

**Aging and Disability Resource Connection (ADRC)
Advisory Committee Meeting
January 15, 2016 Meeting Notes**

Committee Members Present:

Teresa Favuzzi	Victoria Jump
Derrell Kelch	Maribel Marin
Elsa Quezada	Jon Melrose
Ana Acton	Eldon Luce
Brenda Schmitthenner	Tony Anderson
Paula Margeson	Michi Gates (by phone)
Ann Guerra	Pam Miller

State Agency Representatives Present:

Lora Connolly, CDA
Ed Long, CDA
Robin Jordan, CDA
Jay Harris, DOR
Nichole Kessel, DHCS
Paula Acosta, CDA (by phone)

Agenda Item 1: Opening

Committee Chairs Derrell Kelch and Teresa Favuzzi called the meeting to order and welcomed attendees. Committee members introduced themselves. Derrell Kelch announced that Brenda Schmitthenner will be retiring from Aging and Independence Services and has accepted a position with the Gary and Mary West Health Care Institute.

Members accepted minutes for the November 13, 2015 meeting with minor modifications related to approving the Advisory Committee Charter. Final copies of the Charter will be circulated to members.

Agenda Item 2: Administration for Community Living Presentation

Mr. Joseph Lugo from the Administration for Community Living (ACL) – Center for Integrated Programs presented updates on the ADRC – No Wrong Door (NWD) System.

He discussed the effectiveness of change in general terms, saying that effective change takes place at multiple levels; system, organization and team. He clarified that the No Wrong Door System is the model of which “Aging and Disability Resource Center” is a specific brand.

Various products are in the works that clarify key elements of a No Wrong Door System; some of which may be in federal regulations in the near future. Part A states have been working collaboratively with ACL to develop and circulate ADRC best practices. ACL continues in active collaboration with the Centers for Medicare & Medicaid Services to maximize communication on behalf of NWD states. ACL will be piloting an ADRC/NWD web-based management tool. ACL is advocating for business acumen training for organizations new to the NWD model and coordination with health care services. In California, San Diego and Alameda have participated in business acumen training. Focus is on ADRC partners coordinating with the Veterans Administration, Medicaid claiming for Federal Financial Participation (FFP), and facility-to-home transition coordination. ACL is also focused on person-centered approaches and training local organizations front line staff.

Key points of Mr. Lugo’s discussion included the following:

- Medicaid can finance specific ADRC functions (e.g.; outreach and Options Counseling for Medicaid-eligible persons. There will be a webinar on this topic soon and local organizations are encouraged to work with the Single State Medicaid Agency (i.e., Department of Health Care Services in California).
- Training on Person-Centered Planning strategies is in being piloted by Part A states. Training is being enhanced so that it meets online accessibility standards. More information will be forthcoming.
- Strategies for tapping multiple funding streams are part of the business acumen training.
- Information about Medicaid administrative claiming [i.e., Medi-Cal Administrative Activities (MAA) in California) can be found at <http://www.Medicaid.gov> and at <http://www.dhcs.ca.gov/provgovpart/Pages/CMAA.aspx>.
- ACL is not forcing states to comply with specific certification/credentialing for Person-Centered trained staff, although that approach is widely accepted as the gold standard for NWD organizations.
- Federal grants will be fewer and smaller in the future. ACL strongly supports coordination of existing funding streams [e.g., VA, Medicaid, Medicare, Older Americans Act, Independent Living Center (ILC) funding and others]. Grants are not large enough for change initiatives. It is a different mindset, but

organizations are urged not to wait. In Wisconsin, 30 percent of ADRC funding is from Medicaid.

- Caution is advisable when working with Accountable Care Organizations due to the technical complexities involved in assuming responsibility for high-risk patients.
- States can focus ADRC initiatives on funds available under the Older Americans Act. However, Mr. Lugo cautioned that ADRC initiatives are, by nature, coordination initiatives involving multiple funding streams and multiple population groups needing long-term supports and services. Multiple funding streams ensure a more robust and viable ADRC initiative.
- Medicare chronic care initiatives offer a real opportunity for ADRC partners.
- The nexus between ADRC and Money Follows the Person (MFP) is another ADRC opportunity. MDS 3.0 also presents opportunities for Area Agencies on Aging (AAA), ILCs, and other ADRC partners to be reimbursed for facility-to-home transition services.
- The current version of the Person-Centered Counseling training curriculum has not yet been tested. There is a 1600 participant evaluation in the works.

Mr/ Lugo discussed the Medicaid Administrative Claiming document posted on Medicaid.gov as a reference. Copies of this document were distributed to Committee members.

The New Person Centered Counseling Training being piloted by Part A states will be evaluated sometime around June or July of 2016. It is accessible now. It continues to be refined and accessibility issues are being addressed.

Mr. Lugo responded to questions as follows.

Question: What is the cost of the training?

Answer: Joseph suggested that we speak directly with Elsevier, the training contractor.

Question: Is Elsevier on the Federal contracting list?

Answer: No, they are subcontractor.

Question: Under Medicaid Administrative Claiming (MAC) rules, does the organization have to be a Medicare Provider?

Answer: The State Medicaid Agency would have to do the claiming.

Question: Who would have access to the web-based management tool? Would it be at the local or state level?

Answer: Access would most likely be at a state level. Metrics would be accessible at the federal level.

Question: How do organizations become eligible to participate in the business acumen training?

Answer: The process is a rolling opportunity. The next training should be announced soon. . Approximately 12 organizations are chosen to participate.

Question: Are there plans to require certification for Options Counseling?

Answer: Not currently, but there have been ongoing discussions.

Question: Is there still a requirement of being mentored for 18 months before staff can train other staff on Person-Centered Counseling?

Answer: No. States wanted a Train-the-Trainer Model and did not want to be dependent upon external trainers. So, the compromise with the Learning Community was that there would be a hybrid model and only one day of face-to-face training would be required.

Question: Will there be future funding opportunities for ADRC?

Answer: Most of the time people think of grant opportunities. They are becoming fewer and fewer. Other states have been able to pull down funding through other mechanisms. ACL was surprised to learn that Wisconsin was able to pull down 30 percent of ADRC funding through the MAC. They invested a lot in training.

Question: Is the Navigation under the new Accountable Health Communities Grant Options Counseling?

Answer: While it seems very applicable to Options Counseling, Joseph cautioned that any efforts to move forward on this initiative should ensure that the agreement on reimbursement should be equal to the cost of providing the service.

Question: What are emerging strategies used to fund ADRCs?

Answer: Public/ private partnerships. Example, the Commonwealth of Virginia has used private partnerships to generate funding for Information and Referral.

Question: Is there any consideration of having a designated funding stream such as dedicated funding in the Older Americans Act to provide ongoing support for ADRCs?

Answer: ADRC is beyond a pilot stage and stakeholders should advocate at both the state and federal levels to secure funding. Ed Long commented that California has gone on record more than once on this issue.

Questions: Should we focus on just OAA funding and not on CMS funding?

Answer: No, focus on both.

Agenda Item 3: DHCS/California Community Transitions (CCT) (Money Follows the Person) Update

Nichole Kessel provided the following update.

- Carryover funding is available for allowable MFP activities through 2020.
- There will be 5 CCT workgroups working with DHCS; AAAs and ILCs are welcome to participate.
- Relative to managed care, managed care health plans are welcome to be on workgroups, but DHCS has taken the position that plans are not eligible to be paid for direct transition assistance under CCT.
- In 2015, 450 people were assisted under CCT with their transition from nursing facilities to home.
- The total number of transitions to date: 2,670.
- DHCS is in the process of aggregating demographic data about the people who were assisted under CCT.

All current CCT information is posted on the DHCS CCT website at:

<http://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx>

Agenda Item 4: Phases of ADRC Designation Subcommittee

Eldon Luce reported that the Subcommittee is revising the ADRC Partnership Planning Guide and re-tooling recommendations for emerging ADRC partnerships. Subcommittee members agreed that the six month planning timeframe would be removed from the document. The Subcommittee is recommending the first phase of ADRC development be titled the "Foundation" period. The Subcommittee is using the ADRC Designation Criteria to create a document that can guide local partners as they make necessary plans to work together to meet those criteria. The Subcommittee anticipates a three-part process that results in their application to the state for ADRC designation.

During the Subcommittee's update, there was general discussion about Subcommittee structure options, purpose of subcommittees and priority issues for

the Advisory Committee. There was general discussion about the AC priorities; for example, training, sustainability, designation, existing ADRCs, transition, etc. No action was taken other than to form a new Sustainability Subcommittee which will focus on Medi-Cal financing options such as administrative claiming. The Chair of this Subcommittee will be Victoria Jump.

Agenda Item 5: Nevada ADRC Presentation

Ana Acton and Pam Miller reported on the history and current successes/challenges of the Nevada County ADRC partnership lead by FREED and the Agency on Aging, Area 4 Area Agency. High points included:

- Nevada County ADRC is made up of 13 formal partners and is the only rural ADRC.
- Important elements that created momentum for the ADRC partnership includes a history of support for Long-Term Care Integration (LTCI), government support, and a long history and support of volunteerism.
- Options Counseling and person-centered transition assistance was provided to 89 people this year.
- A recent LTSS conference was convened and well attended and received.
- The ADRC uses the Coleman Transition Model to provide hospital- to-home transition assistance.
- The local hospital foundation funds the transition work done by ADRC partner organization staff. The Hospital foundation invited the ADRC to submit a joint proposal; partners include a substance abuse organization, FREED, and the local federally qualified health clinic (FQHC).
- The ADRC has successfully reduced hospital re-admissions, assisted discharged persons navigate the healthcare system and locate a primary care provider. The local health maintenance organization also has expressed interest in the ADRC providing similar navigation support to its members.
- The next frontier is working with patients from the local emergency room (ER) and helping them to navigate the primary care system. The ADRC is working with the ER to secure patient consent to share information in advance in order to be HIPAA compliant.
- Next steps for the partnership include becoming an Accountable Care Organization, securing a SCAN Foundation grant and possibly bringing additional counties into the area served by the ADRC.

There was more discussion about Orange County and the County Organized Health System's involvement as a core ADRC partner. The Committee Co-Chairs agreed provide support to renew the ADRC partnership there.

The next ADRC Advisory Committee Meeting will be on February 19, 2016.

Next Steps:

- The Committee requested information on is ILC transition service requirements
- The Committee requested more information on Medi-Cal Administrative Activities claiming.
- The ADRC Sustainability Subcommittee will be convened.
- The ADRC Designation/Planning Subcommittee will continue its work over the next three months.