WEBINAR SERIES: AGING IN INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Established by Section 2602 of the Affordable Care Act

Purpose: Improve quality, reduce costs, and improve the beneficiary experience.
- Ensure Medicare-Medicaid enrollees have full access to the services to which they are entitled.
- Improve the coordination between the federal government and states.
- Develop innovative care coordination and integration models.
- Eliminate financial misalignments that lead to poor quality and cost shifting.

Demonstration, technical assistance and evaluation activities include:
- Program Alignment Initiative
- Access to Medicare data for Medicare-Medicaid enrollees
- State Demonstrations to Integrate Care for Dual Eligible Individuals: Financial Alignment Initiative
- Initiative to Reduce Avoidable Hospitalizations in Skilled Nursing Facilities
Session 5

Cross Network Collaboration: Leveraging the Aging and the ID/DD Networks in Reducing ACSC

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Purpose of Session 5

To encourage innovative cross-network coalitions, centered on the ADRC, to develop Transition Care Plans and Comprehensive Care Coordination Programs incorporating strategies for breaking down the “silos of care” separating the LTSS and health-related networks in leveraging services for the aging ID/DD population.
Objectives of Session 5

- Understand the role of the ADRC in providing comprehensive coordination of care
- Understand how an inclusive referral and intake system supports comprehensive coordination of care
- Understand the roles of the aging and DD networks in transitional care of older ID/DD adults
- Identify commonalities and differences in eligibility criteria in reducing the “silos of care”
- Understand the need for cross-network training in supporting cooperation between networks
Outline for Session 5

1. Referral and Intake
2. ADRCs Intake - Access Care Options
3. Structure of the Aging Network
4. Structure of the Disabilities Network
5. Commonalities Between the Networks
6. Differences Between the Networks
7. Staff outcomes
8. Strategies: Building Coalition
SECTION 1

Referral and Intake – Cross-Referral between Networks in supporting comprehensive care coordination of services
Cross-Network Referral and Intake

- Referral provided by developmental disability and aging networks
- A seamless integrated system
- Inclusion of all agencies
- Expanded referral network for early crisis intervention
Referral Sources – Aging Network

- Senior centers/nutrition programs
- Adult transportation programs
- Home health agencies
- Day care/respite programs
- Companion agencies
- Assisted living facilities/nursing homes
Referral Sources – Developmental Disability Network

- Agency for Persons with Disabilities (APD)
- For-profit and not-for-profit private disability service providers
- Centers for Independent Living
- Neighbors, family, friends
Referral Sources – Community

- Health care practitioner
- Funeral homes
- Hospital and long-term care facility discharge planners
- First responders including police, fire department, and ambulance
- Places of worship
- Hospice
ADRCs Intake – Access Care Options

SECTION 2
Aging and Disability Resource Centers

- Collaborative effort by ACL (Administration on Community Living), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA)
- ADRCs support state efforts to provide a single point entry into the aging network for:
  a. coordination of transitional care in reducing re-admission to hospital or nursing home care.
  b. implementation of comprehensive care coordination by supporting Long-Term Services and Support (LTSS) and health care options for older adults and individuals with disabilities under a managed care organizations (MCOs) as a key component to long-term care reform
Role of ADRCs

- Determine for caregivers and older adults with developmental disabilities:
  - Service needs related to aging
  - Service needs related to disability
  - Past and current history for services
  - Availability of services

- Comprehensive Care Coordinate to assure no duplication of services
Function of the ADRC

- Create linkages between aging, disability, health service networks
- Offer information and assistance on community resources
- Provide access to public and private long-term care services
- Streamline screening and eligibility determination for public services
- Improve transitional care planning
Structure of the Aging Network

SECTION 3
Purpose of the Older Americans Act

- Establish nutrition programs
- Support home, community-based services, transportation
- Establish disease prevention/health promotion services
- Establish elder rights programs
- Establish the National Family Caregiver Support Program
- Establish the Native American Caregiver Support Program
Structure Established by the Older Americans Act

- Administration for Community Living ACL (formally the Administration of Aging – AoA)
- State Units on Aging (SUA)
- ADRC (Area Agencies on Aging - AAA)
- Community providers of aging services contracted by the AAA
General Role of the SUA

- Designated by ACL as the State Unit on Aging to receive federal program funding

- Contracts services to ADRC (Area Agencies on Aging – AAAs), local government or private non-profit organizations (in large rural states with no ADRC, the SUA will directly contract with community organizations to provide services)

- Monitors AAAs contracts and community plan
Role of the ADRC

- Coordinate aging services through a network of provider contracts for services, directly provide services, or combination of both.

- Usually each AAA in a state is designated as a Planning and Service Area (PSA).

- Develop and implement the future service plan for the PSA based on need (can be annual or multiple years).
Some ADRC (AAA) Services

- Information and Referral
- Elder Helpline (800-xxx-xxx)
- Case management or coordination of services
- In-home supports
- Nutrition assistance
- Caregiver training and respite
- Alzheimer’s disease screening and day care
Eligibility for Aging Services

- Age – Usually 60+ (some exceptions)
- Frailty – needing supportive services
- Resource criteria or availability
- Funding – restrictions or availability
Structure of the Developmental Disabilities Network

SECTION 4
Purpose of the Developmental Disabilities Act

- Establish a State Council on Developmental Disabilities in each state to promote, through systemic change, capacity building, and advocacy activities that are consumer and family-centered

- Establish Protection and Advocacy Systems in each state to protect the legal and human rights of individuals with developmental disabilities
Purpose of the Developmental Disabilities Act (cont’d)

- Establish a University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD)

- National initiatives to collect necessary data, provide technical assistance to Councils, UCEDDs and P&As
Structure of the Developmental Disability Network

- Federal Administration of Intellectual and Developmental Disabilities (AIDD) mandated services
- Some states have an Agency or Department of Persons with Disabilities (APD) that contracts services; others contract private providers directly
- APD contracts with private providers for services
Functions of the APD

- Serves the developmental disabilities population
- Partners with local communities on meeting needs
- Coordinates services with private providers
Role of the APD

- Assists identification of the needs and individual expectations of persons with developmental disabilities
- Maintains a waiting list for services
- Contracts services from coordinators community providers
Services Supported by the APD

- Coordination of supportive services
- Transportation
- Supported living and employment
- Adult day programs
QUESTIONS?
Commonalities Between the Networks

SECTION 5
Commonalities Between the Networks

- Provide services in least restrictive environment
- Operate a coordinated service system
- Support consumer self-determination
- Address needs of older caregivers
- Caregivers are the most likely area for bridging
Commonalities Between the Networks (cont’d)

- Both populations with similar aging needs
- Both networks have a waiting lists for services
- Many services are not entitlements
- Services prioritized by client needs
- Empowered by the federal government to provide services
Differences Between the Networks

SECTION 6
Differences Between the Networks

- Eligibility criteria
- Federal and state regulations and mandates
- State service provisions
- Service areas
- State organizational structure
- Agency structure and process
<table>
<thead>
<tr>
<th>Aging Network</th>
<th>DD Network</th>
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<tbody>
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<td>• Language/acronyms</td>
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<td>• Case managers</td>
<td>• Support coordinators</td>
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<td>• Aging Disabilities Resource Centers (ADRCs) – coordination</td>
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Building Coalitions: Leveraging Services
(see Supplemental Document – Coalition Building Manual)

- Aging and disability networks share commonalities that can build collaboration
- Understanding eligibility criteria for services can help match consumer needs to available services
- Caregiver is often the bridge for collaboration between the networks
QUESTIONS?
Staff Outcomes: Collaboration Between Networks

SECTION 7
Staff Outcomes

1. Understand that bridging the commonalities between networks can leverage services to meet the older ID/DD adult needs

2. Understand the role and function of the ADRC as a one point referral and intake in comprehensive care coordinating services for both the older adult with DD and older caregivers

3. Understand the need for coalition building between the aging, DD and health services
Strategies: Building Coalition

SECTION 8
Strategies: Building Coalition

1. Conduct cross-network training
   a. To increase understanding between networks
   b. To increase understanding on age-related and age-associated changes and diseases in ID/DD population

2. Reduce barriers resulting in disparities by:
   a. increasing an understanding of the issues of non-verbal communication
   b. including formal, informal caregivers and older ID/DD adults in health care issues
Strategies: Building Coalition

3. Improve comprehensive care coordination through reducing health care disparities by:
   a. developing approaches for the timely identification of health care issues
   b. including formal, informal caregivers and the older ID/DD adults in discussions with health care practitioners regarding:
      • the assessment and diagnosis of health care issues
      • appropriate and effective interventions
4. Improve transitional care by reducing health care disparities within hospital and residential care facilities: (from diagnostic over-shadowing, inappropriate diagnosis and assessment, and lack of appropriate interventions and services)

   a. Outreach to health care administrators on how disparities increase the risk and cost of hospitalization and readmission of the aging ID/DD adult population

   b. Collaboration with the administrators to develop and train an in-house team that supports older ID/DD adults from admission to discharge

   c. Establish an arrangement between the team and the DD network to assist when necessary
QUESTIONS?