Aging and Disability Resource Center

BACKGROUND
The Aging and Disability Resource Center (ADRC) initiative is a collaborative effort led by the Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS). ACL brings together the Department of Health and Human Services Office on Disability, the Administration on Aging and the Administration for Intellectual and Developmental Disabilities. ACL actively partners with the Veterans Administration as well as the Department of Education. This initiative seeks to streamline access to long-term services and supports (LTSS) for older adults, all persons with disabilities, family caregivers, veterans and LTSS providers. Currently, 52 states and territories are operating or are in the process of implementing the core elements of an ADRC.

In many communities, multiple agencies administer long-term support services and have complex, fragmented and often duplicative intake, assessment and eligibility functions. ADRCs build on the strength of existing community agencies, such as Area Agencies on Aging and Centers for Independent Living, to provide a single, more coordinated system of information and access for all persons seeking long-term support to minimize confusion, enhance individual choice, and supporting informed decision-making.

PURPOSE
ADRC/No Wrong Door Systems address the frustrations many consumers and their families experience when they need to obtain information and access to supports and services. ADRC programs raise visibility about the full range of public and private LTSS programs available, provide objective information, advice, counseling and assistance, and ensure people are able to make informed decisions about their LTSS.

ADRCs provide unbiased, reliable information and counseling to individuals with all levels of income. They assist a wide range of individuals, including family caregivers, in obtaining long term supports and services in the most desirable and appropriate setting. Because they do not limit their services to low-income individuals, ADRCs can help families with private resources use their resources more wisely, which may delay or prevent “spend-down” to Medicaid or unnecessary institutionalization.

ADRCs serve as single points of entry into the LTSS system for older adults, people with disabilities, caregivers, veterans and families. Some states refer to ADRCs as “access points” or “no wrong door” systems.

ROLE OF ADRCs IN PERSON CENTERED SYSTEMS
ADRCs represent an integral component of health and long-term care reform and an essential facet in the development of effectively managed person-centered service systems at the national and state level. The ADRC initiative focuses on delivering person centered planning by improving access to LTSS so that an individual can receive the right services at the right time and in the right place. It also facilitates obtaining services individualized to the unique needs and desires of the person and that reflect their input and decisions about their own future. The Veteran’s Directed Home and Community Based Services program (VD-HCBS) serves as one example of person-centered services directed by the individual receiving the LTSS accessed through ADRCs.
ADRC GRANTEES
ADRCs currently operate in over 492 community sites across 52 States and Territories, covering over 70% of the US population.

The core functions of an ADRC/No Wrong Door System are 1) information, referral and awareness, 2) one-on-one options counseling, 3) streamlined access to public programs, 4) person-centered transitions, 5) quality assurance and continuous improvement.

ADRCs perform these functions by integrating, coordinating, and strengthening different pieces of the existing long term supports and services systems, including Area Agencies on Aging, Centers for Independent Living, state and local Medicaid offices, and other community-based organizations.

ADRCs play a critical role in supporting health and long-term care reform by improving the ability of state and local governments to effectively manage the system, monitoring program quality and measuring responsiveness of state and local systems of care.

ADRCs use two broad strategies to divert individuals from unnecessary long-term institutional care and ensure that short-term institutional stays do not become permanent: (1) intervening with options counseling in critical pathways; and (2) expediting eligibility determination processes for home and community-based services. For example, many ADRCs have collaborated to support individuals transitioning across LTSS settings, such as hospitals and nursing homes. This collaboration has included ADRCs working to raise visibility about HCBS options within their communities, providing options counseling to potential participants and their families, conducting assessments, care plan development, waiver enrollment, service initiation and follow-up.

Many states have leveraged the ADRC work to make Medicaid, Older Americans Act and state revenue-funded programs more flexible and person-centered. ADRCs have worked to streamline the application process for Medicaid and other public programs like LIHEAP, SNAP, transportation, and housing.

ADRC OPTIONS COUNSELING
ACL funded 19 states to strengthen Aging and Disability Resource Centers (ADRCs) Options Counseling and Assistance Programs for community-based health and long-term care services. Options counseling programs help people understand, evaluate, and manage the full range of long term services and supports available in their community.

ADRCs help individuals’ access public benefits for long term services and supports, making the application process less onerous, less bureaucratic, less administratively burdensome for Medicaid agencies, and more seamless for consumers.

- More than 90 percent of ADRCs assist consumers with completing Medicaid financial applications;
- Medicaid applications in 46 states are available through their ADRC networks on the internet with eight of these (and another four in process) allowing consumers to complete the application online and submit it electronically.

ADRC CARE TRANSITIONS
By intervening in critical pathways to long term services and supports, such as hospital discharge planners, physicians or other health professionals, or long term supports providers, through options counseling, ADRCs convey the range of alternative services and settings available so individuals can both plan ahead and make informed decisions about current needs.

- ADRCs in 40 states partner with 355 hospitals to offer care transition programs.
Evidence Based Care Transition Grants: 16 states funded to coordinate and continue to encourage evidence-based care transition models which help older persons or persons with disabilities remain in their own homes after a hospital, rehabilitation or skilled nursing facility stay. These grants will help break the cycle of readmission to the hospital that occurs when an individual is discharged into the community without the social services and supports they need.

Money Follows the Person Grants: ADRCs play a critical role in nursing facility transitions under the Money Follows the Person Demonstration (MFP) in 41 of the 44 MFP states. 39 states were funded to strengthen the ADRCs role in the CMS Money Follows the Person program and support state Medicaid agencies as they transition individuals from nursing homes to community-based care.

- The ADRC serves as the Local Contact Agency (LCA) for MDS 3.0 Section Q in 42 states; in 12 of those states, the ADRC is the only LCA.

Testimonials FROM ADRCs
Testimonials from consumers, family members, and professionals reinforce the high satisfaction level:

- “I am using this agency for my Dad who is unable to take care of himself. My mother is 85 years old w/severe arthritis and cannot take care of Dad’s personal hygiene, etc, as well as she used to. Your agency has been wonderful and a God send. I would truly recommend this agency to all my friends that have older parents that need help and assistance to help “rid” the burden of doing it all by themselves.”
- “My brother has never been happier in his life! Thank you so much!”
- “Thanks for going the extra mile. I was at the end of my rope in terms of what I could do [for this client]. It’s great to have an agency like yours to turn to when we’re out of options.”
- “I never knew that this could be so easy and pleasant. I was expecting something far more bureaucratic and difficult!”

ADDITIONAL INFORMATION

ADRCs:
ADRC Technical Assistance Exchange Website: This site provides information about state ADRC initiatives, tools, and resources about streamlining access to long term services and supports, single point of entry systems, long term care options counseling, outreach and marketing, and much more: http://www.adrc-tae.org

Criteria of a Fully Functioning Single Entry Point System/NWD/ADRC: This document details the criteria that were developed to assist states and stakeholders to measure and assess state progress toward developing fully functioning ADRCs: http://www.adrc-tae.org/tiki-download_file.php?fileId=31812

CMS Money Follows the Person: The “Money Follows the Person” Rebalancing Demonstration Program (MFP) helps States rebalance their long-term care systems to transition people with Medicaid from institutions to the community.

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html

The Balancing Incentive Program: This program increases the Federal Matching Assistance Percentage (FMAP) to States that make structural reforms to increase nursing home diversions and access to non-institutional LTSS.

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Balancing-Incentive-Program.html

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U.S. Department of Health and Human Services,