

Introduction to Aging & Disability Resource Connection Webinar Questions & Answers

Overview:

This document provides responses to questions posed by stakeholders during the Introduction to No Wrong Door (NWD)/Aging & Disability Resource Connection (ADRC) webinar held on August 25, 2021.

Webinar Recording

1. I was unable to attend the webinar. Where can I view a recording of this training?

The webinar recording and presentation slides can be viewed on the main ADRC [webpage](#).

Establishing an ADRC

2. I am interested in learning more about becoming an ADRC. Do you provide mentorship and counseling for the application process?

As the foundational building blocks of an ADRC, we encourage both the local Area Agency on Aging ([AAA](#)) and Independent Living Center ([ILC](#)) to connect with one another first to explore potential partnership opportunities, and then refer to the ADRC [webpage](#) for resources and a description of the application/designation process. The California Department of Aging (CDA) is available to provide technical assistance and guidance to any AAA and ILC that expresses joint interest in forming an ADRC partnership.

3. How long does it typically take to become an “emerging” (developing) or “designated” (established) ADRC?

There are many variables that impact how long it takes to become an ADRC. The existence or absence of pre-existing relationships between core and/or extended partners, the level of commitment and interest from leadership staff, and the skills, knowledge and abilities of key staff involved all play an important role. With mutual dedication from the core partners, it may take one to two years to develop a fully functioning ADRC partnership.

Statewide Expansion

4. For AAAs and ILCs that cover multiple counties, what is the approach to creating an ADRC in those counties?

There are currently 33 AAAs and 28 ILCs that provide coverage of aging and disability services across all 58 counties statewide. Therefore, AAAs and ILCs that cover more than one county may potentially serve as a core partner in multiple ADRCs that cover one or more counties. Core partners have flexibility in determining the service coverage area for an ADRC (e.g., potentially grouping some counties together or separating them out) and the approach will vary based on the unique needs of consumers served in the local communities.

5. The goal is to have an ADRC in every community in California. Define “community.” Do you mean every county, city, or Planning and Service Area (PSA)?

As core partners of an ADRC, the AAA and ILC must provide coverage for a common service area. When used in this context, “community” is defined as a common service area which often refers to a distinct county or counties.

6. What are some of the biggest hurdles to building the statewide NWD system?

One of the biggest hurdles is gaining the necessary buy-in from all key stakeholders.

Training

7. Please describe the typical amount of intradisciplinary cross-training involved to establish a functional NWD system.

Cross-training is a critical component in ensuring that staff have the necessary knowledge (of available programs, services, and eligibility requirements), skills, and ability to help consumers navigate through the system. The amount of time necessary for cross-training will vary depending on several factors including, but not limited to the number of extended partners within the ADRC network, the number of services offered, the complexity of various programs, the number of staff needing to be trained, the knowledge level of staff, and the training methods used.

8. Are there also requirements for ongoing training to ensure staff have up-to-date knowledge on available resources and services to make appropriate referrals?

Ongoing training is necessary to ensure that staff maintain the required knowledge, skills, and ability to make appropriate referrals and that changes or updates to programs/services are continually shared. It is an ongoing expectation that Information and Referral databases that house consumer resources are continually updated and enhanced to provide an accurate, current, and comprehensive source of information.

Funding

9. If we wanted to establish an ADRC, when would we be eligible for funding? Does funding come in through the AAA or ILC?

ADRCs are eligible for ADRC-specific funding once recognized as a designated or emerging ADRC. Each ADRC partnership appoints either the AAA or ILC as the “fiscal entity” to serve as the “contractor” to CDA for ADRC-specific funding. The “fiscal entity” must consult with all the ADRC core partners prior to allocating and managing funds and submitting required data and financial reports.

10. If every ADRC core and extended partner is going to do care coordination and follow-up, funding will be needed, not just for the basic care coordination, but also to provide enhanced or intensive care coordination for people who have complex situations. What are your plans for providing this funding?

Not every core and extended partner must provide all ADRC service functions (i.e., Enhanced Information and Referral Services, Options Counseling, Short-Term Service Coordination, and Transition Services). However, the ADRC partnership, must make sure those services are available through one or more partner organizations. Even with coordinated points of entry, ADRC partners work together to establish robust referral protocols to avoid duplication of effort.

Both state and federal investments have been made to support the development of these highly integrated ADRC networks. The State investment includes the ADRC Infrastructure Grants, and the Federal investments include

the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act and supplemental funding for COVID vaccine access.

Data Sharing

11. Does the Memorandum of Understanding (MOU) between partner organizations address information sharing to ensure compliance with the Health Insurance Portability and Accountability Act (HIPPA) so that client confidentiality is maintained? Are there any hurdles that you are aware of?

An MOU or similar form of agreement between partner organizations would be appropriate to ensure that client confidentiality of information is maintained. ADRC partners would need to work together to assess what information they are collecting and sharing to determine the scope of such an agreement. A sample MOU template that can be used by ADRC Core Partners for outlining partnership expectations and facilitating positive local ADRC partnerships can be found on the ADRC [webpage](#).

Screening Process

12. Where can we find information about the standardized screening process used by designated ADRCs? Is the process unique to each ADRC or standard across all ADRCs?

Currently, each ADRC works with its own local partner organizations to streamline and standardize the screening process.

Access to Services

13. Can you speak to how ADRC staff assist individuals with navigating through various eligibility/screening processes to access services identified through Options Counseling?

Options Counseling is an interactive process where individuals receive facilitated guidance to make informed choices about long-term services and support available. In summary, Options Counseling includes the following components: 1) a personal interview to discover the strengths, values, and preferences of the individual and the utilization of screenings for public programs; 2) a facilitated decision support process which explores resources and service options and supports the individual in weighing the pros and cons; 3) developing action steps toward a goal or long-term support plan and assistance in applying for and accessing support options requested; and 4)

quality assurance and follow-up to ensure supports and decisions are working for the individual.

14. If an Autistic adult needs in-home supports or occupational therapy to develop instrumental activities of daily living (IADL) but does not meet Regional Center (RC) criteria, would the ADRC connect them to services covered by Medicare or Medi-Cal? Local agencies keep referring clients to the RC, but the RC refers them back to local agencies and indicates they do not provide services to Autistic people.

If there are existing services/programs available through Medicare or Medi-Cal, through its coordinated network of core and extended partners, an ADRC would connect the individual to the right partner/agency that can provide support in navigating through any application or screening processes to determine eligibility.

County-Specific Questions

15. Who do I connect with in Alameda County?

The main ADRC [webpage](#) identifies the core partners for all designated and emerging ADRCs. The local AAA and ILC for Alameda County are listed beneath the California service area map.

16. Is there an ADRC partnership in Sacramento County?

Sacramento County is currently not a designated or emerging ADRC. You may wish to contact the Agency on Aging Area 4 (the AAA which serves Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties) or Resources for Independent Living (the ILC which serves Yolo and Sacramento counties) for updates on the development of an ADRC in Sacramento County.

17. When will a NWD system be available in Santa Clara County?

Establishing an ADRC requires commitment from both the local AAA and ILC to partner together. Currently, ADRC partnerships are voluntary, but we look forward to supporting any local AAA and ILC that wishes to submit a formal letter memorializing their joint interest in becoming an ADRC.

18. I am in Northern Santa Barbara County. Is only Southern Santa Barbara County involved in developing an ADRC? Is the goal to include the entire county?

Yes, the goal of an ADRC partnership in Santa Barbara County would be to provide service coverage for the entire county. Santa Barbara County is currently served by one AAA, one ILC, and their affiliated service providers.

Hubs and Spokes Initiative

19. How do ADRCs fit into the proposed Hubs and Spokes Initiative, especially since AAAs are a core partner? More information on the AAA alignment would be helpful since changes may impact current ADRC partnerships.

We invite you to participate in our Hubs and Spokes engagement opportunities where feedback and recommendations on the Hubs and Spokes initiative are being discussed and will help inform future policy proposals. There will be a total of four regional townhalls hosted by CDA and California Commission on Aging (CCOA). Questions and feedback may also be submitted via our online survey. To access the survey or to learn more information, please visit the Aging Hubs and Spokes [webpage](#).

California Advancing and Innovating Medi-Cal (CalAIM)

20. How will Enhanced Case Management (ECM) and In-Lieu of Services (ILOS) play a role with ADRCs? How will ADRCs incorporate changes in services to align with CalAIM?

All Medi-Cal managed care plans are encouraged to partner with various providers in the local community, including core and extended partners of ADRC networks. CalAIM presents a significant opportunity for community-based organizations to collaborate with health care entities to address the health and social needs of Californians since ADRC networks are an excellent point of entry for older adults and people with disabilities.

Extended Partners

21. We would like to request that the Program of All-Inclusive Care for the Elderly (PACE) be added to the list of available programs next time.

The extended partners included on slide 14 are examples and not representative of an all-inclusive list. As a Medicare and Medicaid program that

supports an individual's choice to live safely in the community, CDA agrees that PACE is an excellent example of a valuable extended partner within the ADRC network.

Technology

22. Will you note the work of Unite Us? Does this assist or compete with the ADRC/NWD vision?

The work that Unite Us does in using technology to facilitate care coordination, referral tracking, and connecting clients to services is one example of a resource that may assist ADRCs with enhancing communication platforms between core and extended partners.

23. Does statewide expansion of the NWD system mean that the data-sharing platform within local ADRCs will be consistent statewide, as opposed to each ADRC having its own platform?

As part of CDA's Customer Relationship Management (CRM) initiative, we are exploring the possibility of utilizing one data platform or a bridge to connect multiple platforms together.