

ADRC Model Type, Partnerships and Lessons Learned

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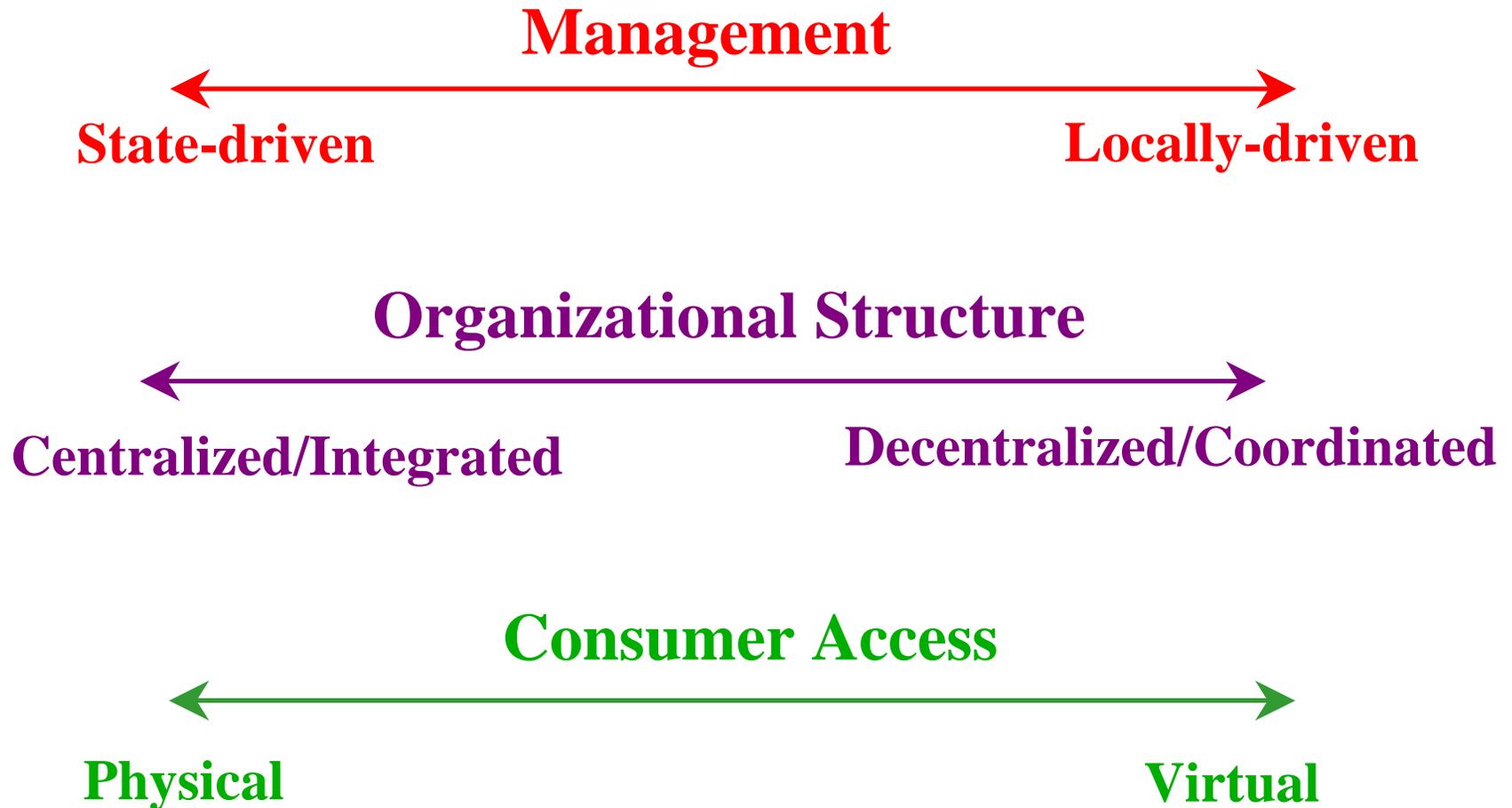
Summary of Session

- ◆ Variation in ADRC Model Type and Grantee Examples
- ◆ Partnerships
- ◆ Lessons Learned

How Functions Work as a Whole

“All are integrated or so closely coordinated to appear seamless to the consumer.”

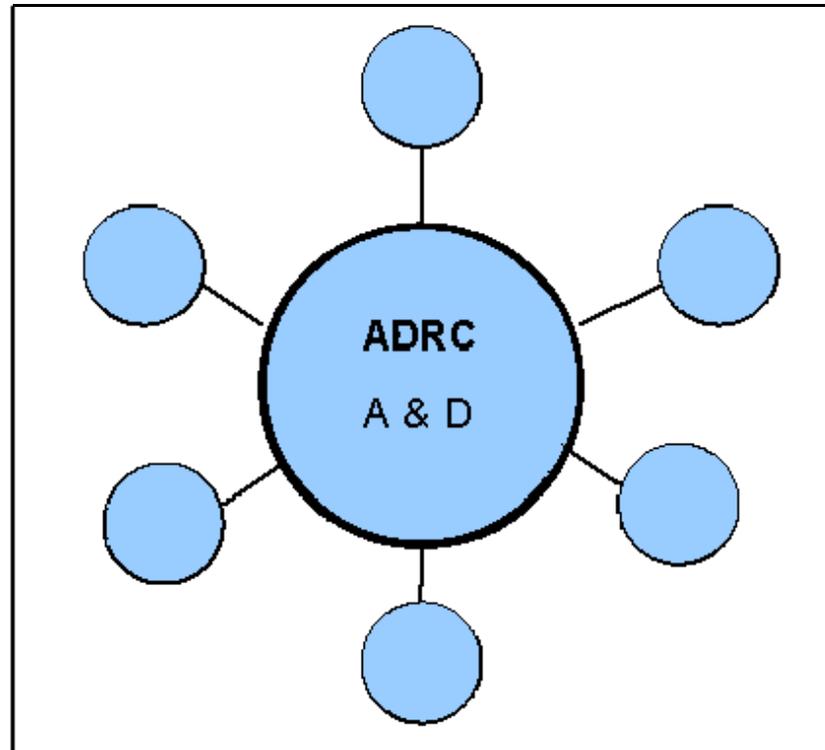
Three Dimensions of Model Type



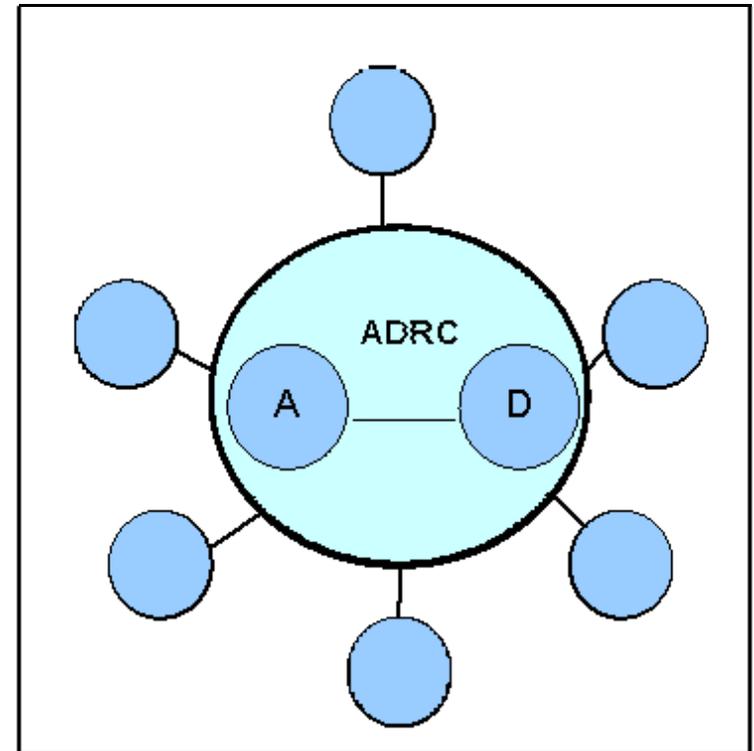
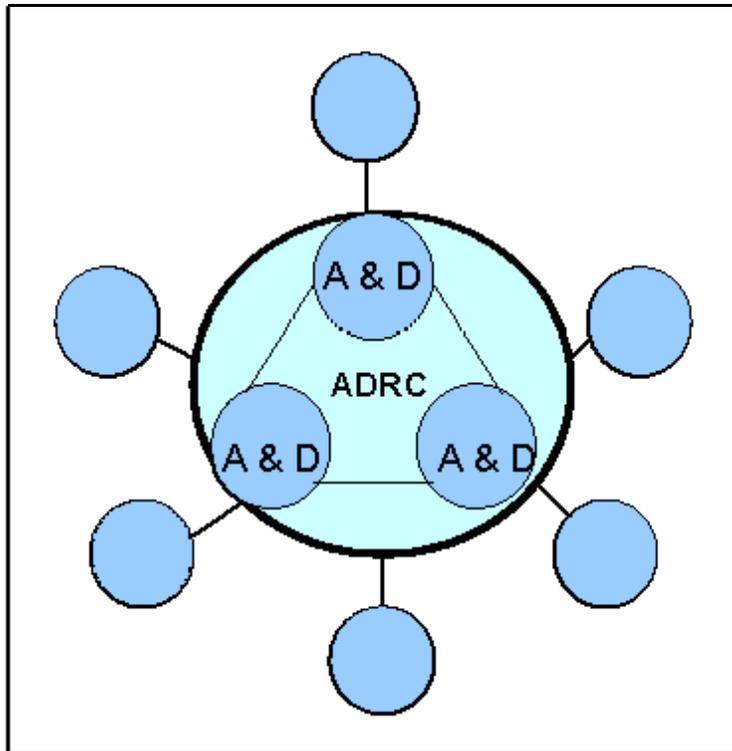
Distribution of Pilot Sites by Organizational Structure and Consumer Access

Organizational Structure		Consumer Access		# of Pilot Sites	% of Pilots
Centralized	Decentralized	Physical	Virtual		
✓		✓		43	40%
✓			✓	40	37%
	✓	✓		14	13%
	✓		✓	11	10%
77%	23%	53%	47%	108	100%

Centralized ADRC – One Primary Operating Organization with Partners



Decentralized ADRCs – Multiple Operating Organizations with Partners



SEP – Single Entry Point or Process?

- ◆ ADRC Single Entry **Point** – one organization in each community provides comprehensive information and assistance and serves as the only door through which consumers can access public LTC programs
- ◆ ADRC Single Entry **Process** – network of partnering organizations use one standard and consistent process to provide comprehensive information and assistance and provide multiple doors through which consumers can access public LTC programs.

New Hampshire ServiceLink Resource Center

- ◆ Centralized - one non-profit organization operates ADRC in each county statewide
- ◆ Target population: all ages, all disability types
- ◆ Integrated I&R staff, LTC options counseling, comprehensive assessment, financial eligibility determination, SHIP, OAA services, caregiver support
- ◆ MIS purchased and implemented by state

Florida Aging and Disability Resource Center

- ◆ Centralized – ADRCs operated by AAAs
- ◆ Target population – older adults and adults with severe and persistent mental illness
- ◆ Integrated I&R, Medicaid staff co-located or connected through electronic data sharing, SHIP
- ◆ Formal partnership agreements with mental health agencies at state and local level
- ◆ Partnering with 2-1-1

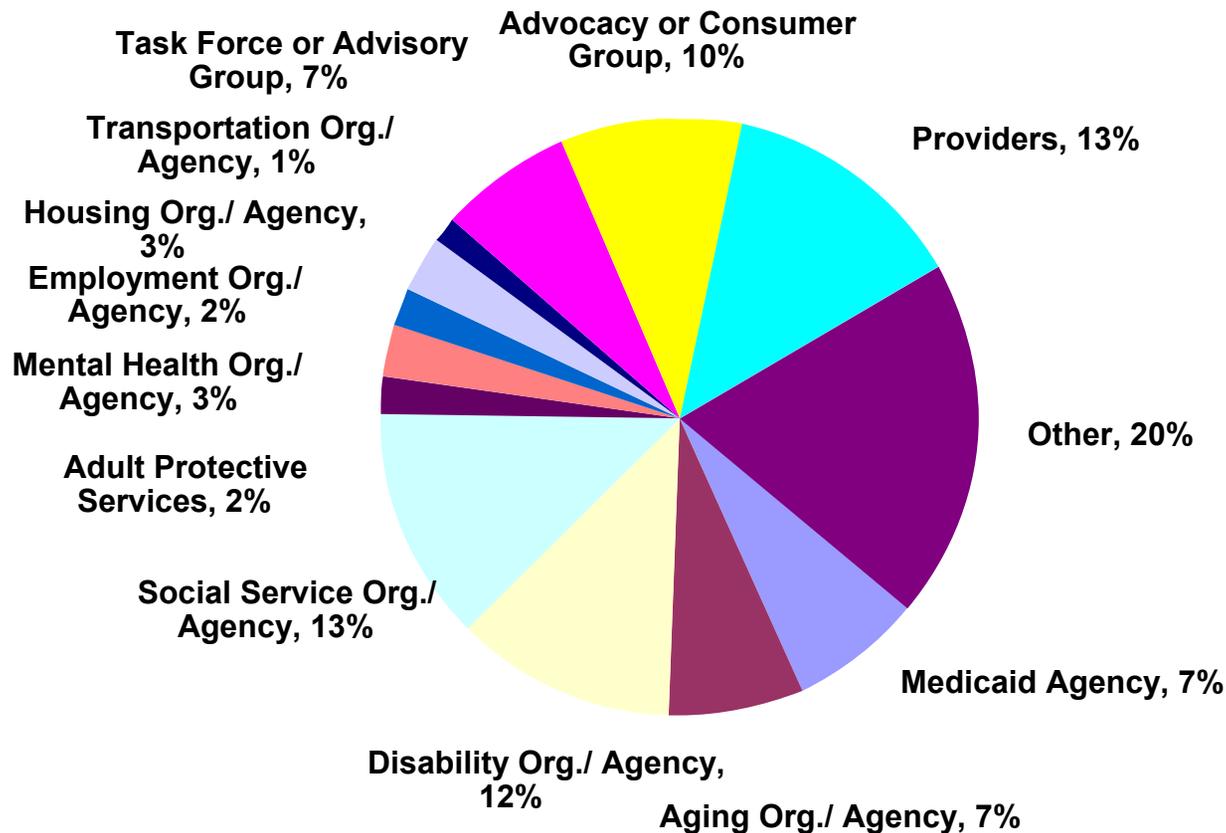
Massachusetts – Aging and Disability Resource Consortium

- ◆ Decentralized - provides services through equal partnership between AAA and CIL
- ◆ Target population: all persons of all ages with disabilities
- ◆ Partners maintain existing and separate identities
- ◆ Coordinated and standardized intake and referral system
- ◆ Extensive cross-training of staff
- ◆ Community Transition Teams
- ◆ State developed “Virtual Gateway” web-based system

Minnesota Help Information Network

- ◆ Decentralized
 - Three statewide I&R call lines: Senior Linkage Line, Disability Linkage Line, and MinnesotaHelp.info
 - Two county-operated pilot sites in Hennepin County
 - ADRC Access Points (or Network Portals) established in libraries, health clinics, senior centers, residential facilities, faith-based community centers across the county. Portals are equipped with computers, kiosks, and kiosk cards in the portal locations. Key staff at portals are trained to assist consumers to access ADRC.
- ◆ Target population: all persons of all ages with disabilities

Partners Cut Across Many Types of Organizations



Key Partners

- ◆ Area Agencies on Aging
- ◆ Disability Service Providers (e.g. CILs)
- ◆ Medicaid
- ◆ State Health Insurance Assistance Program (SHIP)
- ◆ 2-1-1
- ◆ Adult Protective Services
- ◆ LT Supports and Services Providers (e.g., home health agencies, nursing facilities)
- ◆ Critical pathway providers (e.g., hospital discharge planners, physicians)

Partnership Activities

- ◆ Formal agreements
- ◆ Formal referral protocols
- ◆ Cross-training staff
- ◆ Joint marketing and outreach
- ◆ Sharing I&R resources
- ◆ Sharing client data

Lessons Learned

Partnerships

- ◆ **Involve partners early** in the planning process
 - Waiting until after opening or until you expand to a new target population may be too late
- ◆ **Identify champions** in partnering organizations
- ◆ Set clear and **realistic expectations** for partnership
- ◆ Remain **flexible in determining partner roles**
 - What you have in mind may not fit with their goals
 - What's in it for them
- ◆ Select pilot sites with strong **existing partnerships** with key agencies

Services

- ◆ **Build on existing services** and service networks
 - ADRC may not offer new services or add staff; it is more about re-aligning infrastructure and re-orienting staff
- ◆ Allocate **significant time and effort to streamlining eligibility determination**
 - Goal – only point of entry for all LTC
 - Develop protocols for sharing data with partners
 - Determine need for HIPAA compliance on information tradeoffs between entities
- ◆ Treat **options counseling as process**, not as an event
- ◆ Leverage experience from agencies that serve individuals who can pay **privately**

Staffing

- ◆ Appoint a **dedicated project manager**
- ◆ **Build on expertise** of existing community level staff
- ◆ **Cross-train staff** from partnering organizations at state and community level
- ◆ Expect and plan for considerable **increase in call volume** and increase in average length of calls

Marketing and Outreach

- ◆ See the ADRC through the **consumer's eyes**
 - ADRC planners & staff see things differently than consumers
- ◆ Decide how to ultimately **sell SEP/ADRC** to the public
 - ADRC system name, Website name, Logo and tagline, Brochures
 - Communicate messages that are easy to understand, relevant and actionable
 - What do you want people to do?
 - What is in it for them?
- ◆ **Target outreach** to the most likely consumers
 - Directly – word-of-mouth may be most effective
 - Through **critical pathways** -- hospital discharge planners, physicians, pharmacists
 - Mass media venues – radio, TV print

IT/MIS

- ◆ **Coordinate state and local IT development initiatives**
- ◆ **Allow adequate time and resource for determining IT/MIS needs and development**
- ◆ Establish a **systematic process** for determining business processes and user specifications
- ◆ **Involve end users** (e.g. pilot site staff, consumers) in effort and in developing system specifications
- ◆ Database **maintenance** is just as important as database development

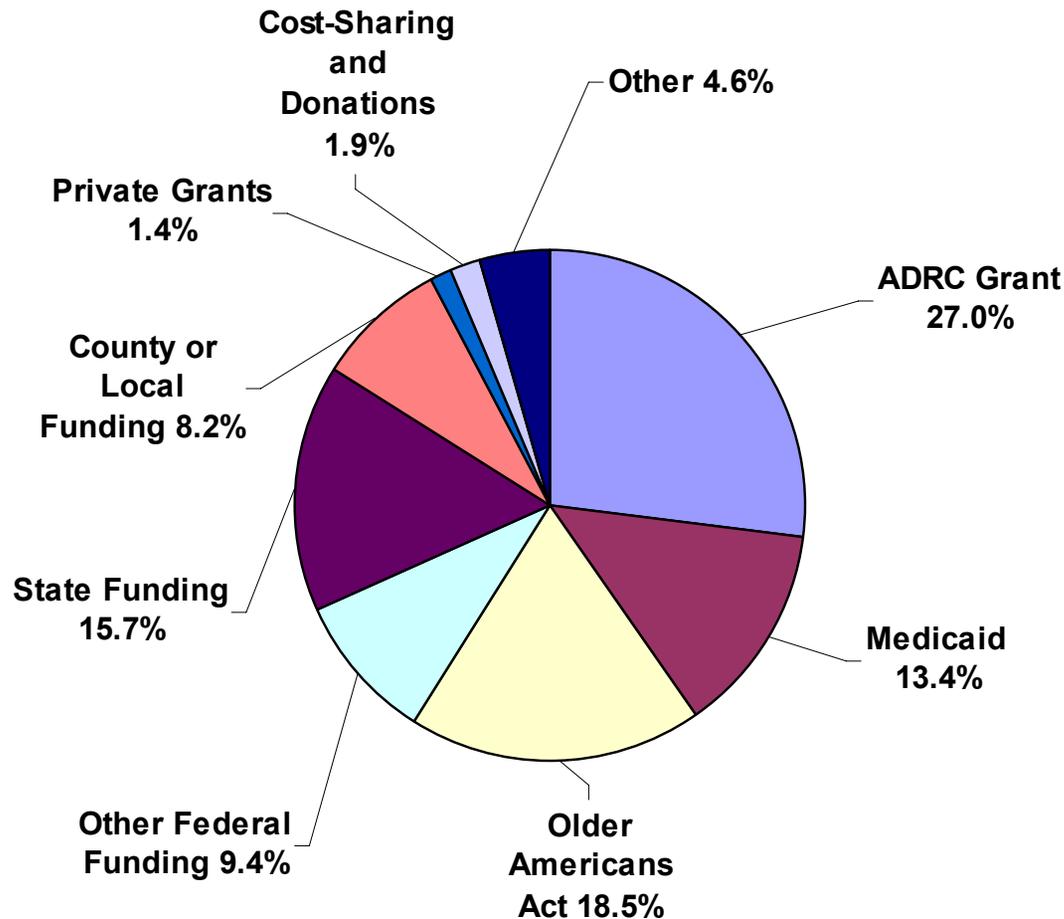
Sustainability

- ◆ View ADRC/SEP as part of **broader systems reform** effort (not as a short-term grant)
- ◆ **Plan** specifically for sustainability
 - Develop long term strategic plan
 - Institutionalize processes and staff training
- ◆ Use **evaluation** to:
 - Demonstrate performance
 - Inform decision making and enable continuous quality improvement
- ◆ **Involve consumers and stakeholders** in meaningful ways
 - If they play a key role in project design and implementation, they will be strong advocates

Sustainability – ADRC Legislation and Funding

- ◆ **ADRC/SEP Legislation:** FL, IA, ID, IL, MI & NY
- ◆ **State Appropriations:** 17 states contribute money to ADRC pilot sites budget
- ◆ **Medicaid Federal Financial Participation** for Administrative Functions: 22 states report pursuing FFP
- ◆ **Private Grants:** 24 states report pursuing private grant funding

Sources of ADRC Pilot Site Funding



Questions?