



Area Agency on Aging of North Idaho

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Aging and Disabilities Resource Connection

Area I: Business Plan

Effective: April 14, 2010

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Chapter 1 ADRC Description

Idaho's Aging and Disabilities Resource Connection (ADRC) is currently in the planning and development process. By March 2011 ADRCs should be operational statewide utilizing the Area Agencies on Aging (AAA) in collaboration with parties interested in the ADRC philosophy, including Councils for Independent Living (CIL), which is also known as Disability Action Center (DAC) in northern Idaho.

ADRCs are not necessarily located in a single physical place and the functions are not necessarily carried out by a single agency. ADRCs are information and access "programs" or "systems" that involve networks of state and community organizations that work together in a coordinated manner to provide consumers with a single point of entry to allow long-term services and supports. Currently, Idaho has a "virtual" ADRC located at www.idaho.aging.com and northern Idaho, having operated the pilot project between 2006 and 2008, currently operates several of the functions of an ADRC through the Area Agency on Aging of North Idaho.

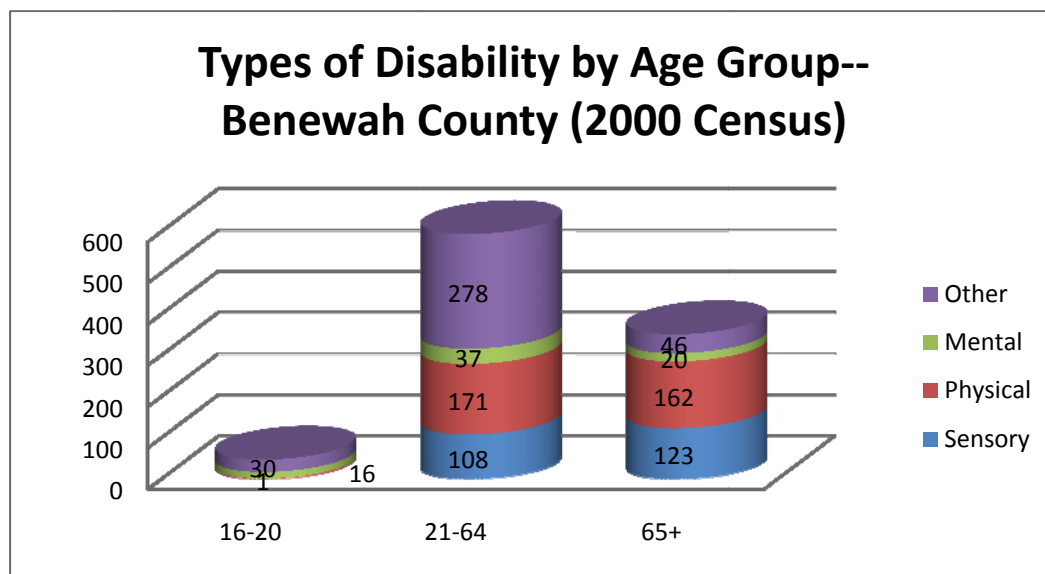
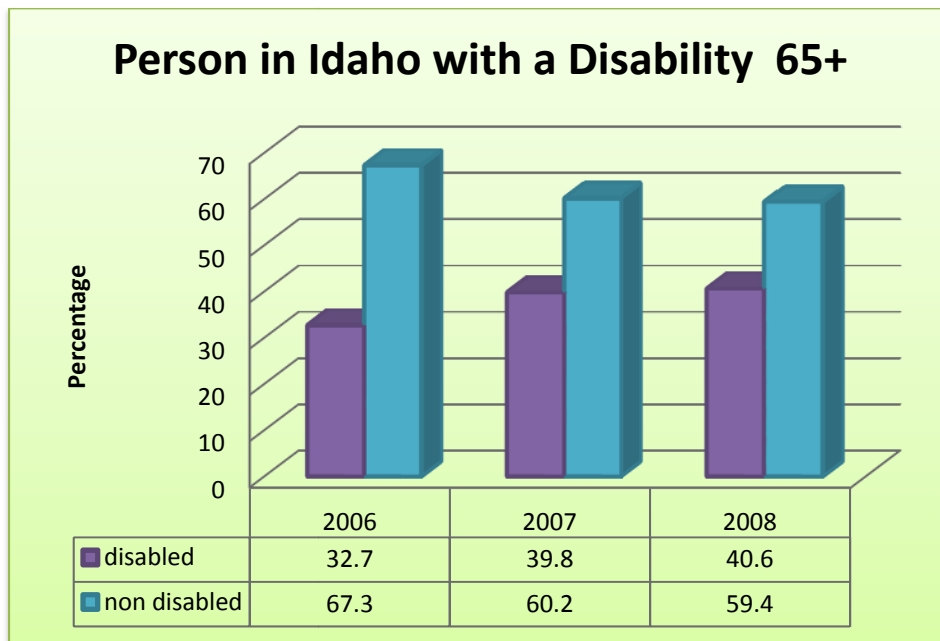
The overarching goal of ADRC is to empower consumers to make informed decisions about their long term care options and to streamline access to the services and support they or their family caregivers need. In addition, ADRCs should provide information, if not streamlined access, to all publicly and privately funded long-term services and supports, including both home and community based institutional care. Even though multiple partner organizations will likely be involved in the operation of an ADRC, from the perspective of the consumer, their access to long-term services and support should be seamless, regardless of what program(s) they may use due to an appropriate inter-agency education and referral process.

ADRCs will be a resource for people with disabilities of all ages, family caregivers, as well as for people who want to plan ahead for long-term services and supports. ADRC will improve the ability of Idaho to effectively manage public long-term service and support resources, monitor program quality, and measure the

responsiveness of state and local systems of care to the needs and preferences of its citizens.

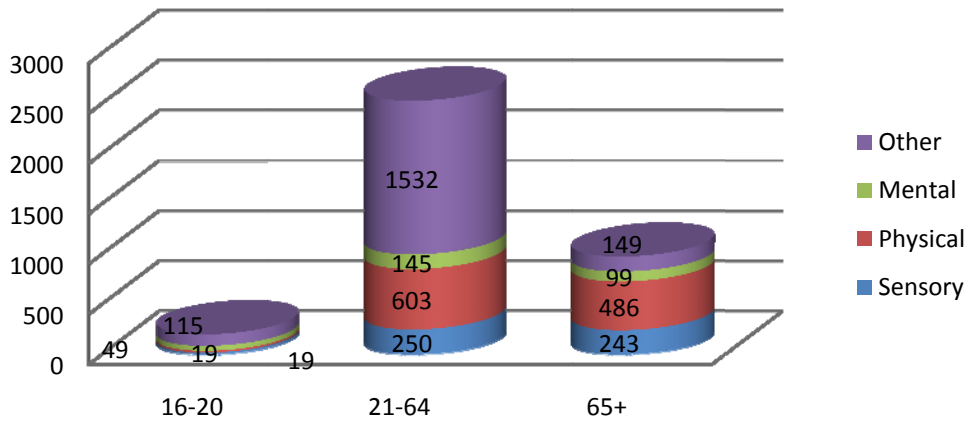
Hospital Discharge Planning will be a component of ADRCs. Over half of the elderly individuals who are in nursing homes for a long stay and are on Medicaid, entered as private paying individuals. Reaching people before they become Medicaid-eligible in a nursing home, to help them learn and access lower cost options, can help people realize their desire to remain at home and in the community, and allow them to make better use of their own resources and thereby prevent or delay their spend-down to Medicaid. Hospital Discharge Planning will provide assistance to consumers as well as hospital discharge staff to assist with transitioning from the Hospital to services needed to minimize hospital re-admits. ICOA is an involved partner of the Hospital Discharge Planning grant initiative that Idaho State University is leading. Additional ADRC functions will be discussed later in this document.

Chapter 2 Population Analysis

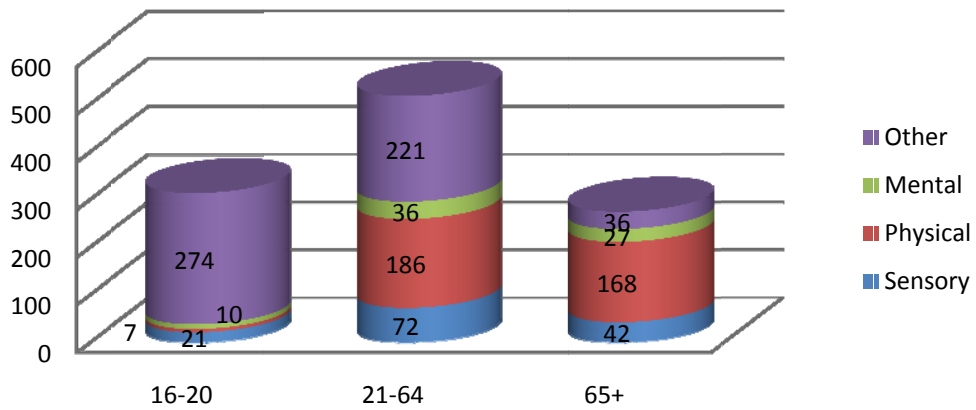


(a) **Sensory:** blindness, deafness, or a severe vision or hearing impairment ; (b) **Physical:** a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; (c) **Mental:** learning, remembering, or concentrating. Source: [Selected Appendixes: 2000 Summary Social, Economic, and Housing Characteristics \(June 30, 2003\)](#)

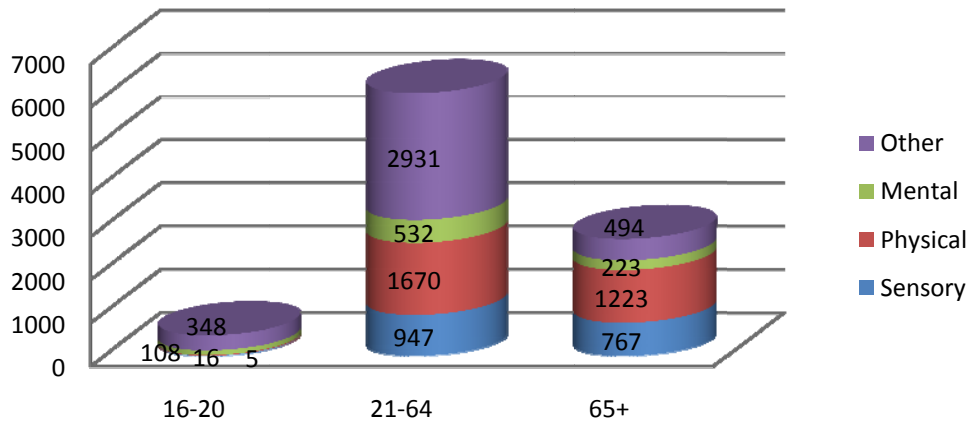
Types of Disability by Age Group - Bonner County (2000 Census)



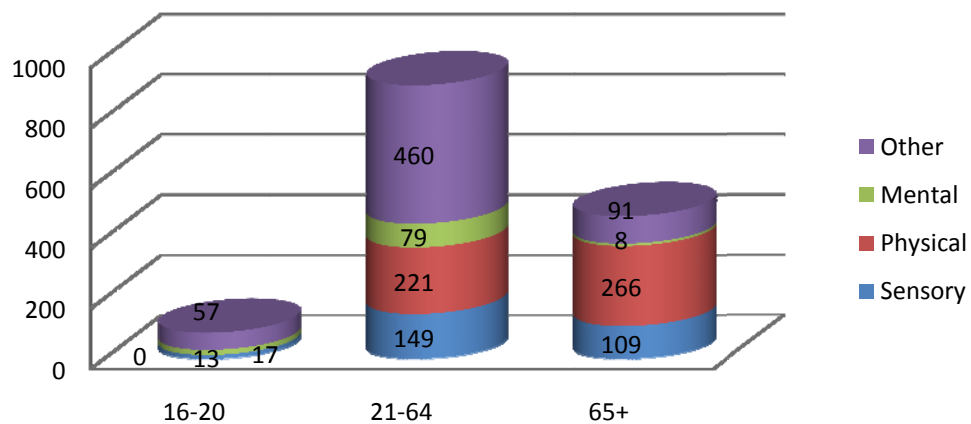
Types of Disability by Age Group - Boundary County (2000 Census)



Types of Disability by Age Group - Kootenai County (2000 Census)



Types of Disability by Age Group - Shoshone County (2000 Census)



Additional data on the aging population in the five northern counties can be found in the Area Agency on Aging Five Year Plan; visit the Area Agency on Aging web site at www.aaani.org to review the plan.

Chapter 3 Operational Functions and Quality Assurance Planning

According to the terms and conditions of the grant, the key operational functions of an ADRC include:

- Information and Awareness
- Options Counseling
- Streamlined Access
- Person-Centered Hospital Discharge Planning
- Quality Assurance and Evaluation

The ***Information and Awareness*** component of an ADRC is defined by the ADRC's ability to serve as a highly visible and trusted place where people can receive objective information on the full range of long-term support options. It is also defined by its ability to promote these options, especially among underserved, hard-to-reach and private paying populations. This includes the capacity to help people understand their health and prevention benefits and programs and other federal and state programs by partnering with State Health Insurance Benefits Assistance (SHIBA), benefits and eligibility programs including Welfare, Medicaid, Mental Health, low income assistance programs, Medicare, Social Security benefits (income and disability), housing and energy assistance, transportation services and other opportunities where they exist. There is also a need to link consumers with needed support through appropriate referrals to programs other than those listed.

Furthermore, the Area Agency on Aging of North Idaho operates its information and awareness function utilizing guidelines and standards developed by the Alliance of Information and Referral Services (AIRS). Area I conforms to these standards as detailed in the Information and Assistance Services Operations Manual (see Appendix A) prepared and approved by the Idaho Association of Area Agencies on Aging.

The ***Options Counseling*** component of an ADRC is defined as an interactive decision-support process whereby consumers, and their family members and/or caregivers, receive "one-on-one" counseling on an as needed basis. The main purpose is to help consumers identify and understand their needs and to assist

them in making informed decisions about appropriate long-term service and support choices in the context of their personal needs, preferences, values and individual circumstances. Options counseling also involves assisting people in understanding their health care and other benefits through service programs mentioned above in information and awareness. Counseling includes helping consumers to plan ahead for their long-term care through the use of private insurance, home equity mortgage and alternative living arrangements. Through options counseling ADRCs provide a vehicle for helping individuals understand—and in some cases even manage—the available range of consumer directed models of care.

The **Access** component of an ADRC is defined by its ability to serve as a single point of entry to publicly funded long-term supports, including those funded by Medicaid, the OAA and state revenue. This requires ADRC Programs to have the necessary protocols and procedures in place to facilitate integrated and/or fully coordinated access (i.e., client intake, needs assessment, care planning, eligibility determination, and ensuring that people get the services they need) to all publicly supported long-term services and supports – both community-based and institutional. The ultimate goal is to create a process that is seamless for consumers regardless of which service they choose.

The **Person Centered Hospital Discharge Planning** component is described in the 2003 ADRC grant announcement as follows: *“ADRCs will create formal linkages between and among the major pathways to long term support, including preadmission screening programs for nursing home services, hospital discharge planning, physician services, and the various community agencies and organizations that serve the Resource Center’s target populations. These linkages will ensure people have the information they need to make informed decisions about their support options as they pass through critical transition points in the health and long term support system.”* Idaho and the AAAs will strengthen this effort by working with the Hospital Discharge Grant Committee operated by Idaho State University.

Other examples of national efforts to assist consumers after hospital discharge:

- Quality Improvement Organizations (QIO) Program 9th Statement of Work: QIOs work with providers in geographically defined areas to improve after hospital care by improving the reliability of high quality care, improve efficiency and value of care, and develop insights and infrastructure.
- Development and testing of a consumer assessment instrument; “Internet-based CARE (Continuity Assessment Record & Evaluation) Patient Assessment Instrument” being tested for use by multiple providers including hospitals.

Quality Assurance and Evaluation will be supported through Boise State University, Center for the Study of Aging. The following goals and indicators related to the ADRC will be tracked:

- Visibility – extent to which the public is aware of the existence and functions of the ADRC,
- Trust on the part of the public in the objectivity, reliability, and comprehensiveness of the information and assistance available,
- Ease of access – reduction in the amount of time and level of frustration and confusion individuals and their families experience in trying to access long-term support,
- Responsiveness to the needs, preferences, unique circumstances, and feedback of individuals as it relates to the functions performed by the ADRC,
- Efficiency and effectiveness – reduction in the number of intake, screening, and eligibility determination processes for consumers, diversion of people to more appropriate, less costly forms of support, improved ability to match each person’s preferences with appropriate services and settings, ability to rebalance the state’s long-term support system.

Other specific data elements will be addressed in Chapter 6.

Examples of an All-inclusive ADRC Model and Operating Organization

1. Outreach and marketing
2. Information and referral/assistance

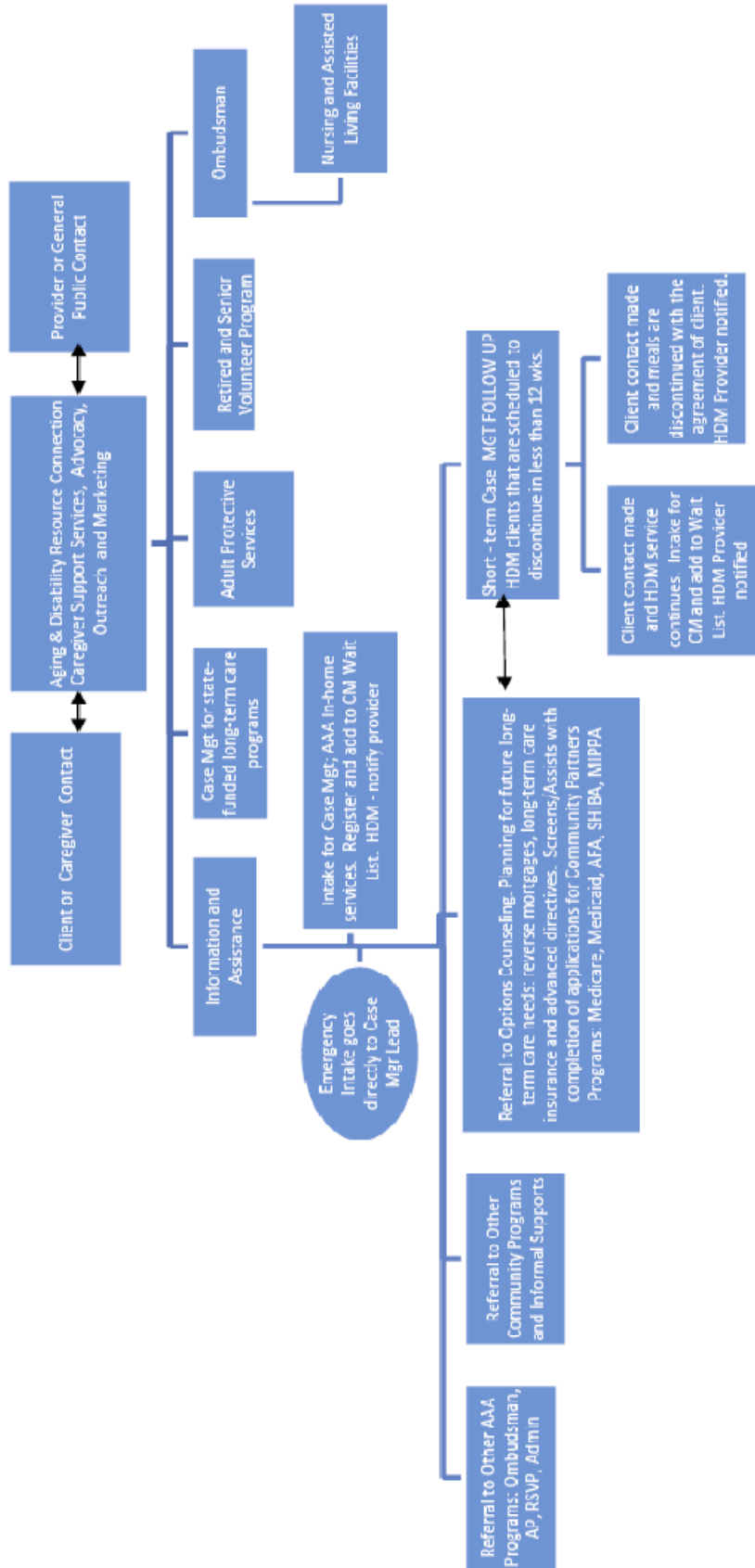
3. Short term case management
- 4. Benefits counseling**
- 5. Options counseling**
- 6. Planning for future long term care needs, including reverse mortgages, long term care insurance, and advanced directives**
- 7. SHIBA counseling**
8. Peer counseling
- 9. Adult protective services**
10. Skills training
- 11. Advocacy**
12. Screening/Intake for Medicaid or other public long term care programs
13. Pre-screening for nursing home admissions
14. Conducting level of care assessments
- 15. Assisting to complete and/or submit financial eligibility applications**
16. Making financial eligibility determinations
17. Case management for Medicaid HCBS Waiver
- 18. Case management for state-funded long term care programs**
19. Assisting with medical or pharmaceutical assistance programs
- 20. Caregiver support services**
21. Prevention, health promotion, or risk reduction programs
22. Employment services or service coordination
23. Housing services or service coordination
24. Assistive technology or home modification services
25. Transportation services or service coordination
- 26. Older Americans Act services not otherwise listed above**

Bolded items from the above list denote services currently operating under Area I. Area I will strive to add the following services in the near future: prevention, health promotion, or risk reduction programs (educational) (#21) and short term case management (#3).

AREA 1 AGENCY ON AGING

Aging and Disabilities Resource Connections

Internal Chart



Chapter 4 Outreach Plan

The ADRC outreach plan will strive to make ADRCs a highly visible and a trusted place where consumers can turn for information on the full range of long term support options and single point of entry access to information on public long term support services and benefit information. The ADRC will conduct outreach to ensure that the general public is fully aware of the ADRC and its role in the community long term support system. The marketing materials and media campaign will be developed at the state level by ICOA.

This outreach plan should create a strong incentive for providers and other organizations serving the target populations to learn about the value of the ADRC, make referrals, or become partners with the AAA in delivery of ADRC services. (See Chapter 9 on Partnerships.)

Area I's overarching message in its outreach plan is that issues associated with aging and disabilities are going to have a profound impact on individual citizens and on our communities. The Area Agency on Aging wants its target audience to know that the AAA educates people about available options for preparing themselves and connects people to services that promote independence and quality of life. Area I identifies target audiences for outreach including adult children of seniors with emphasis on caregivers, people of advanced age, people with disabilities, the general public, and service providers. The AAA routinely identifies marketing methods to reach its target audience, implements plans, evaluates effectiveness of its outreach plan, and, based on evaluation, updates its outreach plan.

See Appendix B for sample Marketing Plan.

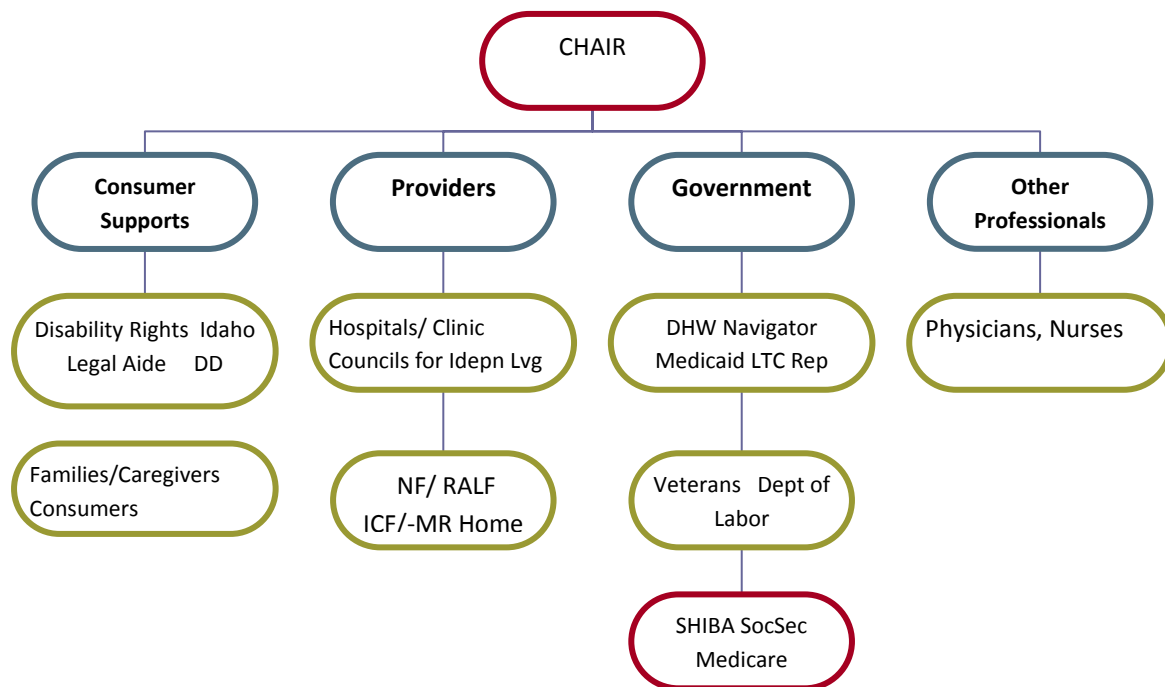
Chapter 5 Advisory Council

The AAA Advisory Council on Aging provides the opportunity for the ADRC to meet regularly with community partners to identify community long term care support resources, identify consumer needs, and identify methods to support those consumer needs. The Advisory Council should have representation from all stakeholders including consumers, advocates, providers, and government agencies. The AAA may wish to include other individuals who have regular interactions with long term care supports in the community.

The Advisory Council is to have an understanding of Idaho’s ADRC initiative and supports a “systems change” philosophy that is consumer-driven and supportive of home and community based options. The Advisory Council will be engaged in the evaluation and quality improvement process as well as serving as ambassadors promoting the ADRC operations in their community.

The AAA structures the Advisory Council so that consumers and their advocates represent a majority for any votes that are taken. This will help ensure that the ADRC remains true to its central mission of providing consumers an efficient and objective source of information about and access to long term care services.

For specific duties of the AAA Advisory Council, see Appendix C.



Chapter 6 Information Technology Systems

Area Agencies on Aging throughout Idaho are using an information and referral software component to their existing data base known as SAMS. This software meets the majority of suggested ADRC program and data tracking requirements. The following table demonstrates the basic ADRC grant data elements that will be tracked by the software. ICOA will develop a SAMS I/R user manual. Ensuring consistency for data fields will provide the data integrity needed for analysis and reporting requirements.

Total Contacts to the ADRC

Dates between which these data were collected:

1. Start Date
2. End Date

Total Contacts made to ADRC during this period (calls or walk-ins)

Contacts by Age:

1. Made by or on behalf of a consumer aged 60 and over
2. Made by or on behalf of a consumer under age 60
3. Unknown contacts by age

Contacts by Type:

1. Consumers
2. Caregivers
3. Professionals
4. Others (not consumers, caregivers, or professionals)
5. Unknown

Total Clients (Unduplicated)

Total ADRC Clients:

Clients by disability type (Unduplicated, all ages)

1. Multiple disabilities
2. Physical disabilities
3. MR/DD/ID
4. Mental illness
5. Traumatic brain injury
6. Unspecified disability
7. No disability
8. Unknown

Clients by income level

1. Low income
2. Not low income
3. Income level unknown

Type of ADRC Assistance or Service

1. Information and referral
2. Follow up after information and referral
3. Short-term case management (beyond a one-time follow-up)
4. Options Counseling
5. Benefits Counseling
6. LTC futures planning
7. Some other type of ADRC assistance or service
8. No assistance or unknown type of assistance

Comprehensive Resource Data Base

Maintenance and updating of a Resource Data Base is also essential to providing quality services through the ADRC. The Area Agency on Aging of North Idaho is

committed to quality standards established by the Alliance of Information and Referral Services for its five-county data base. For details on these standards, refer to Appendix A: Information and Assistance Services Operations Manual. The Area Agency on Aging data base includes:

1. An inclusion/exclusion policy,
2. Both non-profit and for profit agencies,
3. A system for updating and ensuring accuracy,
4. Provides consistent and uniform information.

Chapter 7 Financial Plan

The Idaho initiative focuses on a system-wide change development and integration process. The primary activities of the ADRC may not require providers to offer new services or add staff. Sustainability of long-term care reform needs to be achieved by redirecting existing systems of support. In the January 2010 Performance Based Agreement by and between the State of Idaho, Idaho Commission on Aging (ICOA) and the Area Agency on Aging, North Idaho College, Section F. of “Recitals” states “The parties hereto recognize that it is critically important to review the current Area Agency on Aging business model in order to transition current resources to support the functionalities of the ADRC model.”

A three-year federal grant has been awarded to ICOA, which will be combined with carry-over dollars from the previous three-year ADRC grant. ICOA has stated that each AAA will receive resources from the three-year grant to assist in transitioning current operations of the AAA to more closely align with Idaho’s ADRC. Each ADRC/AAA is expected to develop a plan to sustain operations over time.

The Idaho Commission on Aging Long Term Care Policy Advancement Steering Committee will be establishing a long-term care Five Year Plan and Budget for Idaho.

Chapter 8 Training Plan

The Area Agency on Aging designated staff will participate in ICOA trainings, the purpose of which is to provide general program information, detailed overview of how the business is done, discussion about how we will share work, and how to make referrals. ICOA will identify specific training needs for ADRC staff based on I/R, options counseling, hospital discharge planning, and nursing home diversion.

The Area Agency on Aging will participate in ICOA efforts to train stakeholders on specific program information in order to provide appropriate referrals. When partners are seeking opportunities to fortify their work with components of the ADRC operations, technical assistance will be provided by the AAA. (See Chapter 9.) Technical assistance will be based on partner interests and may include selected subjects from the outline detailed in Appendix D as well as a comprehension of definitions, units, reporting, and standards of the ADRC. Training may be arranged by the AAA and provided by another ADRC partner.

Additional training requirements for the AAA are provided in the Information and Referral Services Operations Manual (see Appendix A).

Chapter 9 Community Partners

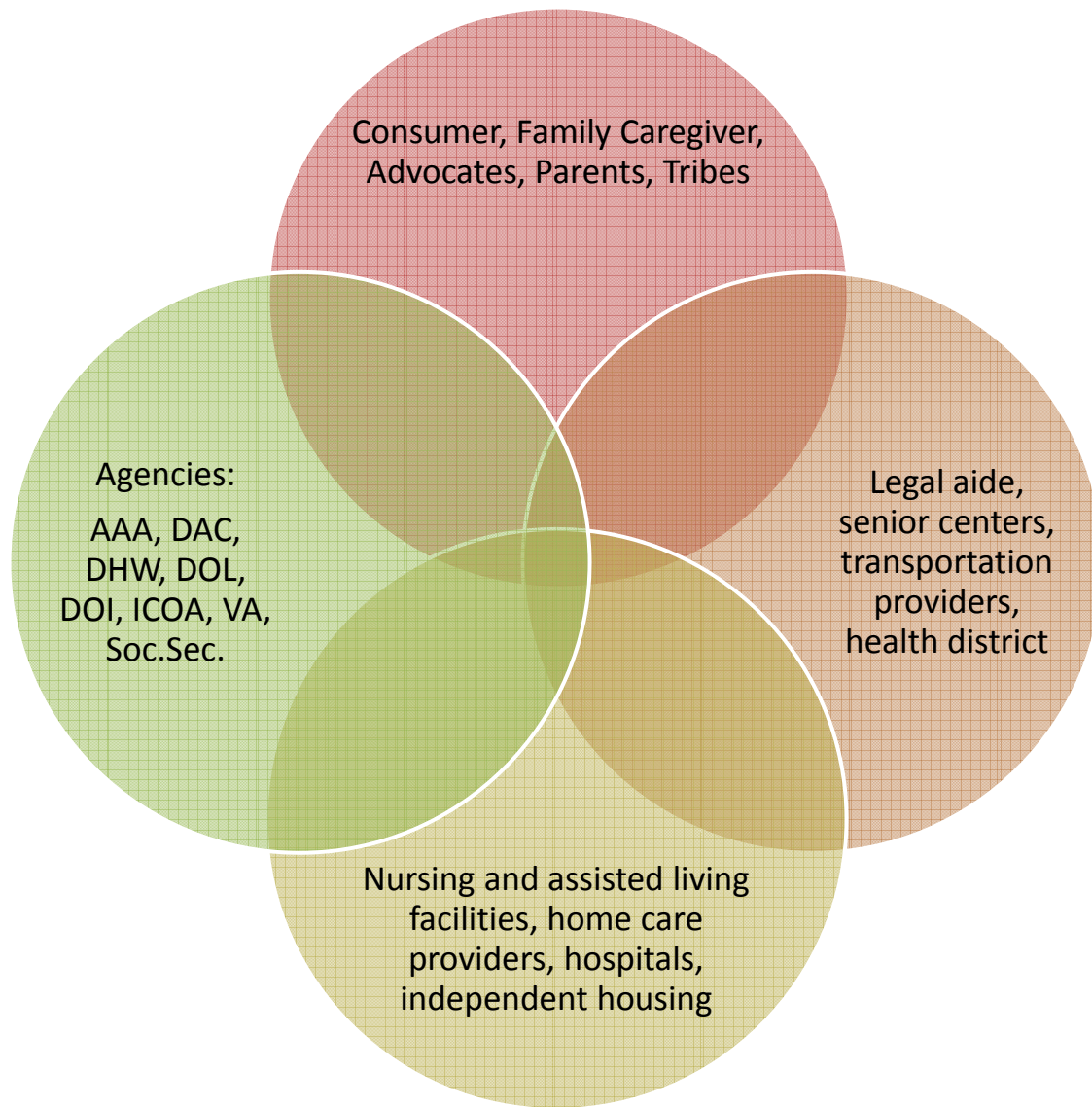
Idaho's ADRC is able to move toward a fully-functioning ADRC because of its commitment to and from key partners and stakeholders. This is true at both a statewide and regional/area wide level. Standards for partnership include:

- Meeting regularly with regional Health and Welfare for coordination of eligibility processes and long-term care services.
- Meeting regularly with the disability network for coordination of eligibility processes and long-term care services.
- Attending local/regional coalition(s) of providers and consumers representing the aging and disabilities population.
- Executing written agreements with other providers that outline the working relationship, shared roles and responsibilities, and agreed processes. (See Appendix D for a sample Memorandum of Agreement.)

Partnerships will result in building momentum for the ADRC and will be sought both to fortify the work of the AAA and for the AAA to fortify the work of community organizations. The AAA and partners will exchange time and energy, expertise and talent to achieve the desired outcomes of the ADRC. Priority will be given to organizations responsible for managing public benefits, hospital discharge planning units, and other agencies that provide information and referral to the target populations. AAA's goal is to eventually make their resource data base accessible to all to improve on efficiency and effectiveness of resource data base management and the general public's ability to access information.

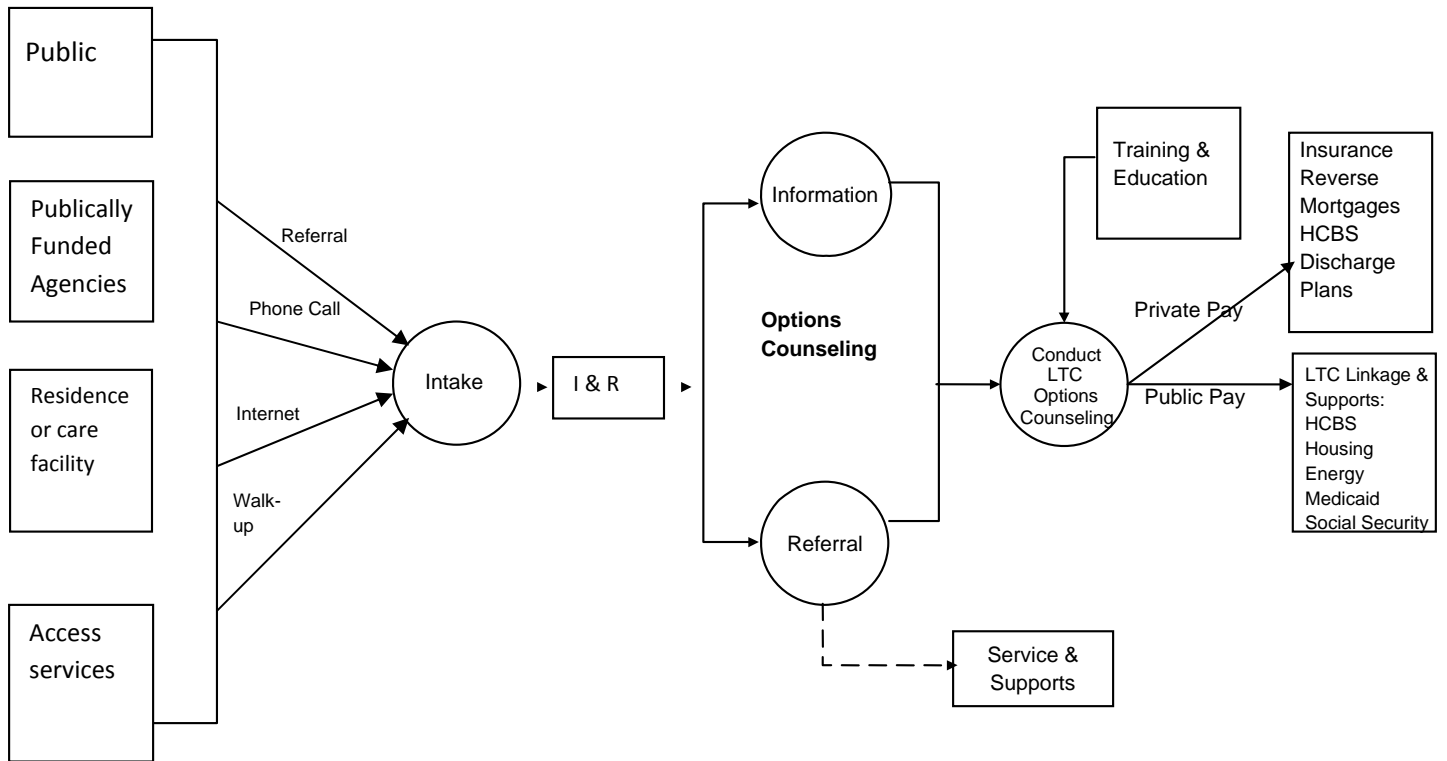
See page 21 for a diagram of the ADRC Partnership concept.

Aging and Disabilities Resource Connections Community Partnership Chart



Partners listed are not meant to be all inclusive and are separated by category to include (clockwise from top) the public, publically funded agencies, organizations under which the public may reside or receive care, and agencies that provide access services.

ADRC Operational Flow Chart/Statewide Perspective from Idaho Commission on Aging Business Plan



Information and Assistance Services
Operations Manual

Prepared and Approved by: Idaho Association of Area Agencies on Aging

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INTRODUCTION

The Idaho Association of Area Agencies on Aging (I4A) in cooperation with local staff has developed the organizational and operational requirements set forth in this operations manual in order to provide to the public a consistently high quality and professional service that furthers the goals underlying the Older American Act of 1965 as amended. Adherence to the guidance set forth in this operations manual is strictly on a cooperative and voluntary basis, determined by Area Agency on Aging Directors and the resources available to them.

Manual modifications are to follow specific procedures detailed within the manual. Regional offices are encouraged to add specific criteria to fit local operations. Operation manuals of a regional nature should be clearly noted as distinct and separate from this statewide manual.

The I4A makes no attempt to mirror the nature or structure of operations manuals produced by Idaho Commission on Aging (ICOA). Although the Association of Information and Referral Services (AIRS) Standards are supported by I4A and utilized as the formative guidance in preparation of this operations manual, there is no intent to impose AIRS Standards, including certification, on the Area Agency on Aging regional offices. When AIRS standards are utilized in the operations manual, they are so noted by identification of the AIRS Standard and its assigned number.

Information and Assistance (I&A) is the designated name for services defined in the Older Americans Act and Idaho Senior Services Act. Portions of this manual, where AIRS Standards have been utilized, have retained the AIRS service name of Information and Referral (I&R).

POLICY

Older Americans Act of 1965 as Amended.

Title I, Sec. 102 (28)

The term “information and assistance service” means a service for older individuals that

- (A) Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- (B) Assess the problems and capacities of the individuals;
- (C) Links the individuals to the opportunities and services that are available;
- (D) To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- (E) Serves the entire community of the older individuals, particularly-
 - a. Older individuals with greatest social need; and
 - b. Older individuals with greatest economic need; and
 - c. Older individuals at risk for institutional placement.

Idaho Administrative Code

IDAPA 15.01.21.021

INFORMATION AND ASSISTANCE.

- 01. **Area-wide Information and Assistance (I&A) Service.** Each AAA shall directly provide area-wide toll-free I&A telephone service.
- 02. **Client Screening.** I&A shall provide client screening and appropriate referrals.
- 03. **Client Assessment.** All screened clients requiring assessment shall be referred to case management or adult protection as appropriate.
- 04. **Reporting Requirements.** Each AAA shall maintain records as required by the ICOA. Such records shall include information about the purpose and date of incoming calls, referrals of callers to other service providers, and any follow-up information regarding the outcome of referrals. The AAA shall report to the ICOA the units of service attributable to the I&A services provided.

I. SERVICE DELIVERY

The standards in Section I describe the service delivery functions essential for providing information and referral and assuring access for all, including a brief individual assessment of need; a blend of information, referral and advocacy in order to link the person to the appropriate service; and follow-up, as required.

a. Information Provision

Standard 1: The I&R service shall provide information to an inquirer in response to a direct request for such information. Information can range from a limited response (such as an organization's name, telephone number, and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for application.

b. Referral Provision

Standard 2: The referral process consists of assessing the needs of the inquirer, identifying appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, and, when necessary, actively participating in linking the inquirer to needed services.

c. Advocacy/Intervention

Standard 3: Advocacy through I&R is intended to ensure that people receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. Advocacy by I&R does not include legislative advocacy. All advocacy efforts should be consistent with protocol established by the Area Agency on Aging Director and proceed only with the permission of the inquirer.

d. Crisis/Emergency Intervention

I&A services through Area Agencies on Aging are not meant to serve as crisis hotlines. Any calls of a crisis nature need to be referred to 911 or local hot lines operating for that purpose. Idaho Commission on Aging intake requirements expect I&A intake screenings to determine the urgency of responding to stated needs. Emergency intakes are determined when there is a recent hospital discharge without needed supports or a marked decline in the individual's health status. Intakes meeting this criteria require case management on-site assessment within two working days.

II. RESOURCE DATABASE

The standards in Section II describe the requirement that the I&A service shall develop, maintain, and/or use an accurate, up-to-date resource database that contains information about available community resources including detailed data on the services they provide and the conditions under which services are available.

a. Inclusion/Exclusion

Standard 6: The I&R service shall develop criteria for the inclusion or exclusion of agencies and programs in the resource database. These criteria shall be uniformly applied and published so that staff and the public will be aware of the scope and limitations of the database.

The mission of the Area Agency on Aging is to work in partnership with older adults, families, and the community to secure information and services that maximize independence and quality of life. Idaho is a rural and sparsely populated state and in some areas may have few service options available. Consideration for inclusion in the database may be based on geographical locations, special target populations served or accessible hours. For the most part, inclusion/exclusion decisions will be made based upon the perceived needs of the callers of Area Agency on Aging. The resource file database will include individuals, businesses, agencies, services, and organizations, both non-profit and proprietary.

The final determination as to inclusion/exclusion shall be at the sole discretion of the Information and Assistance Program, and the Agency on Aging, with or without cause.

Inclusion Criteria:

1. Non-profit 501 (c) (3) tax exempt organizations or government agencies which provide social, educational or health and human services and elected officials that either have offices in Idaho or provide services within the State of Idaho.
2. Organizations such as churches, social clubs, professional networks and organizations which offer a service to the community at large (not just their own members), or who have volunteer groups who will provide volunteer services to the community
3. For-profit businesses or organizations that accept Medicaid, Medicare, or offer a sliding fee scale. Individuals, private agencies/organizations who do not accept Medicaid/Medicare will be included ONLY if they provide a service not otherwise available within the community (50-mile radius). All organizations considered for inclusion under these criteria must be certified or licensed by the appropriate level(s) of government where provisions for such certification or licensing exist. For-profits may also be included if requested by Area Agency on Aging (AAA) programs, or they are a contractor of the AAA for a certain service.
4. Advocacy groups or self-help support groups that are related to health and human service issues.
5. Community service organizations (Lions, Elks, Shriners, etc.) that offer or sponsor ongoing services to the public at large.
6. National/International organizations located outside Idaho that provide community services, support, or information that may not be available locally.

Exclusion Criteria:

1. Agencies or organizations that provide services which are not available to the general public, or which are available only to persons holding membership or status in a specific group or other organization.
2. Agencies that deny service on the basis of color, race, religion, gender, nationality, age or veteran status, or on any other basis not permitted by law. Agencies or organizations that offer or provide services which are unlawful under federal, state, or local statute, ordinance, regulation, or order.
3. Agencies or organizations that misrepresent, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter.

Guidelines and Methods:

The Area Agency on Aging may use the following guidelines to establish the validity of a potential listee's service:

- < Licensing and/or certification for a given field of service;
- < Evidence of an established service site;
- < Demonstrated provision of service for a period of at least six months;
- < Evidence of community support, involvement in or oversight of the program or service.

The Area Agency on Aging may use one or more of the following methods to validate an organization or individual's credentials:

- < Site visit and/or face-to-face interview;
- < References from clients or affiliated professionals.
- < Consultation with others in the same field of service or geographic area;
- < Consultation with local law enforcement and/or consumer complaint agencies.

Definitions:

- < The term "community service" includes health, human, or educational services.
- < A "self-help support group" is a voluntary gathering of people who share a similar problem, condition or history. It charges no fees for services, although it can ask for fees, dues or a free-will offering to cover expenses for meeting rooms, coffee, etc. The specific types of groups include, but are not limited to:
 - < Peer led, member run groups;
 - < Non-profit support groups assisted by professionals, if the group is free or low cost and the purpose of the group is mutual support among peers;
 - < Networks of people who keep in contact by newsletters, telephone, mail or computer bulletin boards. Those networks may cover a wide geographic area or may be organized around a rare problem or concern.

b. Data Elements

Standard 7: A standard profile should be implemented for all Area Agency on Aging; Addendum A. details recommended data elements.

c. Database Maintenance

Standard 10: The resource database shall be computerized, maintained through continuous revision or at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of its contents. The database shall be maintained by trained resource specialists and shall be totally updated at least annually.

d. Protocol for Database Verification Checks

1. Program staff will annually provide the program supervisor a copy of their entire database (directory) for the 12-month period, on a fixed date established by the supervisor. (May be electronic.)
2. A list of all referrals made by program staff over the 12-month period and the number of times a referral was made will be generated through the database.

3. From the list generated in number two (above), the top 50% of referrals given will create a pool of resources that will undergo the verification procedure described below.
4. Data elements for verification checks will be:

Data Element	What constitutes an error	What does NOT constitute an error
Name of program	Incorrect name; name of service used in place of program name when the service and program name are not identical	Commonly used abbreviations or spelling out names that are commonly referred to by acronyms; minor typographical errors
Phone number	Any incorrect digit on organization's primary phone number and toll-free number (if applicable).	Incorrect extension
Address	Incorrect street number or suite number; incorrect street or building name; incorrect city or state or incorrect zip code.	Minor typographical errors in street, city or building name.
Days and Hours of Operation	Service not offered on day listed or service offered on day NOT listed. Actual start/open time LATER than listed start time. Actual end/close time PRIOR to listed end time.	
Core services provided	A listed service that is NOT provided. Synonyms for similar services.	Misspellings of service names.
Date last updated	Date of update greater than one year (365 days) from date entered or last date updated.	

e. Quality Assurance for Database Resource Updates

Attempts by program staff to update and/or add programs can be made in a variety of ways (phone, fax, e-mail, etc.). An update is to be recorded only when staff has made direct contact with a program representative. If the staff is unsuccessful in making contact with a program representative, the decision may be made to remove the program from the database.

If it is the belief of staff that the program is still in existence, staff will send a letter on agency letterhead, signed by the Area Agency on Aging Director, notifying the existing agency of this action. Programs no longer operational will be removed from the database.

Goals and objectives to be demonstrated during an annual evaluation will be as follows:

Goals	Minimum Standard	Evaluation Criteria
Resource database updated on an annual basis	100% of records will show they have been updated in the past 12 months.	
Demonstrated acceptable error rate in resource database	Not more than 10% of records will have an error.	Only one error per record will be counted; denominator will be number of records.
Caller and resource database backed up	Weekly	Printout from backup software log will be provided.
Back up data taken off site	Weekly	Status report information will include who is responsible for taking backup data off site and rotational scheduled if appropriate.
Re-index all database tables	Quarterly	
Complete resource data check utility	Quarterly	Print out of results of check utility will be kept in status report information
Test database restore function	Once per quarter	
Communicate essential updates to essential staff	Quarterly	Copy of written communication, including names of staff contacted.

III. REPORTS AND MEASURES

The standards in section III describe the inquirer data collection, analysis and reporting functions of the I&A service.

a. Inquirer Data Collection

Standard 11: The I&R service will maintain a system for collecting and organizing inquirer data to facilitate 1) appropriate referrals, 2) identifying service gaps and overlaps, 3) recording follow-up contacts, 4) required reports to funding sources, and 5) program evaluation.

Addendum A details standard caller data elements

b. Data Analysis and Reporting

Standard 12: The I&R service shall develop reports using inquirer data and/or data from the resource database to support reports to funding sources, community planning activities, internal analysis, and advocacy.

IV. COLLABORATIVE RELATIONSHIPS

The standards in section IV focus on the responsibilities of the I&A service to the local I&A systems, the local community service delivery system, and state 211 system.

a. Within Local Area Agencies on Aging

Standard 13: In communities which have a multiplicity of comprehensive and specialized I&R providers, the I&R service will develop a cooperative working relationship to build a coordinated I&R system which ensures broad access to information and referral services, maximizes the utilization of existing I&R services, avoids duplication of efforts and encourages seamless access to community resource information. I&R should define and formalize their working relationships with specific organizations through a memorandum of understanding (MOU), or standard letter of agreement.

b. Within Local Service Delivery System

Standard 14: The I&R service shall strive to develop cooperative working relationships with local service providers to build an integrated service delivery system which ensures broad access to community services, maximizes the utilization of existing resources, avoids duplication of effort and gaps in services and facilitates the ability of people who need services to easily find the most appropriate provider.

c. Within the State 211 System

Area-wide I&A services should strive to develop formal working relationships with 211 in order to keep the 211 database up to date with regards to services within the area-wide database.

V. ORGANIZATIONAL REQUIREMENTS

a. Personnel Administration

Standard 18: The Area Agency on Aging will provide a framework and mechanisms for program and personnel management and administration that guarantee the continuity and consistency required for effective service delivery, including the following

01. An organizational chart detailing the supervisory relationship of I&R services
02. A job description for all I&R staff

b. Orientation

The Area Agency on Aging will ensure that all agency staff and volunteers are acquainted with the expectations associated with providing I&A service including the following

01. Within the first 30 days of employment, all I&A staff should complete an internal orientation that addresses the role, mission, and function of the I&A service and the administrative structure, policies, and procedures of the Area Agency on Aging. This orientation should include the role of and relationship to 211.
02. Prior to taking any calls, all I&A staff must complete a minimum training that includes: interviewing techniques and attitudes; listening skills; proper use of telephone equipment; screening techniques; information searches; confidentiality policy; data recording and maintenance of records; organization of the Taxonomy and use of the resource database; how to handle an Adult Protection call; working with non-English speakers.
03. Within 30 days of hiring new staff for the Area Agency on Aging, new staff will participate in an orientation of the services and purposes of I&A

c. Promotion and Outreach

Standard 20: The I&R service shall establish and maintain an ongoing program which increases public awareness of the availability of I&R services, their objectives and their value to the community.

VI. FUTURE PROGRAM DEVELOPMENT

a. Procedure to Request modification(s) to Statewide Operations Manual

While committed to high standards, I4A recognizes that all areas may not be able to comply with all criteria at all times. Additionally, I4A wants to encourage innovation that advances the goals of I&A and of the information and referral field and expanded criteria to support standards, where those criteria have not been provided. In keeping with these philosophies, any Area Agency on Aging may request at any time a modification to the guidelines set forth in this Operations Manual. The request must be in writing and should include justification that may include any of the following:

01. Identify the specific requirement(s) to be modified with reference to the provisions.
02. Provide detailed reasons why the modification should be considered.
03. Describe any cost considerations.
04. Propose language for inclusion or modification.
05. Describe advantages and disadvantages of the proposed modification.
06. Describe the period of time proposed for the modification to become effective.

I4A will review the request at its next scheduled quarterly meeting and notify the Area Agency on Aging if it finds a proposed modification incomplete. A decision regarding the proposed modification will be made within ninety (90) days of receiving the complete request.

b. Identified Topics for Inclusion

It is the intent of I4A to develop, through the support of I&A staff, guidelines to meet the following AIRS standards:

Standard 5: Follow-up

Standard 8: Classification System (Taxonomy)

Standard 9: Indexing the Resource Database/Search Methods

VII. ADDENDA

- a.** Definitions for Recommended Data Elements (from IN211 Operations Manual)
- b.** Glossary of Terms (from AIRS)

Phase III Marketing Plan: Answers on Aging Campaign

Implementation: March, 2010

Evaluation: June 2010

- Assess number and sources of referrals
- Assess if referrals represent target population
- Adjust plan

Goal: 700 contacts by I&R, Options Counseling, I&R web hits

Overarching message: Issues associated with aging and disabilities are going to have a profound impact on individual citizens and on our communities. The Area Agency on Aging educates people about available options for preparing themselves and connects people to services that promote independence and quality of life.

Audience	Relationship/role	Marketing Method
Adult Children of Seniors (w/emphasis on caregivers)	Establish contact and ongoing contribution to NIC.	- Publish monthly in the Weeks Worth
Aged / Disabled	Maintain a consistent presence and offer answers regarding Medicare Part D	- Active partner with SHIBA - Mailer to homebound seniors* - Health care options panel - Train Ombudsman volunteers - Advertise in target communities*
General Public	Heighten sensitivity & awareness of available services.	- Routinely update AAA web site with "what's new" - Update agency tri-fold brochure* - Distribute annual report*
Providers	Establish AAA as credible, available resource for information.	- Use caregiver topics and format for routine electronic communications - Engage providers in May conference - Survey providers for ideas on impacting homebound

* Cost Item

- Notes for Phase IV: Mailer to top ten employers in northern Idaho.

MISSION AND OPERATING PROCEDURES FOR COUNTY COUNCILS on AGING

Overview

Each of the five counties in Area I shall be represented by a County Council. The County Council will serve as the county body representing elderly within the individual county and will operate under the authority of AAA and the Advisory Council.

The collective membership of the County Councils shall consist of no fewer than 20 members, nor more than 35. All members must be residents of Area I. The Director and designees of the Area Agency on Aging shall serve as staff members to the County Councils.

County Councils will meet a minimum of twice each year and at least four weeks prior to the scheduled meeting of the area-wide Advisory Council.

Membership

Senior representation shall be encouraged from senior organizations or meal sites, etc. Organizations wishing for representation will submit their candidates for membership to the County Council.

Each Board of County Commissioners shall be informed of their respective county membership and be given the opportunity to nominate members to the County Council. County Councils will request an opportunity to meet with the Board of County Commissioners twice each year to inform the Board of needs of the senior community.

In order to achieve continuity of experience among the County Councils, members will be eligible to serve two three-year terms. The County Council shall have the authority to approve membership. Upon acceptance, applicants shall immediately become full and participating members of the County Council. For the purpose of record keeping, their first term begins with the next annual meeting.

Membership on the County Councils shall be limited to those individuals and organizations bearing a direct or rational relationship to the purposes of the County Council. Persons interested in membership shall submit a membership application.

County Council Representation on Advisory Council

The County Council will select from the full membership the designated number of representatives to serve on the Advisory Council. Persons receiving a portion of their salary from AAA program funding are ineligible for full membership on the Advisory Council.

Selection shall be completed prior to the fall meeting of the Advisory Council. However, any unexpired term of an officer of the Advisory Council shall be completed. Membership on the Advisory Council shall be a two-year term, renewable up to a total of three terms. Members not designated as representatives may serve as an alternate to the Advisory Council.

If a member cannot attend an Advisory Council meeting, it is the County Councils responsibility to request an alternate to attend the meeting. In the event that a member misses one Advisory Council meeting without representation by a designated alternate, the County Council shall be informed.

Responsibility of County Councils

The County Councils shall be responsible for advising the Advisory Council regarding:

- A. Identification of the needs of the senior community.
- B. Recommendations of organization and expansion that may be required for implementation and/or operation of any aging program.
- C. Performing reviews and commenting on any program submitted to it by the AAA.
- D. Advising on policy, which governs the development of the Area Plan on Aging.
- E. Seeking input and listening to seniors and/or AAA Service Providers' concerns in their local area.

Aging and Disabilities Resource Connections

Training Plan: Area Agency on Aging, Community, and Resource Materials Modules

Area Agency on Aging Components:

1. Caregiving
2. Long-term Care at Home
3. Assisted Living
4. Nursing Homes
5. The National Aging Network
6. Elder Abuse
7. Community Aging Services and Senior Centers

Community Components:

1. Long Term Care in Idaho
2. Adult Day Care
3. Hospice Care
4. Medicare Long Term Care
5. Depression in Elderly Care Recipients
6. Medical Care for the Elderly
7. Assistive Technology and Remote Monitoring
8. Long-term Care Insurance
9. Wills, Trusts, Powers of Attorney and Loss of Capacity
10. Medicaid Planning
11. Using Life Settlements
12. Using a Reverse Mortgage
13. Medicare Supplements, Advantage Plans & Part D
14. Using End-of-Life Services

Resource Materials:

1. Long-term Care in Idaho
2. The Need for Long Term Care Planning
3. The Process of Long Term Care Planning
4. Paying the Cost of Care
5. Care Managers
6. Caregiver's Handbook
7. Using Professional Home Care Services
8. Medical Care for the Elderly

MEMORANDUM OF UNDERSTANDING
AGING AND DISABILITIES RESOURCE CONNECTION (ADRC)

Chapter 10 Parties

This agreement is made by and between **Area Agency on Aging of North Idaho (AAA)** and **Disability Action Center NW, Inc. (DAC)**

Chapter 11 Purpose

The purpose of this MOU is to coordinate services, describe the relationship and responsibilities between the parties and outline how changes in the relationship will be decided.

Chapter 12 Goals

The goals for this agreement are:

To provide people with the information they need to make informed choices—thereby maximizing consumer choice.

To provide appropriate guidance to proactively match people’s needs, preferences and values with available services.

To help people plan for the future and avoid the “if I’d only known” scenario.

To help improve the quality of life for consumers receiving long-term care services in community-based settings.

Chapter 13 Responsibilities

AAA: The AAA will provide DAC a copy of the ADRC Business Plan. Technical assistance from the AAA will be based on partner interests and may include selected services from the ADRC Business Plan “Examples of an all-inclusive ADRC”, subjects from the training outline detailed in Appendix D, as well as a comprehension of definitions, units, reporting, and standards of the ADRC. Subjects are identified below. Training may be arranged by the AAA and provided by another ADRC partner.

DAC: DAC will be familiar with the ADRC Business Plan and identify below selected services from the ADRC Business Plan “Examples of an all-inclusive ADRC” and subjects from the training outline they are seeking assistance from the AAA or offering as support to the AAA.

Chapter 14 Mutual Agreement Between Partners

To abide by the Health Insurance Privacy Portability and Accountability Act (HIPPA) and any other applicable privacy laws.

To assign a liaison(s) to serve as the single point of contact.

To participate in local stakeholder and cross training meetings.

To participate and assist in outreach activities in an effort to inform and educate the public about the ADRC.

To meet together in ADRC Community Forums to discuss issues of mutual concern in accomplishing their respective missions.

Chapter 15 Terms of the Memorandum of Understanding

This agreement is effective upon date of signature and will be reviewed and renewed annually. Either party may request modification prior to annual review. Both parties reserve the right to terminate this agreement at will providing notice of such termination is in writing to the other party and effective sixty (60) days after the date of receipt of notification.

Area Agency on Aging of North Idaho 2120 Lakewood Drive, Suite B Coeur d’Alene, ID 83814	Disability Action Center 1323 Sherman Avenue, Suite 6 Coeur d’Alene, ID 83814
(Print Name)	(Print Name)
Signature	Signature
Date	Date