

ALABAMA ADRC'S

HISTORY, CHALLENGES AND SUCCESSFUL OUTCOMES



The Alabama Story

MY HISTORY

WORKED FOR A VISIONARY

ALL NEW CALLERS WERE ROUTED
THROUGH I&R COORDINATOR
ALL NEW STAFF HAD TO START OUT
AS I/R COORDINATOR

AAA DIRECTOR 2002-2006

BUSINESS MODEL FOR AGENCY
WAS A SINGLE ENTRY POINT FOR
ALL SERVICES AND SUPPORTS
UTILIZED COST ALLOCATION PLAN
TO PAY FOR STAFF TIME
ALL PROGRAMMATIC STAFF
ROTATED WORKING THE
I/R/OPTIONS COUNSELING LINE

DIVISION CHIEF PROGRAMS AND PLANNING STATE UNIT ON AGING

ADRC GRANT PROJECT DIRECTOR

ADSS ADRC DIRECTOR

RESPONSIBLE FOR PLANNING,
OVERSIGHT, TRAINING AND
MONITORING OF THE ADRC'S

Partnerships



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead

ALABAMA ADRC HISTORY

- AL MEDICAID APPLIED FOR AND RECEIVED THE REAL CHOICE SYSTEMS CHANGE GRANT FROM CMS (2001) “ SWEET HOME ALABAMA: UNDER CONSTRUCTION.”
- AL MEDICAID CONTRACTED WITH THE LEWIN GROUP TO CONDUCT A SINGLE POINT OF ENTRY(SPE) FEASIBILITY STUDY (2002-2003)
- LEWIN AND THE ALABAMA MEDICAID AGENCY STAFFED A SPE WORK GROUP COMPOSED OF ALABAMA CONSUMERS AND OTHER LTC STAKEHOLDERS, OF WHICH ADSS AND SEVERAL AAA'S WERE MEMBERS.
- THE LEWIN GROUP SUBMITTED THE “SINGLE POINT OF ENTRY OPPORTUNITIES IN ALABAMA TO MEDICAID, JUNE 14, 2004.
- CMS/AOA RELEASED THE ADRC INITIATIVE AS ITS EFFORT TO RESTRUCTURE SERVICES AND SUPPORTS
- ADSS RECEIVED CMS/AOA GRANT FOR ADRC DEVELOPMENT - STARTING FY 2006 -2014
- MEDICAID APPROVED ADMINISTRATIVE CLAIMING FOR ADRC – 2014
- ADSS IMPLEMENTED MEDICAID ADMINISTRATIVE CLAIMING - 2014



- **READINESS ASSESSMENTS CONDUCTED BY LEWIN ON ALL 13 AAA'S**
- **UNIVERSAL INTAKE DEVELOPED**
- **POLICIES AND PROCEDURES**
- **REQUIREMENTS THAT ALL 13 AAA'S HAD AIRS CERTIFIED STAFF**
- **ALL ADRC STAFF MUST BE SUPERVISED BY A CERTIFIED MEDICAID CASE MANAGER/OR BE CASE MANAGER TRAINED**
- **ALL ADRC STAFF MUST BE SHIP AND SMP CERTIFIED COUNSELORS**
- **ADSS WORKED WITH DHR/FOOD ASSISTANCE TO APPLY FOR A FEDERAL GRANT TO SHORTEN THE ELDER APPLICATION FOR ASSISTANCE. THE ALABAMA SIMPLIFIED APPLICATION PROCESS/ AESAP PROGRAM CONDENSED THE APPLICATION TO A TWO SIDED ONE PAGE APPLICATION OPPOSED TO A 14 PAGE APPLICATION. ADSS ENTERED INTO A CONTRACT WITH DHR TO ASSIST ENDERS IN GAINING ACCESS TO FOOD ASSISTANCE. THE AAA'S NOW CONTRACT DIRECTLY WITH DHR TO PROVIDE FOOD ASSISTANCE OUTREACH WHICH HELPS TO SUPPORT THEIR ADRC FUNDING.**
- **THE STATE FUNDED ALL 13 AAA'S TO HAVE STAFF CERTIFIED BY BOSTON COLLEGE**

ALL 13 AAA'S ADRC'S!

Grant Funding, Started with pilot sites, Advisory Council

Stakeholders: Medicaid, Mental Health, Department of Rehabilitation, Veterans Affairs and Department of Public Health

ADSS continued training and development for statewide expansion, allocated some State Funding for all 13 AAA's, Approached Medicaid for Administrative Claiming

Readiness assessments completed on all 13 AAA's, 1st standardized Intake form developed, Medicaid approved Administrative Claiming and is administered through the E&D Waiver Contract.

Procedures and universal intake approved by stakeholders, AAA's trained on administrative claiming procedures for documentation and billing, utilization of other fund sources, peer place for documentation and resource development.

ADRC CAPACITY BUILDING: HOW WE ARRIVED

ADVISORY COUNCIL MEMBERSHIP



- GOVERNORS OFFICE ON DISABILITY
- DHR/APS/FOOD ASSISTANCE
- MENTAL HEALTH/DD/ID/MH
- PUBLIC HEALTH
- AL DEPT. VETERANS AFFAIRS
- AL MEDICAID
- GOVERNORS TASK FORCE TO STRENGTHEN FAMILIES
- FAITH BASED PROGRAMS
- ALABAMA NURSING HOME ASSOCIATION
- EASTER SEALS
- AAA REPRESENTATION
- AL DEPARTMENT OF REHABILITATION SERVICES
- AARP
- AQAF/MEDICARE QUALITY ASSURANCE
- ALA ATTORNEY GENERAL'S OFFICE
- INDEPENDENT LIVING CENTER

ALABAMA CELEBRATES!

- Medicaid administrative claiming approved for waiver-2014
- Service cost verses cost allocation proposed/approved
- Continued partnership and advocacy for Medicaid claiming
- Universal Intake updated annually
- Advisory Council stakeholder now utilized for ADRC Training and resource support
- Statewide Training conducted for ADRC's bi-annually.
- All ADRC Staff required to be SHIP Counselors and AIRS certified
- Network chose to utilize Peer Place software to collect data/Peer Place interfacing with agency software successfully with daily transfer of information into AIMS



REQUIRED FUNCTIONS OF FULLY FUNCTIONING ADRC

AWARENESS & INFORMATION

PUBLIC EDUCATION

RESOURCE INFORMATION

QUICK REFERRALS

ASSISTANCE

OPTIONS COUNSELING

BENEFITS COUNSELING

EMPLOYMENT OPTIONS
COUNSELING

CAREGIVER SUPPORT

REFERRAL

CRISIS INTERVENTION

FOLLOW-UP

ACCESS

ELIGIBILITY SCREENING

COMPREHENSIVE ASSESSMENT

PROGRAMMATIC ELIGIBILITY
DETERMINATION

MEDICAID FINANCIAL ELIGIBILITY
DETERMINATION

ONE-STOP ACCESS TO ALL PUBLIC
PROGRAMS

PRIVATE PAY SERVICES

PLANNING FOR FUTURE NEEDS

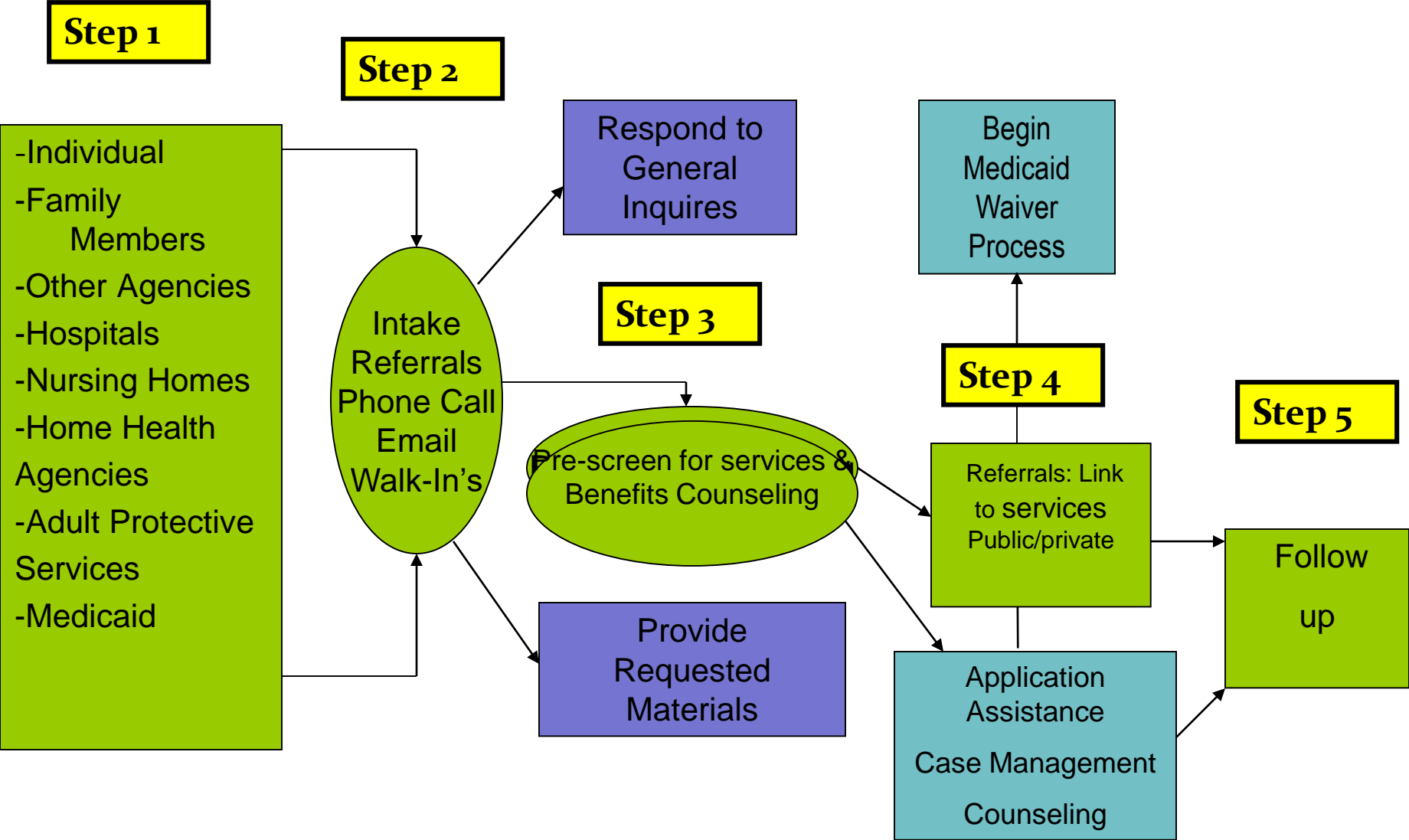
GETTING STARTED COST ALLOCATION

ASSIGN THROUGH A COST ALLOCATION PROCESS THE COST OF ADRC TO ALL FUND
SOURCES THAT TOUCH THE SERVICE

BUILD IT AND IT WILL COME...

- SCHEDULE ALL STAFF TO ROTATE DOING INTAKE, ASSESSMENT AND OPTIONS COUNSELING
- NEXT STEP FUND A STAFF PERSON AND ROTATE STAFF FOR BACKUP
- TRACK AND MEASURE YOUR ACTIVITY AND GATHER YOUR STORIES
- APPROACH MEDICAID ABOUT ADMINISTRATIVE CLAIMING
- SHOW THEM THE WORK YOU DO AND THE CLIENTS YOU SERVE
- SHOW THEM HOW YOU CAN GET ADMINISTRATIVE CLAIMING IF THEY WORK IN PARTNERSHIP
- CONTINUE TO UTILIZE YOUR OTHER FUND SOURCES TO FUND WHAT MEDICAID DOES NOT COVER AND TO SUSTAIN AND EXPAND

ADRC "No Wrong Door" Business Model



CHALLENGES

BE PATIENT!

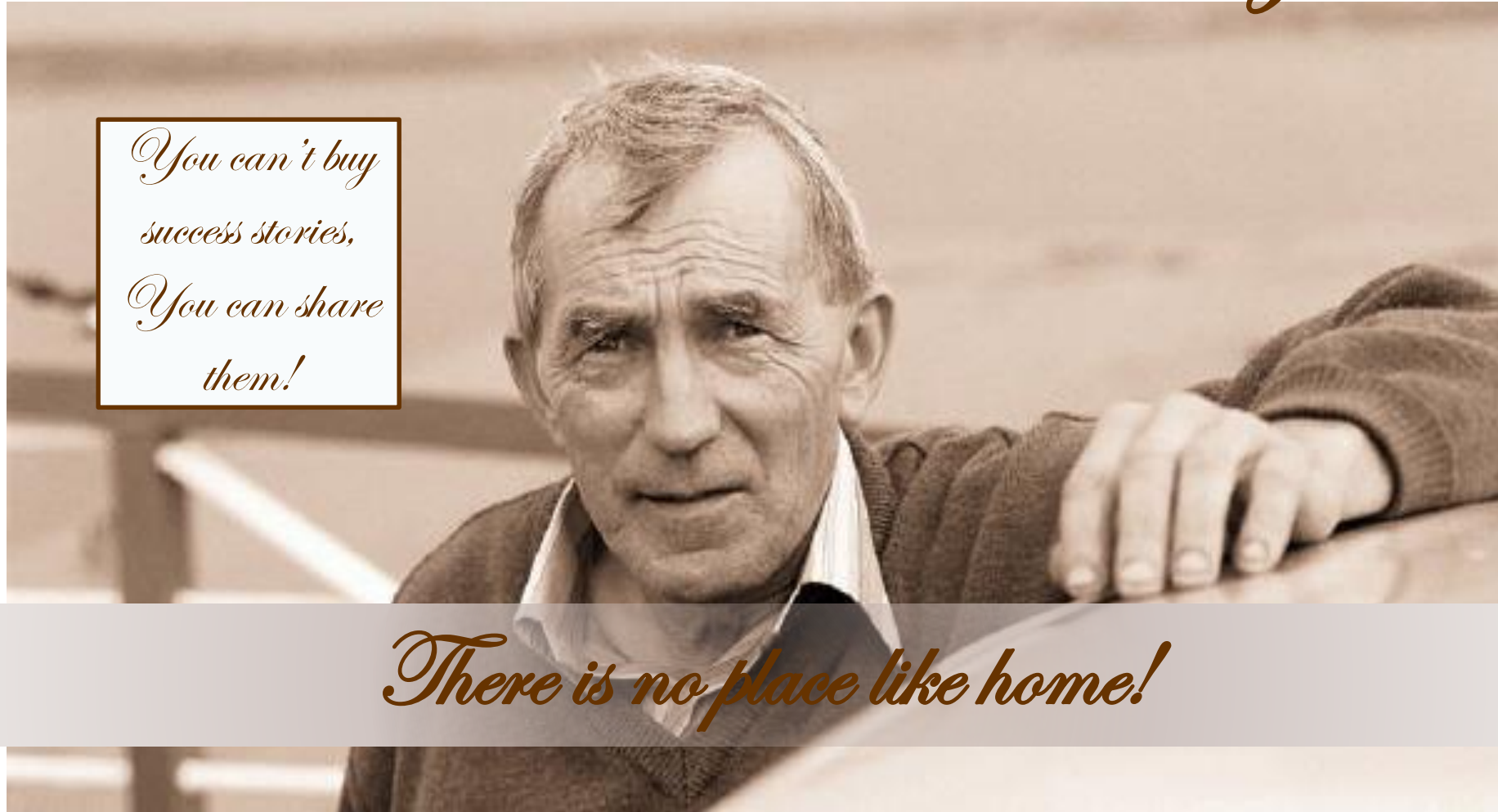
REACHING BEYOND CURRENT FUNDING FOR SUSTAINABILITY

- Joint Collaboration
- Community buy in
- Marketing: Word of mouth and advertising
- Engage Legislature with facts, economic impact and stories
- Engage local governments- show them the benefits
- Grow to be the best you can be by growing your team
- Keep partnerships current and alive

COST SAVINGS

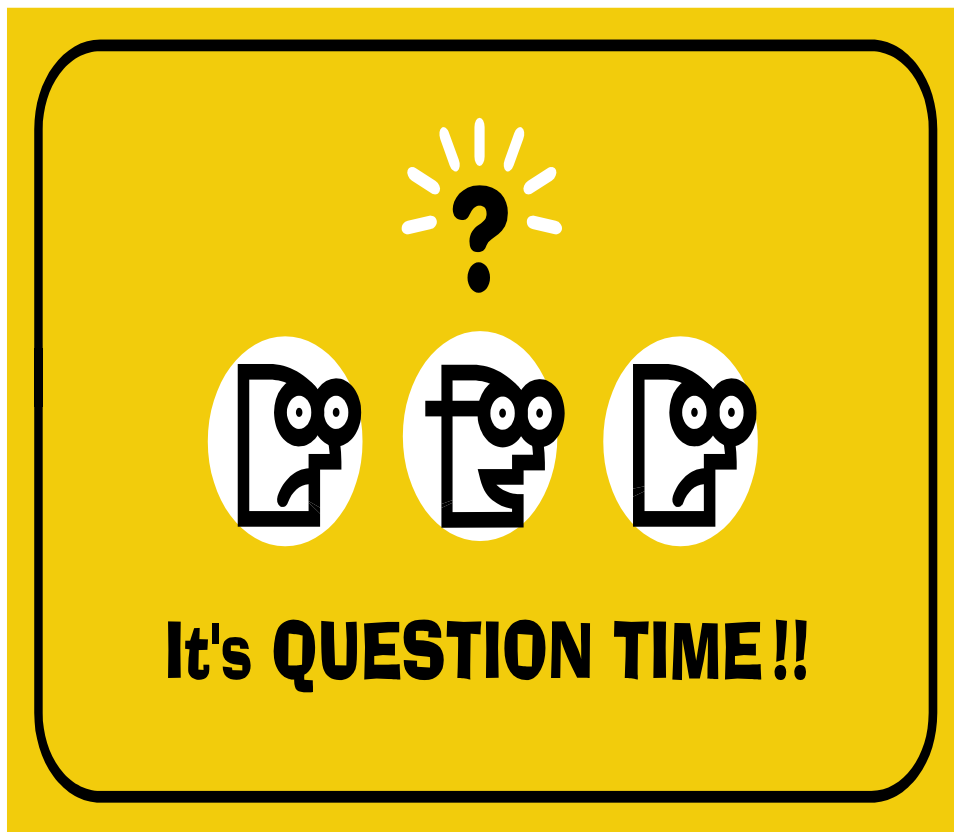
- A SINGLE ENTRY POINT AS YOUR BUSINESS MODEL SAVES TIME AND IS MORE EFFICIENT!
- NURSING HOME DIVERSION=LOWER MEDICAID COSTS
- AS THE POPULATION BOOMS, PREVENTION IS ANOTHER KEY TO LOWER COSTS. CATCH PROBLEMS AND SUPPORT PEOPLE EARLY AND IT PREVENTS MORE EXPENSIVE ISSUES IN THE LONG RUN.
- HEALTH AND WELL BEING OF INDIVIDUALS IMPROVES WITH LTC SUPPORTS WHILE PEOPLE ARE TRANSITIONING FROM DIFFERENT HEALTH CARE SETTINGS
- EVIDENCE THAT RATES OF HOSPITAL RE-ADMISSIONS DECLINED

Mr. Crim's ADRC story



*You can't buy
success stories,
You can share
them!*

There is no place like home!



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Yay!

