

NATIONAL ADRC VISION AND HISTORY

The Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) designed to streamline access to long-term care.

The ADRC initiative is part of a nationwide effort to restructure services and supports for older adults, all persons with disabilities, family members and care providers.

ADRCs complement long term care system change activities designed to enhance access by older adults and people with disabilities of all ages to community living, personal choice and independence.

One example of this type of system change in Iowa was the Single Point of Entry Resource Team convened by the IDA in 2008 in response to a legislative mandate found in HF451. The mission statement of the team was to "Recommend the best single point of entry system for all Iowans who need or will need long-term care." Key issue areas identified through the course of the team's discussions were access, coordination, marketing-education awareness, accountability, cost, and culture/societal change.

The overall goal of the ADRC Program is to empower individuals to effectively navigate their health and other long-term support options.

ADRCs accomplish this goal by: 1) serving as visible and trusted sources of information on the full range of long-term care options; 2) providing personalized and consumer-friendly assistance to empower people to make decisions about their support options; 3) providing coordinated and streamlined access to all publicly-funded long-term care programs through a single intake, assessment and eligibility determination process; 4) helping people plan ahead for their future long-term care needs; and 5) assisting Medicare beneficiaries understand and access the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act.

ADRCs serve as integrated points of entry into the long-term care service system and are designed to address the frustrations many consumers and their families experience when they need to obtain information and access to supports and services.

Key Operational Components of ADRCs are:

- Information and Awareness
- Options Counseling
- Streamlined Access
- Person-Centered Hospital Discharge Planning
- Quality Assurance and Evaluation

ADRCs are not necessarily located in a single physical place and their functions are not necessarily carried out by a single agency. Rather, ADRCs involve networks of state and local organizations working together in a coordinated manner to provide consumers with integrated access points to all long-term services and supports.

From the consumer's perspective, ADRCs help them obtain the services and supports they need as if they were dealing with one organization.

From a systems perspective, this strategy can also help to break down barriers to community-based living by giving consumers of all income levels comprehensive information about the complete spectrum of long-term care options available to them.

Funding for ADRCs was first made available to 12 states in 2003.

Since then 45 states and territories have implemented ADRCs through additional grants and state initiatives.

Over half of the ADRC states:

- Passed legislation
- Developed executive guidance
- Contributed state funds to enhance and expand the ADRC/single entry point systems

Currently there are more than 200 ADRC programs nationwide, reaching approximately 40% of the US population. In addition to serving individuals, ADRCs help states and communities realign and optimize use of existing financial and other resources available under federal and state long-term services and support programs such as Medicaid, OAA and state revenue programs.

By leveraging resources and developing strong state and local partnerships ADRCs are highly effective in streamlining access to long-term care services and supports.

ROLE OF ADRCs IN HEALTH AND LONG-TERM CARE REFORM

AoA and CMS share the vision of ADRCs as integral components of health and long-term care reform and the development of effectively managed person-centered service systems at national and state levels.

These person-centered systems are envisioned to: optimize choice and independence; be served by an adequate workforce; be transparent, encourage personal responsibility; provide coordinated, high quality care; be financially sustainable; and utilize health information technology.

ADRCs have a critical role in supporting this long-term care reform by improving the ability of state and local governments to effectively manage the system, monitoring program quality and measuring responsiveness of state and local systems of care.

KEY FACTS

- Seventy-six percent of ADRCs have Medicaid applications available online; 36% have online decision-making tools.
- Twenty-five states have statewide resource databases and 13 states are developing similar statewide capacity.
- Over three-quarters of ADRCs can track the eligibility status of applicants as they move through the system.
- Approximately half of the 45 ADRC states have passed legislation, developed executive

guidance, and/or contributed state funds to enhance and expand ADRCs.

- ADRCs report high levels of consumer satisfaction – an average of 91% satisfaction with services.

WHAT IS DIFFERENT ABOUT AN ADRC?

- Integrates or coordinates aging and disability service systems.
- Establishes formal partnerships between aging, disability & Medicaid agencies and stakeholder groups.
- Serves individuals at all income levels.
- Makes effective use of technology - invests in management information systems that facilitates service delivery, supports integration of data, streamlines access to information and options.
- Works towards one comprehensive, integrated assessment and eligibility determination (financial and functional) process.