



INSIGHTS: BUILDING A REGIONAL AGING AND DISABILITY RESOURCE NETWORK

**National Association of Area Agencies on Aging (N4A)
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OBJECTIVES

- Gain insights into the development of a regional multiple point of entry ADRN
- Learn how the ADRN can strengthen the continuum of services available in the community
- Learn strategies for making the ADRN a sustainable service delivery model for OAA providers through the support of the AAA

OVERVIEW OF PRESENTATION

- Overview of WRAAA and Service Area
- Structure and Development Process of ADRN
- Critical Elements in developing a regional *Multiple Point of Entry ADRN*

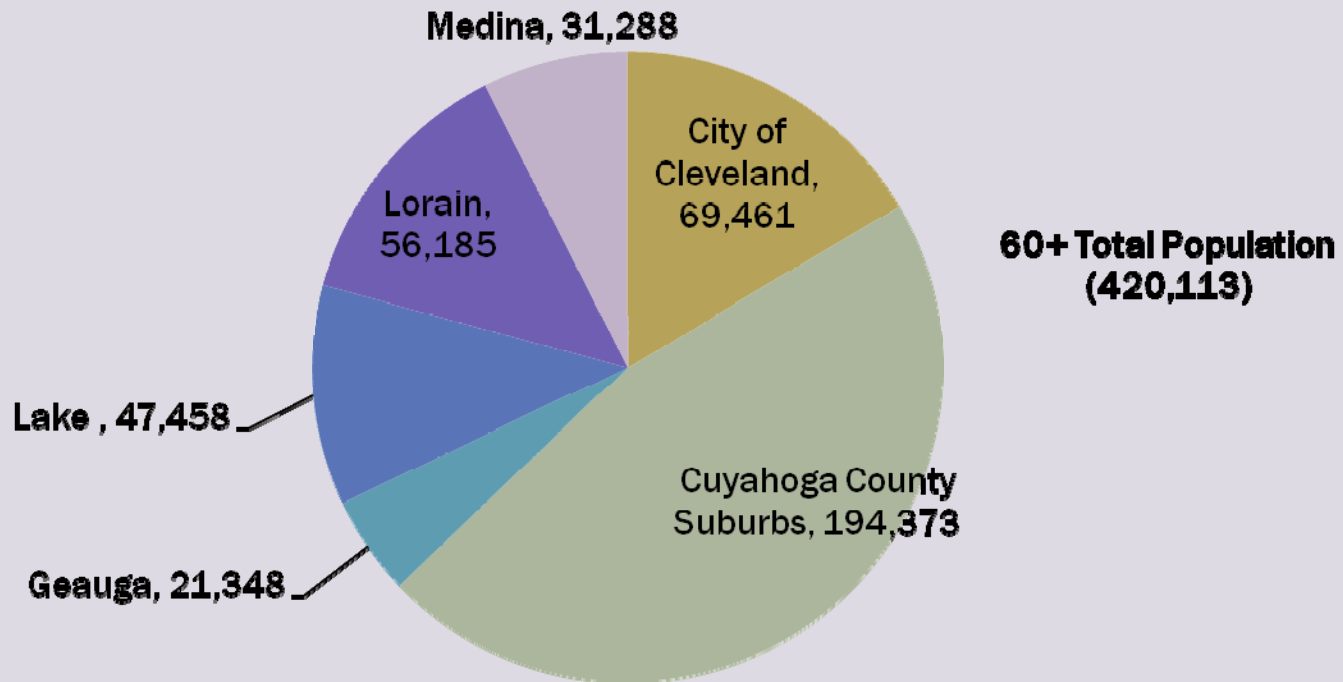




WESTERN RESERVE AREA AGENCY ON AGING

- One of twelve (12) AAAs in Ohio
- Located in Cleveland, Ohio
- Five (5) county planning and service area which includes: Cuyahoga, Geauga, Lake, Lorain and Medina Counties

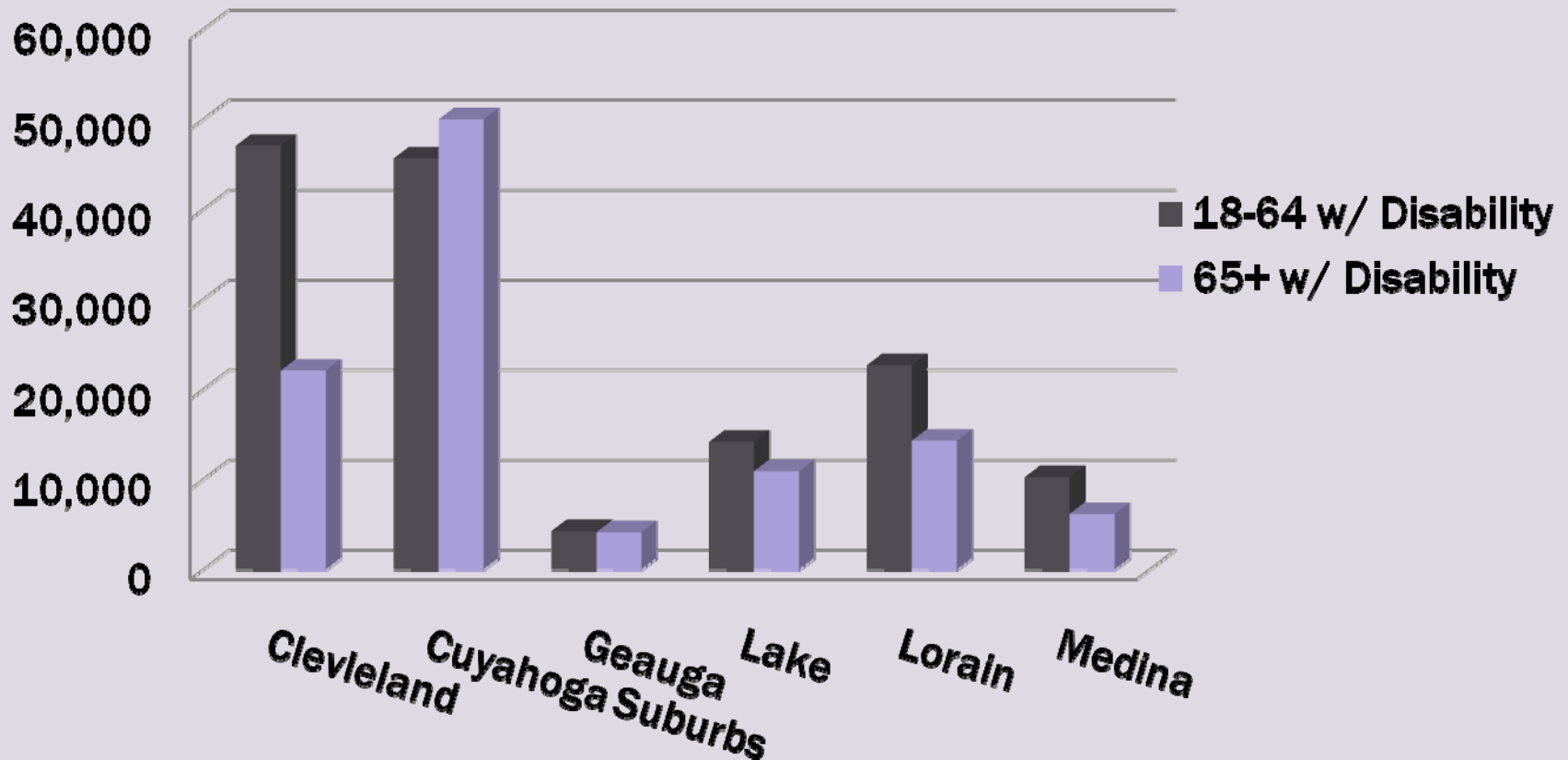
FIVE COUNTY SNAPSHOT



American Community Survey 2008

FIVE COUNTY SNAPSHOT

Total 18+ w/ Disability 251,890



Aging & Disability

RESOURCE NETWORK
Cuyahoga • Geauga • Lake • Lorain
Medina Counties

FIVE
COUNTY
ADR
N
LOGO

ADRN PARTNER AGENCIES

Aging and Disability Resource Centers

Cuyahoga County Department of Senior and Adult Services
Cleveland Department of Aging
Geauga County Department on Aging
Lake County Council on Aging
Linking Employment, Abilities & Potential (LEAP)
Lorain County Office on Aging
Medina County Office for Older Adults
Western Reserve Area Agency on Aging

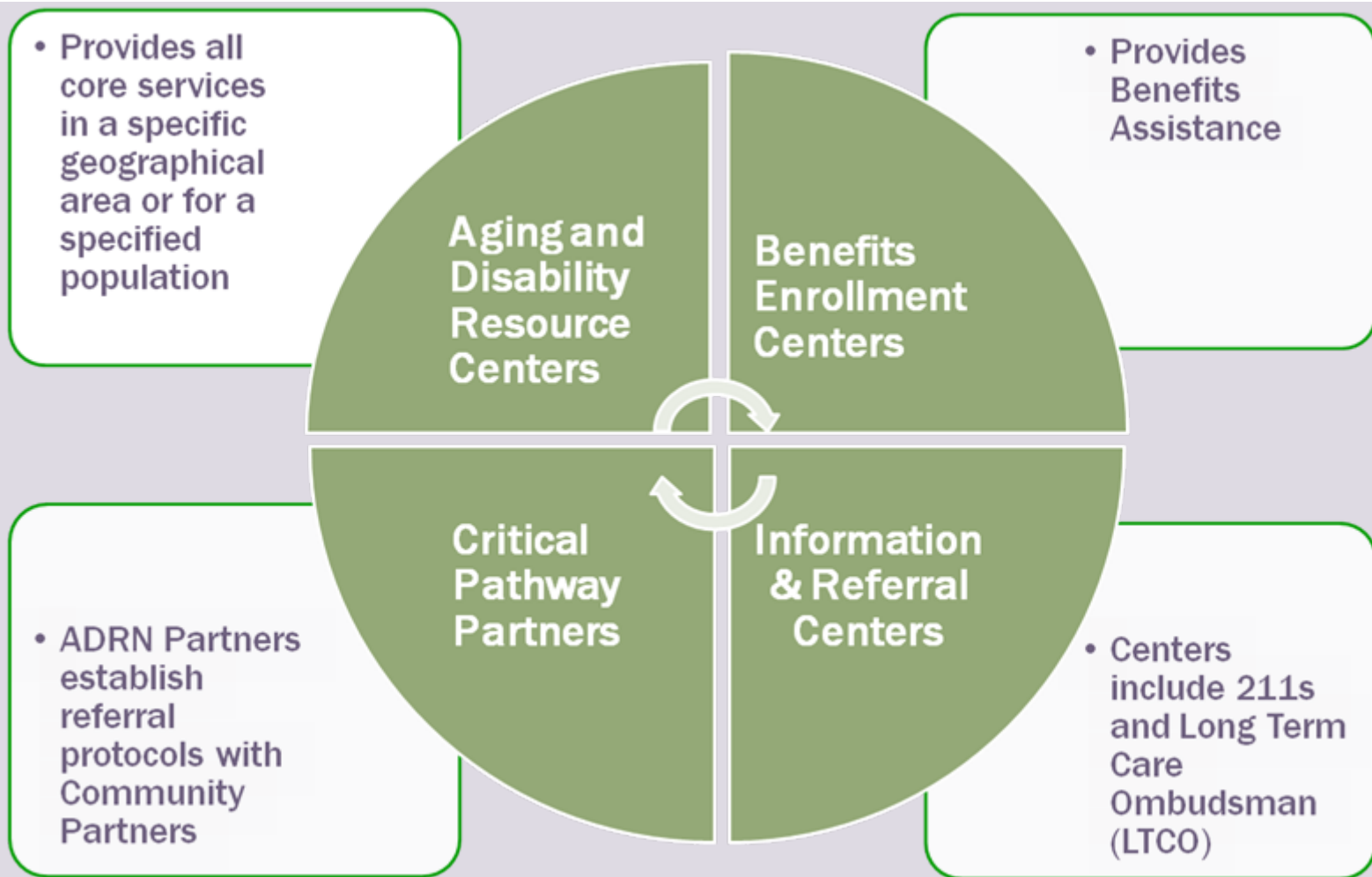
Benefit Enrollment Centers

ASIA Inc.
Benjamin Rose Institute on Aging
Fairhill Partners
MetroHealth

Information and Referral Assistance Providers

United Way of Cuyahoga County 211
United Way of Geauga County 211
United Way of Lorain County 211
United Way of Medina County
Long Term Care Ombudsman

ADRN STRUCTURE



SOME ASSEMBLY REQUIRED



DESIGNING FOR SUSTAINABILITY

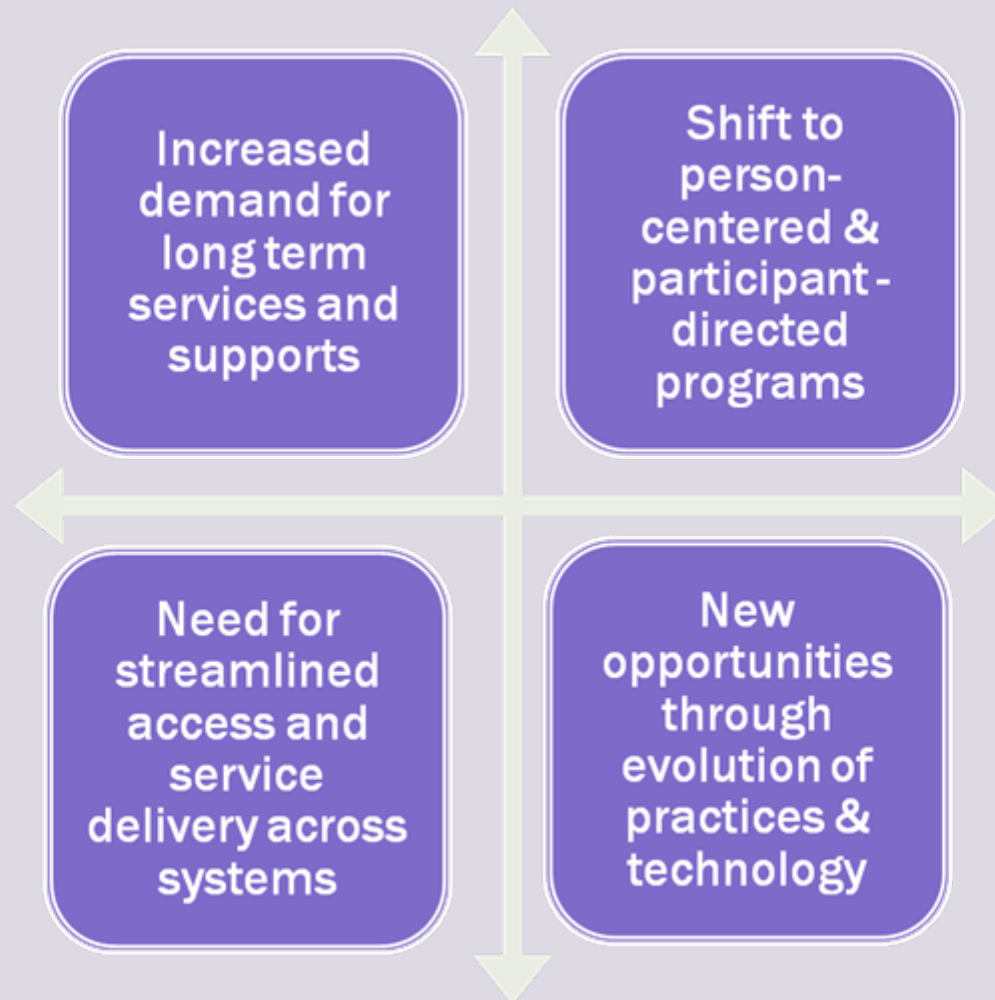
- Building the foundation
- Cultivating support
- Investing in new priorities
- Creating a learning community
- Strengthening the capacity of the network
- Evaluating for continuous improvement
- Connecting with public relations, marketing and outreach
- Maintaining a strong vision for growth

BUILDING THE FOUNDATION

Our strategic plan established a mandate for building the ADRN

- Ensures organizational commitment to transformation
- Increases visibility within the organization and community
- Provides a framework for connecting the dots across multiple programs and initiatives
- Challenges existing mission and vision

ESTABLISHING THE NEED FOR TRANSFORMATION



MAKING THE COMMITMENT

Investing
resources for
re-tooling and
sustaining the
region's system
of access

Supporting and
promoting the
ADRN as a
permanent
service delivery
structure

Strengthening
the Long Term
Services and
Supports
System through
innovation

CULTIVATING SUPPORT

- Recognizing the ADRN as a public policy sea-change
- Developing support within 4 walls and beyond
- Demonstrating how the ADRN can improve consumer outcomes
- Expanding the target population and defining the core services
- Clearly communicating goals and strategies
- Focusing efforts on bridging the aging and disability networks

ADRN AS A PUBLIC POLICY SEA-CHANGE

2001

Bush Administration New Freedom & Real Choice Systems Change (RCSC) Grants

2003

First federal grant made to 12 states for ADRC development & ADRC *Technical Assistance Exchange* established

2006

Older Americans Act legislation required AOA to establish ADRCs in all states

2008

Project 2020 N4A and NASUA

2010

Affordable Care Act appropriated funds for ADRCs through 2014

DEVELOPING SUPPORT WITHIN 4 WALLS & BEYOND

Through individual interviews we learned most partners believed that ...

- they already possessed the tools, resources and relationships to be effective
- the ADRN will provide the opportunity to offer more services to more consumers
- there is a significant amount of ambiguity about the ADRN
- funding and sustainability would be challenging issues
- there is a need to bridge the aging and disability networks
- they needed uniform messages to communicate about the initiative and the leadership of the WRAAA to meet with community stakeholders

IMPROVING CONSUMER OUTCOMES



Individual Plans for the Future

(Anticipates change in Health/Functional Status, Economic Security, Family Supports)


+

Streamlined Access to Services and Supports

+

Person Centered Solutions

EXPANDING THE TARGET POPULATIONS



To assist adults of all ages, disabilities and income levels

To more easily access long term services and supports

DEFINING THE CORE SERVICES



COMMUNICATING ADRN GOALS

Trust

- Consumers rate the assistance they receive as reliable, objective and comprehensive

Visibility

- People in the community are aware of the ADRN

Ease of Access

- People are able to access ADRN service in multiple ways

Person-Centered Assistance

- Staff listen to consumers concerns and take into account their unique needs and circumstances

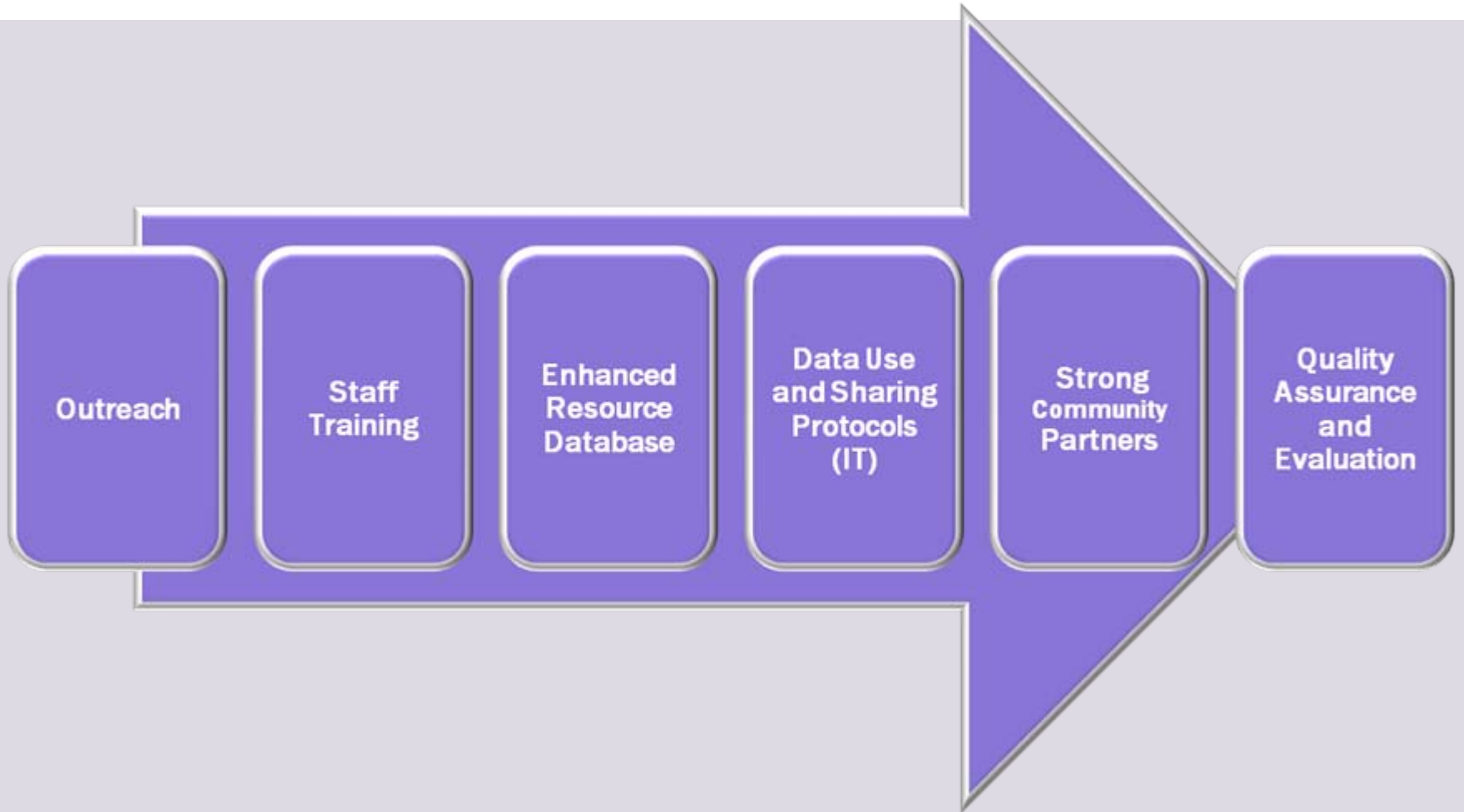
Efficiency

- Consumers report greater ease in accessing services

Effectiveness

- Consumers report that the services received help them remain in the community

COMMUNICATING ADRN STRATEGIES



COMMUNICATING WHAT IS DIFFERENT ABOUT THIS SYSTEM



**Formal
Partnerships**

**Common
Software**

**Systematic
Follow-up
and Tracking**

**Collectively
Accountable**

**Standardized
Processes**

BRIDGING THE AGING AND DISABILITY NETWORKS

- Changing language from “aging network” to “long term services and supports system”
- Contracting with a Center for Independent Living (CIL) to:
 - Function as an ADRC for the difficult consumer situations of persons with disabilities under 60 years – Information and Referral Assistance; Benefits Assistance; Options Counseling
 - Conduct cross training & provide technical assistance for ADRCs and BECs that have more older adult service expertise

INVESTING IN NEW PRIORITIES

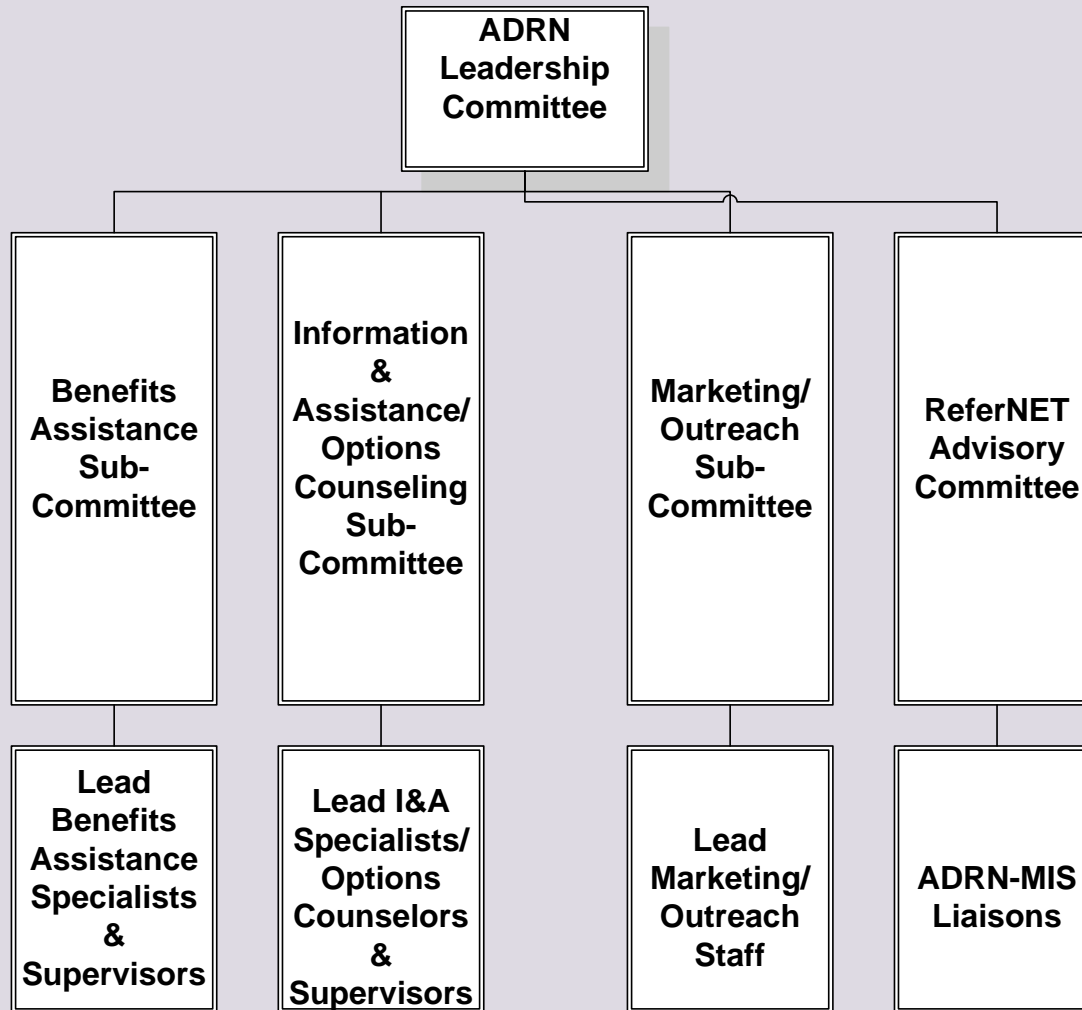
Older Americans Act provides funding backbone

- Request for Proposal (RFP) Process
 - Letter of Intent
 - Program Descriptions
 - Application Questions
- Cooperative Contract Agreements
 - Work Plan
 - Budget
 - Commitment to Workgroup Meetings
- Provider Selection based on Analysis of Capacity

CREATING A LEARNING COMMUNITY

- Cooperative agreement set the tone for a new approach
- ADRN manual and one on one meetings provided the framework for the development of work flow charts, work plans and budgets
- Establishment of ADRN leadership and supporting committees to collectively focus on network capacity building

ADRN ORGANIZATIONAL STRUCTURE



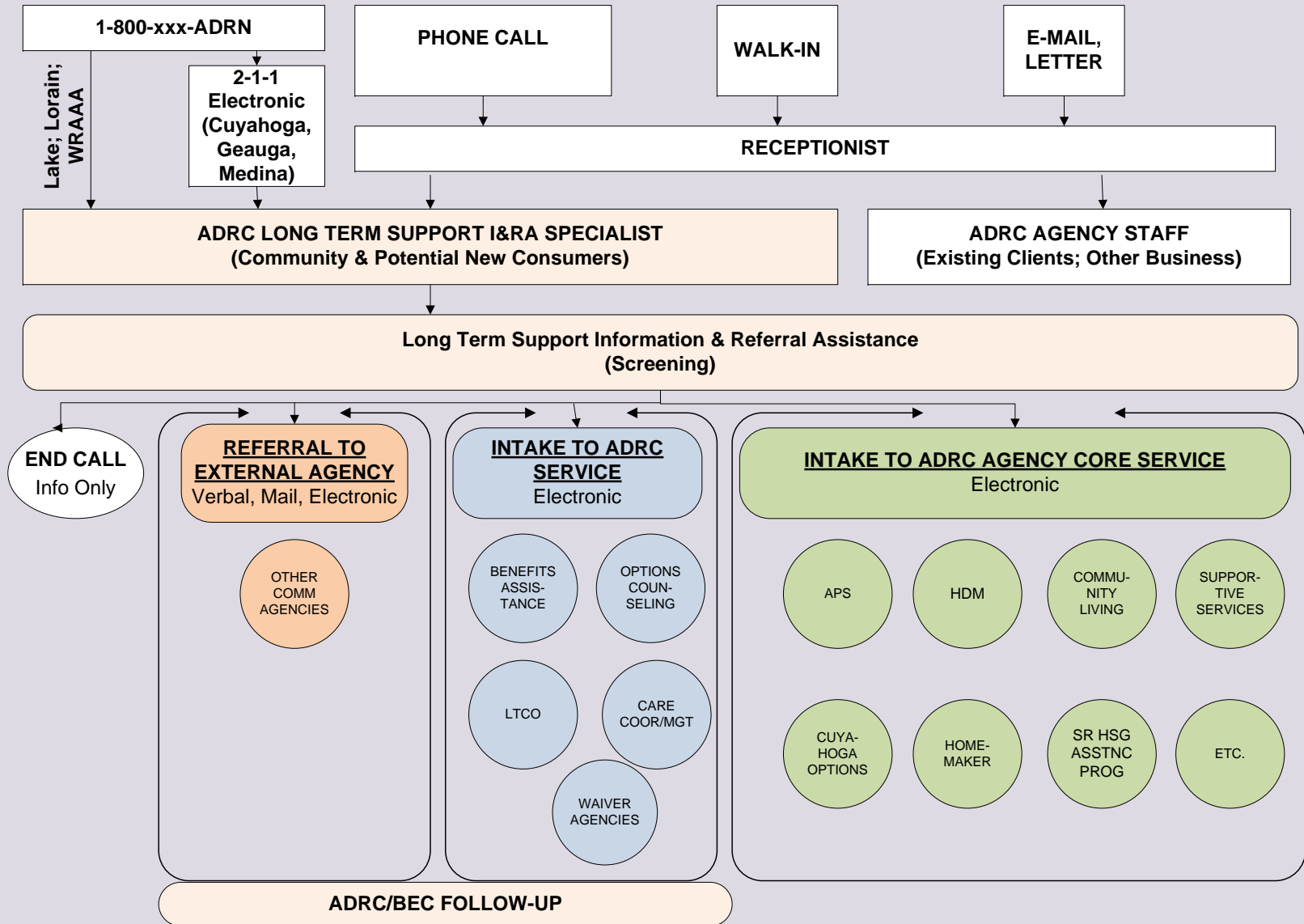
STRENGTHENING THE CAPACITY OF THE NETWORK

- Defining the core services and work flow
- Developing the resource database
- Selecting the software
- Establishing an interagency data user group
- Developing service protocols
- Developing training plan
- Formalizing relationships with critical path partners

DEFINING CORE SERVICES & WORK FLOW

- Needed to define how ADRN core services fit into a continuum of existing services
- Consumer scenarios helped to pinpoint boundaries between services
- Work flow diagrams assisted agencies in identifying how consumers move from ADRN services to agency core services

ADRC FLOWCHART (Working Draft 3-21-2011)



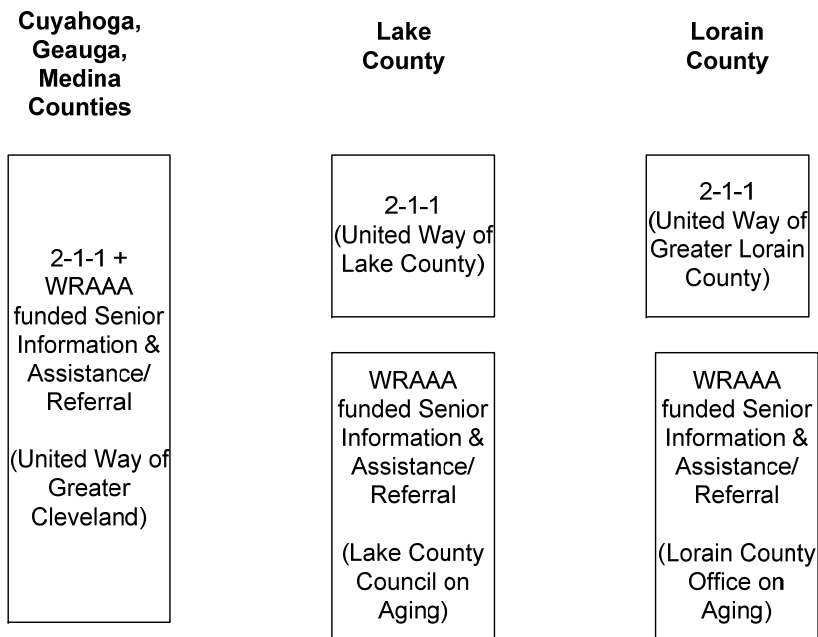
DEVELOPING THE RESOURCE DATABASE

- 211 Information and Referral services are managed in three United Way agencies in the region.
- 211 Inclusion/Exclusion criteria omit for-profit providers
- Many long term service and support providers are for-profit
- Long Term Care Ombudsman managed database which included for –profits but not open to the community
- In order to create a comprehensive data resource for the ADRN database enhancements were required
- The enhancement include the services and providers of:
 - PASSPORT (Medicaid Waiver)
 - Assisted Living Waiver
 - Ohio Home Care Waiver
 - Home Choice
 - Residential Care Facilities

Western Reserve Area Agency on Aging

Aging and Disability Resource Network (ADRN) INFORMATION & REFERRAL ASSISTANCE SYSTEM

December 2, 2010 [rev]



All except for Lake County use Refer software system

Databases do not include Long Term Services & Supports Enhancements:
home health agencies; assisted living; nursing facilities; residential care
facilities; adult care facilities, etc.

CURRENT STRUCTURE

OVERVIEW OF REGIONAL 211 SYSTEMS

SELECTING THE SOFTWARE

- Existing partners use five (5) different software systems for reporting or case management
- Evaluated existing software systems in key decision areas
 - Ease of use
 - Cost effectiveness
 - Flexibility in customizing features
 - Ability of resource database to provide real time data
 - Capacity to track unmet need
 - Ability to link to other software systems

FEATURES OF REFERNET

- Allows each ADRN partner to maintain its own access site
- Enables partners to share specific consumer data with other ADRN partners as needed with recording of appropriate *Release of Information* (ROI) – verbal or written
- A tool for I&A staff to provide the service including accessing the resource database, making referrals, tracking and following up
- A tool for Benefits Assistance Specialists and Options Counselors to access the resource database and make referrals
- A tool for reporting contact and client information

ESTABLISHING AN INTERAGENCY DATA USER GROUP

The data user group formalized through a signed agreement addresses the ADRN and its partners' mutual responsibilities for ensuring the confidentiality of consumer information in general and more specifically for adhering to the federal and state laws and regulations governing confidentiality and disclosure of information as a **NETWORK**, not just as solo agencies providing services.

CONSUMER CONFIDENTIALITY

It is the goal of the ADRN to protect the confidentiality of personal information provided to staff and volunteers in carrying out their work even if it does not fall within the parameters of public regulations.

Thus, the policies for confidentiality and release of information procedures are based in the most stringent, but reasonable requirements for confidentiality and sharing of consumer information for services provided both via telephone and in person.

ADRN POLICY ON SHARING CONSUMER DATA

Level	Data*	Shared With	Consent Needed
1	Basic Consumer Sketch	All ADRN Partners; Referents	None
2	Other Consumer Information (not Protected Health Information)	For a Specific Consumer with a Specific ADRN Partners on as-needed basis	Verbal
3	Protected Health Information (HIPAA)	For a Specific Consumer with a Specific ADRN Partners on as-needed basis	Verbal with Witness (e.g. 3-way call) or written)
4	Other Federal/State Privacy Regulations	As applies to specific ADRN Partners with consent needed as stated in Statutes	

Regulation	Applies to	Implication for ADRN Core Service Delivery
Health Insurance Portability & Accountability Act of 1996 (HIPAA)	Covered Entities & Their Business Associates	Not covered entities; but may share PHI; Obtain verbal consent with witness OR written consent to share consumer data
42 U.S. Code 290dd-2; 42 C.F.R. 2.1 to 2.67	Providers of Federally Assisted Alcohol & Substance Abuse Treatment Programs	None
42 U.S. Code 1396a(a)(7); 42 C.F.R. 431.300	Administrators of Medicaid programs	None

FEDERAL & STATE REGULATIONS WITH PRIVACY STANDARDS

Regulation	Applies to	Implication for ADRN Core Service Delivery
O.R.C. 5101.26 to 5101.27.1	Providers of Public Assistance Services, Including Social Services	None
O.R.C. 5122.31	Providers of mental health services	None
O.R.C. 3701.243	Providers of health care serving persons with AIDS or an AIDS-related condition	None
45 C.F.R. 1321.51	Providers funded by Older Americans Act	Obtain verbal or written consent as required by other regulations to share consumer data

*** Note: There may be other federal or state regulations that have not been identified**

FEDERAL & STATE REGULATIONS WITH PRIVACY STANDARDS (2)

LEVELS OF DATA SHARING (LEVEL 1)

LEVEL 1: BASIC CLIENT SKETCH – open to all ADRN Partner Agencies
First Name, Last Name, Middle Initial
AKA Name(s)
Client ID – Auto generated, cannot be edited
Address(es) - (Street Address, City, Zip, County)
Organization
Phone(s)
Email
Birth date
Age – Auto generated if enter a birth date; should not be entered/edited
Number in Household
Head of Household
Total Income
ROI (Release of Information) Permission
ROI Permission recorded by Access Site that entered it – auto generated; cannot be edited
Active/Inactive Flag
People Associated to the Client
Record Owner - Access Site that entered original client record; cannot be edited

LEVELS OF DATA SHARING (LEVEL 2)

LEVEL 2: OTHER CLIENT INFORMATION – shared with ADRN Partner Agencies with verbal consent on an as-needed basis (NOT AN INCLUSIVE LIST)
Gender
Income
Marital Status
Race
Hispanic (Y/N)
Primary Language
Current Living Situation (PICK LIST: With Adult Children; Assisted Living; Group Home; Homeless/Homeless Shelter; Independent with Family Support; Independent with Outside Support; Independent-Alone; Nursing Home; Rehab Center; With Parents/Family; Other)
Legal Guardian (Y - list name/N)
Power of Attorney (Medical – List name; Financial – List name; None)
Employment Situation (PICK LIST: Retired; Full Time Employment; Part Time Employment; Not Working, Not Seeking; Other)
Assets (PICK LIST: Over Medicaid Limit – Spend Down NOT likely; Over Medicaid Limit – Possible Spend Down; Under or at Medicaid Limit; Unknown)
Emergency Contact (Name, Phone)
Referrals (except referrals dealing with HIV/AIDS; mental health; substance addiction treatment)
Staff Notes (excluding extraneous historical documentation)
BENEFITS ASSISTANCE - REPORT
Did you counsel this consumer? (Y/N)
How did you screen this consumer? (BCU; OBB; Other Method; No Screening Provided)
Is this consumer potentially eligible for at least one benefit? (Y/N)
Number of follow-up contacts with this Client
Specific Benefits – with poverty level (Planned – Date; Applied – Known Date; Enrolled – Known Date; Enrolled – Actual Date; Denied/Found Not Eligible – Known Date)
Other data fields in ReferNET

LEVEL 3: PROTECTED HEALTH INFORMATION – shared with ADRN Partner Agencies with verbal consent with witness (e.g. via a 3-way phone conversation) or written consent on an as-needed basis

Any information that is considered Protected health Information, including, but not limited to, referrals dealing with HIV/AIDS; mental health; substance addiction treatment.

LEVEL 4: OTHER FEDERAL/STATE PRIVACY REGULATIONS

As applied to specific ADRN Partners with consent needed as stated in statute.

LEVELS OF DATA SHARING (LEVEL 3&4)

DEVELOPING SERVICE PROTOCOLS

Service Protocols:

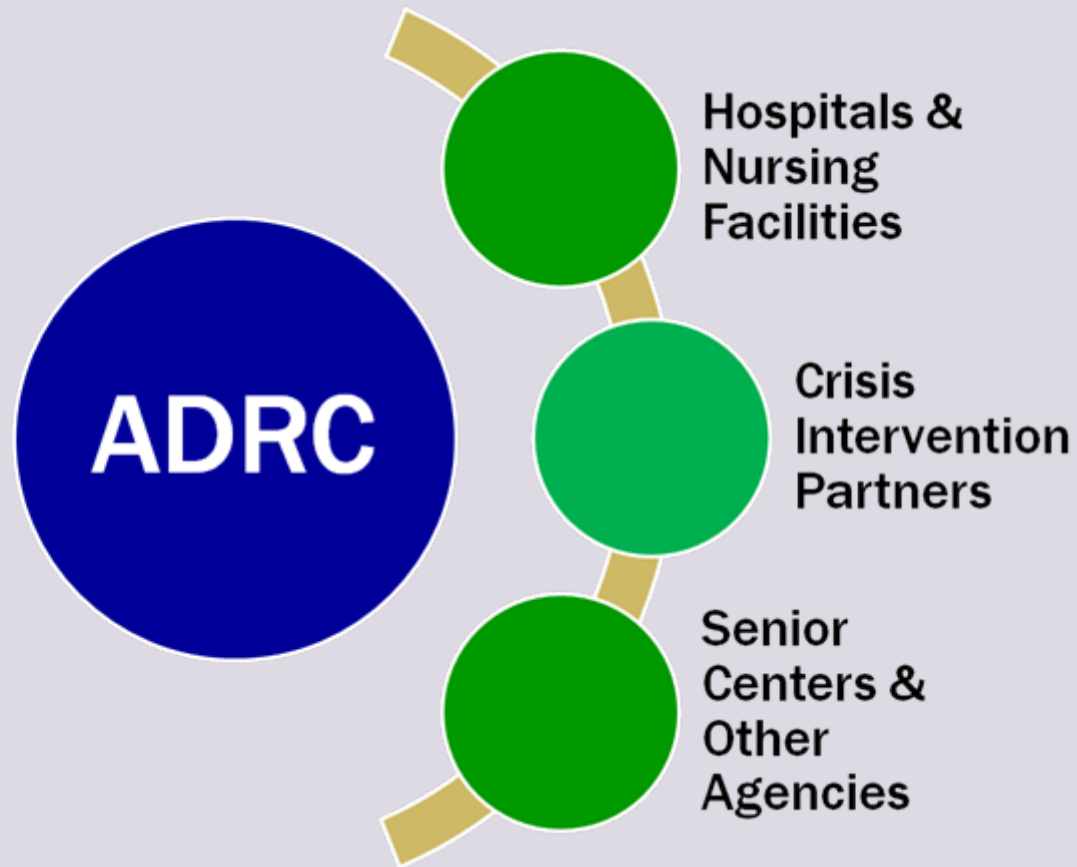
- Information & Assistance Routing
- Handling Contacts Involving an Emergency/Crisis
- LEAP's Role in Working with ADRN Partners Re: Persons with Disabilities
- Handling Disasters

DEVELOPING TRAINING PLAN

Training Plan:

- ADRN core services
- Long term services and supports system
- Other systems – housing; mental health
- Use of ReferNET software
- AIRS-A certification

PRIORITIZING CRITICAL PATH PARTNERSHIP RELATIONSHIPS



FORMALIZING RELATIONSHIPS WITH CRITICAL PATH PARTNERS

Critical Path Partners (CPP) include hospitals, nursing facilities, crisis intervention partners, senior centers/municipal offices on aging – Steps:

- Obtaining lists of CPPs
- Determining which ADRC can receive/make referrals with each CPP
- Developing plan/protocol for educating CPPs about the ADRN & the specific ADRC(s) they will relate to
- Developing a referral protocol
- Considering if there should be an MOU
- Determining if there should be a CPP Advisory Group

EVALUATING FOR CONTINUOUS IMPROVEMENT

Performance Goals:

- Increase awareness about long term services/supports and benefits (Visibility)
- Provide accurate, reliable resource information (Consumer Focus)
- Provide assistance in making long term care decisions and connecting to services (Access)
- Simplify and streamline access to public programs and benefits (Efficiency and Effectiveness)

VISIBILITY INDICATORS

Evaluation Indicators: Visibility

- Number of outreach activities
- Number of individuals reached by outreach activities
- Number of calls/inquiries
- Number of repeat calls/inquiries
- Number of new calls/inquiries
- Number of persons under 60 years served

CONSUMER INDICATORS

Evaluation Indicators: Consumer Focus

- Customer Services
 - Clarity and usefulness of information
 - Wait time/ Quality of interaction with staff
- Application for Services
 - Subsequent application for services
 - Ease of application/ Timeliness of services
- General Experience/Overall Satisfaction
 - Quality of interaction with the ADRC
 - Consumer recommends ADRC to others

ACCESS AND EFFICIENCY INDICATORS

Evaluation Indicators: Access and Efficiency

Access:

- ADRC Services:
 - Number of unduplicated individuals referred to LTSS
 - Number of unduplicated individuals enrolled LTSS
- Benefits Assistance:
 - Number of unduplicated individuals submitting applications for public benefits
 - Number of unduplicated individuals enrolled in public benefit programs

Efficiency:

- Time per consumer by service; Unit cost

EFFECTIVENESS INDICATORS

Evaluation Indicators: Effectiveness

- Individual:
 - Number of unduplicated individuals diverted from nursing home enrollment or re-hospitalization (30 days)
 - Time between intake (waivers) and eligibility determination
- Community: (Dependent on availability of data)
 - Balance in ratio of nursing home and community-based enrollments by county and region
 - Prevention of re-hospitalizations (within 30 days)
 - Strengthening of continuum of care

CONNECTING WITH PUBLIC RELATIONS, MARKETING & OUTREACH

Framework for Goals

- Create a network where constituents have strong organizational identification
- Ensure consistency with PR, marketing and outreach throughout ADRN development
- Create a word of mouth marketing environment

Phases

- 4 Walls
- Professional Networks
- Public Rollout

FOUR WALLS MARKETING

Phase I : 4 Walls Marketing

GOALS: (1) To understand challenges ADRN leaders may have as the Network rolls-out to their staff and constituents (2) To ensure 4Walls Marketing strategies are structured and framed in a way to help the WRAAA overcome pre-existing ideas about the initiative (3) For the WRAAA to establish goodwill among all ADRN partners

- Develop and strengthen identification as an ADRN partner
- Develop loyalty to the ADRN
- Create an ambassador climate among ADRN staff

PROFESSIONAL NETWORK

Phase II : Aging & Disability Professional Network Marketing

GOALS: (1) To inform aging and disability networks that the ADRN will be rolling out in our community (2) To prepare those in the aging and disability networks with the information necessary for them to direct individuals to the ADRN once launched in the community

- Create an inclusive environment
- Increase credibility
- Develop community support outside of ADRN

PUBLIC ROLLOUT

Phase III: Public Rollout

GOAL: The long-term goal of marketing strategy is to drive enough individuals to the ADRN who will have a positive experience; resulting in strong word of mouth referral.

With effective PR, marketing & outreach strategies, the public will perceive:

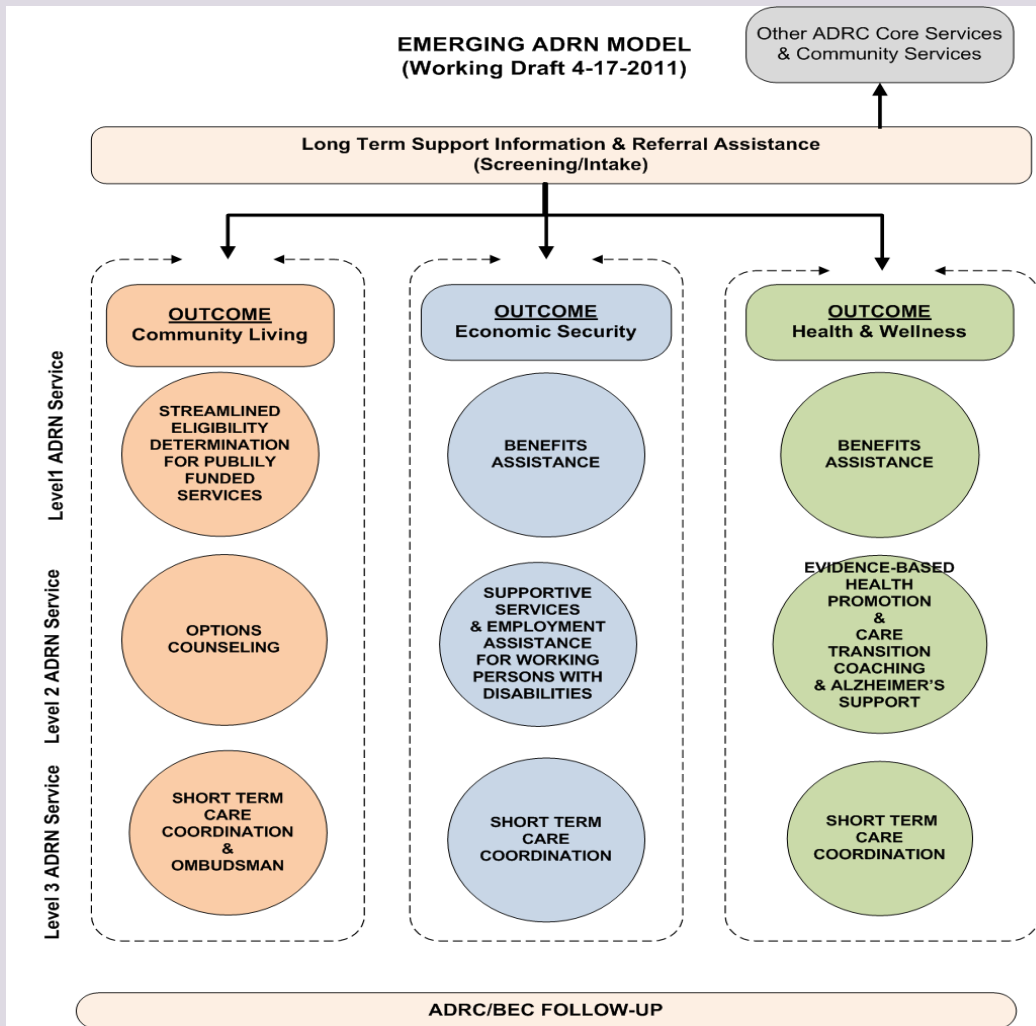
- a quality system
- an accessible system
- a dependable system

MAINTAINING A VISION FOR GROWTH

Building a system of service continua:

- **Phase I:** Strengthening the capacity of the ADRN partner agencies to provide the core services
- **Phase II:** Formalizing relationships with critical path partners
- **Phase III:** Adding Care Coordination as a core service & expanding the ADRN to include 3 pillars:
 - Community Living
 - Economic Security
 - Health and Wellness

EMERGING ADRN MODEL



DISCUSSION: CHALLENGES OF A NETWORK

- Moving county based systems to a regional system
- Separate organizational entities functioning as one network
- Diverse experience and skills
- Diverse resources
- Multiple software and reporting systems
- Balancing unique vs. standardized
- Creating change in a turbulent environment

PRESENTATION RESOURCES

Presentation Materials Available on WRAAA website at www.psa10a.org

- Follow link titled: N4A ADRN Presentation 07.18.11
- Posted documents:
 - PowerPoint Presentation
 - Resource Documents

Other questions contact Julie Jarvis, WRAAA Director of Planning

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Thank you!!