

Fully Functioning Single Entry Point System/ADRC

These criteria were developed to assist states measure and assess their progress toward developing fully functioning Single Entry Point Systems/ADRCs. These criteria and recommended metrics are intended to be applicable across different types of ADRC models. Depending on the model of ADRC a state is implementing, the term “SEP/ADRC” may be interpreted to represent one operating organization in each community at the local level, a network of organizations serving as operating partners in each community at the local level, or a combination of state level and local level organizations operating in partnership. Metrics that should be interpreted or applied differently to systems with a “single entry point” than to systems where there are “multiple entry points” are noted.

Program Component	Criteria/ Description	Recommended Metrics
Awareness and Information	<p><i>Public education; information on long-term support options.</i></p> <ul style="list-style-type: none"> ADRCs serve as highly visible and trusted places where people can turn for the full range of long-term support options. Actively promote public awareness of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations. 	<ul style="list-style-type: none"> The SEP/ADRC has a proven outreach and marketing plan in place that takes into consideration: (a) culturally diverse, underserved and unserved populations, their family caregivers, and the professionals who serve them through focused outreach and community education; (b) the identification of unique needs of the different populations being served; (c) a strategy to assess the effectiveness of the outreach and marketing activities; and (d) a feedback loop to modify activities as needed. The SEP/ADRC has a comprehensive resource database which includes information about the range of long term support options in the SEP/ADRC service area. Information regarding providers, programs, and services available in the SEP/ADRC service area (including for private-payment) is collected into a central database. <ul style="list-style-type: none"> Resources included in the database conform to established Inclusion/Exclusion policies. A system is in place for updating and ensuring the accuracy of the information provided. The database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities. Statewide coverage for the database is preferable. The SEP/ADRC may have a single or multiple entry points within the service area. All agencies operating entry points (operating partners) have access to the same comprehensive resource database and provide consistent and uniform information. The SEP/ADRC actively markets to and serves private pay consumers in addition to those that require public assistance.

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Assistance	<p><i>Long-term support options counseling; benefits counseling; employment options counseling; referral to other programs and benefits; crisis intervention; helping people to plan for their future long-term support needs.</i></p> <ul style="list-style-type: none"> The ADRC will provide information and counseling to help people assess their potential need and eligibility for all available long-term support options, both public and private. ADRC has the capacity to link consumers with needed support through appropriate referrals to other programs and benefits and has the ability to track client intake, needs assessment, and care plans. ADRC has established collaborative relationships with programs that provide home and community-based services including SHIP, NFCSP, Alzheimer's Disease services, health promotion and disease prevention programs, transportation, employment, housing, adult education and others. ADRC consistently conducts follow-up when needed to determine outcome of options counseling. ADRC enables people to make informed, cost-effective decisions about long term care. ADRC has process to ensure that people are connected to the appropriate crisis intervention services. ADRC assists individuals to plan for future long-term care needs. 	<p><u>Options Counseling</u></p> <ul style="list-style-type: none"> SEP/ADRC has the capability, either through a single operating organization or through close coordination among operating partners, to provide accurate and comprehensive long term support options counseling to any consumer who requests it. All SEP/ADRC entry point agencies use standard intake and screening instruments. Protocols are in place to identify consumers who will be offered options counseling. At a minimum, this will include consumer that have gone through a comprehensive assessment process. Options counseling sessions: (a) entail individualized assistance; (b) are provided in a uniform manner to all SEP/ADRC consumers with the use of protocols or standard operating procedures; and (c) are conducted by staff qualified to provide objective assistance to consumers in the process of making informed decisions, as evidenced by certification requirements and/or training/cross-training practices. SEP/ADRC can demonstrate evidence that options counseling provided enables people to make informed, cost-effective decisions about long-term care services. SEP/ADRC uses systematic processes across all entry points to provide information, referral and access to services. These services include, at a minimum: <ul style="list-style-type: none"> Public benefits (OAA, Medicaid, Medicare including new Medicare Modernization Act benefits, state revenue programs and others) Employment Health promotion/disease prevention Transportation Crisis/Emergency services Services for family caregivers Residential care including assisted living <p><u>Referrals and Follow Up</u></p> <ul style="list-style-type: none"> SEP/ADRC has the ability to track referrals made. SEP/ADRC consistently conducts follow-up to determine outcome of options counseling. <p><u>Crisis Intervention</u></p> <ul style="list-style-type: none"> SEP/ADRC responds to situations requiring short-term assistance to support an individual until a plan for long-term support services is in place. Short-term case management is available as needed for all target populations and provided directly by SEP/ADRC (by at least one operating partner in multiple entry point systems), or is contracted out. <p><u>Future Long Term Support Needs Planning</u></p> <ul style="list-style-type: none"> Evidence of one of the following: (1) SEP/ADRC is involved with Own Your Own Future Campaign; (2) SEP/ADRC is a pilot Home Equity Conversion Mortgage counseling site; or (3) SEP/ADRC provides futures planning directly or contractually by staff who possess specific skills related to LTC needs planning and financial counseling.
Access	<p><i>Eligibility screening; assistance in</i></p>	<ul style="list-style-type: none"> SEP/ADRC has a single, standardized entry process for accessing

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	<p><i>gaining access to private-pay long-term support services; comprehensive assessment; programmatic eligibility determination; Medicaid financial eligibility determination that is integrated or closely coordinated with the Resource Center services; one-stop access to all public programs for community and institutional long-term support services.</i></p> <ul style="list-style-type: none"> • ADRC serves as the entry point to publicly funded long term care. • The ADRC has in place necessary protocols and procedures to facilitate access (intake, eligibility, assessment) to public programs that is integrated or so closely coordinated that the process is seamless for consumers. • ADRC support helps to reduce the cost of long term care by delaying or preventing the need for more expensive public long term care services. 	<p>public and private services. In multiple entry point systems, the entry process is coordinated and standardized so that consumers experience the same process wherever they enter the system.</p> <ul style="list-style-type: none"> • For SEP/ADRCs with multiple entry points, the entry processes are overseen by a coordinating entity. • Financial and functional eligibility determination processes are highly coordinated. • SEP/ADRC uses uniform criteria across sites to assess risk of institutional placement in order to target support to individuals at high-risk. • SEP/ADRC staff conduct level of care assessments that are used for determining functional eligibility, or SEP/ADRC has a formal process in place for seamlessly referring consumers to the agency that conducts level of care assessments. • ADRC/SEP staff assist consumers as needed with initial processing functions (e.g., taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews. 42 CFR 435.904). • Staff located on-site within the ADRC/SEP can determine financial eligibility (staff co-located from or delegated by the Single State Medicaid Agency), or ADRC/SEP staff can submit completed applications to the agency authorized to determine financial eligibility directly on behalf of consumers. • SEP/ADRC is able to track individual consumers' eligibility status throughout the process of eligibility determination and redetermination. • In localities where waiting lists for public LTC programs or services exist, there is a process by which the SEP/ADRC is informed of consumers who are on the waiting list and the SEP/ADRC conducts follow-up with those individuals. • There is a process by which the SEP/ADRC is informed of consumers who are determined ineligible for public LTC programs or services and the SEP/ADRC conducts follow-up with those individuals. • SEP/ADRC has a plan for reducing the average time from first contact to eligibility determination and the average time is below current time requirement. • There is a reduction in the rate of institutional placement in the SEP/ADRC service area. • SEP/ADRC tracks diversions and transitions (i.e., # nursing home diversions attempted and # of successful diversions; # nursing home relocations to community completed). • SEP/ADRC can report the proportion of consumers requesting services that actually receive them. • SEP/ADRC has a plan for streamlining access to long-term care signed by the State Medicaid Agency, State Unit on Aging and the State agency(s) representing target population(s) of people with disabilities. (Streamlining Access Plan).

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Target Populations	<p><i>ADRCs must serve the elderly and at least one target population of people with disabilities (e.g. physical; developmental/mental retardation; mental illness). ADRC projects should move towards the goal of serving persons with disabilities of all ages and types.</i></p>	<ul style="list-style-type: none"> • The SEP/ADRC tracks the number of actual individuals served against the resident population estimate, by target population. • SEP/ADRC demonstrates competencies relating to serving all of its target populations. • SEP/ADRC is accessible to all of the populations it serves. • There is evidence that the SEP/ADRC is moving towards the goal of serving all persons with disabilities, either through a single operating organization or through close coordination among operating partners.
Critical Pathways to Long Term Support	<p><i>ADRCs will create formal linkages between and among the critical pathways to long-term support.</i></p>	<ul style="list-style-type: none"> • SEP/ADRC has “formal linkages” that involve all three of the following components that are updated on an ongoing basis: <ol style="list-style-type: none"> (1) providing training and education about the SEP/ADRC to critical pathway providers (CPPs); (2) involving CPPs in advisory board representation; and (3) establishing protocols for referrals, particularly with hospitals and LTC facilities.
Partnerships & Stakeholder Involvement	<p><i>ADRCs must have the documented support and active participation of the Single State Agency on Aging, the Single State Medicaid Agency and the State Agency(s) serving the target populations(s) of people with disabilities.</i></p> <p><i>ADRCs must establish strong partnerships with the State Health Insurance Assistance Program (SHIP) and other programs instrumental to ADRC activities. Examples of other programs include Alzheimer’s disease programs, Area Agencies on Aging, Centers for Independent Living, Developmental Disabilities Councils, Information and Referral/2-1-1 programs, Long-Term Care Ombudsman programs, housing agencies, transportation authorities, State Mental Health Planning Councils, One-Stop Employment Centers and other community-based organizations.</i></p> <p><i>ADRCs must meaningfully involve stakeholders, including consumers, in planning, implementation and evaluation activities.</i></p>	<p><u>Medicaid</u></p> <ul style="list-style-type: none"> • SEP/ADRC has an agreement with Medicaid agency to ensure that access to Medicaid benefits is as streamlined as possible for consumers; MOU describes explicit role of each agency and information sharing policies. <p><u>Aging or Disability Partners</u></p> <ul style="list-style-type: none"> • There is evidence of collaboration, including formal agreements, at the state and pilot level between aging and disability partners. • SEP/ADRC has protocols for information sharing and cross-training across entry point operating partners and with other critical aging and disability services partners in the community. <p><u>Stakeholders</u></p> <ul style="list-style-type: none"> • If the SEP/ADRC and SHIP are operated by separate entities, there is a MOU or Interagency Agreement establishing, at a minimum, a protocol for mutual referrals. • There is evidence of strong collaboration with programs and services instrumental to SEP/ADRC activities including home and community-based service providers, residential care alternatives including assisted living, institutional care providers, hospitals and other critical pathways and others. <p><u>Consumers</u></p> <ul style="list-style-type: none"> • Formal mechanisms for consumer involvement have been established, including consumer representation on the state/local SEP/ADRC advisory board or governing committee and there is evidence that consumers have been involved in planning, implementation and evaluation activities.

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IT/MIS	<p><i>The ADRC program must have a management information system that supports the functions of the program including tracking client intake, needs assessment, care plans, utilization and costs.</i></p>	<ul style="list-style-type: none"> • SEP/ADRC uses a management information system that can support the program functions. • SEP/ADRC can submit evidence of reports on the following: <ul style="list-style-type: none"> - # of unduplicated consumers YTD - Referrals for current month, referring agency/entity, # referrals under age 60; # referrals age 60 and older. <ul style="list-style-type: none"> o Types of assistance provided o Timing of eligibility determinations o Information regarding level of impairment and preferred support need o Disposition/placements (e.g., waiver, institution) • SEP/ADRC has established an efficient process for sharing information electronically with external entities, as needed, from intake to service delivery. In multiple entry point systems, all entry points use MIS that allows for electronic exchange of resource and client data across entry points and with other partners, as appropriate.
Evaluation Activities	<p><i>At a minimum, ADRCs must have performance goals and indicators related to visibility, trust, ease of access, responsiveness, efficiency and effectiveness.</i></p>	<ul style="list-style-type: none"> • SEP/ADRC is measuring performance related to the established indicators. • SEP/ADRC can demonstrate ability to develop reports summarizing issues and making recommendations for corrective action or quality improvement based on performance indicators. • SEP/ADRC has used information obtained from consumer satisfaction evaluations to improve performance. • SEP/ADRC can demonstrate ability to document the impact on nursing home use • SEP/ADRC can demonstrate the ability to document the impact on the use of home and community based services. • SEP/ADRC can demonstrate a reduction in the average time from first contact to eligibility determination for publicly funded home and community-based services. • SEP/ADRC informs consumers of complaint and grievance policies and has the ability to track and address complaints and grievances. • SEP/ADRC has a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered.
Staffing and Resources	<ul style="list-style-type: none"> • Capacity • Quality • Any conflicts of interest have been addressed • Specialized training/gaps identified • Private and public funding opportunities are pursued to create sustainable programs 	<ul style="list-style-type: none"> • SEP/ADRC has adequate capacity to assist consumers in a timely manner with long term support requests and referrals, including referrals from critical pathway providers. • SEP/ADRC has an individual assigned to be the overall director/manager/coordinator of all SEP/ADRC operations. It is particularly important to have an overall coordinator or manager with sufficient authority to maintain quality processes when SEP/ADRC functions occur in more than one location or agency. • SEP/ADRC has conducted an assessment of potential funding sources such as Medicaid Federal Financial Participation, foundations and community organizations.