## Organizational Requirements

## A. Program Definition

The Aging & Disability Resource Connection (ADRC) program in Washington State is an integrated system of functions designed to assist older persons, persons with disabilities and their advocates to identify, understand, and effectively access resources available to them, including long-term service and support options. Services shall be person-centered and consumer-directed; and shall encourage self-efficacy. The goal is to provide information and the opportunity to access resources; to encourage people to proactively plan to meet their own long-term service and support needs; and to solve their own problems with a sense of confidence and empowerment.

Program functions include case finding, individualized interviews and screening to identify immediate and long-term needs, information giving, crisis intervention, person-centered options counseling, assistance for streamlined access to services, diversion assistance, care transitions, client & system advocacy, and follow-up. Services may range from the simple provision of requested information to helping inquirers identify their needs and providing hands on assistance to access services, including paperwork, referrals, and communication on behalf of the individual. Service delivery access should at minimum include: by telephone, in person at the center, home visits, community presentations, e-mail (if requested), and web based 24-hour self-service options. Additional access may be available at outstations. The ADRC shall endeavor to find creative, person-centered, and flexible ways to accommodate and make welcome individuals of varied backgrounds, disabilities, and circumstances. ADRCs shall maintain partnerships and memoranda of understanding (MOUs) with local service providers to promote interagency coordination and cross-referrals; reduce duplication of services; and to maintain an electronic directory of available community resources to facilitate quality service provision and meet community needs.

## B. Code of Ethics

Aging & Disability Resource Centers must have a written Code of Ethics that is in compliance with Chapter 42.52 of the Revised Code of Washington and establishes fundamental values and professional standards of conduct for staff in their relationships with colleagues, clients, other providers and the community. The Code of Ethics will prohibit conflict of interests and the acceptance of gifts, gratuities and loans from clients. It will include expectations regarding protected client information and will define the acceptable use of agency equipment for personal use. It will also ensure that the ADRC and its personnel have no financial interest in any referrals made or the outcomes of those referrals. ADRC Specialists will treat each client with integrity, dignity and respect. When concerns arise about services provided, ADRC staff will provide consumers an appropriate array of advocacy options, to address their issues, and to ensure there is no conflict of interest.

## C. Service Delivery Structure Options

If there is one single organization designated as the ADRC and serving as the single entry point in a designated area, that one organization must provide or contract with others to provide all the ADRC functions for all populations. If there are multiple organizations designated as ADRC operating partners providing multiple entry points in a designated area, each organization does not necessarily need to perform every function for all populations. It is the combination of the organizations’ highly coordinated efforts which results in a fully-functional ADRC.

* + 1. An Area Agency on Aging (AAA) may choose to contract with a service provider for ADRC services or administer them directly. Whether choosing direct or subcontracted provision, each AAA shall ensure that an ADRC is established and that all ADRC functions are part of the locally, regionally and nationally integrated and collaborative I&R/A service delivery system with adequate funding, staffing, equipment, technology and administrative support to perform its mandated functions and maintain these Standards.
		2. If an AAA chooses to contract for the ADRC, the AAA shall include in their area plan a description of how the ADRC will be delivered, coordinated and monitored, and what resources the AAA will provide.
		3. If any ADRC service provider provides other services, the ADRC will be established as an administratively separate mechanism for service and fiscal reporting, as well as a separate program function, from the other services. In the event these ADRC services are provided out of multiple offices, the administrative functions can be centralized.

## D. Target Population

Aging & Disability Resource Connection Programs (ADRCs) are funded through the federal Older Americans Act (OAA), the state Senior Citizens Services Act (SCSA) and other federal, state and local sources. Older adults, persons of all ages with disabilities, and those acting on their behalf are eligible for Aging & Disability Resource Connection services without cost. Other individuals served by the ADRC include persons who are seeking assistance with person-centered options counseling for current or potential future needs community service access, and care transitions. They may need help understanding the full array of long-term and/or home and community-based services and supports, whether they be public or private-pay options.

The ADRC definition for “disability” is found in Washington State RCW 49.60.040 and is as follows:

* 1. *"Disability" means the presence of a sensory, mental, or physical impairment that:*
		1. *Is medically cognizable or diagnosable; or*
		2. *Exists as a record or history; or*
		3. *(Is perceived to exist whether or not it exists in fact.*
	2. *A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity within the scope of this chapter.*
	3. *For purposes of this definition, "impairment" includes, but is not limited to:*
		1. *Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin, and endocrine; or*
		2. *Any mental, developmental, traumatic, or psychological disorder, including but not limited to cognitive limitation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.*

When prioritizing services to older adults, emphasis will be placed on older individuals with greatest economic need, greatest social need (including older Gay, Lesbian, Bisexual and Transgender (GLBT) individuals), or disabilities; with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Emphasis will also be placed on older individuals who are living with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction.

ADRCs may have other target populations based on funding sources, local priorities, contracts or memoranda of understanding, organizational structure (including co-location), and contract specifications. Some of these may include, but are not limited to; family and kinship caregivers; near retirees; and persons seeking assistance with to healthcare coverage options (i.e. SHIBA services).

## E. Service Accessibility

In accordance with the Americans with Disabilities Act of 1990 (ADA), the ADRC will ensure equal access to services for individuals with disabilities. It will also ensure that services and supports are culturally and linguistically appropriate for both consumers and stakeholders. In order to meet these requirements, the following minimum criteria will be met:

1. All ADRC service providers must provide an accessible and designated space where client interviews and family conferences can be conducted in private.
2. ADRC services will be provided free of charge to members of the target population(s). Program donations may be accepted and used in accordance with Aging and Disability Services Administration (ADSA) policy. ADSA Policy and Procedure Manual for AAA Operations states in Chapter 3, Section 4 that all contributions (donations) will be used to expand the service (ADRC) which received the contribution. Program income may not be used to match federal dollars.
3. All agencies providing ADRC services must maintain the capability to assist persons who speak and/or correspond in a language other than English. Since ADRC does not generally authorize direct services, family interpreters may be used if requested by the individual and available. For those without this resource, this will be accomplished through bi-lingual staff, access to language line telephone services and/or interpreter services, or community interpreters. Similarly, all ADRC providers will maintain the capability to provide services to people with vision, speech, hearing or other communication-related challenges. If ADRCs specializing in serving specific populations are available, refer callers to them when appropriate.
4. The physical plant(s) will have prominent and appropriate signage, will be accessible by public transportation where available, will be accessible to people with mobility-related issues, and home visits shall be provided as necessary or appropriate.
5. All agencies providing ADRC services must be conversant with regionally relevant cultural differences and take them into account when delivering services. If a culturally distinct entity (e.g. Native American tribe) provides information and assistance, the AAA or its subcontracted ADRC entity will coordinate training, resource updating, etc. as may contribute to the effectiveness of both programs.
6. All agencies providing ADRC services must maintain the capabilities to assist clients seeking services via telephone, mail and email, Internet, walk-in, and home visits when necessary. The capacity to serve clients who require a home visit may be served through referral to AAA Non-Core Case Management; or in cases where formal agreements exist, through appropriate community partners providing professional case management services.
7. ADRC services may also be provided to the community in a variety of other ways. An ADRC service may:
	1. Establish a presence at community facilities, such as Senior Centers, community centers, libraries, medical centers or other “gatekeeper” locations where inquirers are helped face-to-face (Outstation);
	2. Participate in a local case management or service provider collaborative;
	3. Co-locate one or more services and/or community/state partners within one physical location;
	4. Compile and distribute a directory of services in print or accessible electronic format;
	5. Make copies of its database and software available to other organizations that provide information and referral/assistance services;
	6. Allow the public to visit the ADRC facility to use the resource database or make its information about community resources available through community-based kiosks or other similar gateways; and
	7. Make all or a portion of its database available on an accessible web-page on the Internet.

**F. Medicaid Administrative Claiming**

Many of the functions of the ADRC are potentially eligible for Medicaid funding under Title XIX as Medicaid Administrative costs. AAAs have the opportunity to claim some match funding to increase services. Please see Appendix \_\_ for detailed policy and procedure.

## G. Telephone and Electronic Communication Services

Through either the telephone or electronic communication options, consumers should be able to confidentially share their stories, contact staff and receive online or in-person assistance.

1. Telephone Service:
2. The ADRC program must have adequate telephone service to perform the activities for which it is responsible, including but not limited to information-giving, service referrals, screening to determine the need for more extensive services, and assistance. This will include access to Tele-Typewriter (TTY) equipment (preferred) and/or training on how to use operator assisted TTY services (Washington Relay Service 1-800-833-6384 Voice)
3. There must be sufficient telephone lines so that ADRC staff can call out and people can call in without getting a frequent busy signal or voice mail. If queuing is utilized, there shall be periodic reviews to determine the average length of time in queue and whether additional steps need to be taken to reduce the waiting time.
4. If the ADRC service cannot be reached without a charge, at least one in-state, toll-free telephone number shall be established. Collect calls from people seeking services will be routinely accepted.
5. The telephone shall be answered with the same program title as that used in program publicity.
6. If the ADRC service does not have 24-hour telephone coverage, the ADRC service provider must implement one of the following:
7. Contract with an answering service, specifying the information that the service is to give, gather and maintain, including referrals to emergency services providers.
8. Develop a formal, written agreement with another organization to handle emergency calls after ADRC working hours and provide training to the staff of this organization so they can effectively deal with older persons and emergencies.
9. At a minimum, maintain answering machines/voice-mails indicating normal office hours for the service, directing the caller to a source(s) for emergencies, and having the capability for inquirers to leave messages. All messages must be responded to on the next business day.
10. Electronic Communication Service:
11. The ADRC will have adequate means to receive email or online requests for ADRC services
12. Each ADRC will develop a plan for how it will manage online requests for one-on-one and confidential communications and assistance in accordance with applicable federal and state laws and contractual obligations.
13. The ADRC will conduct an initial response/contact to the requestor within 1 business day, and will provide alerts about the agency’s holidays, furloughs, etc.;
14. Each ADRC will track receipt and progress of online requests;
15. The ADRC will follow-up with consumers provided assistance within a minimum of 10 business days per program standards;
16. Per I&A/ADRC program standards, the AAA will conduct regular and random system follow-up on consumer online requests for quality assurance/improvement processes;
17. The AAA will respond to consumer online requests in the format preferred and requested by the consumer (i.e. email, land-mail, telephone, in-person, etc.). If an in-person meeting is requested, the consumer will be provided instructions for scheduling an in-office or in-home appointment, which may include a pre-screening telephone conversation to determine actual need for an in-person meeting, feasibility, and scheduling options. If the preferred language is other than English, the AAA will already have or will obtain the means to respond in the same language, which may include telephonic or written communication.

**H. Program Publicity**

1. The purpose of program publicity is to inform community members, their representatives, service providers and the general public about the availability and unique aspects of the ADRC; and how it can be accessed.
2. The ADRC will develop a comprehensive ADRC marketing plan to build visibility and trust throughout its service area. This plan should be a live document and formally updated every two years.
3. The ADRC will be publicized as an access point to community and long-term services and supports. Service providers shall be instructed, and community agencies shall be encouraged, to refer clients who might need aging, disability, and long-term care services to the ADRC for information-giving, screening, options counseling, access assistance, and care transitions.
4. The availability of ADRC services should be publicized throughout the service area using the following suggested methods: Mass Media (radio, television, local senior newspaper, and internet) articles describing the program (if possible), and brochures and/or posters.
5. The primary ADRC telephone number must be listed in the yellow pages of the telephone book under the “Social Service Organizations” heading or similar heading, and the title used shall be the same as the title used in program publicity.
6. Publicity about the ADRC must include a title describing the population served, the telephone number of the ADRC (including the after hour emergency number if applicable), location of the ADRC, hours and days of operation, and services provided by the ADRC.
7. If the ADRC determines that a significant number of potential ADRC consumers speak a language other than English, the ADRC shall be publicized and brochures developed in that language.
8. The agency providing ADRC services must participate in activities to increase community awareness as appropriate to setting. The ADRC component must periodically contact appropriate Department of Social and Health Services (DSHS) providers and as appropriate, employers, civic groups, professional organizations etc. within its service area to inform them about the availability of ADRC services.
9. The ADRC is encouraged to collaborate with partners in a shared marketing strategy so that the public becomes aware of all the services and supports available through the ADRC partner network.

## I. Cooperative Relations

1. The ADRC service provider will identify the primary community resources utilized by persons with aging, disability-related, and long-term care needs. Formal working agreements with these local resources will be developed. These resources may include, but are not limited to: Home and Community Services (HCS), Division of Developmental Disabilities (DDD), Department of Veterans Affairs (DVA), Community Services Offices (CSO), State Health Insurance Benefits Advisor (SHIBA) sponsors, Division of Vocational Rehabilitation (DVR), Centers for Independent Living and other local disability service providers, Disability Rights, Workforce Investment Act (WIA) One-Stop entities, AAA service providers, transportation providers, healthcare providers (to include hospitals, home health agencies, federally qualified clinics and other medical providers), comprehensive Information & Referral entities (e.g. 211), specialized Information & Referral entities (e.g. child resource and referral, crisis clinics), housing authorities, mental health, guardianship services, and legal services providers. Interagency Agreement and Memorandum of Understanding examples and templates can be found in Appendix \_\_.
2. . The ADRC will actively participate, in coordination with the AAA, in local area community disaster preparedness and response planning in order to educate potential gatekeepers, contribute to registries of persons requiring assistance, and other appropriate tasks that contribute to the health and wellness of vulnerable persons in the event of a natural or other disaster. A good resource to use in ADRC disaster preparedness and response role development is Section VI, *Disaster Preparedness* in the most recent version of the *AIRS Standards for Professional Information and* Referral, found at [www.airs.org](http://www.airs.org).
3. Working agreements will address at least the following:
	1. How long each party will take to respond to a request for service.
	2. Release of information procedures that meet appropriate state and federal requirements.
	3. Referral and follow-up procedures.
	4. Cross-training expectations
	5. How each party will notify the other of program changes and unavailability of service.
	6. Procedures for working out problems between the two parties.
4. To assure clarity and allow for staff turnover, the ADRC will forward a signed original of the working agreement to the service provider and also maintain a signed original on file.
5. Working agreements should be reviewed every two years, or more frequently as appropriate.