

## **Streamlining Access to Long Term Care: The Aging and Disability Resource Center Initiative**

*The vision of the ADRC program is to have Resource Centers in every community serving as highly visible and trusted places where people can turn for information on the full range of long-term support options. The goal is to empower individuals to make informed choices and to streamline access to long-term support. Long-term support refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help individuals with disabilities.*

### **Lead Agency:**

Administration on Aging (AoA)

### **Agency Mission:**

The mission of the Administration on Aging (AoA) is to help elderly individuals maintain their dignity and independence in their homes and communities for as long as possible. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people, and by working with and through a nationwide network of 29,000 community-based organizations, known as the Aging Services Network, to promote the development of comprehensive and coordinated systems of care at the community-level that respond to the needs and preferences of older people and their family caregivers.

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### **Partner Agency:**

Centers for Medicare and Medicaid Services (CMS)

### **General Description:**

The Aging and Disability Resource Center Program (ADRC), a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care.

The ADRC initiative supports state efforts to develop “one-stop shop” programs at the community level that will help people make informed decisions about their service and support options and serve as the entry point to the long-term support system. States are using ADRC funds to better coordinate and/or redesign their existing systems of information, assistance and access and are doing so by forming strong state and local partnerships.

Resource Center programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. Resource Center programs also serve as the entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

## **Key Functions of an ADRC**

### ***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

ADRC demonstration grantee states target Resource Center services to the elderly and at least one additional population of people with disabilities (i.e., individuals with physical disabilities, serious mental illness, and/or mental retardation/developmental disabilities). Many ADRCs serve people with all disabilities regardless of their age and others are working towards this goal.

In many communities, long-term support services are administered by multiple agencies and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Figuring out how to obtain services is difficult. A single, coordinated system of information and access for all persons seeking long-term support minimizes confusion, enhances individual choice and supports informed decision-making. It also improves the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation.

AoA and CMS launched the ADRC initiative in the fall of 2003 through the funding of 12 grants to states to develop pilot programs. Additional grants were awarded in 2004 and 2005 bringing the total number of states funded through the federal ADRC initiative to 43. Additional states have implemented ADRC projects without federal funding.

To support ADRC grant projects, AoA and CMS fund technical assistance providers. The AoA funded ADRC Technical Assistance Exchange (TAE) coordinates technical assistance efforts and collaborates closely with the CMS funded Community Living Exchange Collaborative. Technical assistance is provided through individual assistance to grantees, national meetings, monthly teleconferences, a weekly newsletter, the ADRC-TAE website and in other ways. Many of the technical assistance products

developed for grantees are available to the public on the website [www.adrc-tae.org](http://www.adrc-tae.org).

***Excellence***                      What makes this project exceptional?

Since its inception in 2003, states have embraced the ADRC initiative as they have come to understand the significant role single point of entry programs can play in helping consumers with disabilities remain in their homes and communities. Today, just four years since the first AoA and CMS funded ADRC opened its doors, there are 173 ADRC program sites serving nearly 30% of the U.S. population. Over half of the 43 states with federally funded ADRC programs have passed legislation, developed executive guidance, and/or contributed state funds to enhance and expand ADRCs. State investments in ADRCs/single entry point systems, independent of the federal initiative, now total over \$45,000,000. A number of states including Alaska, Indiana, Kentucky, Louisiana, New Hampshire, and West Virginia have achieved statewide coverage with their ADRCs.

On the Federal level, the ADRC initiative has also received significant support. With the 2006 re-authorization of the Older Americans Act, Congress directed the Assistant Secretary for Aging to implement ADRC programs in all states to serve as visible and trusted sources of information on the full range of long-term care options.

***Significance***                      How is this demonstration relevant to older persons, populations and/or an aging society?

The American public has an overwhelming preference for care at home, but all too often must deal with a long term care system that is fragmented, confusing and often biased in favor of more expensive institutional care. A fragmented system with no easy entry point hinders informed decision making on the part of people with disabilities and their families and may result in the unnecessary use of expensive forms of care and spend-down to Medicaid. About half of the elderly people who enter a nursing home as private pay end up exhausting their assets and spending down to Medicaid. The ADRC initiative is designed to reduce the confusion experienced by consumers and instead empower them with the information and assistance they need to make informed choices and, for those that need publicly funded services, to streamline the eligibility determination process to make it easier to access needed supports.

One of the most significant outcomes of the ADRC initiative relates to the new partnerships that have formed as states and communities have developed single point of entry systems. One key example are the new partnerships that are forming across aging and disability networks as they work together to develop and implement ADRCs. While the aging network has always been a service network serving older adults, the disability network has developed primarily as an advocacy network assisting people with disabilities of all ages gain basic civil rights. In joining together to streamline access to long-term care, each of these networks bring unique skill sets to the table and the end result is that older adults and non-elderly adults with disabilities now gain benefit from the skill sets of both networks.

***Effectiveness:***                      What is the impact and/or application of this demonstration to older persons?

The ADRC program impact on people with disabilities, including older people, is immeasurable as the program strives to simplify state systems for long term care to make them more accessible. As ADRC projects become more visible in the community, sites are seeing an increase in the number of contact they

receive. From March 2004 to March 2008, the average number of contacts per month per site have increased 20% from 929 to 1,118. By investing in IT and management information systems that support ADRC functions and building strong partnerships across aging and disability networks, ADRC program sites have been able to respond to this increase in service volume without significant increases in number of staff. ADRCs will be well positioned to respond efficiently and effectively to the needs of older adults even as demand for services increases over the next two decades.

One important goal of the ADRC initiative is to get to consumers as they go through the most critical pathways to long term care: hospitals, physician's offices, and community health clinics. By getting to a consumer at that critical point when they are making decisions about long term care, the ADRC can help to ensure they have access to comprehensive information about the full range of supports available. Based on the most recent ADRC reports from March 2008, 36.7% of referrals to ADRCs were from these "critical pathways".

Several characteristics differentiate ADRCs from other long-term care organizations and establish them as leaders in rebalancing systems of care historically oriented toward institutional care. These include:

- Delivery of efficient, simplified access to a wide range of information and supports about community-based options for an array of consumer groups seeking information or access into the long-term care system through diverse entry points;
- Commitment to providing resources based on the values of consumer direction, person-centered planning, and individual choice and autonomy, particularly through options counseling;
- Capacity to facilitate effective linkages at multiple junctures involving diverse stakeholders along the long-term care continuum; and
- Ability to prevent institutional placement by maximizing access to comprehensive, updated and credible information about alternate resources in the community including access to HCBS waiver services.

***Innovativeness:*** Why is this demonstration exciting or newsworthy?

The ADRC program is exciting and newsworthy because it is being embraced by professional, consumers, and advocates alike as an initiative that helps to ensure that people with disabilities, regardless of income, in need of long-term supports and services have access to the full range of information to assist them in making informed decisions regarding the care they need. Any public hearing that has been held over the last decade to get consumer input on long-term care issues has been inundated by pleas from consumers to streamline the existing fragmented bureaucracy people are forced to deal with when they try to learn about and access existing care options. GAO's *Means-Tested Programs: Information on Program Access Can be an Important Management Tool* (March 2005) documents the information and decision-making barriers that fragmentation in existing public programs creates for consumers. The AoA and CMS ADRC initiative is in direct response to this documented need to streamline access to long term care.