

## ADRC Designation/Re-Designation Evaluation Tool

DATE	
NAME OF ADRC	
COUNTY/JURISDICTION	
CORE PARTNER (and Fiscal Agent)	
CORE PARTNER	
CORE PARTNER (as applicable)	

### ENHANCED INFORMATION AND REFERRAL AND AWARENESS

Key Indicator	Date Submitted	ADRC Comments (as necessary)	CDA Notes
<b><u>1. Marketing Plan:</u></b> Submit ADRC marketing plan for the current fiscal year. (MUST Indicator, Criteria 1.1)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<b><u>2. Marketing Plan Results and Materials:</u></b> Report results and accomplishments of your marketing plan for the past 12 months. Provide sample materials, screenshots, and/or documentation. (MUST Indicator, Criteria 1.1)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<b><u>3. Public I&amp;R Database:</u></b> Provide public database website address of online,			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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comprehensive database of I&R resources. (MUST Indicator, Criteria 1.4)			
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### OPTIONS COUNSELING AND ASSISTANCE

Key Indicator	Date Submitted	ADRC Comments (if necessary)	CDA Notes
(Submit Key Indicator #4: Shared ADRC Methods and Tools)	n.a.		See Key Indicator #4

### STREAMLINED ELIGIBILITY DETERMINATION FOR PUBLIC PROGRAMS

Key Indicator	Date Submitted	ADRC Comments (as necessary)	CDA Notes
<p><b><u>4. Shared ADRC Methods and Tools:</u></b> Submit your shared methods and tools that help facilitate individual's ability to receive coordinated access to publicly and privately funded LTSS system. Methods and tools need to cover I&amp;R, Options Counseling, Short Term Service Coordination and Transition Services and incorporate standards for No Wrong Door and Person-Centered Concept</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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practices. (MUST Indicator, Criteria 1.2, 1.3, 2.1, 2.2, 2.3, and 3.1)			
<p><b><u>5. Functional Assessment Process:</u></b>            Identify Partner(s) that conduct functional assessments of LTSS need, how the intake, screening, and assessment of need is managed and how individuals are referred to the identified partner(s). (MUST Indicator, Criteria 3.1)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p><b><u>6. Uniformed Assessment for LTSS Service Delivery:</u></b> Does your ADRC provide uniformed assessments to assess, identify and respond to individuals at-risk of institutionalization. Provide samples of methods and tools as applicable. (SHOULD Indicator, Criteria 3.2 and 3.3)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met Criteria 3.2 and 3.3 to be determined.

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<p><b><u>7. Medi-Cal Eligibility Assistance:</u></b> Identify ADRC partner(s) that provide personalized assistance in completing Medi-Cal eligibility applications. (MUST Indicator, Criteria 3.4)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

### PERSON-CENTERED TRANSITION SUPPORT

Key Indicator	Date Submitted	ADRC Comments (As necessary)	CDA Notes
<p><b><u>8. Transition Services Partner Agreement(s):</u></b> Identify ADRC partner organizations that have agreements with local critical pathway provider(s) that include an established process to identify and refer individuals to ADRC services. Also, provide information on how facility administrators and staff are kept informed and trained on ADRC services and procedures. (MUST Indicator, Criteria 4.1)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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<p><b><u>9. Local Contact Agency Partners:</u></b> Identify ADRC partner(s) that serve as local contact agency to aid transition from hospitals to home or from skilled nursing facilities to the community through Money Follows the Person (MFP), CA Community Transitions (CCT), MDS 3.0 trained responder, Care Transition Intervention (CTI) model, Managed Care Organization (MCO) partnership or other transition services. (MUST Indicator, Criteria 4.2 and 4.3)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

### INVOLVEMENT OF PARTNERSHIPS, STAKEHOLDERS AND CONSUMER POPULATIONS

Key Indicator	Date Submitted	ADRC Comments (As necessary)	CDA Notes
<p><b><u>10. Memorandum of Understanding:</u></b> Submit current copy of Core Partner MOU, Partnership Agreement or Contract.</p>		<p>(Not required for Emerging ADRCs unless one is in place. Designated ADRCs to submit copy of current MOU and report any requested changes.)</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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(MUST Indicator, Criteria 5.1)			
<p><b><u>11. Core and Extended Partners:</u></b> Submit a list of core and extended partners and list their roles and responsibilities and the LTSS programs they provide. (MUST Indicator, Criteria 2.1, 2.4 and 5.1)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p><b><u>12. Staff Training Plan and Records:</u></b> Submit ADRC standardized training protocols, cross-training workplan, resources, toolkits and training records within the past 12 months. Include training topics, and any attendance sign-in sheets, evaluations and handouts. (MUST Indicator, Criteria 1.2 and 5.1 and 6.2)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p><b><u>13. ADRC Service Delivery Staff:</u></b> Submit Table of Organization or listing of assigned Core Partner staff, including agency, name, titles,</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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skills, knowledge, training and/or experience to serve all ages and disability types. (MUST Indicator, Criteria 5.2)			
<b>14. Advisory Committee:</b> Submit Advisory Committee Mission/Purpose Statement, and Membership Roster with agency affiliation/ consumer involvement designations. (SHOULD Indicator, Criteria 5.3)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<b>15. Advisory Committee Meetings:</b> Submit Advisory Committee Meeting Agenda, Minutes and Materials from the past 12 months. (SHOULD Indicator, Criteria 5.3)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

### QUALITY ASSURANCE AND CONTINUOUS QUALITY IMPROVEMENT

<u>Key Indicator</u>	Date Submitted	ADRC Comments (As Necessary)	CDA Notes
<b>16. Financial Sustainability Plan:</b>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

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<b><u>Key Indicator</u></b>	<b>Date Submitted</b>	<b>ADRC Comments (As Necessary)</b>	<b>CDA Notes</b>
Provide brief narrative statement describing actions taken to address long-term financial sustainability. (SHOULD Indicator, Criteria 6.1)			
<b><u>17. Adequate Administrative Staffing and Information Management:</u></b> Provide methods on how shared data of consumers are protected and secured amongst core and extended partners. (MUST Indicator, Criteria 6.2)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<b><u>18. Consumer Satisfaction Surveys, Results and Outcomes:</u></b> Submit copies of past ADRC consumer satisfaction survey templates and provide results and summary reports during the past 12 months. (SHOULD Indicator, Criteria 1.3, 2.3 and 6.3)			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met



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<p><b><u>19. IT/MIS Support:</u></b> Identify and describe how IT/MIS functions support program functions, data collection, tracking and enables the ADRC in providing warm transfers and follow-up actions. (SHOULD Indicator, Criteria 6.4)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p><b><u>20. Service Delivery Tracking:</u></b> Please complete a local ADRC service delivery performance report summary for the past quarter or more in the four core services along with any significant reported service highlights and/or concerns. (MUST Indicator, Criteria 6.5)</p>			<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

### General Comments: