

ADRC Designation Criteria: Summary of Comments

February 16, 2012

Designation Criteria	Common or Notable Comments
Partners	AAAs and ILCs are essential, but the absence of one of the pair shouldn't prevent a network of partners from becoming an ADRC.
Partners	Most other candidate partners would be "nice to have" but not "necessary to have."
Partners	Regional Centers should definitely be partners "in an ideal world," but it may be difficult in some communities to integrate RCs into ADRCs, because they have their own firmly established systems for doing things. They are also not county-based.
Partners	Involvement of private and public health plans may become more desirable as the implementation of managed care progresses.
Partners	Health care providers may more effectively play the role of stakeholders; the kinds of information they offer could be provided more effectively by other partners closer to the core.
Partners	Caregiver resource centers don't exist in all counties, and they may not survive budgetary pressures. The important thing is to represent this perspective in some fashion, regardless of how.
Partners	MFP is a demonstration project with a finite life span. Including MFP transition coordinators could magnify the uncertainties already present in the LTC landscape.
Partners	MDS Section Q local contact agencies (LCAs) are not yet well established; their role in a potential network is unclear.
Partners	211 is not statewide and therefore couldn't participate in most ADRCs.
Services: I&A	Satellite I&A doesn't exist in many counties, and would often be expensive to establish and maintain.
Services: I&A	Internet intake capability may not be practical, given the costs involved, the constraints of existing IT systems, and internet connectivity of the region.
Services: Short-Term Service Coordination	Agreements with other systems such as 211 would be very helpful, but may not be practical given the history among organizations or the expected contents of those

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	agreements.
Services: Streamlined Eligibility Determination	The meaning of warm transfers was unclear to many respondents. The necessary infrastructure may not exist.
Services: Streamlined Eligibility Determination	Expanded partnerships with IHSS, HCBS & Medi-Cal : What are these programs? What does “expanded” mean?
Services: Streamlined Eligibility Determination	For call center intake : Which programs? Regional Centers? Mental health?
Structure: Staffing	Training in AIRS : Many respondents were unfamiliar with AIRS .
Structure: Staffing	Language-trained staff are very important, but which languages would get covered? It would be vital to contain the costs of this staffing requirement.
Structure: Systems	Flow charts or software for transactions : What would this look like? How is this different from triaging and risk assessment?
Structure: Systems	Hardware and software for telecommunications and tracking of client outcomes may be far too expensive. It’s also essential to define the outcomes we’re talking about.
Structure: Continuous Quality Improvement	Several CQI measures were unclear . Several respondents expressed the need to clarify the precise measures being collected, and to avoid collecting data simply for the sake of doing so.
Structure: Governance & Stakeholder Participation	Restrictions on the involvement of family members did not make sense to many people, since they seem like ideal stakeholders.
Structure: Organizational Capacity	Connections/alignment with specific programs such as MFP and waivers may not always be practical, given local availability. Some respondents felt they had insufficient knowledge of these programs or what such alignment would entail.

Where Committee Members expressed concerns, there several notable themes:

- Meaning of “essential” (especially in partnership) was not always clear.
- Practicality (including sustainability) was a regular concern.
- Several ideas were not totally fleshed out (especially with regard to outcomes)
- Many programs (and their associated acronyms) were unfamiliar – or unfamiliar enough to make it difficult to respond to the questions being asked.