

Aging and Disability Resource Centers

A Joint Program of the Administration on Aging and Centers for Medicare & Medicaid Services - Overview

BACKGROUND

In September 2003 HHS Secretary Tommy Thompson announced the funding of 12 state grants to develop Aging and Disability Resource Center (ADRC) programs to help consumers to learn about and access long-term supports ranging from in-home services to nursing facility care. Twelve additional ADRC state grants were announced in April 2004, bringing the total to 24 states developing innovative Resource Center models.

The ADRC Program represents a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). The initiative builds on existing "one-stop shop" programs in Wisconsin and other states. Twenty-four grants of up to \$800,000 have been issued as cooperative agreements for a three-year period.

This fact sheet summarizes this initiative of the AoA and the CMS to improve access to long-term care support options for persons with disabilities of all ages and their caregivers.

WHAT IS THE AGING AND DISABILITY RESOURCE CENTER GRANTS PROGRAM?

The ADRC Grants Program supports state efforts to develop "one-stop shop" programs at the community level that will help people make informed decisions about their service and support options and serve as the entry point to the long-term service and support system. States can use these funds to better coordinate and/or redesign their existing systems of information, assistance and access, which currently involve multiple federal, state and local programs.

Resource Center programs will provide information and assistance to both public and private pay individuals. Resource Center programs must also serve as the entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

AoA and CMS jointly perform the day-to-day Federal administrative responsibilities for the ADRC Grant Program including grantmonitoring activities.

WHO IS THE PROGRAM DESIGNED TO ASSIST?

States must target Resource Center services to the elderly population and at least one additional population (i.e., individuals with physical disabilities, serious mental illness, and/or mental retardation/developmental disabilities).

WHAT IS THE AoA/CMS VISION FOR RESOURCE CENTERS?

The goal of the ADRC Program is to empower individuals to make informed choices and to streamline access to long-term support. Long-term support refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help individuals with disabilities.

The vision is to have Resource Centers in every community serving as highly visible and trusted places where people can turn for information on the full range of long term support options.

In many communities, long-term support services are administered by multiple agencies and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Figuring out how to obtain services is difficult. A single, coordinated system of information and access for all persons seeking long term support will minimize confusion, enhance individual choice and support informed decision-making. It will also improve the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation.

WHAT SERVICES WILL BE PROVIDED?

ADRC programs are required to provide the following services at the community level: Public Education; Information and Counseling on available options; Access to Public Programs, including Medicaid nursing facility care and waiver services; Coordination with Other Programs (e.g., disease prevention, nutrition, transportation, housing); and Prospective Planning to help people to plan ahead for their long term service and supports needs.

IS THERE ROOM FOR FLEXIBILITY IN PROGRAM DESIGN?

States have broad flexibility in determining the configuration of their programs. Any state agency can be the lead state agency for the ADRC program, although State Units on Aging and State Medicaid agencies must be involved in planning and implementation.

States will also decide how best to organize Resource Center functions at the local level. For example, some states may operate all local functions in one agency while others may use a decentralized approach involving multiple sites and organizations. Regardless of the configuration, states will have to ensure consumers are provided with uniform information and a standardized process for accessing programs and services.

WHO WILL BE INVOLVED IN THE DESIGN AND IMPLEMENTATION OF RESOURCE CENTER PROGRAMS?

States are required to involve consumers and other stakeholders at the state and local level in the planning, implementation and evaluation of their Resource Center programs. In addition, states will be encouraged to develop public-private partnerships to carry out their programs.

HOW WILL PERFORMANCE BE MEASURED?

States must establish performance goals and indicators that will allow them to measure their progress in helping consumers make informed decisions, streamlining access to services and supports, and achieving system efficiency and cost-effectiveness.

To support the local grant projects, AoA and CMS are funding a complementary technical assistance program. This technical assistance will be tailored to the specific needs of each grantee and will allow for peer support between projects.

ADDITIONAL INFORMATION

For additional information on the grants program including application instructions, please visit the AoA website at

http://www.aoa.gov/prof/aging_dis/aging_dis.asp or the CMS web site at

http://www.cms.hhs.gov/newfreedom.

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The ADRC Technical Assistance Exchange website is located at www.adrc-tae.org.

FOR MORE INFORMATION

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 401-4541; fax (202) 357-3560; Email: aoainfo@aoa.gov; or contact our website at: www.aoa.gov