

**Aging and Disability Resource Connection (ADRC)  
Advisory Committee Meeting  
August 21, 2015 Meeting Notes**

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**Committee Members Present:**

Teresa Favuzzi, Co-Chair	Victoria Jump
Derrell Kelch, Co-Chair	Maribel Marin
Sam Trevino	Elsa Quezada
Dani Anderson	Pam Miller
Ana Acton	Eldon Luce
Brenda Schmitthenner	Jon Melrose
Paula Margeson	Tony Anderson
Ann Guerra (by phone)	

**State Agency Representatives Present:**

Lora Connolly, CDA  
Ed Long, CDA  
Robin Jordan, CDA  
Jay Harris, DOR  
Karli Holkko, DHCS  
Michi Gates, DDS  
Anita Shumaker, CDVA  
Paula Acosta, CDA (by phone)

**Public Participants:** Steve Schmoll (by phone), Cyndy Bigbee

**Agenda Item 1: Opening**

Committee Co-Chairs Derrell Kelch and Teresa Favuzzi called the meeting to order and welcomed attendees. Committee members introduced themselves. Derrell Kelch reviewed the agenda.

**Agenda Item 2: Foundation**

a. **ADRC Background and History**

Robin Jordan provided a brief ADRC background and history. Nationally, there are over 500 ADRCs. California has six designated ADRCs. Recent State

Independent Living Council grants were awarded to the developing Ventura and Monterey Bay ADRCs. Other partnerships are developing or expanding in Chico and Marin, Nevada, Placer, Yolo, and Sonoma Counties.

ADRCs' initial focus was on how to integrate and coordinate across systems to make service delivery to people seamless. Since that time, the ADRC concept has evolved from a one-stop to a no- wrong-door approach to facilitating access to information and services. As the concept has evolved, veteran services have emerged as an important component of the ADRC partnership.

Lora Connolly added that the early ADRC model was based on what was happening in Wisconsin. The goal was to establish organizations that have interest in providing a variety of options to individuals, not a vested interest in referring to facilities.

Paula Margeson was part of the ADRC in Texas and provided the Texas perspective. In Texas, the approach has been more about the one-stop methodology. They have a focus on training on any topic related to services and supports, not just LTSS. Texas' Department of Aging and Disability Services provided seed money and continued to apply for any continuing funding for the model. Texas now has ADRCs statewide – taking multiservice approach that includes and extends beyond LTSS.

John Melrose stated that when you connect State and local staff with well-trained people within Veterans Service Organizations (VSO) more individuals can access the services that VSOs have to offer. Veterans who qualify for Aid and Attendance need only certify eligibility once v. In-Home Supportive Services that requires individuals to recertify.

b. Charter Review

The Advisory Committee discussed the Draft ADRC Advisory Committee Charter. Discussion topics included: providing culturally appropriate services; strengthening, expanding, and sustaining ADRCs – including identifying available funding streams; and engaging youth and managed care organization representatives as partners.

### **Agenda Item 3: AB 4 (Levine) – Second Extraordinary Session**

#### **AB 2x 4: M (Levine) – Managed Care Organization (MCO) Tax**

Sofia Andrade, Legislative Aide to Assemblymember Marc Levine, reviewed AB 2x4: the MCO Tax bill. The bill includes language to provide funding to ADRCs. If passed, additional funding for ADRCs would be available after \$1.1B in funding is provided to support In-Home Supportive Services and increase funding for services to persons with developmental disabilities by 10 percent.

Brenda Schmitthenner stated that with 89 percent of Medi-Cal participants enrolled in managed care San Diego has seen a concurrent increase in calls for assistance to their ADRC.

Stephen Schmoll (on phone) questioned who monitors ADRCs to ensure they comply with the ADRC designation criteria.

After much discussion, the Advisory Committee passed a motion to send a letter of support for the bill to Assemblymember Levine with a copy to Diana Dooley, Secretary, California Health and Human Services Agency; Lora Connolly, Director, California Department of Aging; Joe Xavier, Director, California Department of Rehabilitation; and Jennifer Kent, Director, California Department of Health Care Services.

Co-Chairs Favuzzi and Kelch will draft the letter of support and share it with Advisory Committee members for review and comment. It was suggested that individual organizations also send support letters to Assemblymember Levine.

Members discussed whether the money would be allocated to both designated and developing ADRCs. Teresa Favuzzi commented that any allocation of funding should support both AAAs/ILCs as equal ADRC partners.

### **Agenda Item 4: ADRC Designation**

#### **Review California v. Federal Standards**

Robin reviewed a table summarizing this topic. California has difficulty meeting some of the federal criteria because of counties' role in Medi-Cal eligibility determination.

At this time, formal partnership agreements may not be possible with Veterans Health Administration (VA) Medical Centers. It might be more productive to focus on

developing partnership at the VSO level where it may be easier to develop procedures to support collaboration. VSOs have powers-of-attorney, etc. that enable information sharing with outside organizations on behalf of veterans.

There needs to be an overall statewide plan: Steve Schmoll commented that there has to be sustaining money.

Committee members stated that it is important to protect the ADRC brand – what is an ADRC's capacity to deliver.

Sam Trevino suggested that the criteria should provide guidelines that would allow for differences among each community. He would like to see criteria that can be referred to as guidelines that can be met by different communities differently.

Steve Schmoll recommended that any statewide approach to ADRC development and designation should be non-competitive. A competitive approach may be hard to explain locally. Competitiveness pits communities against each other.

### **Agenda Item 5: California Community Transitions (CCT) Update**

Karli Holkko, CCT Manager, presented update on the Department of Health Care Services' (DHCS) CCT Workgroups.

DHCS plans to have 4-5 workgroups in total related to CCT and home- and community-based services. The first workgroup focused on how to enhance CCT and move the program forward. Workgroup members included CCT Lead Organizations, MCOs, and consumers.

The next workgroup will meet on September 30, 2015. This workgroup will focus on the facility-to-community transition process. Workgroup members will consider MCOs' role in supporting successful transitions and how to engage community physicians in the process.

### **NEXT STEPS:**

The ADRC Advisory Committee will have monthly face-to-face meetings for at least the next six months. The October 2015 meeting will focus on:

- The ADRC Advisory Committee Charter
- ADRC Designation Criteria
- Options Counseling and the Coleman Care Transitions Model