

Stakeholder Involvement in the Design and Implementation of Aging and Disability Resource Center (ADRC) Partnerships

The goal of Aging and Disability Resource Center (ADRC) Partnerships is to empower people using long term care supports and services to make informed decisions about their options and to streamline access. This is accomplished through the provision of unbiased information and assistance and person-centered options counseling. ADRCs are a resource for older adults, people of all ages with disabilities, family caregivers, and for people who want to plan ahead for long term care services and supports.

Many stakeholders are involved in the delivery of information and assistance. Each knows its specialty area and beyond, but there is no single, comprehensive source of unbiased information on long term care options. Options counseling is provided under a variety of names and within a multitude of programs, but at this time there are no standards or consistency from one program to the next.

Michigan is working to have statewide ADRCs by 2014 through the implementation of ADRC Partnerships using a “no wrong door” model that involves, at a minimum, nine required stakeholders. Within this model, ADRCs are not necessarily located in a single physical place, and the functions are not necessarily carried out by a single agency. Even though multiple partners will be involved in the operation of an ADRC, from the perspective of those seeking information and supports, access should be seamless, regardless of which program(s) they may use. To achieve seamlessness requires that many stakeholders be involved in the planning, development and implementation of the ADRC Partnerships.

Rationale for ‘required stakeholder’ involvement:

- Service Participants

There is no one better to inform the ADRC partners about their needs, the barriers that exist in communities, and how best to address them than people using the services themselves. Participants need to be involved in the development phase and on an ongoing basis to ensure that the ADRC Partnerships are responsive to the people who will use them.

- Area Agencies on Aging

AAAs have a significant responsibility for the design and delivery of services for individuals and caregivers funded under federal and state long term care services and supports programs, including the Older Americans Act, Medicaid and state revenue programs. Since their

inception in 1974, AAAs have advocated for the creation and expansion of home and community-based options for seniors and people with disabilities. Included in their mandate is a requirement that information and assistance be made available to help consumers learn about and access services and supports. AAAs can be critical partners in designing programs to better coordinate functions that cut across multiple federal and state programs and service delivery networks. AAAs bring assets to the table that will be useful in helping other partners evolve and expand their service delivery capabilities.

- Centers for Independent Living

CILs have a significant responsibility for providing core services to people with cross disabilities under the Rehabilitation Services Act. One of the core services mandated is information and referral to help people with disabilities learn about and access services and supports. AAAs and CILs have a lot of common ground that make them natural partners in a number of areas: target population served, focus on home and community-based services, information and referral, place high value on participant direction and autonomy, help others plan for future needs, involved in person-centered planning and needs assessment, inform and support caregivers. In addition, participating in development of an ADRC can maximize CILs' capacity to leverage funding and create a strong advocacy presence among policymakers. CILs can bring assets to the table that will be useful in helping other partners evolve and expand their service delivery capabilities.

- Hospitals

ADRCs are a resource that hospital discharge planners can partner with to help patients and their families understand and access the long term care services and supports that enable them to live at home and remain engaged in community life. A primary responsibility of a fully-functioning ADRC is to help individuals with chronic conditions and/or disabilities being discharged from hospitals avoid unnecessary nursing facility admissions and unnecessary readmissions to the hospital. In meeting this responsibility, the ADRC becomes an active partner in ensuring long term care service participants and families understand health status and follow-up needs, and are educated and aware of their choices. By being an ADRC partner, hospitals establish critical linkages with care managers and independent living consultants that are able to facilitate community-based services for individuals through the Older Americans Act, MI Choice waiver and personal care programs such as Home Help.

- Department of Human Services (DHS)/Medicaid/Adult Services Programs/Food Assistance

ADRCs are tasked with developing linkages to streamline access to long term care services and supports. At the county level, DHS is solely responsible for determining financial eligibility for Medicaid, a primary funding source for long term care programs such as the Home Help Program, Adult Community Placement, MI Choice Waiver and nursing facility services. In addition, DHS administers the Food Assistance and other programs of possible interest to ADRC consumers such as Independent Living Services and Adult Community Placement.

Independent Living Services (ILS), also known as Home Help, offers a range of Medicaid and non-Medicaid services to individuals of any age who require assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL) or in need of consultation to maintain and maximize functional capacity within their own homes or other independent living arrangements. Adult Community Placement (ACP) provides assistance to individuals and families in locating and selecting licensed community care facilities for people who can no longer live independently. Their significant role in the delivery of publicly-funded services makes DHS a natural partner to work with the ADRC Partnership in overcoming real and perceived barriers to access and service delivery that are routinely accepted as the norm.

- Long Term Care Ombudsman Program

Long Term Care Ombudsmen (LTCOs) are a natural partner for ADRC work. LTCOs have specific information on LTC facilities in their service areas and routinely assist individuals seeking long term care supports and services in accessing and understanding information about the quality and track records of facilities they are considering. LTCOs can participate as both a "no wrong door" entity, and a recipient of referrals from other ADRC partners. LTCOs are the advocates for individuals living in licensed LTC facilities, and are available to assist them in resolving complaints and concerns about any aspect of their lives in the facility. The ADRC formation process should help all partners become more aware of LTCO advocacy services, and assist more individuals in accessing the LTCO services.

- Medicare/Medicaid Assistance Program (MMAP)

MMAP is the Michigan State Health Insurance Assistance Program (SHIP). It is a non-profit agency funded through a contract from the Office of Services to the Aging (OSA) with grant monies from the Centers for Medicare and Medicaid Services (CMS). The purpose of this service organization is to assist Medicare beneficiaries, their families and caregivers with health benefits information and assistance.

MMAP subcontracts with the 16 Area Agencies on Aging in Michigan to serve all 83 counties. Through a network of providers including senior centers, hospitals, commissions on aging (COAs), centers for independent living (CILs) and other community organizations, MMAP and its partners, comprised of volunteers and paid staff people, serve all individuals who need assistance navigating our very complicated health care system.

MMAP advises people of their options so that they can make informed decisions, assists individuals who are having payment or appeals problems and can assist clients with enrollment in public and private health care options that best serve their needs.

- Benefit Outreach and Enrollment Centers (BOEC)

BOECs bring to the table a primary mission and ability to locate and engage older adults and people with disabilities to find and apply for benefits programs for which they are eligible. With the BOEC, assistance is as easy as making a telephone call. Michigan's BOEC, Elder Law of Michigan, promotes and protects the rights, health and economic security of older adults and people with disabilities to ensure that they have the ability to exercise choices and options for their long term care.

Elder Law of Michigan assists with:

- Wellness (nutrition information, options to increase activity)
- Benefits screening and application assistance
- Financial information and assistance (pension counseling, debt management, reverse mortgage counseling, pooled account trust, budgeting for the costs of living after age 65—Elder Economic Security Standard Index™)
- Legal advice (advanced directives, housing, rights of beneficiaries, wills, powers of attorney, guardianship, conservatorship, etc.)
- Planning for long term care (Medicaid, Medicare, LTC insurance, in-home services, licensed long term care conditions and contracts, assisted living/senior housing, etc.)
- Elder abuse prevention and fraud prevention services

- Service providers

People often turn to a recognized local (county) agency when seeking help. Service providers provide an essential asset to the partnerships, particularly those with expertise in person centered planning, options counseling, information and assistance and knowledge about services and their availability at the local level. This helps assure the no wrong door model is unbiased, seamless, comprehensive and robust. Service providers include but are not limited to local commissions/councils on aging, senior centers, assisted living settings, nursing facilities, long term care residential settings such as adult foster care and homes for the aged, adult day care, veterans' organizations, faith based organizations, service organizations, 211, and others from within the array of community-based services.