

# Aging and Disability Resource Center Initiative Overview

Connecticut ADRC Planning  
Meeting

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U.S. Administration on Aging



# New Freedom Initiative

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- ◆ Government-wide framework for helping people with disabilities of all ages with the tools they need to fully access and participate in communities
- ◆ Intended to tear down the barriers that prevent people with disabilities from being active and involved in their communities
- ◆ Four Components
  - **Promoting Full Access to Community Life**

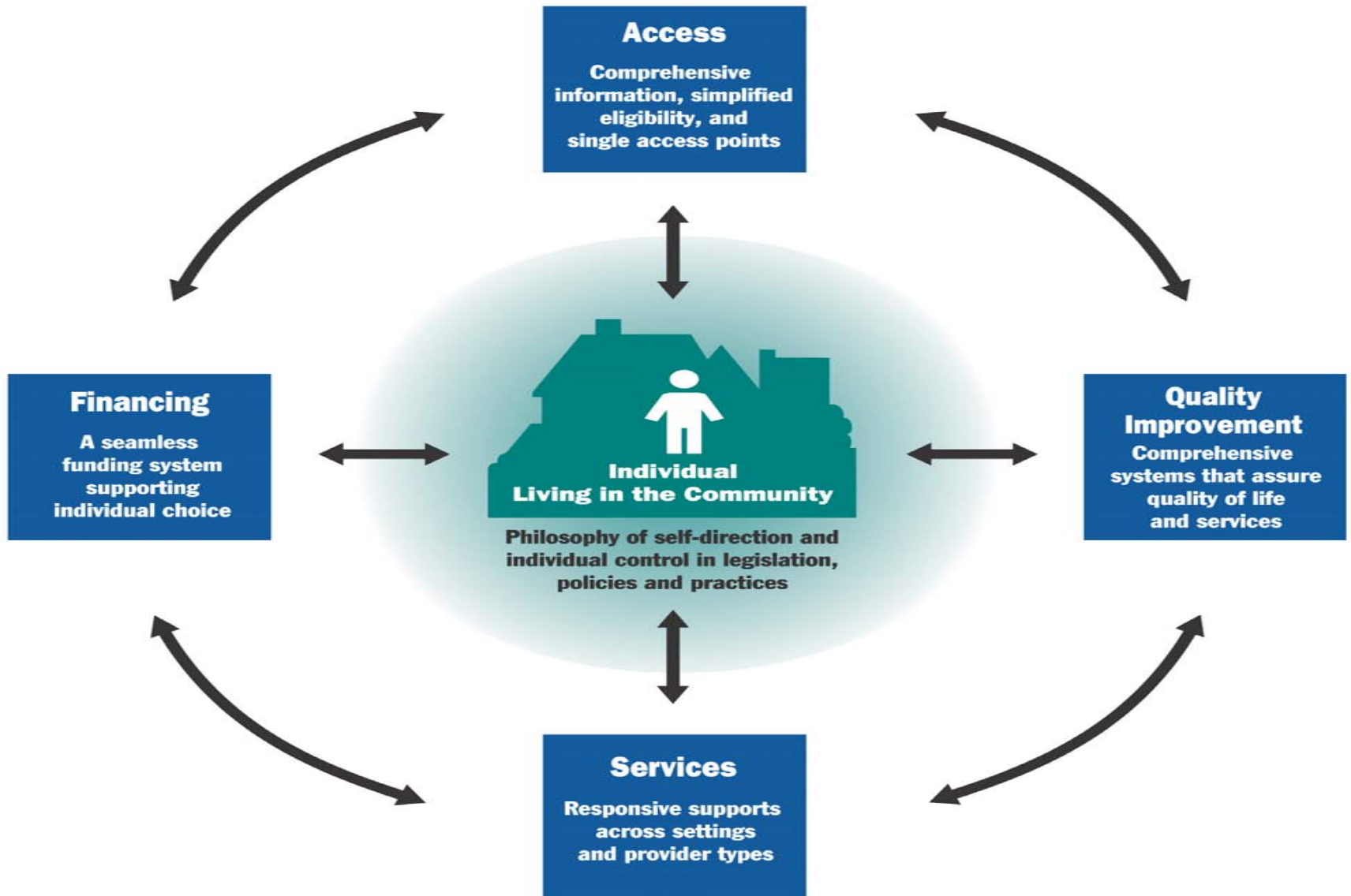
# New Freedom Initiative

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## ◆ Promoting Full Access to Community Life

- Promote Homeownership for People with Disabilities
- **Swift Implementation of the Olmstead Decision**
- National Commission on Mental Health
- Improving Access to Community Facilities

# Coherent Systems Management



# Why “single point of entry”?

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- ◆ Number of long term support service options has increased dramatically over last 2 decades – with choice can come confusion
- ◆ Array of services, agencies, eligibility criteria and funding sources – navigating the system is difficult
- ◆ A physician/professional may refer an individual to one service – they may not explain what other services are available

# Why “single point of entry”?

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- ◆ I&R and other access service contacts may differ depending on age, disability and income
- ◆ 2007 HHS report – 7 of 10 NH residents say they are there in part because they didn't know there were options

**ADRC/SEP – Build consumer trust and respect by enhancing individual choice and informed decision-making**

# CMS & AoA Vision for ADRC



- ◆ *To have Aging and Disability Resource Centers in every community serving as highly visible and trusted places where people of all incomes and ages can get information on the full range of long term support options and a single point of entry for access to public long term support programs and benefits.*

# One-Stop Access



# ADRC – Key Components

## Awareness & Information

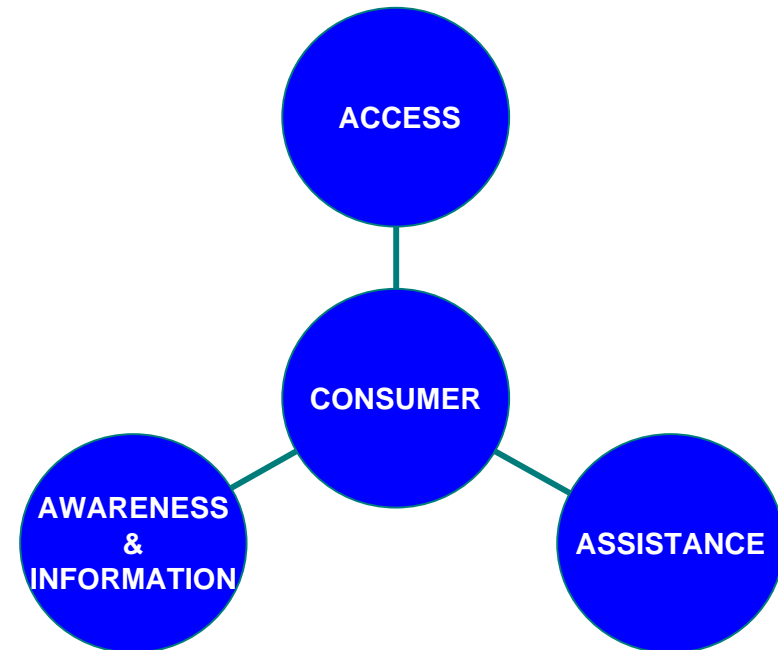
- ◆ Public Education
- ◆ Information on Options

## Assistance

- ◆ Options Counseling
- ◆ Benefits Counseling
- ◆ Employment Options Counseling
- ◆ Referral
- ◆ Crisis Intervention
- ◆ Planning for Future Needs

## Access

- ◆ Eligibility Screening
- ◆ Private Pay Services
- ◆ Comprehensive Assessment
- ◆ Programmatic Eligibility Determination
- ◆ Medicaid Financial Eligibility Determination
- ◆ One-Stop Access to all public programs



**Empowering Individuals**

# ADRC – Key Elements



- ◆ Understand current system and how it operates for the consumer – strengths, barriers and gaps – before begin planning ADRC
- ◆ Work towards serving people with disabilities of all ages and disabilities
- ◆ Serve individuals at all income levels
- ◆ Formal partnerships (state/local) with Aging, Disability & Medicaid Agencies
- ◆ Meaningful involvement of consumers and other stakeholders in planning and implementation

**Empowering Individuals**

# ADRC – Key Elements



- ◆ Seamless system from consumer perspective
- ◆ Investment in MIS that support integrated access to enhance single entry model
- ◆ Working towards one comprehensive, integrated assessment and eligibility determination (financial and functional) process
- ◆ Linkages to critical pathways to institutional care
- ◆ Performance measurement – continuous quality improvement

**Empowering Individuals**

# Current Systems → SEP/ADRC



## ◆ Aging and Disability Network Partnership

- Moving from separate systems with no/limited coordination to acknowledging differences and leveraging experience combining resources for maximum benefit

## ◆ Multiple Partnerships on all levels

- Aging, disability, Medicaid, consumers, other stakeholder

## ◆ Strong Consumer orientation

## ◆ Focus on appropriate setting for services

- intervention in critical pathways
- options counseling
- eligibility determination

**Empowering Individuals**

# Current Systems → SEP/ADRC



## ◆ Effective use of technology

- Web-based resource databases
- Information exchange protocols and software across partners

## ◆ Program Identity

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

## ◆ Program Focus

- Moving **to** a more proactive consumer-oriented approach with intensive outreach, serving all income levels, comprehensive options counseling to support informed decision making

**Empowering Individuals**

# ADRC - Major Design Considerations

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- ◆ Integration vs. Coordination
- ◆ State & Local Responsibilities
- ◆ Virtual vs. Physical
- ◆ Short-term vs. Long-term Involvement with Consumers
- ◆ Degree of High Tech

# Integration vs. Coordination

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- ◆ All functions through the RC
- ◆ Most functions through single RC, but some coordinated
  - referral out and return
  - co-location
- ◆ multiple entry points, shared information and standard referral mechanisms
  - by population, by location, by organization

## Importance of formalizing collaboration

- SHIP, Employment One-stops, other I&R or one stops

# State/Local Responsibilities

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- ◆ Local initiatives or consistent statewide program
  - Areas for local flexibility
  - Desirable elements of consistency across resource centers
- ◆ Public awareness
  - Branding
  - Outreach campaigns
- ◆ IT/MIS decisions
- ◆ Resource maintenance
- ◆ Website
- ◆ Training
- ◆ Funding

# Virtual vs. Physical

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May not be one or the other – level of emphasis

## ◆ Virtual

- Primarily phone/web information and referral
- Resources mailed or available on the web
- Staff go to consumers at home for assistance and access
  - High touch

## ◆ Physical

- Places for people to come, drop-in or by appointment
  - Shopping mall, senior center, central location
- Library of resources
  - Provider and topics of interest brochures

# Short-term vs. Long-term Involvement

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- ◆ Goal of providing the right services at the right time
- ◆ Proactive follow-up
  - Identifying at-risk groups
- ◆ Tracking issues
  - Amount of information to ask/track
  - Ability to trace customers through multiple interactions
- ◆ Will long-term case management be included in resource center functions?
  - If not, protocols for hand-off in terms of when and how

# Degree of High-Tech

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- ◆ Web-based
  - Searchable resources
  - Consumer decision tools
  - Online eligibility applications
- ◆ Electronic
  - Client tracking
  - Functional screens
  - Assessments
  - Case management
  - MIS Integration

# Comprehensive Technical Assistance



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

The LEWIN GROUP  
an INGENIX company



CSHP  
Rutgers Center for  
State Health Policy  
*The Institute for Health, Health Care Policy and Aging Research*

- **Technical Assistance Resources**
  - ✓ Website
  - ✓ Resource Materials (e.g. Issue Briefs)
  - ✓ National Meetings
  - ✓ Weekly Electronic Newsletters
  - ✓ Surveys of grantees
  - ✓ TA Tracking Tool Reports
- **Building a Grantee Online Community**
  - ✓ Monthly Teleconferences/Web casts
  - ✓ Bi-monthly Workgroup Teleconferences
  - ✓ On-line Discussions
  - ✓ Electronic Bulletin Board