

ADRC Implementation Guide Attachments

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**Attachments, forms and technical assistance documents change over time as improvements and ADRC policy and practices change.*

Attachment 1: ADRC Coalition Contact Information

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CA ADRC Website

<http://communitychoices.info/adrc/>

Federal ADRC Technical Assistance

Website <http://www.adrc-tae.org>

ATTACHMENT 2: ADRC FEATURES MATRIX

California is a large state with 58 counties. Each county varies in geography, population size, cultural diversity, rural/urban features, language diversity, health care delivery and supportive service infrastructure. For these reasons, California has implemented a “No Wrong Door” ADRC model.

ADRC partnerships have embraced the core ADRC features (identified in *blue text*) and have added nuances that reflect local consumer needs, cultural diversity and the array of services and supports in the region. What follows is a table that displays the distinguishing features of each of California’s fully functioning ADRCs. ADRC counties and partners are listed on the last page of the matrix.

Matrix Legend

IP=In Progress in the newest ADRC

CO=Cal Optima (a managed care partner)

LL= Language Line

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co	
<p><i>Enhanced Information & Assistance (I&A): An enhanced I&A experience for consumers characterized by proactive offerings of information related to the consumer’s stated request and a call center alertness to risk screening.</i></p>							
<p>Call Center Triage Protocol -- Procedures to prioritize and route certain calls by subject, urgency or risk.</p>	X	X	X	X	X	IP	
<p>Risk/Urgency Screening Tools -- Interview questions, scripts, assessment tool(s) or a decision support program.</p>	X	X	X	X	X		
<p>Revised relationship with callers—Extends average time per caller but prevents or diminishes call-backs</p>	X	X	X	X	X		
<p>Negotiated formal agreement across programs adopting a uniform definition of “at-risk” consumer. Has expedited procedures to respond to urgent need with triage call routing/treatment</p>	X		X				
<p>Call Center Integrated Intake; On-the-Spot (caller on the line or face-to-face) application assistance, report taken, co-location of intake procedures; can also include intake staff funded by a variety of programs or services. What follows is not simply a list of referral organizations but integration of intake functions that enable call center staff to do program/service specific intake or application assistance at the time of the call either by telephone or in person.</p>							
	Adult Protective Services report of suspected abuse	X	X	X	X	X	X
	Affordable Housing Registry Search						X
	In-Home Supportive Services Application	X		X	X	X	IP
	Medicare			X		X	X
	Medi-Cal Application Assistance (not eligibility determination)			X			X

ADRC Features		Riv	Or	SD	SF	5 NCal	NV Co
	Has current or pending application for at least one Medicaid HCBS waiver in house	X	CO	X			X
	Application assistance (or directly offers) Short-Term Service Coordination; including telephone contacts to consumers on program/service wait lists.	X		X	X	X	X
	In-house service coordination; linkages, Targeted Case Management, SOAR in-house (as opposed to referral to another organization).	X		X		X	
	SSI/SSDI Application assistance						X
	Application for Veterans' Services	X		X			
	Application for Meal Programs (home delivered and congregate)	X		X			
Medi-Cal Application Assistance On-Site, Quickly Available or On-the-Spot by Telephone		X		X			IP
Medi-Cal Eligibility Worker designated as a point person for ADRC consumers		X		X			IP
Out-stationed I&A or walk-in (neighborhood) centers with trained staff			X		X	X	X
Warm Transfers; telephone referrals while consumer remains on the line		X	X	X			X
Web referrals and/or email intake capability and procedures			IP	X		X	X
Tele or Video Conferencing capability and procedures			X	X			IP
Bilingual or Multilingual Intake Staff							
	Spanish	X	X	X			LL
	Chinese				X		LL
	Vietnamese		X				LL
	Other:	X		X			LL

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co
Mobile Info Vans	X	X				
ADRC lead org provides I&A directly	X		X		X	X
Agreement or contract between ADRC lead organization and OAA Title III I&A call center	X	X	X		X	IP
Agreement or contract between ADRC lead organization and 211 call center	X		X			IP
<i>Options Counseling (OC)</i>						
<i>One-on-one (staff to consumer) decision support (by telephone or in person) for consumers who face immediate or future need for long-term services and supports. Information includes a wide array of topics and the goal is informed consumer decisions.</i>						
Options Counseling protocol in place	X	X	X		X	IP
Dedicated OC point person in the call center for OC	X	X		X	X	IP
Multiple call center staff persons trained to do OC		X	X			X
One-on-one decision support by telephone or in person	X	X	X	X	X	X
Online information support for professionals		X	X			X
Online Information for consumers	X	X	X	X	X	X
1:1 peer mentor OC (paid or volunteer)						
Disabled	X	X	X	X		X
Elderly	X					IP
Grandparents (G), Family (F) Member or Caregiver(C)	X					
Group peer mentoring and experience sharing	X	X	X	X		X
Print materials OC -- a broad array of topics of interest to consumers who have or will have need for long-term care.	X	X	X	X	X	X

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co
<p><i>Short-Term Service Coordination</i></p> <p><i>Service coordination and/or peer mentoring that supports a consumer with urgent needs for 90 days or less while a longer range plan is put in place.</i></p>						
ST Service Coordination protocols In Place	X	X	X	IP	X	IP
ST Service Coordination provided directly by AAA	X		X		X	
ST Service Coordination provided directly by ILC	X	X	X	X	X	X
Formal agreements (contracts, MOU, other) with other org providers to accept and work with individuals with urgent needs for up to 90 days while a longer range plan is put in place	X	X				
<p><i>Core ADRC Partnership Between AAA and ILC</i></p>						
Written operational roles and responsibilities among ADRC partners for ADRC core services, planning and reporting	X	X	X	X	X	IP
ADRC Advisory Group actively involved in forming and guiding ADRC priorities	X	X	X	X	X	X
Executive level decision makers (budget & policy) involved in the mission and direction of the ADRC-- disaster planning, fire, elder abuse, law enforcement, etc.	X	X	X	X	X	X
Local vision and local leadership ready to improve service delivery for consumers of any age, any disability	X	X	X	X	X	X
Core ADRC partners regularly meet with front-line health care and social support service providers and stakeholders	X	X	X	X	X	X
Cross-training between AAA and ILC relative to an expanded perspective of consumer needs across ages, disabilities and income groups	X	X	X	X	X	IP

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co
<i>Facility-to-Home Transition Services</i>						
Implementing the Coleman Transition Intervention (CTI)	X	X	X	IP		IP
ILC Transition Work (Hospital to Home)	X	X	X	X	X	X
ILC Transition Work (Nursing Facility to Home)	X	X	X	X	X	X
AAA Transition Work (Hospital to Home)	X		X	X		
AAA Transition Work (Nursing Facility to Home)				X		
Coordination with Medi-Cal Medical Case Management (MCM); state employed nurses who coordinate services for consumers (Medi-Cal only) discharged from hospitals	X		X	X		
ADRC partner is also an MFP Local Org		X				X
Staff training (past or future) that prepare AAA or ILC staff on methods and tools needed for successful facility-to-home transition services	X	X		X		X
Coordination with MFP Demo; has an MFP Local Org in the ADRC service area	X	X	X	X		X
In-Progress (at least a beginning discussion) coordination with NFs for MDS Sec. Q; responding to NF and providing information and supports to NF resident about return to community living	X	X	X	X		X
Documented baseline call center volume as prior to Oct. 1 (NF implementation of MDS 3.0)	X	X	X			X

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co
<i>Outreach & Education to consumers of any age, any disability and any income source.</i>						
Promotion of the generic ADRC Brand (logo on State ADRC Brochure)	X	X	X	IP	X	X
ADRC website customized to blend AAA and ILC public need for information	X	X	X			
Use of state ADRC brochure template	X	X		IP		IP
Training sessions (LTC topics) (in-person, online or webinar) customized for:						
Consumers	X	X	X	X	X	X
Service Providers	X	X	X	X	X	X
Medical Community: physicians, specialists & office staff	X		X		X	
Managed Care Plan staff (nurses & case managers)	X	X	X	X		
<i>Service Provider Database Merged to Support Consumer Requests</i>						
Shared/Enlarged (among AAA and ILC) database (online) of service providers--broadening the referral resources and options for consumers	X	X	X			X
Promotion and use of searchable provider resources on CalCareNet	X	X				IP
Network of Care subscriber (http://networkofcare.org/home.cfm)	X		X		X	
Agreement and partner with 211(http://www.cairs.org/211.htm)	X	X	X	X		X
Uses ReferNet (http://refersoftware.com/refernet.aspx)		X				X
Uses GetCare (http://www.getcare.com/)					X	
Uses C4Myself (https://www.c4yourself.com/c4yourself/counties.htm)	X					X

ADRC Features	Riv	Or	SD	SF	5 NCal	NV Co
<i>Consumer Demographic Data and Information Technology (IT)</i>						
In-house, online database that captures and can report on caller demographics and service use	X	X	X	X		X
Online or by phone data gathering of consumer need (ADL or IADL questions) -- consumer self report	X	X	X			X
Online data gathering used by professionals who plan, coordinate or authorize services	X		X			

California ADRC Counties	ADRC Partner Organizations
Butte, Colusa, Glenn, Tehama & Plumas	PASSAGES (University) Independent Living of Northern California (ILC)
Nevada	FREED (ILC) 211 Call Center Helpline (AAA I&A Call Center)
Orange	CalOptima (County Organized Health System) County Office on Aging (AAA) Dayle MacIntosh (ILC)
Riverside	Office on Aging (AAA) Community Access Center (ILC)
San Francisco	City/County Department of Aging & Adult Services (AAA) Resource Center of San Francisco (ILC)
San Diego	County Aging and Independence Services (AAA) Access to Independence (ILC)

Additional information and tools are available on the California ADRC Website, <http://communitychoices.info/adrc/index.html>.
 Questions about ADRC initiatives in California can be sent to Karol Swartzlander at kswartz2@chhs.ca.gov.

Attachment 3: ADRC Readiness Calendar/Timeline (*Sample*)

Date	Activity	Purpose	Development Work Completed By:
January	Technical Assistance Meet & Greet	<ul style="list-style-type: none"> Meet the State and Local Partners Develop Technical Assistance & Development Calendar 	January
February	Teleconference with focus on ADRC Partnership and Roles	<ul style="list-style-type: none"> Service Area & Key Staff Advisory Group and Stakeholder Involvement Roles/Responsibilities of ILC, AAA and 211 Core ADRC Services & Unique Features Workplan/Timeline 	Agreements & Workplan by End of February
March	Teleconference with focus on Enhanced I&A	<ul style="list-style-type: none"> Consensus for conceptual map of ADRC I&A Develop draft I&A protocols for ADRC activities in Orange Co. 	I&A Protocol by End of March <i>Approved by the date of the Readiness Review</i>
April	Teleconference with focus on Options Counseling and ST Service Coordination	<ul style="list-style-type: none"> Existing resources Existing Intake & Screening Tools New Features/Relationships Target for ST Service Coordination? 	2 Draft Protocols By End of April <i>Approved by the date of the Readiness Review</i>
May	General Technical Assistance & Related Initiatives (MDS, MFP, etc.)	<ul style="list-style-type: none"> Catch-all session 	Q&A and Tips by End of May

ADRC On-Site Readiness Review	
XXXX County ADRC ON-SITE READINESS REVIEW Proposed July 1 Launch (<i>Sample</i>)	<p>JUNE DATE, TIME, PLACE</p> <p><i>Review Team will conduct an exit interview the day of the review and a written report will be available within 10 business days following the on-site review.</i></p>

Attachment 4: ADRC Readiness Review template (**Sample**)

Lead Organization Name		
Contract # (if applicable)		
Date(s) of Readiness Review:		
Reviewer(s)	Name(s)	
	Telephone	
	Email	

ADRC Staff Interviewed At the Time of the Review

Name	Title/ADRC Responsibility

Advisory Committee

Contractor/ADRC has formed an advisory committee for the exclusive purpose of advising the contracted organization on the ADRC vision, program design, operation and quality of client services. As a general guide, about 20-25% of advisory committee members should be consumers and/or potential consumers of advisory committee members.

Yes/No	
Meeting Dates So Far	
Status	

Comments	
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Awareness -- Outreach and Marketing

Contractor/ADRC has developed and gained state approval of an ADRC outreach and marketing plan.

Yes/No	
Status Comments	

Contractor/ADRC is currently or is imminently prepared to provide information on long-term services and support options to individuals regardless of age, disability or income.

Yes/No	Via In-person Services: Via Telephone: Via CalCareNet: Via Other Internet Site:
Status:	

Assistance

Contractor/ADRC has enhanced existing processes and networks for providing information, referrals and assistance to consumers as envisioned under federal and state ADRC guidance.

Yes/No	
Status:	

Contractor/ADRC has entered into new Memoranda of Agreement with the following organizations in order to accommodate a broad and diverse ADRC population.

Organization	Enhancement or New Population To Be Served

Contractor/ADRC has developed and gained state approval of a protocol (content and process) for providing consumers with one-on-one Options Counseling (OC).

Yes/No	
Status:	

Contractor/ADRC is imminently prepared to screen for and refer consumers to trained Options Counselors.

Yes/No	
Status Comments	# of trained staff at the time of the review:

Contractor/ADRC is prepared with processes, knowledge and forms (as appropriate) to assist consumers as they access public benefits, employment and caregiver supports.

Yes/No	
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Status	
Comments	

Contractor/ADRC is prepared with staff trained to identify and make referrals for crisis intervention, advocacy by long-term care ombudsman and/or investigation by law enforcement when and if necessary.

Yes/No	
Status:	

Streamlining Access

Contractor/ADRC has developed and gained state approval for a protocol to provide short-term care coordination and guidance for consumers who face multiple referrals and complex eligibility applications in order to address urgent needs.

Yes/No	
Status:	

Contractor/ADRC collaborates with the members of the Access sub-committee or other ADRC Coalition members to develop and/or adopt common management tools (processes, forms, templates, etc.) for intake, screening and identifying consumers' preferences and needs for services and supports.

Yes/No	
Status	
Comments	

Contractor/ADRC is actively planning to provide one-on-one or group informational and educational sessions to inform consumers about accessing specific services such as Medi-Cal eligibility, long-term care insurance and others.

Yes/No	
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Status:	

Contractor/ADRC is actively identifying and forming communication links with Critical Pathways Providers.

Yes/No	
Status:	

Contractor/ADRC has information management protocols and conducts staff training to safeguard private consumer information as required of state business partners under the Health Information Privacy and Accountability Act (HIPAA).

Yes/No	
Status Comments	

Contractor/ADRC has identified and made changes to business operations so that ADRC services are available and accessible by target population groups; e.g. older adults (60+), persons with disabilities of all ages and any disability, caregivers whether their support is paid or unpaid, consumers of public or privately financed services, and people residing in community or facility settings.

Yes/No	
Status Comments	

Contractor/ADRC has identified and adjusted business operations so ADRC services are meaningful in light of the cultural and language diversity of local communities. Staff have been trained to be sensitive to issues that can be barriers to consumers needing information and/or services.

Yes/No	
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Status Comments	

Contractor/ADRC has adopted protocols for handling consumer complaints and surveying consumer satisfaction with ADRC services. Processes are in place to monitor these data to conduct continuous improvement of ADRC services.

Yes/No	
Status Comments	

General Reviewer Comments

ADRC Readiness

	Ready	
	Ready with Conditions	<i>Conditions</i>
	Not Ready Requires Additional Work	<i>Components Needing Attention</i>

Reviewer Signature	
Date	

Attachment 5: California ADRC Brochure Template

(See Attachment 5 Separate File)

Attachment 6: Enhanced I&A Protocol Drill

Aging and Disability Resource Connection In _____ County

How to Use this Tool

This drill can be used as a guide to developing a written protocol for ADRC Enhanced I&A. It is intended to assist you in identifying I&A resources across multiple organizations and discovering opportunities for streamlining consumer access to information and services.

The goal is to capture the procedures and tools that are working well across I&A call centers and to discover opportunities for improvements. The ADRC Enhanced I&A Protocol describes intake, screening and application assistance from the broader ADRC perspective, across multiple organizations and call centers. This is a drill that can be used to look at resources across programs to improve and expand the local I&A vision to accommodate a diverse pool of callers instead of, as in the past, targeting a sub-group (over 60, disabled adults, for example) who may seek out information and assistance with long-term services and supports because of chronic conditions or disability. The ADRC vision reaches across programs, services and target populations to include children, grandparents—in other words, any age or disability. The intent is to cross-train staff and prepare any access point so that the ADRC consumers can get the information and services they need no matter which organization they contact first. That does not mean all organizations must do all ADRC services. Creating and refining ADRC core services will likely be an ongoing and cumulative process as links between organizations grow. The Enhanced I&A protocol itself need not be lengthy. It is supported by assessment tools, forms and procedures and resource directories, logs and lists that can be kept on file at local offices. The protocol can be revised as you develop partnerships and refine the “connections.” Functions to be alert to include application assistance, intake tasks and forms for various programs, databases, procedures used to file reports of abuse and needs for protective services, as well as data gathering procedures that are used to assess need and authorize consumer services. Completion of this drill will provide to you a map of I&A resources that can be the building blocks for streamline consumer access to information and services.

Enhanced I&A Protocol Drill

Participating I &A Organizations

List the organizations (including yours as lead organization) that conduct Information and Assistance and conduct intake procedures for people seeking information about long-term care services and supports (defined in the broadest sense). If you have satellite offices, list them separately. Make note of travelling I&A (info vans and public health ride-alongs) in the third column, if applicable. Expand tables as necessary.

Organization	Physical Location	If Traveling Onsite Svs, List General Route or Time	Number of I&A Staff or Volunteers

Community Education Events

Discuss outreach and marketing activities that link consumers to ADRC services. Contracted ADRCs develop an Outreach and Marketing Plan that charts out activities, materials and a timeline for introducing local consumers to the ADRC initiative. Use of the ADRC logo, distribution of brochures and other activities reach out with a general message to consumers about how and where they can get information about long-term services and supports.

I&A Intake Data Tools

Information, referral and assistance services are arranged differently in each county. List the intake forms, assessment and other tools that are used by the ADRC partner organizations. The purpose is to review intake and call center resources across organizations. List the tool, the purpose of the tool, whether or not the data is electronically stored and who is responsible for the security of the data. If the tools (computer screens) used by intake staff are part of a larger MIS system and database, list the MIS owner’s name. The “secured by” column is important due to the protection of personal Health Information (PHI).

Tool Name	Purpose	Electronic?	Secured By

Identify ADRC Consumers and Their Needs

Describe how ADRC consumers will be identified during the intake procedures used by ADRC partners. Most I&A callers/contacts include questions about some aspect of long-term services



and supports and, therefore, are already ADRC consumers. In other words, the only calls that are NOT ADRC consumers are those with “simple” requests for information; for example, “...what is the address of the nearest senior center?”

The matrix on the following page illustrates the ADRC perspective for identifying ADRC consumers within the larger view of all contacts made to a call center.

Screening for Risk or Urgency

Low ←			→ High
Simple Request for Info	Options Counseling* (Decision Support)		ST Care Coord (Getting Svs)
<p>These individuals may or may not be counted as ADRC. I&A staff can determine if they called for LTC info.</p>	Simple	Complex	<p>These will be individuals who have no one to help navigate multiple applications for services and or lengthy assessment processes.</p> <p><u>They or their loved one need services now.</u></p> <p>They are frustrated and need a guide. You keep a record of the actions and work with them for 60 days or less and until a longer-term solution is found.</p>
	<p>These will be people who get information as an individual or in a group about one or more LTC options for themselves or a loved one.</p> <p><u>These consumers may or may not need services now.</u></p> <p>Discussions with consumers are one-on-one and are pro-active due to the general public's lack of understanding about what, where and how to access public and privately funded long-term care services, especially in the home or workplace.</p>		

*Options Counseling (OC) standards will be the focus of CA's federal grant initiative in 2010-12

Common risk screening questions/items can be common denominators across organizations to identify ADRC consumers and the services they need. It is not uncommon for assessments of need to be narrowly focused on one program or one “menu” of services. Describe how the various I&A and intake procedures in your county identify a person’s risk (acuity/urgency, etc.) and the nature and urgency of need for information and services. Describe how responses are triaged (priorities set) and how transfers from one intake person to another will be streamlined, keeping in mind the level of urgency and need of each consumer. If you have identified specific intake/screening items (e.g., “have you eaten in the last 12 hours?” screens for hunger), describe or list those items or questions. Alternatively, attach the assessment tool and highlight the triggers, flags, items or questions that help you identify the nature and urgency of consumer need or risk (acuity). There are many ways to arrange these functions across organizations. The focus of the ADRC is to reach a higher degree of coordination and to streamline consumer access to information and services.

Privacy

Include in the Enhanced I&A Protocol a reference regarding your organization’s HIPAA protocol to:

- Get permission from the consumer to give his/her name to a referral organization, and
- How personal information will be kept confidential.

I&A Information and Service Resources

List the paper, electronic or other resources used to guide ADRC consumers to the services they need. These may be resources you give to consumers or they may be resource guides that are used by staff to give over-the-phone referrals and follow-up actions.

Title	Media	General Description

Other ADRC Information and Assistance Features

Describe any other features of Enhanced I&A, consumer assessment, intake, coordination, etc., that characterize the ADRC partnership’s effort to streamlining consumer access to information and services.

No Wrong Door Call Center Functions

This is a list of functions that may overlap several programs and organizations in the ADRC service area. They are listed here as a discussion of tasks that may be organized differently for the purpose of streamlining intake procedures and assisting consumers with identifying the type of information and services for which they are looking. The purpose of this part of the drill is to identify ADRC functions that may be reimbursable under Medi-Cal or other payers.

Call Center Tasks <i>Ways of Relating to Consumers</i>	Tele	In-P	Group Comments
Respond to Qs and Prompt			
Discuss with Probing Questions			
Application Assistance			
Refer and Explain			
Furnish Print Information			
Decision Support LTC Options (1:1)			
Presentation on LTC Options (Class)			
Explain Print Material & Respond to Questions			
Screen for Risk/Urgency (Interview/Self Report)			
Screen for Risk/Urgency (Observation)			
Facilitate Access to Service or Other Intake/Application Process			
Internet Information Guide (1:1) (Telephone or in Person)			
Internet Information Guide (Class/Group)			
Assessment (can be used to authorize Medi-Cal services)			
Functional Assessment (ADL) (Interview Self Report)			
Functional Assessment (ADL) (Observation/Performance of Tasks)			
Mental Assessment (Interview by SW or RN)			
Functional Assessment (IADL)Self Report			
Functional Assessment (IADL) (Observation/Performance of Tasks)			
Review Medical Records (RN or SW)			
Review/Obtain MD Orders			
Service Planning (alternatives to “case management”)			
Independent Living Skills Training (1:1 or Group)			
Transition Services (1:1 Hospital to Home)			
Transition Services (1:1 Nursing Facility to Home)			
Independent Living Peer Mentor (1:1)			
Service Coordination (1:1 - 90 days or less) Telephone calls, arrange for applications and other transactions that would otherwise be done by a family member or professional case manager			
Care/Service Plan Development (limited to			

“program” service menu)			
Care/Service Plan Development (comprehensive medical [MD orders], social, transportation, housing, etc.)			
Ongoing Service Plan Monitoring/Coordination (comprehensive)			
Ongoing medical case management (RN)			
Ongoing social case management (SW)			

Tele = Telephone In-P = In-Person

Attachment 7: Data Metric – ADRC Evaluation

Data Elements

Age	< 5	Gender:
	5-19	Female
	20-24	Male
	25-59	Other
	60-74	
	75-84	Veteran:
	85+	Yes
		No

Race/Ethnicity:

- RE 1 American Indian or Alaskan Native
- RE 2 Asian
- RE 3 Black or African American
- RE 4 Native Hawaiian or Other Pacific Islander
- RE 5 White
- RE 6 Hispanic/Latino of any Race or Hispanic/Latino only
- RE 7 Two or more races
- RE 8 Race and Ethnicity Unknown

Marital Status (SR):

- SR 1 Single (Never Married)
- SR 2 Married
- SR 3 Domestic Partner
- SR 4 Legally Separated
- SR 5 Divorced
- SR 6 Widow/Widower
- SR 7 Other
- SR 8 Declined to State

Employment Status (ES):

- ES 1 Fulltime
- ES 2 Part-time
- ES 3 Retired
- ES 4 Unemployed
- ES 5 Volunteer
- ES 6 Work ready
- ES 7** Declined to State

Housing Status (HS):

- HS 1 Owns
- HS 2 Rents
- HS 3 Homeless
- HS 4 With Relative
- HS 5 Just Visiting
- HS 6 Nursing Home/facility
- HS 7 Other
- HS 8 Declined to State

Living Arrangement (LA):

- LA 1 Alone
- LA 2 Not Alone
- LA 3 Other
- LA 4 Declined to State

Primary Language (P):

- PL 1 English
- PL 2 Spanish
- PL 3 Farsi
- PL 4 Chinese
- PL 5 Tagalog
- PL 6 Vietnamese
- PL 7 Am. Sign Lang.
- PL 8** Other

Income Source (choose all that apply):

- IS 1 Employment
- IS 2 Personal Retirement
- IS 3 SSI/SSDI
- IS 4 SSA Retirement
- IS 5 ADC
- IS 6 Pension
- IS 7 VA (Pension and Disability)
- IS 8 Other Source
- IS 9 Declined to State

Service/Request-

Number of Actual Calls
Duration of Calls

Service/Request Type-Totals

Call
WEB
Email
Walk-in
SKYPE

Caller/Contact Person (CP):

- CP 1 Self
- CP 2 Husband/Wife
- CP 3 Domestic Partner
- CP 4 Relative
- CP 5 Parent
- CP 6 Other relative
- CP 7 School/Teacher (replaces "Other relative")
- CP 8 Discharge Planner
- CP 9 Prof Care Giver
- CP 10 Declined to State

Referral

- R 1 Transportation
- R 2 Meals
- R 3 Healthcare (all types)
- R 4 Medical Equipment
- R 5 Assistive Technology
- R 6 Financial
- R 7 Employment
- R 8 Disability Benefits
- R 9 In Home Supports
- R 10 Education/School
- R 11 Legal/Advocacy
- R 12 Youth Transition
- R 13 Housing/Shelter
- R 14 Website
- R 15 Seasonal Services (taxes)

Type of Calls:

- ILC Transfer Call
- IA Calls
- STC Calls
- LTC Calls
- Referral

Permission to Follow-up: ___Yes ___No

If yes then the following data is needed:

Mailer Sent: ___ Yes ___ No

Referral Source

- CLS 1 2-1-1
- CLS 2 Adult Day Health Care
- CLS 3 APS
- CLS 4 Case Manager
- CLS 5 Community/Non-Profit Org.
- CLS 6 Church
- CLS 7 Don't Know
- CLS 8 Fed/State Public.
- CLS 9 Health Fair
- CLS 10 Eldercare Locator
- CLS 11 HICAP
- CLS 12 IHSS
- CLS 13 Marketing Brochure/Flyer
- CLS 14 Housing
- CLS 15 Newspaper
- CLS 16 Magazine
- CLS 17 Resource Guide
- CLS 18 Transit Agency
- CLS 19 LTC Ombudsman
- CLS 20 Outreach-Presentation
- CLS 21 Out of County AAA

- CLS 22 Phonebook/4-1-1
- CLS 23 Radio
- CLS 24 RCFE (Assisted Living)
- CLS 25 Relative/Friend
- CLS 26 Senior Center
- CLS 27 TV
- CLS 28 ADRC Website
- CLS 29 CalCareNet Website
- CLS 30 SNF
- CLS 31 Hospital
- CLS 32 Other**

Disability Type (if any):

- D 1. Cognitive
- D 2. Mental/Emotional
- D 3. Physical
- D 4. Hearing
- D 5. Vision
- D 6. Multiple Disabilities
- D 7. Other
- D 8. Declined to State

ADRC Service Provided:**Information and Assistance:** Number of Calls

Information and Assistance-- what is referred to as I&A services -- are provided by people who are trained in listening, researching and providing information about a wide array of subjects. These include housing, health care, transportation, social services, insurance, food, and many others.

Short Term Service Coordination: (Unit definitions in progress)

Service Coordination can include application assistance for one or more services, including IHSS, SSI/SSP, HUD, Medi-Cal, environmental adaptations, Medicare, HICAP, meals, transportation, assistive devices, relocation and related services. As soon as a safe and sustainable ongoing care plan is in place, ADRC hands off lead responsibility to a care giver or longer-term service coordinator, manager or coach.

Options Counseling: (Unit definitions in progress)

Options Counseling can include one or a series of one-on-one (staff/volunteer-to-consumer) contacts in order to provide information on available options and decision support. Consumers may be gathering information and making decisions about their own or a family member's service needs whether in a facility, assisted living or in the community.

Attachment 8: Medi-Cal Options for Long-Term Services and Supports

Title	Admin	LOC ⁱ	Services	Consumer Contact Info ⁱⁱ
Home and Community-Based Services Waivers (under Social Security Act § 1915 c)				
<ul style="list-style-type: none"> ❖ There are additional Medi-Cal waivers but these are specifically intended to provide community-based services in lieu of facility care. ❖ Consumers enrolled in these HCBS waivers would continue to be eligible for primary health care and hospitalization when needed 				
AIDS	DPH/ Office of AIDS	NF or Hospital	CM, nursing, attendant, meals, equipment, supplies, more	<ul style="list-style-type: none"> • Cap = 4250/2011 • http://www.cdph.ca.gov/programs/aids/Pages/Default.aspx • 1-800-367-2437 • Live Chat http://www.cdcpin.org/ca/
Assisted Living	DHCS	NF	Care Mgmt, medication monitoring, ADL assistance, more	<ul style="list-style-type: none"> • RCFE and in Affordable Housing • Contact a Care Coordinator in Sacramento, San Joaquin, Los Angeles, Sonoma, Fresno, San Bernardino and Riverside • See the list at http://www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx • (916) 552-9322 or (916) 552-9105
Developmentally Disabled HCBS	DDS	ICF/DD	Homemaker, HHAid, Respite, habilitation, more	<ul style="list-style-type: none"> • Cap=95,000/2011 • Contact a Regional Center • List at http://dds.ca.gov/RC/RCLookup.cfm • DDS Human Rights: (916) 654-1888
Nursing Facility/Acute Hospital	DHCS	NF Hospital	Nursing, home health aid, environmental adaptations, personal emergency response, more	<ul style="list-style-type: none"> • Cap=3032/2011 • (916)552-9105 (English or Spanish) Northern CA • (213) 897-6774 Southern CA • Email: IHOwaiver@dhcs.ca.gov
Traumatic Brain Injury	DHCS/ DOR	Pending	Pending	<ul style="list-style-type: none"> • Pending
Multipurpose Senior Services Program (MSSP)	DHCS & CDA	NF 65+	Care coordination, coord with IHSS and other services	<ul style="list-style-type: none"> Cap = 16,335/2014 Contact MSSP Site List at http://www.cda.ca.gov/programs/mssp_contacts.asp

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Title	Admin	LOC ⁱ	Services	Consumer Contact Info ⁱⁱ
Additional Medi-Cal Long-Term Care Options & Programs				
CA Community Transitions - Demo	DHCS	NF Hospital	Transition svcs from nursing facility or hospital	<ul style="list-style-type: none"> • Contact a Local Org • List at http://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx • (916) 552-9105, e-mail OLTC_CCT@dhcs.ca.gov
Various Medi-Cal State Plan Benefits	DHCS	Depends Per Medi-Cal policy	Nursing facility Adult Day Health Care Home Health Agency Services (intermittent) Therapies and Others	Fee for service Medi-Cal benefits are provided by approved Medi-Cal providers. Consumers would contact providers directly or through their primary care physician
California Partnership for LTC	DHCS	None to purchase NF to receive benefits	Agents/Brokers: Training Consumers: Coverage for case management, LTC svcs and Asset Protection	<ul style="list-style-type: none"> • CPLTCCS@DHCS.CA.GOV • See the list of agents at http://www.dhcs.ca.gov/services/ltc/Pages/CPLTCPartnerContactInfo.aspx • Brochure http://www.dhcs.ca.gov/services/ltc/Documents/CPLTC%20Print%20Locks/Basic_2010.pdf • (916) 552-8990
Community Living Support Benefit	DHCS	NF	<i>Pending</i>	<ul style="list-style-type: none"> • Residents of RCFE or public housing • San Francisco
In-Home Supportive Services (IHSS)	DHCS & DSS	At risk for NF ADL/IAD	Personal attendant, chore work, ADL/IADL assistance	<ul style="list-style-type: none"> • No Cap • Contact County Social Services or • Co. List at http://calcarenet.ca.gov/ or • http://www.cdss.ca.gov/agedblinddisabled/PG1785.htm • Application Download at

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Title	Admin	LOC ⁱ	Services	Consumer Contact Info ⁱⁱ
		L assess		http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC295.pdf <ul style="list-style-type: none"> • APS List at http://www.dss.cahwnet.gov/cdssweb/entres/pdf/apscolist.pdf • Contact IHSS Public Authority, PA List http://www.capaihss.org/PAWebsites.html
Program of All-Inclusive Care for the Elderly (PACE)	DHCS	NF	Medicare & Medi-Cal managed care all inclusive	Contact PACE Org See the MCMC list at http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx
Senior Care Action Network (SCAN)	DHCS	Well 50+ & some NF	Medicare & Medi-Cal managed care includes NF and HCBS	Contact SCAN 1-877-452-5898. (TTY users: 1-800-735-2929) See the MCMC list at http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx Not available in all counties
Medical Case Management (MCM)	DHCS	Hospital to Home	Expedited authorization of home health, case management, more	(916) 552-9100 or MCMHQ@dhs.ca.gov (800) 970-8450 MCM Brochure at http://www.dhcs.ca.gov/formsandpubs/publications/Documents/MCM%20Brochure.pdf
Specialty Mental Health Consolidation	DHCS & DMH	Dx & other MI criteria	1915(b) Waives Choice Psych inpatient care, therapy psychiatrist, psychologists, LCSW, day treatment, more	Contact county Mental Health Department List at http://www.dmh.ca.gov/docs/CMHDA.pdf (30 pages)
DD/Continuous Nursing	DHCS	Hospital Sub-Acute	24/7 nursing, vent care, continuous IV monitoring, more Waives Choice RC Consumer	<ul style="list-style-type: none"> • 7 Homelike settings in the State • Santa Rosa, San Bruno, Fresno, Northridge, Gardena, Desert Hot Springs and Sylmar
Pediatric Palliative Care	DHCS	Child less than 6 mo. To	Enhance quality of life, minimize suffering through interdisciplinary services &	<ul style="list-style-type: none"> • Contact Children's Hospice http://www.childrenshospice.org/contact/ • (831)-763-3070 • 2009 -- Santa Cruz, Monterey, San Diego, Alameda and Santa Clara

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Title	Admin	LOC ⁱ	Services	Consumer Contact Info ⁱⁱ
		live	interventions	<ul style="list-style-type: none"> • 2010 -- Humboldt, Marin, Orange, Sacramento, San Francisco and Sonoma, 2011 -- Fresno County and Los Angeles County • CCS Brochure http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf • County CA Childrens' Services (CCS) List at http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx

ⁱ Level of Care (LOC) refers to a Medi-Cal regulatory requirement for consumers to meet criteria (CCR Title 22 §§ 51120 and 51124) describing their need for services – same criteria to be met before Medi-Cal will pay for services in a facility type in absence of community-based services.

ⁱⁱ Websites, telephone numbers and email addresses were obtained from current state websites. They have not been independently verified.