. Information, Referral and Awareness

Best Practice State Examples



- **South Carolina**
 - Universally accessible, web-based searchable database
 - Developed and maintained at the state level
 - Web-based client management and services system with electronic exchange of resources and client data among partners
- **Arkansas**
 - State-wide 800 number operated by state employees
 - Provide I&R/A, some preliminary options counseling, and can assist callers with beginning the application process for Medicaid and other programs
 - If more in-depth options counseling needed, call center staff connects them to local ADRC partners including AAAs, CILs or regional Medicaid offices.



Operational Components:

2. Options Counseling

Core Competencies

- Determine need for options counseling
- Assess needs, values and preferences
- Understand and provide information about resources
 - public
 - private
- Embed principles of consumer self-direction in practice
- Encourage a future orientation
- Follow-up



Operational Components:

2. Options Counseling



Best Practice State Examples

- **Wisconsin**
 - Developed options counseling toolkit (14 webcasts, family profiles for practice, 37 minute DVD) to train staff delivering options counseling (available at www.adrc-tae.org)
- **New Hampshire**
 - Employ Long Term Support (LTS) Counselors that provide options counseling to consumers as referred by I&R/A specialists
 - Established minimum education and training standards for these positions including a Master's Degree in Social Work or equivalent work experience and AIRS certification.



Operational Components:

3. Streamlined Eligibility Determination

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, 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



Operational Components:

3. Streamlined Eligibility Determination



Best Practices

Function	Progress
Resource database	33 states -- statewide web-based directories available to consumers and service providers
Functional eligibility	40% of ADRCs have co-located staff
Financial eligibility	25% of ADRCs have co-located 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



Operational Components:

4. Person-Centered Transition Support

Create linkages that ensure people

- have the information to make informed decisions
- understand their support options

as they pass through critical health and LTC transition points

- hospital discharge
- nursing or rehab facility admission or discharge



Operational Components:

4. Person-Centered Transition Support



Best Practice State Examples

- **Central Texas ADRC**
 - Implemented Coleman-type intervention with Scott and White hospital system
 - Shared employment of hospital LTC specialists so they have access to hospital records and credibility with other hospital staff
 - LTC specialists assist families through discharges and link with community resources
- **New York**
 - Local sites established collaborative relationships with hospitals and nursing facilities
 - ADRC staff participate in care transition planning rounds and state-wide Discharge Planning Work Group
 - Service ID card system

Operational Components:

5. Quality Assurance & Continuous Improvement

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.

Measure:

consumer outcomes
system efficiencies
costs

Use results:

improve services
identify and meet needs
strengthen programs



Operational Components:

5. Quality Assurance and Continuous Improvement



Best Practice State Examples

- **Wisconsin**
 - Extensive evaluation of customer satisfaction
 - Large sample size (interviews, telephone surveys, focus groups)
 - Constructive feedback process with local ADRC sites
- **Idaho**
 - Called random sample of callers – “check back” calls
- **Michigan**
 - Evaluator found that ADRCs (going forward) could be expected to achieve cost savings to support their operations



Criteria of a Fully Functioning ADRC

- **Outlines the vision to work toward**
- **Leaves room for different models**
- **Specifies metrics in six areas:**
 - Information, Referral and Awareness
 - Options Counseling and Assistance
 - Streamlined Eligibility Determination for Public Programs
 - Person-Centered Transition Support
 - Consumer Populations, Partnerships and Stakeholder Involvement
 - Quality Assurance and Continuous Improvement
- **Includes review of IT/MIS, Staffing, etc. (reference handout)**



Criteria of a Fully Functioning ADRC

- In 2008 & 2010 TAE assessed each ADRC grantee against the FFC to gauge where they stood relative to AoA and CMS's goals for the grants
- 2010 Assessment specified metrics in the six areas noted on the previous slide
- Next fully functional analysis scheduled for Spring 2012

Iowa Fully Functioning Analysis Results - 2010

- **Areas of strength**
 - Resource Database
 - IT/MIS
 - Target Populations
 - Consumer Involvement
 - Aging and Disability Partners
- **Areas for Growth**
 - Overall Coordination and Integration
 - Comprehensive Assessment/Functional Eligibility
 - Tracking Eligibility



The ADRC Readiness Assessment Tool

Purpose

- To assess an organization or network of organizations' capacity to perform ADRC functions

Accessing the Readiness Assessment Survey

- Available on the internet at the TAE website (or reference handout)

www.adrc-tae.org/readiness





The [ADRC-TAE Online Readiness Assessment Tool](#) was designed by The Lewin Group to assist organizations in evaluating their readiness to perform the key functions of Aging and Disability Resource Centers (ADRCs). The Tool provides immediate feedback regarding organizational capacity to perform key functions and links to online resources that describe program characteristics, operations and capacity required of ADRCs. [Try it now!](#)

Take the ADRC Readiness Assessment

Getting Started: Lessons Learned

- Think big - across programs at all levels - state, local, individual
- Include all consumer and disability groups in planning right from the start, even if they will not be part of your initial target population
- Seek out partnerships, both obvious and less obvious
- Integrate processes in systems across programs, especially IT
- Develop metrics by which you know your programs are operating efficiently and you are achieving your goals - measure against those metrics!



Getting Started: Partnerships are Key & Key Partners May Include:

- Medicaid agencies (state and local)
- 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
- Long term supports and service providers (e.g., home health, nursing facilities, assistive technology, etc.)
- Public and private aging and disability service providers
- Critical pathway providers (e.g., hospital discharge planners, physicians)
- State Health Insurance Assistance Program (SHIP)
- 2-1-1
- Adult Protective Services and Ombudsman



It's The NetworkSM

Getting Started: Effective Partnerships

- Regular communication
- Written agreements
- Written referral protocols
- Co-location of staff
- Regular cross-training of staff
- Compatible IT systems
- I&R resources are shared
- Collaboration on client services
- Client data are shared
- Joint marketing and outreach activities



Getting Started: 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



Technical Assistance Exchange

www.adrc-tae.org



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





Questions?