ADRC of Oregon Consumer Based Standards for **2015**

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Consumer Expectations

In setting up the Aging & Disability Resource Connection of Oregon, consumers, potential consumers and family members were asked to describe the service system they want. We developed expectations from a Strategic Planning initiative based on numerous focus groups. The expectations were found in the previous ADRC Standards and continue to inform our service expectations for the ADRC of Oregon.

Consumers expect:

- Information and assistance that is personalized for them and their specific circumstances.
- Ability to receive this assistance over the phone and/or in person.
- Accurate and easy-to-use information, referrals and assistance from staff who are knowledgeable about the range of services, supports and equipment that may be needed.

Consumers expect:

- A physical location that is welcoming and accessible.
- Services that are available at all times.
- Services that are convenient for the public.
- Timely response to phone calls and phone messages and email inquiries.

Consumers expect:

- Ready access to the information they are looking for.
- Accurate, objective and unbiased information.

Consumers expect:

- Staff that are courteous, respectful and responsive.
- Services that are easily accessible.

Consumers expect:

- Assistance in exploring the service options that are available to them weighing the pros and cons, and getting connected with the services they choose.
- Receiving this assistance over the phone, at an office visit, or during a home visit.
- Assistance that is personalized for them and their special circumstances.
- To receive services in an environment that is accessible and supportive of health.

Revisions to ADRC of Oregon Standards

The current standards are final for 2015. The State Unit on Aging (SUA) plans on updating standards annually to make this document a living set of expectations. The statewide Advisory Council will direct changes in their annual meeting. We also anticipate that the self-monitoring process in the coming year will help both ADRCs and the SUA determine clarifications in these standards. Future updates will be shared with all partners and the SUA strives to provide comprehensive training to help ADRC sites be successful in each of the elements.

Section 1 Organizational Requirements

IA Governance

It is the intent of Aging & Disability Resource Connection of Oregon that:

IA.1 ◆There will be Letters of Agreements between all core partners of the ADRC that outline roles, responsibilities (including the fiscal role), authority and referral processes. (ADRC)

IA.2 ◆Each ADRC will have an "Operations Council." The Operations Council core partners include at a minimum (except where not present in an ADRC region) representatives of Area Agency on Aging(s), Center(s) for Independent Living, APD Medicaid office(s), Community Developmental Disabilities Programs, and other members who reflect the ethnic and economic diversity of the ADRC service area. (ADRC)

Notes:

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IA.3 ◆At least fifty percent (50%) of the Operations Council must be older adults or persons with physical and/or intellectual disabilities/developmental disabilities or their family members. (ADRC)

IA.4 ◆The intent of this council is to provide direction to the ADRC on the needs of seniors and people with disabilities within the ADRC region; as well as actively participate in the program planning, goal setting, financial expenditure planning, program evaluation and operation of the ADRC. This council will be involved in the planning, budgeting and decision building of the ADRC. (ADRC)

IA.5 ◆The ADRC has designated staff and/or a council, who is invested with sufficient authority to maintain quality processes across all participating organizations, as designated and recommended by the Operations Council and approved by the ADRC's Core Partners. (ADRC)

IA.6 Formal Partnership Agreements, Protocols, or Contracts with: critical aging and disability organizations; Medicaid; State Health Insurance Assistance Program (SHIP), Adult Protective Services (APS), 2-1-1; and Veterans' Administration (VA) Medical Center. (ADRC & SUA)

IB Policies and Procedures

IB.1 ◆The regional ADRC must designate a lead agency for the region's ADRC. (ADRC)

IB.2 ◆The lead agency must ensure that the coordination of authorization and payment for a long term care service is separate from the direct provision of long term care services. (ADRC)

IB.3 ◆The lead agency will work with ADRC core partners to provide information and support to all individuals inquiring about or requiring publicly and/or privately funded long term services and supports. (ADRC)

IB.4 ◆The lead agency, in collaboration with core partners, is responsible for the administration of state and federal funds that are specifically designated for ADRC functions. Local core ADRC partners, including the Center for Independent Living, Aging and People with Disabilities, Community Developmental Disabilities Program(s), Veterans Services, Mental Health Services, and Area Agencies on Aging, have equal decision making authority, and shall contribute to strategic planning and decision making on how ADRC funds will be used and services delivered. (ADRC)

IB.5 ◆The ADRC must ensure that all direct service staff providing the core ADRC functions of Information and Assistance, Screening, Public Education, Comprehensive Needs Assessment, Service Referral and Coordination, Financial Eligibility Assessment, Program Eligibility assistance, Options Counseling and Service Plan Management are proficient in the minimum competencies. (ADRC)

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IB.6 ◆The ADRC must ensure that core functions are provided in a culturally and linguistically appropriate manner. Consumers with special needs will be linked to appropriate services to ensure full access to services, as applicable. (ADRC)

IB.7 ◆ ADRCs have systems in place to ensure consumer involvement in program design, operation, and quality improvement. (ADRC)

IB.8 ◆All staff taking calls or entering data will complete confidentiality training and will adhere to procedures agreed upon by each ADRC. (ADRC)

IB.9 ADRC agrees to adhere to Elder Abuse Protection program guidelines as posted on the Oregon DHS APD State Unit on Aging website. (ADRC)

IC Business Practices

IC.1 ◆Ensures working relationships with other community agencies and organizations to identify and advocate for solutions to address gaps, ensure appropriate referrals, and promote awareness of effective, accessible, and affordable services and programs that serve consumers. (ADRC)

IC.2 ◆ADRC staff follow written protocols for safety to keep consumers and staff safe both in an ADRC location and in the community. (ADRC)

IC.3 ◆Statewide 1-855-ORE-ADRC number with voice mail is available 24/7 and accessible from all telecommunication devices. (SUA)

IC.4 ◆ADRC will use specified state management information systems that support all program functions. (ADRC)

IC.5 ADRC has established an efficient process for sharing resources and client information electronically across ADRC partners, ADRCs, and external partners, as needed, from intake to service delivery. (ADRC)

IC.6 ADRC physical location or branch location(s) are clearly identifiable, easy to find, and readily accessible to the public. (ADRC)

IC.7 ADRC locations must take into account the geographic location of its population and providers, and the means of transportation. ADRC locations should be welcoming, accessible by public transportation to the greatest extent possible and convenient for consumers. (ADRC)

IC.8 ADRC staff has private office space or timely access to private meeting spaces. (ADRC)

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IC.9 Phone calls are answered by a live person during normal business hours, Monday-Friday with voice mail available when they are busy or it is after hours. (ADRC)

IC.10 Phone messages and email messages are responded to within one work day during a normal work week. (ADRC)

IC.11 Phone messages provide guidance for accessing services – including instructions on automated/voice mail systems about type of information to leave (e.g., reasons for the call, urgency) and when caller can expect a return call. (ADRC)

IC.12 ADRC services are available through the lunch hour as appropriate and at other times that are most convenient for the public. (ADRC)

IC.13 ADRC will have staff with capacity and training to serve older adults; people with physical, intellectual and developmental disabilities of all ages; and family caregivers. (ADRC)

IC.14 ADRC and partners ensure adequate staffing and management. (ADRC)

ID Fiscal Practices

ID.1 ◆Lead agency develops an annual budget in collaboration with core ADRC partners to support ADRC core functions and statewide standards based on available resources. (ADRC)

ID.2 ◆Lead agency will maintain financial records in accordance with generally accepted accounting practices. (ADRC)

ID.3 ◆Lead agency agrees to comply with annual independent auditing standards. (ADRC)

ID.4 ◆Lead agency and partners will develop and maintain a financial plan and a formal sustainability plan to sustain core ADRC services through a diverse set of public and private sources. (ADRC)

ID.5 Lead agency and partners maintain an infrastructure necessary to support the ADRC by the provision of staffing, space, equipment and other resources to adequately sustain program operations and functions that meet ADRC of Oregon standards. (ADRC)

IE Resource Database

IH.1 ◆The ADRC maintains a specialized statewide resource database provided by the State with a balanced representation of public and private long-term services and support resources for all older adults, people with physical, intellectual and developmental disabilities of all ages, veterans, and family caregivers. (ADRC)

IE.2 ◆Resource database listings adhere to ADRC Style Guide requirements and ADRC Inclusion/Exclusion Policy. (ADRC)

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IE.3 ◆The ADRC has an Inclusion/Exclusion Policy that is reviewed every two years. (SUA)

IE.4 ◆The ADRC resource database utilizes the AIRS/211 LA County Taxonomy. Taxonomy is updated to current version at least once every 12 months and customized taxonomy is reviewed annually. (ADRC)

IE.5 ◆Resource listings are formally updated every 12 months at a minimum. (ADRC)

IE.6 ◆ ADRC resource managers will be AIRS CRS certified within 1 year of beginning the job duties of this position. (SUA & ADRC)

IE.7 ◆The resources maintained in the database will be accessible and searchable on the public ADRC website. (SUA)

IE.8 Listings are measured for quality using the Resource Listing QA Tool (to be released fall 2015). (ADRC)

Section 2 Service Delivery

IIA Public Education and Outreach

IIA.1 ◆The marketing and outreach plan will incorporate statewide education efforts when appropriate and coordinate with local stakeholders. (ADRC)

IIA.2 ◆ ADRCs will include on their local website a link to the ADRC statewide website and ADRC statewide toll free number. (ADRC)

IIA.3 ◆All materials must include the ADRC logo, website and statewide toll free number. The ADRC will submit to the State Unit on Aging for review and approval, any newly developed ADRC-related program, public information or other printed materials. (ADRC)

IIA.4 The ADRC will establish and maintain an ongoing marketing and outreach plan that increases public awareness of the ADRC, its services, its objectives and its value to the community. (ADRC)

IIA.5 Formal marketing plan exists for all adults, income levels, disability types including private paying populations. (ADRC)

IIA.6 The ADRC must provide educational materials that are culturally and linguistically sensitive, at a maximum eighth grade level of readability and can be accessed by individuals with special needs. (ADRC)

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IIB Gatekeeper Program

Note: The Gatekeeper Program continues in many areas despite lack of state funding for the 2015-17 biennium. For ADRC sites with the ability to continue the Gatekeeper Program, we think it is best to try and provide a consistent program based on these standards so that we can be strongly positioned for future funding. Please note that none are required but are strongly recommended.

IIB.1 Gatekeeper programs train employees of community businesses and organizations to recognize and refer at-risk older adults and people with disabilities to the ADRC of Oregon. All Gatekeeper calls must be logged into the ADRC Call Module and all Gatekeeper reports must be pulled from the ADRC Call Module. Existing programs that already have a process in place must be able to complete the quarterly report as required by the SUA. All ADRCs will report required data on a quarterly basis to State Unit on Aging using the Gatekeeper Reporting Template. (ADRC)

IIB.2 In-person contact (face to face or by phone) will occur within 5 business days of the date the Gatekeeper referral was made. If warranted, a home visit will be conducted unless client is known to the system, a home visit was conducted within the last 30 days and the most recent referral is not presenting any new information.

IIB.3 Memorandum of Understanding (MOU) will be in place with key community partners not otherwise included in the Regional ADRC MOU, including but not limited to Adult Protective Service (APS) and Behavioral/ Mental Health where applicable. (ADRC & SUA)

IIB.4 Each agency will have written procedures that indicate how referrals to APS are made and tracked, and how calls that do not rise to APS level are directed back to the ADRC. (ADRC)

IIB.5 Each ADRC will have a representative for Gatekeeper program on their local ADRC Operations Council. (ADRC)

IIB.6 Each Gatekeeper Coordinator is responsible for documenting all trainings, and capturing the following key elements for reporting: date, audience and number of people presented to. Gatekeeper coordinators and relevant team members will participate in ongoing conference calls and /or meetings as directed by SUA. (ADRC)

IIB.7 Statewide Gatekeeper protocols for calls received by an ADRC outside of the consumer's area will be followed by the Gatekeeper who receives the referral. Occasionally Gatekeeper presentations will be made to agencies/organizations/groups that serve multiple areas throughout the State. It is the expectation that the presenting Gatekeeper coordinator will

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include, or make aware of, the presentation the Gatekeeper coordinators specific to service area. (SUA & ADRC)

IIB.8 Gatekeeper Coordinator and Supervisor provide ongoing leadership and quality assurance to ensure Gatekeeper calls meet established standards. (ADRC)

IIB.9 Gatekeeper Coordinator will track trends and use call data to help inform outreach efforts and develop relationships with community partners. (ADRC)

IIB.10 Gatekeeper Coordinator works directly with supervisor to set protocols for planning, development, and implementation for volunteer participation and volunteer training. (ADRC)

IIC Information & Referral and Assistance (I&R/A)

IIC.1 ◆ADRC staff provide I&R/A services according to guidelines as listed in the ADRC of Oregon Policy & Procedure manual. (ADRC)

IIC.2 ◆ADRC staff are knowledgeable about ADRC resources and services and explain how to get help or information well. ADRC staff spend enough time with consumers to understand their concerns and ensure the consumer feels respected and receives information in a person-centered manner. (ADRC)

IIC.3 ◆ADRC staff record required information in the state information system for the ADRC call module including information about the caller, consumer, demographic information, met and unmet needs, and referrals provided.

IIC.4 ◆Follow-up calls are performed according to the I&R/A follow-up policy as listed in the ADRC of Oregon Policy & Procedure manual.

IIC.5 ◆I &R/A staff will have their CIRS-A/D certification within 18 months of hire. (ADRC)

IIC.6 ◆I&R/A staff identify potential Options Counseling consumers. (ADRC)

IIC.7 ◆Information & Assistance staff promote the health and safety of consumers by identifying health issues, and referring to appropriate community health promotion programs, healthcare preventive services, and/or dementia resources. (ADRC)

IIC.8 ADRC staff provide I&R/A services according to AIRS standards. (ADRC & SUA)

IIC.9 ADRC staff only refer to resources maintained in the ADRC resource database when making referrals. (ADRC & SUA)

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IID Person Centered Options Counseling (PCOC)

IID.1 ◆Person Centered Options Counseling ensures that the consumer with long-term service and support needs directs the PCOC process. All ADRCs Person Centered Options Counselors attain competence in PCOC while subsets of the ADRC system PCOC have specialized experience and expertise in serving the different segments of the ADRC populations and specialized ADRC functions. (ADRC)

IID.2 ◆ Person Centered Options Counselors maintain knowledge and skill in the six core competencies presented in the PCOC training including: Determine the need for PCOC; Conduct a Person Centered Assessment; Educate regarding Community Resources and Options; Facilitate Consumer self-direction; Assist with future planning; and conduct individual follow-up. As part of the PCOC process, the OC records the consumer's goals, preferred methods for achieving them and a description of the services and supports needed to successfully achieve the consumer's goals as documented in statewide ADRC information system. (ADRC)

IID.3 ◆ Person Centered Options Counselors and their supervisors will adhere to ADRC of Oregon Options Counseling Policies and Procedures.

IID.4 The Person Centered Options Counselors facilitates streamlined access to public programs for those who appear eligible for one or more public LTSS options such as Medicaid, OPI, state revenue programs, and/or Veterans programs. (ADRC)

IID.5 ADRC meet minimum qualifications for Person Centered Options Counselors and the Person Centered Options Counseling Supervisors consistent with state and local requirements as detailed in the ADRC of Oregon Policy and Procedure manual. (ADRC)

IID.6 Person Centered Options Counselors and their supervisors receive an initial on-boarding training to orient them to their position within the month of hire. (ADRC & SUA)

IID.7 Person Centered Options Counselors and supervisors receive initial training, either developed at the local or state level and/or through a national training program a minimum of every six months at each site. (ADRC& SUA)

IIE Specialized Options Counseling

IIE.1 Person Centered Options Counselors have the knowledge, skills and abilities to provide transition support, helping consumers and families assess needs and safety risk factors, and understand and select options that will meet their needs. Transitions may be from living independently in the community to long-term care, or from a hospital. (ADRC)

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IIE.2 For person-centered transition support, formal agreements and protocols with core partners and critical pathway providers will be made available for providing transitions and diversion support, referral processes, partner inclusion and staff training will be made available. Critical pathways include healthcare providers, mental health providers, facilities, and those critical to the person's "path" forward. (ADRC)

IIE.3 For person-centered transition, work with key partners including APD and Office of Licensing and Regulatory Oversight to ensure MDS 3.0 Section Q requirements are in place. (ADRC)

IIE.4 Options Counselors have specialized experience and expertise in serving different segments of the LTSS population including helping people transition from community to facility or facility back to community, hospitals and/or nursing homes back to the community. (ADRC & SUA)

IIE.5 Lead agencies ensure core partnerships with agencies who have specialized experience and expertise in serving different segments of the LTSS population including:

- supporting teenage children with intellectual or developmental disabilities and their families to facilitate successful transitions from secondary education to adulthood. Ensure these core partners are trained in Person Centered Options Counseling. (ADRC)
- supporting veterans living in the community, and work with veterans to develop person-centered plans to self-direct their own services and provide Veterans-directed Home and Community-Based Services where VA funds are available. (ADRC)
- supporting individuals with mental illness and/or substance abuse. (ADRC)
- supporting adults with intellectual and developmental disabilities. (ADRC)
- supporting individuals with cognitive impairment. (ADRC)

IIF Streamlined Eligibility Determination for Public Programs

IIF.1 ◆ ADRC staff should be familiar with application processes and eligibility requirements for common services and programs. Appropriately trained ADRC staff may conduct some of the initial screening or outreach efforts.

IIF.2 ◆ADRC staff ensure steps are taken to minimize the need for the person to meet with another professional, retell their story or fill out multiple applications.

IIF.3 ADRC staff should know how to assist people in navigating the entire application process. ADRC staff also need to work closely with the staff members who process applications.

IIF.4 Streamlined access to public long-term services and supports: Through efficient information sharing, all the processes and requirements associated with conducting formal

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assessments and determining eligibility for public programs are simplified so each individual only needs to apply for help once. (ADRC)

Section 3 Continuous Quality Improvement

IIIA Consumer Satisfaction & Quality Assurance

IIIA.1 ◆The ADRC of Oregon's Continuous Quality Improvement process actively seeks input and feedback from the many different consumers who use or interact with ADRC of Oregon by utilizing evaluations, survey information and existing data systems. (SUA & ADRC)

IIIA.2 ◆Consumers are regularly surveyed to gauge their overall satisfaction and perception of adherence to standards. Information from the surveys will guide continued successes and actions for improvement. (SUA & ADRC)

IIIA.3 IT/MIS supports all program functions (SUA & ADRC)

IIIA.4 Routine State level performance tracking will occur and ADRCs will participate in SUA-appointed monitoring efforts and implement recommendations to continue successes and improve weaknesses. (SUA & ADRC)

IIIA.6 Resource Database entries comply with quality standards set forth in the ADRC of Oregon Style Guide and Inclusion/Exclusion policy. (SUA & ADRC)

For more information about the Aging & Disability Resource Connection of Oregon, please visit www.ADRCofOregon.org or call 1-855-ORE-ADRC.

For questions about the Aging & Disability Resource Connection of Oregon Consumer Based Standards, please contact State Unit on Aging staff Elizabeth O'Neill at 971-673-1373, Elizabeth.A.ONeill@state.or.us or Sarah Hout at 503-945-6140, Sarah.D.Hout@state.or.us.

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