

Aging and Disability Resource Centers: Five-Year Plan for Expanding ADRCs Statewide



**Florida Department of Elder Affairs
Charles T. Corley, Interim Secretary
April 1, 2011**

**FLORIDA DEPARTMENT OF ELDER AFFAIRS
AGING AND DISABILITY RESOURCE CENTERS: FIVE-YEAR PLAN FOR EXPANDING
ADRC STATEWIDE**

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SECTION I: EXECUTIVE SUMMARY

The national vision of Aging and Disability Resource Centers (ADRCs) is to serve as “highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities go to get information on the full range of long-term support options.” Florida shares this vision, and since 2004, the Department of Elder Affairs, the state’s unit on aging, has been actively involved in moving toward this goal.

By 2005, three of the state’s 11 Area Agencies on Aging (AAAs) had been designated as ADRCs offering easier access to community resources to adults with severe and persistent mental illness in addition to their traditional service population of seniors and their caregivers. Today all 11 AAAs are designated as Aging Resource Centers (ARCs) and provide a single point-of-entry to access long-term care services for elders, their families and others wishing to plan for their long-term care needs. All ARCs share a statewide resource database that is available to the general public and is used for everyday information and referral functions.

With the support of the recent ADRC expansion grant funded by the U.S. Administration on Aging (AoA), the Department is partnering with the developmental disability community to offer ADRC services in two of Florida’s Planning and Service Areas (PSAs) to persons with developmental disabilities and their family caregivers. This new initiative supports the expansion of the ADRC based in St. Petersburg (PSA 5) and the transition to an ADRC of the ARC based in Fort Myers (PSA 8).

The purpose of this Five-Year Plan is to provide guidance on recommended actions for moving toward the expansion of ADRC services to at least one disability population in the remaining seven PSAs. The addition of the disability component to current ARCs throughout Florida will move the state’s home- and community-based service system another step closer to facilitating access for all populations seeking long-term care information, supports and options. Although there is a five-year window envisioned in AoA’s direction to states for developing their plans, it is highly likely that the statewide transition from ARC to ADRC in Florida will be completed much more quickly because the state’s AAAs are already operating as coordinated entry systems offering streamlined access to information, home- and community-based supports, and long-term care options.

SECTION II: INTRODUCTION

Florida completed its implementation of Aging Resource Centers (ARCs) statewide in 2008 in all 11 AAAs. Prior to statewide implementation of ARCs, three AAAs were selected as Aging and Disability Resource Center (ADRC) pilot sites in 2004. The ADRCs began serving the severe and persistent mentally ill population with information, assistance and referral services as fully operational ADRCs starting in 2005. With the receipt of the 2009 ADRC Expansion Grant funding, Florida was able to assist one of the originally designated ADRCs and one of the ARCs to expand service provision to individuals with developmental disabilities, through a partnership with the Agency for Persons with Disabilities.

Both ARCs and ADRCs provide easier access to long-term care with a “no wrong door” approach of multi-access points. The multi-entry point system allows individuals access to locally focused information and assistance regarding publicly- and privately-funded resources. The multi-access system includes local providers, such as senior centers, lead agencies and other community organizations. Additionally, individuals are able to contact the ARCs and ADRCs by telephone and through the Internet.

The ARCs and ADRCs provide streamlined assistance with functional eligibility determination for the home- and community-based Medicaid waiver programs and nursing home care and access to financial and technical eligibility determination for Medicaid and other appropriate public assistance programs. Each ARC and ADRC provides long-term care options counseling to help persons determine the best and most appropriate selection of services and programs. In addition, each ARC and ADRC conducts intake and screening; manages the client waitlists which requires a regular re-evaluation of individuals on the list to keep priority rankings current; authorizes the release of clients from the waitlists to state- and federally-funded programs based upon prioritization; and manages the availability of financial resources for programs and services administered by the Department.

As fully operational ARCs, transitioning to Aging and Disability Resource Centers (ADRCs), the AAAs will focus on how to best enhance their current structures and operations to extend services to a specific disability population. Area Agencies on Aging will collaborate with community partners to determine the most appropriate disability population to include in the expansion of ARC services.

To transition their ARC to ADRCs, the AAAs must serve at least one of three disability populations: individuals with physical disabilities, developmental disabilities or severe and persistent mental illness. For purposes of this ADRC Expansion Grant, the disability population is individuals with developmental disabilities. A deliverable of the grant proposal included creation of extensive materials for serving the developmental disabilities population, including a training curriculum, a presenter’s manual and a trainee handbook. (See Attachments 9, 10 and 11.) The Area Agencies on Aging are encouraged to use these materials as determined beneficial.

According to statistics from the U.S. Census Bureau's 2009 American Community Survey (ACS) Florida Summary, 12.8 percent of Florida’s adult population over age 18 is considered disabled. Almost 10 percent of adults between ages 21 and 64, and 35 percent of persons age 65 and over have a disability. Further breakdowns for Florida by age may be found at <http://www.cdc.gov/brfss/>.

The service delivery system for people with disabilities in Florida is comprised of federal and state benefits and programs, local community-based services, residential services, and consumer and advocacy groups. Supplemental Security Income and Medicaid provide income and access to health care for many low-income adults with disabilities. Florida’s One-Stop Career Centers partner with other organizations, such as Vocational Rehabilitation, to help persons with disabilities enter or re-enter the workforce. Local Centers for Independent Living offer a broad range of localized support, services, and advocacy. Meanwhile, national and local consumer and advocacy groups provide services and campaign on behalf of their members. These groups work to educate and inform the public about the lives of people with disabilities, their challenges, needs,

rights, and capabilities. An overview of Florida’s long-term care delivery system may be found in the State Profile Tool for 2009 on the Department of Elder Affairs (DOEA) website.

The Governor’s Commission on Disabilities was established by Executive Order in 2007 to advise the Governor on issues concerning all Floridians with disabilities, including veterans and the elderly. The Commission’s purpose is to advance public policy for the disabilities community, to provide a forum for advocates representing groups within the disabilities community, and to develop and voice unified concerns and recommendations to address issues facing the disabilities community. The Commission holds quarterly meetings and numerous committee meetings and submits a yearly report of recommendations and accomplishments to the Governor. Both the public and subject matter experts provide information concerning the barriers that interfere with the independence and inclusion of persons with disabilities and suggest recommendations to overcome them. The Commission has focused on breaking down the barriers faced by persons with disabilities, seniors, and veterans, in the areas of access, healthcare, employment, education, independent living, transportation, and civil rights. The 2010 Governor’s Report may be found on the Commission’s website: <http://fldisabilityinfo.com/> under “Our Mission.”

In conjunction with the Commission, the Florida Clearinghouse on Disability Information offers information and referral services regarding all matters related to disabilities including technical assistance on ADA and other disability rights laws, service animals, SSI/SSDI issues, advocacy, basic needs, and services available throughout all of Florida. The Clearinghouse has information available via the Internet at <http://fldisabilityinfo.com> or its staff is available at the toll-free number: 1-877-ADA-4YOU (232-4968).

Persons with disabilities often navigate among a variety of public and private programs and systems. In Florida, the service delivery system for adults with disabilities is supported by a number of state agencies including the following:

- Agency for Health Care Administration --Medicaid
- Department of Children and Families --People with disabilities, ages 18-59
- Agency for Workforce Innovation --Employment
- Department of Elder Affairs --People age 60 and older
--People age 18 and older with Alzheimer’s or related memory disorders
- Agency for People with Disabilities --Developmental Disabilities
- Department of Health --Traumatic Brain and Spinal Cord Injuries
--Disability Determinations
- Department of Education --Division of Blind Services
--Division of Vocational Rehabilitation
- Veterans’ Affairs --Veterans’ benefits and services
- Department of Transportation --Commission for the Transportation Disadvantaged

In addition to state agencies, there are several mandated non-profit agencies that serve people with disabilities:

- Disability Rights Florida (formerly The Advocacy Center for People with Disabilities)
- Florida Independent Living Council; Centers for Independent Living
- Florida Able Trust
- Florida Developmental Disabilities Council

The difficulty of integration and coordination among the numerous programs and services means that people with disabilities must often rely on a system of care and support dependent on many different sources. Multiple funding streams and programs, each with different age, financial and functional eligibility requirements can make it difficult to access appropriate and timely services as people's needs and life circumstances change. The adequacy and comprehensiveness of the support system often hinges on the level of knowledge and perseverance of the individual with the disability or his or her family.

Florida's ADRC transition plan is an effort to examine existing resources already used in long-term care services and programs, including Medicaid, Older Americans Act and state revenue programs for the purpose of helping consumers learn about and access services and supports.

The Aging Resource Centers have extensive experience in serving the long-term care needs of elders (age 60 and older) and their family members. The ARCs have also gained some experience in working with people with disabilities, since some elders have physical disabilities, developmental disabilities or mental illnesses. By targeting specific disability populations, the ARCs will expand their knowledge base and further promote partnerships and collaborations within their communities and within the disability network. It is imperative to involve the disability community throughout the planning, transition and implementation phases of ADRC development. This will ensure that the information and services provided as well as the manner in which they are provided will be well-suited to the populations served.

The Department's vision is to assist AAAs throughout the state to establish ADRCs that ensure access to, and dissemination of, information about long-term care options and service providers, including availability of integrated long-term care. The Department's five-year transition plan outlines its goals and objectives for statewide ADRC transition and evaluation of the seven remaining Aging Resource Centers' readiness to serve as Aging and Disability Resource Centers. (See Attachment 8.)

This plan will be integrated into the Department's State Plan on Aging "Goals, Objectives and Strategies," Goal A: Enable elders, their families and caregivers to experience a high quality of life through easy service access, home- and community-based supports, and long-term care options. The Department plans to decrease the demand for institutional long-term care services through infrastructure modernization and increased emphasis on prevention by strengthening the operation of and increase service capacity of ARCs throughout the state. This includes the transitioning of ARCs to ADRCs.

The Department's five-year plan will serve as a guide for the AAAs to follow as they transition their ARCs to Aging and Disability Resource Centers. The process is delineated in three phases: Planning/Preparation, Transition, and Implementation. The Department established the goals and objectives in this plan to be responsive to the individual AAA's transition processes and to ensure accountability at the state and local levels.

PHASE 1: PLANNING/ PREPARATION

Goal: Establish evaluation criteria to review each AAA's planning and preparation for the availability of ADRC services to a specific disability population in the service area, in addition to the elder population, families and caregivers currently served by the ARCs. This phase involves the AAA's efforts to identify a disability partnership and take steps to ensure collaboration.

OBJECTIVE 1: Determine the significant and necessary activities of the AAA in its planning and preparation to transition its ARC to an ADRC.

Action Steps:

1. Consider the benefits of aging and disability partnerships. (Perform a Strength Weakness Opportunity Threat (SWOT) analysis.)

- Ability to reach more people.
- Ability to leverage funding and resources due to the growth of the "aging with disabilities" population.
- Ability to identify service gaps and work together to fill service gaps.
- Ability to utilize the Technical Assistance Exchange at <http://www.adrc-tae.org> to gather information concerning ADRCs. The U.S. Administration on Aging sponsors this Technical Assistance Exchange (TAE) to make information and resources available to states and community organizations that are designing, implementing or expanding ADRCs and other types of single-entry-point systems.
- Opportunity for services in your existing aging network to assist a disability population.
- Opportunity for services in the disability network to assist the aging population.
- Addition of disability resources could strengthen resources for elders with disabilities.
- Understanding that needs of aging caregivers of the disability population can be met with aging services.
- Strength of existing bonds/collaboration.
- Groups may already be participating on local coalition workgroup.

2. Consider which additional partnerships might be needed. (Review current ARC local coalition workgroup membership, expand collaboration and strengthen community linkages.)

- Disability agencies and organizations, e.g., local Agency for Persons with Disabilities (APD)
- Centers for Independent Living (CILs)
- Public and private disability service providers

- Long-term supports and service providers (e.g., home health agencies, nursing facilities, assistive technology, etc.)
- Critical pathway providers (e.g., hospital discharge planners, physicians)
- Adult Protective Services (community services for people under 65)

3. Consider how existing AAA resources will be used to support services to an additional population. (Review both staff and funding.)

- Increased calls to helpline
- Additional staff time for calls, follow-up on referrals, presentations, training, addition of resources to database
- Updating website and current publications to reflect ADRC
- Adapting existing outreach materials and developing new materials for ADRC

4. Consider how the AAA will operationalize service to a disability population. (Review services to be provided.)

- Information and Referral through the Elder Helpline
- Insurance counseling through SHINE
- Improved eligibility processing by co-located CARES or Medicaid eligibility staff
- Increased awareness/access to DOEA programs like respite

5. Determine that the AAA has considered possible components, including a written transition plan, to ensure effective partnerships. (Review documentation, develop materials and coordinate activities and events.)

- Written transition plan
- Regular communication
- Written agreements
- Written referral protocols
- Co-location of staff
- Regular cross-training of staff
- Compatible Information Technology systems
- Shared Information & Referral resources
- Collaboration on client services
- Shared client data
- Joint marketing and outreach activities

OBJECTIVE 2: Determine AAA's process for building a partnership with the disability population that is to be served.

Action Steps:

1. Confirm the AAA process involved the AAA Board of Directors, Advisory Council and the ARC local coalition workgroup members and other partners.

2. Confirm how the AAA and workgroup members located information about disability populations and their needs. Suggested data sources:

- The Department of Elder Affairs' website, <http://elderaffairs.state.fl.us/index.php>. (See Reports and Publications for statistics.)
- Florida's State Profile Tool (also available on DOEA website; do search).
- The Florida Office for Disability and Health at the University of Florida has a number of publications and reports available: <http://fodh.phhp.ufl.edu/publications/>.
- The ADRC Technical Assistance Exchange is a website set up by The Lewin Group with extensive resources for ADRCs: <http://www.adrc-tae.org>.
- The U.S. Census, American Communities Survey gives a breakdown by state and communities of demographics including some disability information: <http://www.census.gov/acs/www/>.
- The local Agency for Persons with Disabilities contacts can be found at <http://www.apd.myflorida.com> by consulting the Area Offices section.

3. Confirm how the AAA researched the specific disability network and the available service resources.

4. Confirm the AAA's contact with existing entities to gauge their willingness to collaborate. A slow, measured approach based on mutually identified need has the best potential for a successful partnership. (Ask critical questions as the partnership develops.)

- Are the partners willing to commit to the goals?
- Is there assurance of a free flow of information between the partners to ensure success?

5. Confirm how the AAA identified necessary changes to ARC structures and operations to add a disability population. (Review and amend existing documents.)

- Contracts (include more expansive or more specific language)
- Advisory Council members (add representatives from disability network including consumers)
- Database resources (add more resources from your community's disability network or perhaps adding more detail to resources that already exist for elders)
- Training Plan (consider what additional training would be needed, for whom and how it would be developed)
- Staff roles and responsibilities (determine if any staff duties or responsibilities would need to be adjusted)

OBJECTIVE 3: Determine AAA's collaboration activities with the designated disability network.

Action Steps:

1. Review AAA activities to identify, contact and meet with potential community partners and access points.
 - Scheduled face-to-face meetings to introduce the ADRC initiative and to consider how this may benefit both the disability and the aging networks.
 - Discussion of what an ADRC can offer the disability population, including benefits to consumers such as SHINE counseling, access to public assistance, appropriate program services, etc.
 - Consideration of areas for collaboration, such as the Alzheimer Disease Initiative and caregiver supports.
 - Discussed expectations and responsibilities of the partnership. (Partners could agree to share resource listings.)
 - Discussed need for a written agreement, e.g., Memorandum of Understanding, and buy-in of the leadership, i.e., the board of directors and/or advisory board.
 - Is the partnership supported at all levels?
 - Are all parties aware of the relationship?
 - Invited providers and professionals to become part of your workgroup, if not already.
 - Developed tentative plan for how to proceed with developing protocols for referrals and sharing of information.
2. Confirm community-based meetings that were identified and attended by AAA staff.
3. Confirm AAA process for development of potential database resources with input from workgroup, partners and service providers/access points.
 - Contacted advocacy groups, councils and other groups that support the chosen disability population.
 - Used Inclusion/Exclusion Checklist for guidelines on adding resources. (See Attachment 3 for Checklist.)
 - Contacted potential resources that meet the criteria.
 - Had each resource complete a Resource Database application to capture the full resource information and ensure proper sign-off. (This application may vary by Planning and Service Area; see PSA 8's example in Attachment 5.)
 - Entered resource information in ReferNET.
4. Confirm the AAA has developed and scheduled cross-orientation training with other entities. The training included the goals and operations of the ADRC.
 - Volunteer to make presentations or talk with partner agencies.
 - Demonstrate the ReferNET system.
 - Invite partners to come to your Area Agency on Aging to talk about the disability population and services in your area.
5. Confirm the AAA has established a coherent mission and goals to plan and guide the transition. Does everyone (staff, board, stakeholders) agree on the mission, goals, and work plan for

managing the transition? Are the goals clearly defined? Craft and use a communication strategy that facilitates two-way exchanges, including getting to know what stakeholders and partner organizations are doing in addition to getting the message out about your organization's programs and services.

- Involve employees in the transition process to ensure buy-in and gain valuable perspectives.

OBJECTIVE 4: Determine if AAA's written transition plan was developed with input from its local coalition workgroup.

A written plan needs to reflect an understanding of the designated disability population, including both common and unique needs. It is advisable to engage the disability network as much as possible in writing this plan including consumer advocates.

Action Steps:

1. Confirm the AAA has made necessary changes to its ARC local coalition workgroup.
2. Confirm the AAA had created a written ARC transition plan for the PSA. (Ensure alignment of ARC/ADRC transition goals with the core ADRC functions.)
3. Confirm that ADRC functions are available in every county in the planning and service area and are defined as follows:
 - Access
The ADRC will develop and implement an ongoing program of public education to increase awareness of ADRC services to target persons with disabilities and their families/caregivers.
 - Information and Referral
The ADRC shall enhance its existing information and referral system by expanding resources that may be utilized by persons with disabilities and their families/caregivers and provide them with consistent and uniform information, referral and access to services, regardless of where they first enter the system.
 - Long-Term Care Options Counseling
The ADRC shall conduct impartial and unbiased long-term care options counseling designed to allow persons accessing the ADRC to determine the best and most appropriate selection of services and programs.
 - Quality Assurance
The ADRC will update its written policies and procedures to include the expansion of services provided to persons with disabilities and their families/caregivers.
 - Local Coalition Work Group
The contractor shall expand its local coalition work group to include representation from the appropriate state agency, disability providers and caregivers of persons with disabilities.

PHASE 2: TRANSITION

Goal: Establish evaluation criteria to review each AAA's transition of its ARC to an ADRC and its capacity to provide ADRC services to a specific disability population in the service area, in addition to the elder population, families and caregivers currently served by the ARC. This phase involves the AAA's efforts to formalize and support relationships established with the disability community.

OBJECTIVE 1: Determine the AAA's progress to formalize relationships and procedures with partners.

Action Steps:

1. Confirm the AAA has developed a written agreement with partners. (See sample template for a Memorandum of Understanding in Attachment 6.)
 - Developed written protocols for operational activities and procedures.
 - Developed partner agency liaisons as stipulated in written protocols.
2. Confirm the AAA has developed or amended referral agreements with local providers who will serve as access points. (See sample template for a referral agreement in Attachment 7.)
 - Developed written protocols for information and referral service provision to persons with disabilities.
 - Developed partner agency liaisons as stipulated in written protocols.
3. Confirm the AAA has scheduled regular meetings or conference calls with partners for maintaining relationships and providing updates on issues or problems.

OBJECTIVE 2: Determine the AAA's training plan for cross-training of all Aging and Disability Resource Center (ADRC) staff, partner organizations, providers and stakeholders.

Action Steps:

1. Consider whether the grant-funded training curriculum and materials are appropriate for the disability population to be served. (See Attachments 9, 10 and 11.)
2. Confirm AAA staff and partners' participation, on an on-going basis, in cross-training to help train ADRC staff on the disability population, local resources available, procedures and protocols.

OBJECTIVE 3: Determine the materials AAA and partners utilized to conduct training on disability eligibility and benefits appropriate for the disability population to be served.

Action Steps:

1. Confirm the AAA determined which ADRC staff and SHINE staff should be trained on differences they may encounter for the under 65 or disabled population.
2. Confirm the AAA has involved DCF Economic Services as the subject matter expert in developing and delivering training. This will ensure use of the most up-to-date and accurate information.

3. Confirm the AAA shared training materials with all staff to ensure they are knowledgeable about the needs of the disability population.

OBJECTIVE 4: Determine the AAA’s continuing efforts to develop database resources for the disability network including services and supports to serve the private pay population.

Action Steps:

1. Confirm the AAA participates in community outreach activities in conjunction with partner agencies throughout the Planning and Service Area.
2. Confirm the AAA’s use of existing local resource directories such as United Way and 2-1-1 to enhance database resources.

OBJECTIVE 5: Determine the AAA’s proposed strategies for sustainability of ADRC operations within existing AAA/ARC structure.

Action Steps:

1. Determine the AAA’s plan for staffing and operationalizing ADRC transition and implementation.
2. Determine the AAA’s proposed strategy to utilize existing resources already used in long-term care services and programs, including Medicaid, Older Americans Act, state revenue programs and other local resources for the purpose of helping consumers learn about and access services and supports.

PHASE 3: IMPLEMENTATION

Goal: Establish evaluation criteria to review the AAA’s implementation of its ADRC and the availability of ADRC services to a specific disability population in the service area, in addition to the elder population, families and caregivers currently served by the ARC. This phase involves the AAA’s efforts to inform the community about the ADRC’s services for the disability population and ensures processes are in place to regularly track and measure progress.

OBJECTIVE 1: Determine the availability within the PSA of ADRC services to the specific disability population.

Action Steps:

1. Confirm the implementation of written protocols as established in MOUs and referral agreements.
2. Confirm the continued active involvement of the Local Coalition Work Group.
3. Confirm database contains resources specific to the disability population to be served, including private pay resources.

OBJECTIVE 2: Determine the AAA’s strategies for outreach and marketing which demonstrate increased targeting for individuals within the disability population. (See “Tips for Marketing to Disability Population” in Attachment 17.)

Action Steps:

1. Confirm the AAA has increased awareness and visibility of the Elder Helpline, its website and the ADRC within the disability network.
 - Consider updating the AAA’s name, logo or tag line.
 - Consider adding specific disability related links to the website.
 - Consider adding disability focused language to agency promotional materials.
2. Confirm the AAA has ensured communication with SHINE and increased outreach related to LTC planning for individuals.
3. Confirm the AAA participated in coordinated community outreach throughout the PSA to promote the ADRC. Consider the following:
 - Participate in community radio/TV shows on ADRC and disability.
 - Collaborate with disability professionals/advocates on public information, e.g., resources to go out to hospitals.

OBJECTIVE 3: Determine the AAA’s plans for quality assurance and performance improvement of ADRC services for the disability population.

Action Step:

1. Confirm that the AAA has incorporated its expanded ADRC service model transition and implementation into the 2011-2012 Annual Improvement Plan (AIP). The AIP, as required by Florida Statutes, must identify challenges related to ADRC/ARC functions as well as strategies for evaluation and improvement of ADRC functions.
2. Confirm ReferNet tracking of disability population contacts to the ADRC.

BUDGET AND COST SAVINGS

Budget:

The Florida Legislature allocates a recurring \$3.2 million budget for the state’s 11 Aging Resource Centers. This annual appropriation, composed equally of Medicaid and state revenue, funds each ARC at approximately \$290,000 and supports the Medicaid administrative claiming staff and their related expenses. These ARC employees perform exclusively Medicaid-related activities such as Medicaid outreach and facilitation of access to Medicaid eligibility, which includes the screening of all applicants for publicly-funded services.

In addition, each Area Agency on Aging utilizes other sources to finance its ARC operation. These include Older Americans Act (OAA) and state general revenue administrative and service funding. In accordance with OAA direct service waiver requirements, Area Agencies are permitted to retain Title IIIB funding for information and referral and, with approval, for intake services. These funds support each AAA's participation in the statewide Elder Helpline information and referral system and provide for intake services to non-Medicaid eligible clients. In addition, some AAAs also budget a portion of their state general revenue funding to offset ARC expenses.

The remaining seven ARCs will complete transition to ADRCs within current funding.

Potential Cost Savings Based on SFY 2009-2010 Data:

| Program | Number Case months | Average Monthly Cost Per Client | Average Risk of Nursing Home Admission | Expected Annual Savings |
|---|--------------------|---------------------------------|--|-------------------------|
| Medicaid Nursing Home (NH) | | \$4,837.91 | 100.00 | |
| Medicaid Nursing Home Diversion (DIV) Waiver | 209,205 | \$1,541.99 | 0.65 | \$448,191,095 |
| Medicaid Assisted Living for the Frail Elderly (ALE) Waiver | 35,375 | \$825.18 | 0.63 | \$89,428,827 |
| Medicaid Aged/Disabled Adult (ADA) Waiver | 117,629 | \$752.14 | 0.41 | \$197,048,237 |
| Alzheimer's Disease Initiative (ADI) | 11,927 | \$537.27 | 0.52 | \$26,672,798 |
| Community Care for the Elderly (CCE) | 85,597 | \$369.88 | 0.36 | \$137,682,177 |
| Home Care for the Elderly (HCE) | 20,791 | \$339.23 | 0.36 | \$33,671,606 |
| Older Americans Act (OAA) | 250,853 | \$344.11 | 0.27 | \$304,366,809 |
| TOTAL | 731,377 | | | \$1,237,061,549 |

Updated October 27, 2010

WORK PLAN

| Phases | Goals | Objectives | Lead | Target Date |
|---|--|---|------|----------------|
| PHASE 1: PLANNING/ PREPARATION | Establish evaluation criteria to review each AAA's planning and preparation for the availability of ADRC services to a specific disability population in the service area, in addition to the elder population, families and caregivers currently served by the ARCs. | <ol style="list-style-type: none"> 1) Determine the significant and necessary activities of the AAA in its planning and preparation to transition its ARC to an ADRC. 2) Determine AAA's process for building a partnership with the disability population that is to be served. 3) Determine AAA's collaboration activities with the designated disability network. 4) Determine if AAA's written transition plan was developed with input from its local coalition workgroup. | DOEA | June 2011 |
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| Phases | Goals | Objectives | Lead | Target Date |
|------------------------------------|---|--|------|---------------|
| PHASE 3: IMPLEMENTATION | Establish evaluation criteria to review the AAA's implementation of its ADRC and the availability of ADRC services to a specific disability population in the service area, in addition to the elder population, families and caregivers currently served by the ARC. | 1) Determine the availability within the PSA of ADRC services to the specific disability population. 2) Determine the AAA's strategies for outreach and marketing which demonstrate increased targeting for individuals within the disability population. 3) Determine the AAA's plans for quality assurance and performance improvement of ADRC services for the disability population. | DOEA | December 2011 |

SECTION III: INDEX TO ATTACHMENTS

ADRC-related Information:

1. Florida Statute 430.2053 (Aging Resource Centers)
2. Map of Existing ADRCs
3. ReferNET

Developmental Disabilities Training Materials:

4. DOEA ADRC Training Notice
5. Cross-Training Curriculum
6. Presenter's Manual
7. Participant's Handbook (includes local contacts for Agency for Persons with Disabilities and resources for developmental disabilities)

ADRC-related Tools:

8. ADRC Evaluation Tool
9. Inclusion/Exclusion Checklist
10. Sample of Database Application (PSA 8 document)
11. Sample Memorandum of Agreement with APD (PSA 5 document)
12. Sample Referral Agreement (draft)
13. Sample Customer Satisfaction Survey (from DOEA, Planning and Evaluation)

Resources:

14. DCF Adult Protective Services - List of Local Contacts
15. DCF Economic Services (ACCESS, SNAP and Medicaid) - List of Local Contacts
16. DCF Mental Health - List of Local Contacts
17. Centers for Independent Living
18. Florida Disability Resources
19. Helpful Websites
20. Tips for Marketing to Disability Population

SECTION IV: ADRC FIVE-YEAR PLAN APPROVAL

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