ADRC EXPANSION PLAN

PPC CONFERENCE 2012

December 14, 2012 | 10:00 am to 3:00 pm
Meeting Summary

SUMMARY

Round Table Discussion

Following opening remarks and presentations on the state of ADRCs in Washington and ADRC expansion implementation, the group engaged in a round table discussion where each participant had a chance to speak and discuss their thoughts and concerns. Key themes and issues that emerged include:

- **Concerns about Funding and Sustainability**

  o For ADRCs themselves - how to prioritize, adequately provide, and sustain current services as well as add (or maintain) new ADRC services?

  o For entities that will be competing with ADRCs for the same pots of money

  o How do we prove outcomes?

  o Example of success with getting local grants/funding

  o Consider how we can tie ADRC activities to Disease Prevention to develop funding

  o Concerned about raising expectations, but not being able to meet those expectations

- **Excitement about IT opportunities**

  o But need to clarify state and local roles and relationships for now and in future.

- **Excitement and questions about ADRC development: new services and training opportunities**

  o Serving individuals under 60 years of age with disabilities and chronic conditions

  o Person-centered services

  o Options Counseling training

  o Care Transition Intervention$^®$ model and alternative models created and approved for CMS Community-based Care Transitions Program (CCTP) funding

  o Curious about Options Counseling certification; relationship to AIRS certification?

  o Don't want to negate the importance of information and assistance about other services and supports (e.g. transportation, affordable/accessible housing, nutrition…)

- **Issues around how ADRCs will collaborate with and compliment related organizations and entities**

  o 211

  o CILs

  o Behavioral Health

  o Intergenerational programs (e.g. Lifespan Respite)

- Advocacy organizations (e.g. Ensuring individuals' rights are protected with passive enrollment into dual eligible health homes and fully capitated plans)

- How to evolve and work together toward common goal at both the state and local levels

- Inter-operability of data

- **Questions around ADRC inclusivity**

  - Ensure incorporated into ADRC Program Standards Development Process

  - ADRC Services

  - Technology and Internet access limited for many older adults, persons with disabilities, low income.

Topical Work Group Discussions

All participants then broke out into four smaller groups and engaged in separate discussions on the four ADRC Expansion Plan work group topics: Marketing, Partnerships, Funding, and Standards. Important themes and highlights from the discussions that occurred around the first three topics are presented below:

Marketing

- **Issues with name and tagline**

  - Too many words: current configuration describes services, market, and philosophy. We should not attempt to convey all of that in the name alone; we need to build a strong brand that carries some of the weight.

  - The phrase "Community Living" may not be appropriate – sounds like a commune and feels too narrow

  - Glad "aging" is less prominent, but presence in tagline could feel too restrictive

  - Some feel "Washington's" is unnecessary due to map

- **Issues with Logo**

  - The door is problematic for some. It looks like a trap door and there should be multiple doors, not just one. Door is not "warm" and doesn't tie to resources

  - Should be a stronger connection to the Federal Logo (while many feel the new logo is more attractive than the Federal logo, it is important to have a stronger connection with the federal program, just as we're asking local programs to reflect the brand of the state program)

- **Requested updates/additions to the Marketing Plan**

  - Plan should do more to define what co-branding means and how it will work

  - 1-800 number: lots of questions about how this will work; needs more description in plan

  - Describe opportunities to partner with businesses

  - Describe benefits to partners

  - Statewide promotional campaign: the sooner the better for local ADRCs

- Desired collateral that can be adapted by local agencies: canned PowerPoint presentation, Public Service Announcements, Brochures

Partnerships

- **Provide more focused directions on who to partner with, not just a laundry list**

  o Consider a checklist of "must-have" partnerships by cluster

  o Provide list of potential partners by region (some regions may have a dearth of organizations to partner with)

  o Instead of the matrix, consider developing an easier to follow graphic highlighting where State and local partnerships may overlap

- **Provide guidance on how to update existing MOUs to ADRC standards (Many AAAs already have existing MOUs with these organizations)**

- **Provide other alternatives for establishing partnerships (aside from MOUs)**

  o Be aware of cultural sensitivities, particularly when engaging with Tribes

  o Leveraging personal relationships can be a good avenue for developing partnerships

- **Provide tools for marketing to partners that describe benefits of partnering with an ADRC**

  o Marketing toolkit to local ADRCs, geared towards engaging with partners

  o Canned PowerPoint presentation for local ADRCs would be helpful

  o List of specific benefits of value-added services to present to potential partners

  o Other technology-based tools

- **Be clear about what federal guidelines for partnerships are – what are the requirements for an official ADRC partnership?**

- **Suggestions for MOUs**

  o Funding does not belong in an MOU

  o Consider State-level MOUs with organizations that local ADRCs can piggy-back on - will save effort from local ADRCs.

  o Simplify contracts and agreement

- **Suggestions for additional partners to add to Matrix:**

  o More housing and Transportation

  o More Tribal representation (aside from IPAC)

  o Unions

  o Mental Health Employment Consortium

  o Various other groups

Funding

- **Will ADRC budgets take away from other services?**

- o ADRC budgets should not come at the expense of other services. People don't want to see conflict with other missions of similar organizations. Is there potential for collaboration?

- o County budgets are in poor shape – could make local health jurisdiction partnerships difficult

- **Focus on primary versus supplemental funding strategies**

  - o Seems like there are a few key (e.g. substantial funding relative to need) sources and a many secondary options (e.g. "good things to do" but might night generate a lot of additional funds)

- **Need to demonstrate cost savings of ADRCs**

  - o Analysis should look at longer effect of diversions (time period)

  - o Analysis should look beyond cost savings to just state Medicaid

- **A consistent financial approach is best across ADRCs**

  - o While ADRCs will the tailored to local conditions, business models are not the place for private pay and other forms of activity

  - o AAAs will need to build capacity and models for payment/funding

ADRC Program Standards

- **Request for comments on current draft and discussion of process**

  - o Document still in flux but for the chapters thus far, is there anything missing or needing language improvement?

  - o Care Transitions – clarified *Nursing Home Diversion* as screening, options counseling, and assistance to help people avoid nursing home placement. Will be incorporating some of the work from the 2009 Nursing Home Diversion grant.

  - o Medicaid I&A/ADRC Administrative Claiming – looking at ways to increase funding obtained from this activity. Ideas discussed: Smartphone application for staff to record time, Required annual training requiring registration (webinar could be recorded), revising functions to better match ADRC activities, and requiring daily time studies)

- **Request for comments on draft National Options Counseling Standards**

  - o Latest draft – May 2012

  - o Developed with the assistance of a national workgroup of ADRC grantees, federal agencies and stakeholder representatives. Please review for any suggested changes.