

Fully Functioning Single Entry Point Systems/Aging and Disability Resource Centers

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>Public education; information on long-term support options.</p> <ul style="list-style-type: none"> • SEP/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 SEP/ADRC, including underserved and hard-to-reach populations, private paying populations, and consumers at risk of institutionalization. 	<ul style="list-style-type: none"> • The SEP/ADRC has a proven outreach and marketing plan focused on outreach and community education that takes into consideration: <ul style="list-style-type: none"> ○ (a) culturally diverse, underserved and unserved populations, their family caregivers, individuals at risk of nursing home placement, and the professionals who serve them ○ (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. • SEP/ADRC staff have access to a comprehensive resource database which includes information about the range of long term support resources in the SEP/ADRC service area. <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. - 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. • SEP/ADRC actively markets to and serves private pay consumers in addition to those that require public assistance.
Assistance	<p>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.</p> <ul style="list-style-type: none"> • The SEP/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. • SEP/ADRC has the capacity to link consumers with needed 	<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 consumers who have gone through a comprehensive assessment process. • Options counseling sessions: <ul style="list-style-type: none"> ○ (a) are conducted by staff trained and qualified to provide objective assistance to consumers in the process of making

	<p>support through appropriate referrals to other programs and benefits and has the ability to track client intake, needs assessment, and care plans.</p> <ul style="list-style-type: none"> • SEP/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. • SEP/ADRC consistently conducts follow-up when needed to determine outcome of options counseling. • SEP/ADRC enables people to make informed, cost-effective decisions about long term care. • SEP/ADRC has process to ensure that people are connected to the appropriate crisis intervention services. • SEP/ADRC assists individuals to plan for future long-term care needs. 	<p>informed decisions, as evidenced by certification requirements and/or training/cross-training practices.</p> <ul style="list-style-type: none"> ○ (b) are provided in a uniform manner to all SEP/ADRC consumers with the use of protocols or standard operating procedures; and ○ (c) entail individualized assistance for consumers of all income levels; <ul style="list-style-type: none"> • SEP/ADRC can demonstrate evidence that options counseling provided enables people to make informed, cost-effective decisions about long-term care services. <p><u>Information and Referral</u></p> <ul style="list-style-type: none"> • 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 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.
<p>Access</p>	<p>Eligibility screening; assistance in 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.</p> <ul style="list-style-type: none"> • SEP/ADRC serves as the entry point to publicly funded long term 	<p><u>Intake and Screening</u></p> <ul style="list-style-type: none"> • SEP/ADRC has a single, standardized entry process for accessing 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. • For SEP/ADRCs with multiple entry points, the entry processes are overseen by a coordinating entity. <p><u>Financial and Functional Eligibility Processes</u></p> <ul style="list-style-type: none"> • Financial and functional eligibility determination processes for public programs are highly coordinated. • SEP/ADRC uses uniform criteria across sites to assess risk of

	<p>care.</p> <ul style="list-style-type: none"> • SEP/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. • SEP/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>institutional placement in order to target support to individuals at high-risk.</p> <ul style="list-style-type: none"> • 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. <p><u>Tracking Eligibility Status</u></p> <ul style="list-style-type: none"> • 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.
<p>Target Populations</p>	<p>Initially, ADRC grantees must serve the elderly and at least one target population of people with disabilities (e.g. physical; developmental/mental retardation; mental illness).</p> <p>SEP/ADRCs should move towards the goal of serving persons with disabilities of all ages and types.</p>	<ul style="list-style-type: none"> • SEP/ADRCs serve individuals with all types of disabilities, either through a single operating organization or through close coordination with operating partners. • SEP/ADRC demonstrates competencies relating to serving people of all ages and types of disabilities. • SEP/ADRC is accessible to all of the populations it serves. • The SEP/ADRC tracks the number of actual individuals served against the resident population estimate, by target population.
<p>Critical Pathways to Long Term Support</p>	<p>SEP/ADRCs will create formal linkages between and among the critical pathways to long-term support.</p>	<ul style="list-style-type: none"> • SEP/ADRC has formal linkages with critical pathway providers such as hospitals, physician's offices, nursing homes 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. (4) involvement in formal "care transitions" model
<p>Partnerships & Stakeholder Involvement</p>	<p>SEP/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.</p> <p>SEP/ADRCs must establish strong</p>	<p><u>Medicaid</u></p> <ul style="list-style-type: none"> • SEP/ADRCs have formal partnership agreements at the local level (or at the state level if applicable across all sites) with Medicaid agency(ies) to ensure that access to Medicaid benefits is as streamlined as possible for consumers; MOU describes explicit role of each partner and information sharing policies. <p><u>Aging and Disability Partners</u></p> <ul style="list-style-type: none"> • There is evidence of collaboration, including formal agreements, at the

	<p>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.</p> <p>SEP/ADRCs must meaningfully involve stakeholders, including consumers, in planning, implementation and evaluation activities.</p>	<p>state and local levels between aging and disability partners.</p> <ul style="list-style-type: none"> 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.
IT/MIS	<p>SEP/ADRCs must have management information systems including tracking client intake, needs assessment, care plans, utilization and costs.</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 contacts received YTD # of unduplicated clients YTD # of clients receiving options counseling and other types of assistance Disposition/placements of clients assisted (ex. Community Living Program enrollment, HCBS waiver enrollment, institutional placement) 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.
Staffing and Resources	<p>To be viable and sustainable, SEP/ADRCs must demonstrate:</p> <ul style="list-style-type: none"> Adequate staff capacity Commitment to quality Conflicts of interest among operating entities and partners have been addressed Staff training gaps are routinely identified and addressed Private and public funding opportunities are pursued 	<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/ADRCs conduct annual assessment of all potential ADRC funding sources including Medicaid Federal Financial Participation, federal grants, state revenue, public and private partners, foundations, community organizations.
Quality Assurance and Quality Assurance and Evaluation	<p>At a minimum, SEP/ADRCs must have performance goals and indicators related to visibility, trust, ease of access, responsiveness, efficiency and effectiveness.</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

<p>Activities</p>		<p>evaluations to improve performance.</p> <ul style="list-style-type: none"> • 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. • States operating ADRCs must plan for performance measurement and evaluation that includes the following factors: <ul style="list-style-type: none"> ○ Reduction in the average time from first contact to eligibility determination for publicly funded home and community-based services. ○ Numbers of consumers diverted from nursing home care; ○ Numbers of transitions from nursing home care (i.e., # nursing home diversions attempted and # of successful diversions; # nursing home relocations to community completed). ○ Impact on the use of home and community based services. ○ Documentation of the cost impact to public programs, including Medicaid
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