



## **Frequently Asked Questions from Online Training: “Overview of Aging and Disability Resource Center Program”**

### ***What is an Aging and Disability Resource Center?***

The Aging and Disability Resource Center (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) designed to streamline access to long-term care. ADRCs serve as integrated points of entry into the long-term care system, commonly referred to as a “one stop shops,” and are designed to address many of the frustrations consumers and their families experience when trying to access needed information, services, and supports.

### ***What does an ADRC do?***

An ADRC is a highly visible and trusted source of health and long-term support information for all persons regardless of age, income or disability and provides consumers with a seamless system of services from point of entry to receiving the assistance they need. ADRCs raise visibility about the full range of long-term care options that are available, better coordinate aging and disability service systems, provide objective information and assistance, empower people to make informed decisions about their long term supports, and serve as convenient entry points for all public and private long term-care programs and support services.

### ***Why do we need ADRCs?***

The current long term support services system are sustained by numerous funding streams, administered by multiple agencies, and have complex, fragmented and often duplicative intake, assessment and eligibility functions. Figuring out how to obtain services is difficult both for persons who qualify for publicly-funded support and for those who can pay privately for such supports. In addition, many individuals are channeled towards an institution without ever being informed about supports that are available to assist them in remaining in the community; this results in added costs for consumers and public programs like Medicaid. Aging and Disability Resources Centers will:

- create a one-stop access to information, counseling, and access on all long term support matters, including a single entry point for accessing public long term support programs and services;
- help eliminate confusion in finding long-term care options and supports;
- ensure that comprehensive options are provided to consumers so they can make the decisions that best meet their needs and preferences;
- improve a state’s ability to manage public resources, monitor program quality and costs, respond to system problems, improve services, and limit unnecessary use of high-cost services including nursing facility services.

***For which long term care options do ADRCs facilitate and streamline access? Do these include private insurances (i.e., long term care options) and institutions? How do ADRCs implement access to these long term care options?***



Aging and Disability Resource Centers (ADRCs) work with consumers to help them use their available resources wisely and to receive services and supports in the setting of their choice. Thus, ADRCs are designed to streamline access to all long-term care supports, services and related benefits, including both public and private services which would include information on insurance, community-based and institutional options.

ADRCs accomplish this through partnerships and working agreements among state agencies, local health and human services authorities and private partners such as service provider organizations. For instance, ADRCs coordinate with the State Health Insurance Assistance Program (SHIP) in their states to help people explore their insurance coverage options (both public and private) and help them make sense of their current coverage.

***How do ADRCs function differently than existing Area Agencies on Aging (AAAs)?***

Most ADRCs have originated in agencies that provide information and referral/assistance or organizations that work with specific target populations such as older adults or persons with disabilities. Because of their role in providing I&R/A to older adults, many AAAs are involved in operating ADRCs. ADRCs are unique because they serve people of all ages and integrate or coordinate with both aging and disability service systems in order to provide consumers with a seamless system of services from the initial contact to the point when a consumer begins to receive services. ADRCs are defined by their formal partnerships with Medicaid and other organizations that serve different consumer groups. ADRCs help consumers enroll in public long term care services directly, often performing eligibility determination functions such as “nursing home level of care” assessments and assisting consumers through the financial eligibility process. ADRCs serve people of all income levels, including people who are eligible for public services as well as those who have resources to pay privately for services.

***What is a “one-stop” or single entry point center?***

To be a true “one-stop”, an ADRC must be designed so that the consumer only has to go one place or make one phone call to access the full range of long term supports available in the community. Through that one contact, the consumer should either directly receive all the information or services they need or be seamlessly connected with all the information and services they need. There are many ways to design a system so that the consumer has the “one-stop” experience.

***What different forms can ADRCs, as “one-stop” centers, take?***

One form of an ADRC is to build an integrated/centralized system so that all the functions and services for all the populations served (e.g. aging and disability populations) are offered by one organization in a service area. A consumer from any of the ADRC target populations can call or walk into this one organization and get all the information and services they need from staff in that one organization.

ADRCs can also be designed so that multiple organizations located in multiple places in a service area coordinate to provide all the functions for all populations. From an

individual consumer's perspective, he or she can still have the "one-stop" shopping experience. He or she doesn't have to go multiple places to get all the information or services because the partnering organizations coordinate closely behind the scenes to make this information available wherever the person enters the system. This coordinated/decentralized model is sometimes called the "no wrong door" model and it relies on the use of standardized intake tools and assessment procedures across partners, formal referral protocols, soft or warm telephone transfers, and data systems that allow electronic exchange of resource information and client information

***Are there ADRCs that are also co-located with Adult Social Services agencies?***

Many ADRCs are housed with or part of Area Agencies on Aging (which can be government entities or non-profit organizations) and/or Centers for Independent Living (most are independent non-profit agencies). But ADRCs are housed in a variety of different organizations and are co-located with a variety of partners, including councils of governments, public and private social services agencies, Medicaid offices, agencies serving people with disabilities, and many others.

***Do you think that the ADRC Program is fulfilling the purpose it was intended for thus far?***

Yes, ADRCs continue to make progress towards their original goals. Among these accomplishments are: providing consumers with unbiased information about their long-term support options and making the application process for public benefits less bureaucratic and burdensome for both Medicaid agencies and consumers. More than 90% of people who have used ADRC services are satisfied with their experience. There is a fact sheet that highlights these and other accomplishments of ADRCs on the Aging and Disability Resource Center Technical Assistance Exchange (ADRC-TAE) website ([http://www.adrc-tae.org//tiki-download\\_file.php?fileId=28027](http://www.adrc-tae.org//tiki-download_file.php?fileId=28027)).

***Where do ADRCs get the majority of their referrals?***

Nationally, 40% of ADRC referrals come from what are called "critical pathways" to long term care, such as hospitals, nursing homes, emergency rooms, assisted living facilities, and physicians' offices. These are the places and settings where people confronting long term care decisions are likely to ask for assistance. Formal marketing campaigns also point people to the ADRC. Many states have used TV/radio ads, public service announcements, and printed materials to advertise. Working with community partners in the public and private sectors to get the word out about the ADRC is also critical. For more information on ADRC marketing information please visit our website for examples of marketing materials and marketing plans - <http://www.adrc-tae.org/tiki-index.php?page=Resources+By+Topic>

***What is Options Counseling?***

Options Counseling is a process in which a consumer is supported by ADRC staff in weighing their available long-term care options and making decisions about their future. It is an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate

long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances.

### *How is Options Counseling different than Information & Referral/Assistance?*

While the foundation for options counseling is I&R/ A, options counseling is in-depth **decision support** and **counseling** – it is about helping people carefully weigh the pros and cons of different options and make decisions for the short and long term. It is generally not a one-time call or event. In options counseling, information is individualized and customized based upon the needs and preferences communicated by the consumer. Options counselors ensure that consumers have considered a range of possibilities when making a decision about long-term supports, and they encourage planning for future needs as well as responding to short-term crises.

### *How does Options Counseling differ from case management?*

In some ADRCs, the same staff provide both options counseling and case management so it can be hard to distinguish. The two services have a lot in common but there are differences. Options counseling involves gathering intake and eligibility information and providing counseling and decision-making support to an individual and his or her family over a discreet and usually fairly short period of time while long term care service decisions are being made. Once the consumer has made decisions and/or enrolled into a service program, the options counseling is over (unless support with a future decision is needed). Case management is **ongoing** support that is most often provided to consumers after they have enrolled into a program or begun receiving services. It involves maintaining a caseload of individual clients, with frequent contact and routine assessments over an indefinite period of time. Within the basic ADRC framework, each organization must decide for itself what constitutes options counseling who provides it, how it may differ from other services provided by the agency, and how it will be recorded and reported.

### *Do ADRCs visit clients at home to conduct intakes or assessments for those who are unable to visit an ADRC or complete an assessment over the phone?*

Some, but not all, ADRCs do visit clients in their homes to conduct assessments and provide options counseling. Options counseling can occur in any one or a combination of interactions, including in-person meetings at the ADRC, during a home visit, and / or in conversations over the phone or through web-based communication. Many grantees report options counseling is most effective when conducted face to face.

### *How are ADRC's collaborating with other agencies?*

ADRC's have developed formal partnerships and linkages across aging, disability, Medicaid agencies, stakeholder groups and major pathways to long-term support. Many informal partnerships that existed in the past have been formalized with MOUs, written agreements, referral protocols, and/or co-location of staff through the ADRC initiative. ADRC partners cover a board spectrum of agencies and organizations such as Area



Agencies on Aging, Centers for Independent Living, housing, transportation, social services, 2-1-1, and nutrition programs, among others. These partnerships ensure that ADRCs have immediate access to all the information they need to help consumers make informed decisions about their support options.