Exploring ADRC Partnership for Centers for Independent Living

presented by Peggy Cosner, Suzanne Crisp, Bill Henning and Mary Margaret Moore on November 30, 2011

>> Thank you for waiting. Welcome to today's conference call on Exploring ADRC Partnerships for CILs. All lines have been placed on listen-only mode, and the floor will be open for your questions and comments following the presentation. Without further adieu, it is my pleasure to turn the floor over to your host, Mr. Tim Fuchs. Tim, the floor is yours.
(Music)

>> TIM FUCHS: Thank you. All right. Thank you, and good afternoon. This is Tim Fuchs with the National Council on Independent Living here in Washington, DC, and I want to welcome you all to CIL-NET's newest webinar and teleconference, Exploring ADRC Partnership for Centers for Independent Living. Today's call is presented by the CIL-NET, a program of the ILNET training and technical assistance project for Centers for Independent Living and statewide independent living councils. The ILNET is under a partnership, the National Council on Independent Living here in Washington, DC, and the Association of Programs for Rural Independent Living for rural Arkansas. Support is provided by RSA at the U.S. Department of Education.
We are recording today's call so that we can archive it on ILRU's website, and we will take your questions at the end of the call. Typically we break during the call. Today we are going to hold the questions till the end. But we'll make sure we save plenty of time so we can get to all of them.
For our webcast participants today, you'll see a public chat screen on the right side of your screen there. You can ask questions by typing your question under the emoticons and hitting "enter." You may not be able to see your question right away, but don't worry. We've gotten it, and we will make those questions visible to the audience as we address them during the Q&A session at the end of the call.
The materials for today's call, including the PowerPoint presentation, an evaluation form, and some additional handouts, are located on the training webpage. That webpage is -- was sent to you in a confirmation email that you should have received earlier this week. If you are on the webinar, of course, the PowerPoint will display automatically, but especially if you are on the teleconference and you don't have that yet, you'll want to access that. If -- you can either go back to the confirmation email and get the PowerPoint or you can email me at Tim@NCIL.org. And I'll send you the link.
And then also, please do visit that page to fill out the evaluation form after the call. The evaluation form is -- it's short, it's very easy to complete, I promise, and it's really important to us. So please do that. If you're participating in a group today, that's fine. You can discuss it and fill out one evaluation form for the group.
We've organized today's call as sort of an FAQ on ADRCs, if you will, but we've put a lot of work into making sure that we focus on some popular issues around partnerships so that by the end of today's call, you'll be able to do the following: We're going to focus on identifying and accessing resources for staying informed about the role, activities, and issues of ADRCs. We'll talk about the benefits and advantages of collaboration between CILs and ADRCs. And of course, we'll also be discussing the challenges and risks of that collaboration. We'll also describe useful practice examples of strategic approaches CILs have used to develop effective partnerships with ADRCs.
And finally, I just want to -- I want to welcome our presenters for today's call. I want to thank them for all of their work in preparing this presentation. We've got a really great team, and I'm excited to have each of them with us today.
First our moderator for today will be Suzanne Crisp. Suzanne is the Director of program design and implementation for the national resource Center for participant-directed services. She manages and oversees aspects and design and implementation for programs promoting participant-directed home and community-based services.
Also with us today are three Center for Independent Living Directors that have had extensive experience. First, Peggy Cosner is Director for heart of central Texas Independent Living Center in Texas. They are a partner in the central Texas ADRC program.
Also with us is Bill Henning from Boston, Massachusetts. Bill is the Executive Director of the Boston CIL, and Boston CIL is a partner in the Metro Boston and Suffolk County ADRC programs in the Boston area.
Last, but certainly not least, Mary Margaret Moore is Executive Director of the Independent Living Center of the north shore and Cape Ann in Salem, Massachusetts. Mary Margaret is the chair of NCIL's ADRC task force.
So welcome to all of you. Welcome to our participants. And without anything further from me, I want to turn it over to Suzanne to start today's call. Suzanne.
>> SUZANNE CRISP: Thank you, Tim. It certainly is a pleasure to be here to moderate today's discussion. By way of a quick orientation, I'd like to share some basic information about aging and disability resource centers or ADRCs. These organizations were created through competitive grant funding opportunities offered by the Centers for Medicare and Medicaid services or CMS and the Administration on Aging, AoA, in 2003.
The purpose of ADRCs is to improve access to long-term services and support, strengthen community partnerships, work with agreed-upon service standards with consistency, enhance professionalism, and something that is dear to my heart, emphasize the consumer's perspective in all activities.
To date, over $110 million has been infused in communities throughout with these grants.
The Affordable Healthcare Act last year appropriated additional funds extending the ADRC programs through 2014.
Now, I know that our speakers are going to be talking a lot more about what I'm about to mention in greater detail, but I did want to highlight the differences between what is different about NADRC and what is different from them as compared to Centers for Independent Living, Area Agencies on Aging. First, an ADRC serves individuals across all populations. Second, they serve individuals of all ages. They use technology to advance efficiency in operations. And finally, they work toward one comprehensive, integrated assessment and eligibility determination process
I'd like to thank the (Inaudible) group for providing the following information to us today. There are currently 385 ADRCs. 93, or 24%, of these are offered by Centers for Independent Living with a formal partnership existing with 127 Centers or 33%.
So a quick summary is that there is active involvement between Centers for Independent Living and ADRCs in about 57% or -- of the 385 ADRCs.
During the next section of our presentation, we'll be calling on our three experts, Peggy, Bill, and Mary Margaret, to obtain their ideas and share their experiences with ADRCs. This will be accomplished using a question-and-answer format, as Tim indicated. Also know that we will have a robust time to answer questions at the end of this presentation, but do feel free to write your questions in the public chat feature.
So let's begin with our first question. I would like to ask Bill, Bill, what are the benefits or advantages your CIL has experienced in getting involved in your ADRC?
>> BILL HENNING: Okay. I think there are many benefits, and I will say we're involved in two ADRCs in the Boston area. We have to interact in this process with 11 aging programs directly, so the partnerships are pretty broad. So we have had a lot of experience. You characterized me as an expert. I don't know if I'm an expert, but I'm experienced and happy and very pleased to share some thoughts.
And I think I'll open up with just a little statement, which is that I think the baseline reason we're holding this webinar is because people have expressed concerns about them. And we'll speak to some of the challenges, but one of the things I would say as a preface is there are advantages in the sense that we need to look at elder agencies as potentially valuable partners, not necessarily unlike the many other agencies we work with, because there's been a formal arrangement, I think we've tended to look differently. And of course, when you get into memorandums of understanding, contracts, and money bounces around at times, it puts a little more intensity on it. But I think the way to look at it is very important, that this is a way to better serve the people who come to the Centers to our consumers. And I think the most significant advantage -- and it's taken a while to get through some walls -- is to know that many of our consumers, especially older ones, but not entirely, can benefit from the services an older program provides. Some of the services they provide in our area are nutrition counseling, wellness screening, certainly nursing home diversion, money management, personal assistant services. We provide that at BCIL, but also, you know, somebody else may want another program, and we are happy to refer to the -- our sister agencies. They have programs on memory loss.
And as you affect these relationships, you also start to get referrals, and that's starting to have some payoff, most especially from elder programs with mutual staff who work on nursing home diversion.
There are two CILs in the Boston area. It's -- you know, our territory alone serves 1.9 million people. We can't serve everybody. I don't know exactly how many nursing homes there are, but in the same area, we're covering 35 communities, there are 11 programs. They probably serve, I don't know, 50, 80 nursing homes. We're starting to get referrals of younger people. And if that's not a critical advantage of this relationship, I don't know what is. And we'll begin to work with these folks to help them move on into the community in an independent way.
So I think that's a real important benefit on the consumer level.
And on the macro level of advocacy, we have some similar funding streams. Our consumers are very dependent on Social Security Medicaid, Medicare, changes in those programs, which will be affected nationally, but within each state. And if we're not talking to each other, we are going to be competing with each other, and it's a classic case, potentially, of being divided and conquered.
We're Al a real, real pinnacle moment in healthcare funding, which is very pivotal in independent living. If we're not talking to people who get similar funding for similar goals -- not exactly the same -- there's a problem, and I think the ADRCs could help with that.
I could go on a bit, but I know Mary Margaret Moore has some specifics to offer as well.
>> SUZANNE CRISP: I'm sorry. Mary Margaret, I was just going to formally ask you the same question. From your experience, what are the benefits and advantages of your experience with ADRCs?
>> MARY MARGARET MOORE: I've seen that in our Center, one thing that we may have overlooked in initially is it's energized our staff to have closer ties with the -- we call them ASAPs, you guys call them AAAs. And they've developed more excitement because we've forged a very tight relationship with our three AAAs and our elder service planner on the north shore and the north shore career Center staff as we've done this ADRC. So staff has become more excited and engaged, and it's broadened for them their list of folks that they can collaborate with on their services.
That's leading to and has for the past -- now we're going into our eighth year as an ADRC -- better services for our consumers. The teamwork, the creative problem solving regarding folks that we wouldn't necessarily have thought of calling to come to the table to find the resources to get folks out of nursing homes has led to some exciting and creative opportunities that were not well thought out or even conceived of before we got into the ADRC.
So I think for staff and the consumers, it's been better.
The other thing is, it's really -- we've really been able to mobilize with a lot of the local other resources and pull them into the ADRC and make the ADRC a forum and an opportunity to discuss communitywide issues, like transportation. We have a great inertia on the move group focusing on making substantive projects come to bear on correcting and improving and expanding just transportation options.
So it's opened windows, providing better services, more collaboration, and I think that it makes my Center, the Independent Living Center, North Shore, Cape Ann, think about things we wouldn't have thought of.
Flipside, it's helped these other agencies, particularly AAAs, to think about how they do business differently once they understand our values. And we've had many epiphany moments where now it's -- they first ask the consumer what do you want instead of, you no know, I need this information so I can fill out the forms or whatever.
So we've seen a difference in their practice as well, and to me, that's real substantive change in the whole service system here.
So those are my thoughts.
>> SUZANNE CRISP: Great, Mary Margaret, thank you. Peggy, would you share with us your positive experiences with ADRCs?
>> PEGGY COSNER: We've been involved with our ADRC as a key partner since 2006. That's when we began our Central Texas ADRC. Prior to that, we've been partnering with our Area Agency on Aging as well as other entities. It's all about collaborating, and that's kinds of a key to success, especially in this kind of environment that we're at.
Within our communities, whether you are a smaller community or a large, if you are not doing business within your community and connecting to your community, you are missing out, not only for your Center, but you're missing out for the people that you represent. So it makes a lot of sense for us to be very much involved with our ADRC.
And with our philosophy and the different entities that are part of this ADRC, learning one another's philosophy and truly starting to see where we can improve or maybe change. I can tell you as a private, nonprofit agency, most of the others have restrictions, per se, than we have. So we're a lot easier to turn on a dime, and we see ourselves as that not only being beneficial to our ADRCs, but also to the clients and consumers that we serve.
I think one of the things that needing to be aware of is everybody ages. How we age depends on what we are looking for and define as long-term care services. I think the benefits and advantages are bringing awareness that long-term care isn't necessarily nursing care to everyone. And I think that's some of the opportunities we have, not only to share our experience and our philosophy, but also to listen to our areas within our community. And it's also benefited us by bringing more awareness of who we are within our community and being able to connect more effectively with one another and share business, whether it's directly involved with our ADRC or maybe another opportunity that may not be exactly with the ADRC.
So I can tell you that being involved in the ADRC is certainly helping us to be truly integrated in the community, and by helping us as centers, it helps our consumers to be connected to their community as well as any other individuals that may not be part of a center that are now aware of who we are.
I can also tell you that one of the things that we've become aware of and been beneficial is that a lot of individuals as they age, they have certain challenges, and in our world, we see that as a person with a disability. It's not necessarily defined by that individual. So -- they don't have to say the word "disabilities," but things that we are able to provide them and to assist them and to enhance their life is -- it's a win-win for the ADRC, for the consumer, and for us as a Center.
>> SUZANNE CRISP: Okay. Thank you, Peggy. Bill or Mary Margaret, do you have any closing thoughts on this particular question?
>> MARY MARGARET MOORE: Well, I have some thoughts, and I think we've all alluded to it, but it's provided more of an opportunity for us to help with our IL values and paradigms to get more acceptance and integration into the human services systems, and I think that that's one of the biggest benefits we have from the ADRC.
>> BILL HENNING: I'll chime in. I think a lot of elder programs have adopted our language. It doesn't necessarily mean that the rollout is the same as we do. I think as we put IL's philosophy out there, it's beneficial. You know, a lot of the elder programs are risk averse, and that will come up in the challenge area, but to the degrees that lessens with some consumers, that's beneficial.
Finally, a very unintended consequence, being involved with so many elder groups, has caused DCIL to sharpen its efforts for youth, and we've probably almost tripled our efforts for youth. It's made us realize -- and maybe this is a good segue into challenges -- we have a role, we have a mission as a Center, and it's not just to serve older consumers. There's always this worry about being subsumed by an elder network, and this has forced us also to on what we do best. And that's a good thing. Maybe it's an unintended consequence, maybe it's unique to us, but it's made me look at other populations as well.
>> SUZANNE CRISP: Great. Thank you. So we've heard about benefits and advantages, and just to summarize those, just taking brief notes here, it allows us to have a true and more meaningful community connection. Mary Margaret, I love your comment about it opens windows. That's so cute.
And as Bill indicated, they have banded together with the aging network to advocate for funding, to present a stronger front for HCBS services.
Younger referrals has been an outcome of the relationship, as well as Peggy, one thing you said, assisting the community to look at the aging process in a more holistic way I think is really important, and to have independent living values more accepted and integrated and understood.
And Bill, then you said that you have a greater focus now for youth and the issues that they have, so that was just excellent.
So let's turn the corner now and go to challenges and barriers. Peggy, what are the challenges and barriers your CIL has experienced with the ADRC relationship?
>> PEGGY COSNER: Well, I think Bill was very right by saying that aging -- I think understanding the aging process, we see it in a different light, and I think that has been -- we, as Centers -- and that has been one of the challenges is understanding our philosophy and understanding that it's not -- it's -- what we have observed is a taking care of, and what we, working within our ADRC, is empowering, having -- looking at that individual who is seeking assistance or resources is -- it's about that person, and it's empowering that person, and it's not so much of the taking care of philosophy. It's not that that's a bad thing, but it's a little different, especially when you're working with cross-disabilities and aging.
So I think the terminologies have been challenging, educational, informative, with all parties. Understanding where one has come, understanding where their funding is coming from and what kind of constraints they may have as it relates to funding, et cetera, and sharing that experience.
I know that there has been some concerns that the ADRC is going to be in competition with a Center and, therefore, we're going to lose, and I think that we are going to lose if we're not part of that ADRC movement because who else will be representing individuals with disabilities if we're not at the table?
So I think it's really, really important to truly advocate making sure that we're part of the solution instead of looking on the outside in to that window.
But the biggest thing, too, is bringing the awareness of that empowering philosophy and the consumer control philosophy versus taking -- the taking care of.
And as a baby boomer, you take care of me. It's my life. And that's kind of our philosophy. I don't think I'm the only one in this population. So it's not just about the aging. It's the whole kind of philosophy, understanding where everyone is coming, and learning to be more of a holistic approach to resources and services. That's the biggest challenge, I think.
>> SUZANNE CRISP: Good. Thank you, Peggy. Mary Margaret, can you talk about your challenges and barriers?
>> MARY MARGARET MOORE: Sure. Right from the get-go, understanding where they were coming from, those aging services, which was very different because we know IL history and movement and values. It was also language, just right down to basic language. We really have spent years trying to understand the different language issues. The data system difference is only a reflection of -- of the different languages that are used, which reflect the different values. And how we've had to teach not just who we are, but why our values and our language is so important and to do that to our aging services colleagues along with the folks at the north shore career Center. Not that we don't do well all the time, but this was very concerted and directed dialogue regarding language. Bill can verify that we've spent so many hours in massive meetings with our statewide groups hashing out language and what that implies because it impacts on how we're going to proceed with setting up our ADRCs. And we are very feisty, as you know, and the aging community at times isn't used to our level of feistiness. So I think it was a challenge for me to learn how to not be as feisty. And I say that in a positive way because before this process, we just kind of bowed through things as we were pushing to get resources or involvement for folks. We've had to learn a new way of collaboration. That was a word that I believe Peggy used earlier. So we've had to do partner building and accepting that their different values and their different languages and building together our new language and our new procedure. That's been a painful process and a major challenge.
And the other piece is how we could then carve out what our local needs were in relationship to what was coming down federally and what was coming down statewide because we crafted our ADRC based on what we wanted locally. And sometimes that is in direct conflict with the state or misunderstood at the federal level.
So I think that that partnership has really helped us to be able to stand firm for our ADRC at the North Shore. We are going to do it our way that meets our local needs, and that's expanded our own power network and, therefore, freed up also more resources for service time and connection for our consumers, keeping it local.
So those are some challenges and values, but we've also overcome some of those.
>> SUZANNE CRISP: All right, Mary Margaret. That's perfect. Bill, can you talk about your challenges and barriers?
>> BILL HENNING: Yeah, I mean, Mary Margaret spoke about some of them, coming to terms on language and things. I mean, I must be honest to Mary Margaret, I was doing my to-do list while you were carrying on those battles and those horrible meetings. But truth be told, I think it took a lot of grinding to get beyond what I like to call the kumbaya moment, where you've got to understand we're different. We serve different populations. We come from different philosophical backgrounds. There are more of them than us relative to agencies. Remember, I deal with 11 -- it's 11:1 ratio. And it's not going to be all perfect.
When we talk about the benefits, that's great. Does that mean at Boston Center for Independent Living it's all seamless like it's supposed to be? No. There are issues. We should be getting more resolves. I can go to a case conference and ask somebody, one of our staff who is working with a consumer who is 70, have you contacted the local AAA, and they'll go oh, yeah, I didn't think of that. It's a process. But it's making services available of a critical resource, and that's what's important.
I think the challenge is having the right perspective, not looking at it negatively, but understanding within the boundaries that it's going to take some work to make this work. It's a relationship outside of the family, so there may be some effort to make it work.
One of the other challenges -- and I don't think that many of the ADRCs have probably undertaken this -- and that's it's Aging and Disability Resource Centers or consortium, whatever it may be called, but the D part is represented by ILCs. If you went out and talked to other disability-specific groups that aren't cross-disability, they would go what's an ADRC? Or I have nothing to do with that. I'm not represented. So I think one of our challenges is, moving forward, how do you expand inclusion of a broader disability network, which is always a challenge, I think, in many respects.
But you know, the challenges you look back at, and I think we've surmounted them by trying to be realistic with our perspective.
>> SUZANNE CRISP: Great, Bill. Thank you. Would anybody else, Peggy or Mary Margaret, like to add additional comments?
>> PEGGY COSNER: Well, I think Mary Margaret -- this is Peggy. I think Mary Margaret nailed it. It is about the -- it's the community way. And every ADRC isn't necessarily going to look the same. It's like every CIL does not -- you have our core values, then we all kind of -- we're community based. And I think that's -- it is the key. And it can be challenging, but it's community based, and that -- that is what keeps it alive and vital and understanding the needs of the people that you serve and your community and going from there. And in bringing in those partners that may not have initially thought of, for example, hospitals, and there's just -- so there are all those other nontraditional agencies and services out there that we may not have been thinking or we didn't think about initially that we have invited, and they have been very vital to the development and growth of our ADRC. Because it's all about that relationship, that partnership within your community, and bringing those key partners together.
There will be those who come to the table, and they'll be leaving, and that's okay. But -- and keeping the eye on what it is that you're wanting the outcome of your ADRC, being able to connect the -- our public into the resources and services that they're looking for that will assist them to whatever it is that they're in need of. And as long as we keep that outlook and understand it's our community -- because everyone doesn't look the same. So I think trying to mirror after everyone, like a Center, you have to kind of look at where your community is and where you're wanting to take this ADRC.
>> SUZANNE CRISP: Great. Thank you, Peggy. So we've heard some challenges and barriers. We've also heard a lot of positive things about how those challenges and barriers have been met.
One thing that I'd like to point out that I feel is an important point that Peggy made and Mary Margaret is that the approach to the aging process is very different from Area Agencies on Aging and CILs. It's almost like the maternal approach versus empowerment. We struggle on a national level as well as in an -- in the community to understand the language and the values of each of the communities. And Mary Margaret, I know you talked about the passion level that you have to kind of governor that in a way. Our aging advocates have probably had a very different, more modest approach.
And Bill, I loved what you said, that it's a relationship outside the family. So you have that, you have some risk, and you know, there's a certain apprehension about exposing yourself or accepting -- acceptance on the other side and whatnot.
So thanks for a great conversation, guys.
>> Can I just add one more little thing I just remembered?
>> SUZANNE CRISP: Sure.
>> A lot of the Centers, including mine, are very little, and even the bigger Centers are still little, perhaps, compared to a lot of the AAAs and what they do. And at times I felt very crushed by just the volume of the amount of -- you know, the aging and the others, and there's my Center try to go say, well, remember this over here. So that's also been a major challenge and barrier because we have very little resources and money comparatively, you know. Of course, we're different than them, but we're like a little speck, and it almost feels like we're like the mouse that's roaring, trying to call their attention and get them to let us be on the team.
So I just put that out there as well, and that's why I think at times the challenge is that Centers are treated, you know, as real partners and included and their voices valued as part of this. So our voice does have to be very loud many times. I wanted to lay that out.
>> SUZANNE CRISP: Okay. Excellent. Thank you. Thank you. And Mary Margaret, if you'll just stay front and center here a second, I'll ask you the next question. Are ADRCs primarily intended to improve access to services for older adults?
>> MARY MARGARET MOORE: Absolutely not. Although there was a flavor of that for a brief moment when we started this process back in 2003, and at least here in Massachusetts, we have clearly said it's cross-age and it's cross-disability.
The hard part is that the aging community didn't really understand how to incorporate serving younger folks within their spectrum of services and that when we did start developing some joint projects, having to educate them to understand that we also serve older adults. It's almost as if that line of demarcation -- we refer a senior over to your center, we're going to keep all the seniors to us, try to train them to understand, wait a second. What does the customer need? What does the consumer need? We may be the best ones for the consumer to get that through because we understand that better. And oh, by the way, we have all the these peer support kind of opportunities for folks of any age.
So that was a challenge for I'd say the first year or two, but I think we've leveled it out and we're always reminding them that it's cross-age and cross-disability.
Another thing is that it took about four or five years, I kept seeing show up on the Massachusetts description of ADRC 18 and above. And I would cross it out and send it back. Centers for Independent Living are all ages, so our ADRC will be all ages. And they finally got that because people -- people get scared when you talk about children. They don't know. We're used to working with all ages.
So yes, people need to be reminded about it and the IL cross-age, cross-disability perspective is a banner that we carry, and we include them in that.
And ADRCs cannot just be for the aged or seniors.
How's that?
>> SUZANNE CRISP: Great. Perfect. Peggy, what do you think about ADRCs providing services only to older adults?
>> PEGGY COSNER: Well, I think understanding -- my understanding of ADRCs is all about connecting people and advocating systems for long-term care systems. It's not just an individual that is aging or older adults that requires or is looking for long-term care services. Through our relocation services, the youngest person we relocated from a nursing home was 18 months old. That right there tells you long-term care services is not about age. AAA is about aging.
So having that on the table and having that understanding with our philosophy, with ADRC's philosophy, and incorporating how we, as an ADRC, want to move forward, that it is inclusive, and under -- also, every partner there at the table is not the end for all services. By us being able to communicate and sharing our resources and seeking out -- find out where those points are in our community, it helps us all to get out of our comfort zone. We know what it is that we do. We may not know what the other person does. This is a good venue for us to share so that we can then share and assist people that come to us to assist in navigating and connecting services that best meet their needs.
And I think that's kind of what ADRC is all about. It may appear that way because it goes back to -- if it's just an Area Agency on Aging of ADRC, then of course it's going to gravitate towards what they know. That's why it's so important to have cross-disability representation within your ADRC. And it's all about continuing to promote and to expand and to look at what your community is seeking.
>> SUZANNE CRISP: Great. Thank you, Peggy. Bill, what but? Are ADRC services primarily intended for older adults?
>> BILL HENNING: No, absolutely not. It's so that there will be cross-referrals. I think one of the things that occurs -- and this would have been more proper in the challenges section -- you know, we spoke about the philosophical differences. I think the real hard part is not overcome -- crossing that bridge between executive directors. I think the real challenge is with line staff. For our folks to understand ADRC is a resource for the bigger agencies and more of them for their line staff, the ones working day to day with consumers, to understand that we are a resource for the younger people they come across. Or that we may actually even have services -- not may actually -- that we do have services that can benefit their seniors as well that may not be provided by that specific agency. And that's where the long-term work is going to have to come in.
You know, a lot of the challenge with it first between Executive Director types, but really, the real nitty-gritty is going to be with line staff.
Just one other point I want to mention. Well, I'll mention it at a later point. That should be sufficient.
>> SUZANNE CRISP: Okay. You'll get another chance to talk.
>> BILL HENNING: I will.
>> SUZANNE CRISP: Okay. Any other final comments?
>> MARY MARGARET MOORE: No.
>> PEGGY COSNER: I think -- this is Peggy. I do have one. One of the things that is important is that to make sure that it's not top heavy, for example, is to make sure those other services within your community that serve persons with disabilities, it could be schools, it could be early child intervention, it could be your intellectual disability, it could be a variety of different sources, so that you're not feeling like, okay, I'm the only one that's representing persons with disabilities.
You can make your ADRC where it's totally inclusive and not exclusive within your community.
>> SUZANNE CRISP: Uh-huh. Good. Thank you, Peggy. And I think if you look back at the legislative intent, it clearly is intended to cross-disabilities, cross-ages, and eventually to be without regard to income. And it sounds like we've had our greatest success with a cross-education approach and partnershiping with those that had the expertise.
So let's move on to our next question, and Bill, I'd like for you to respond first to these next series of questions.
How do ADRCs conduct business? Is it done in a single location, or how are services coordinated between the partners involved?
>> BILL HENNING: Sure, sure. I mean, the term that people have used in Massachusetts a lot is that it's a virtual relationship. So it's not one physical entity. Each aging program has its office, has its own identity, and the ILC does, of course.
What we do is we have cross-trainings. We have meetings between staff so that the nursing home diversion staff of each agency will meet, the options counseling staff of each agency will meet, the information referral staffs will meet. This is to produce the flow of cross-referrals and to just be able to develop a comfort levels. The directors meet on a regular basis. And that's really how it works. Sometimes it seems a little top heavy on meetings, but I think that's what's been needed to move us into these close relationships because there are so many ways that consumers can benefit.
You know, moving forward too, it's pretty clear that ADRCs can be a locust for future proactive activities Massachusetts. It's where options counseling runs out of, which is an effort to -- between the ILCs and the elder programs to give people at risk of entering a nursing home or in one and their families options.
Money follows a person coming to Massachusetts in a big way in 2012, and there's a high expectation that a lot of the services will run out of the ADRCs in some collaborative way. We haven't seen the RFP yet. But the integrity of each agency remains. That's a critical point.
>> SUZANNE CRISP: Thank you. Thank you. Mary Margaret, can you talk a little bit about how ADRCs conduct business?
>> MARY MARGARET MOORE: Sure. We -- we use the (Indiscernible) model. People say what the heck do you mean by that? Fundamentally we struggled and we still are struggling that the consumer only has to make one call to either one of our leadership partners, and they don't have to repeat their story over and over again. And for us, that was a fundamental concept for ADRC.
And we do that pretty well, and the way that we do that is, you know, we have that -- all of our phone systems connected, so they transfer the calls. There are hot buttons that if you're transferring a call internally, we can transfer them smoothly to our ADRC leadership partners right now and include the consumer in that and get the verbal permission from the consumer for us to do that and document that.
We're coming closer to finding a way to be able to communicate electronically and merging our different data electronically through our different databases. Those are some very practical things that we've put in place in order to conduct the business as the back office kind of making things easier for whoever the customer is, the consumer.
Bill talked about some of the joint programs that we've done together or beginning to do, like the options program and moving into other arenas.
We have worked very hard along with our partners to do some Coleman coaching. I think we are one of the few Centers in the country that has sent somebody to be train today do the Coleman coaching. Because we're looking at the 3026 proposals coming out, and we'll be doing a project for that through our ADRC, and we've got a minigrant working with hospital system for care transition called Safe Passages.
So we're doing very creative things, again, behind the scenes to our ADRC to conduct the business and make it seamless for the customer, but the customer, the consumer is the one, so this is what fits for me, and then whichever agency gets the first contact working with the consumer to explain those opportunities and link them up seamlessly.
I think the last thing that I'd say -- and I'm -- on how we're conducting business is we do a lot of cross-training, not just with our ADRC partners, but with advisory group to our ADRC agencies as well, and we do a joint conference, and we involve a variety of people, so it's a community movement, but it's the cross-training and sharing of what we all know and the case collaboration meetings that help the ADRC to come to life, and that's how we're conducting the business.
I hope that's helpful.
>> SUZANNE CRISP: Very helpful, Mary Margaret. Thank you. Peggy, would you weigh in on this question, please, of conducting -- how ADRCs conduct business?
>> PEGGY COSNER: There's a variety of ways, and I think our Center, our ADRC, has tried several ways. We're wanting to streamline the access to services, and we have had all of our partners in one place, so there's like that one-stop shop, whatever that's called, and then we kind of moved away from that. But due to our advanced technology and what we have, we're still able to have that no wrong door, so it's like a virtual space, and depending on what -- once again, it goes back to what's going to work within your community. So we have a little bit of everything made up for our ADRC, not at the stress of that consumer, so that consumer is able -- but to assist that person to get to the services and navigate that system to the -- to -- and to remove those barriers that they may have had prior to the ADRC.
It takes a lot of collaboration, a lot of communication, and I agree, the cross-training with staff is very, very important because it is the line staff that can make it or break it with our ADRC. So there's a lot of trust, there's a lot of communication. And I think the big part, too, is the sharing of not only the resources, but the financial resources too. So when things come through the ADRC, opportunities, financial opportunities, that we're also making sure that our partners are able to benefit from both financial assistance.
For example, we have five of us -- five of our partners have been able to provide respite services last year, and each partner received at least $30,000. And we used it according to what our particular agency, how we deemed it appropriate for respite service.
Option counseling, we have -- our ADRC has option counseling now for people who are in nursing homes not on Medicaid, and that is being contracted with us as the Center, as a CIL.
We do consumer-directed services. We also partner with the VA and our ADRC is doing consumer-directed services for the VA.
So I think what's important is that you're not only sharing the resources, you're also sharing those opportunities within your partners of ADRC. It's -- it helps to keep us together and to keep us on what's going to be good for the people that we serve in our community.
And there are times that, okay, it doesn't mean that you're guaranteed funding. That is not what I mean. But you're guaranteed not to have that if we're not working together.
>> SUZANNE CRISP: Excellent. Thank you, Peggy. I'm going to quickly move on. We've got two more questions, and we've got quite a group of questions from the public, so we want to get to those.
Peggy, would you talk about do ADRCs embrace the independent living philosophy of consumer direction and self-determination?
>> PEGGY COSNER: I think -- and we talked about this because it is the language, learning about the language of one another's language, and there is that language of person centered, but we at Centers are consumer control, and I really see a difference in that, and I think that's another subject. But realizing this is this person's life. This is -- they need to be the one to be informed and to be able to see what is the best opportunities and choices that they have. And that type -- now, families are important, and we're not excusing families, but that individual themselves need to be engaged, need to be part of this, need to be that consumer who is able to make those decisions to the best of their abilities.
So it is a learning process. We happen to believe that our way is the correct way. We feel, regardless of your age. And so I think understanding that process and being at the table and advocating and reminding that it sounds good, but what does this person want for their life? And I think that is a constant reinforcing and educating and teaching and having individuals on our team, on our ADRC, see the benefit of being truly consumer controlled and also consumer directed and aware of what we are talking about, living our independent living philosophy.
So it's an ongoing education, but it's worth it.
>> SUZANNE CRISP: Good. Thank you, Peggy. Mary Margaret, can you talk about the ability for the ADRC to embrace independent living philosophies?
>> MARY MARGARET MOORE: That's the big challenge and the biggest benefit is that we now have some more folks that are tied very closely to the Center through the memorandums of understanding, through the ADRC, that are learning more and more about what we mean by consumer direction, consumer control, self-determination in terms of our language.
And we have had those dialogues about person centered isn't consumer control. We have the dialogue about those things, which we probably would never have had before the ADRC because we wouldn't have had those relationships.
Do they embrace it? They embrace it more today, our partners in our ADRC, than they did pre-ADRC. And they are embracing it more and more as we are present and involved in tilting their perspective. The biggest question that I know that our staff always asks of our ADRC partners is, well, what would you do in that situation for yourself? And that stands them on their head, then they drop a bit of their technical training and understand more of what we're talking about.
I don't know about all the ADRCs across the country yet, and as the NCIL ADRC task force we're getting ready to do a survey of all the CILs and CISLCs to ask them questions about whether or not the ADRC, your CIL or CILC might be involved with does embrace the independent living philosophy and NCIL's position paper on ADRCs. So that's going to give us more information about where ADRCs are nationally. I think -- my hunch is it's going to be similar to the journey that we've taken here at our ADRC is it's better today, and it's more than it would have been eight years ago, and we're on a path becoming more dedicated to consumer control than beforehand.
>> SUZANNE CRISP: Thank you, Mary Margaret. Bill, can you talk a little bit about the independent living philosophy?
>> BILL HENNING: I agree with what's been said. I will point out I think what we also have to keep in mind -- and I think this is part of what I would call my pragmatic approach -- that some of the services set up for the aging programs aren't designed to really serve a consumer-directed philosophy. So we are not going to have this total conversion.
And I think, you know, when people come up to me -- and somebody did recently -- and said the ILCs and the elder programs are just the same. Everything is the same. We should be aligned. I said no, it's not the same. Consumer goes in to an ILC, say the person's 22 years old, has had a spinal cord injury, they come into our program, and they've got their life ahead of them. They're going to look for perhaps assistance in readjustment, employment, how to get benefits temporarily, how to move on, raise a family, whatever they may want to do.
Someone is referred to an elder program who is 94 years old, a widower, may have increasing dementia, memory loss, their life aspirations, their ability or even desire to control how their life runs is radically dimensioned, say, from the 22-year-old example I JAWS gave you. It's going to be a different set of services. So when we talk about consumer control, we have to be sure that the applications are in appropriate agencies within these agencies because by some definition, they're set up to serve people who may not be able to self-direct any more in a traditional way, even in a way that we would envision as independent living Centers. It may be a little heretical to say that. I'm just saying the profile of a lot of the folks who are served by these agencies is different. You know, we even have some dispute now around the 60 to 64 age around some Medicaid programs, and a lot of those folks aren't considering themselves elders. They would align much more with our programs, even though they're categorically eligible.
So that's just something to keep in minds.
>> SUZANNE CRISP: Great. Thanks very much. Yes, go ahead.
>> PEGGY COSNER: This is Peggy. Can I just make one comment?
>> SUZANNE CRISP: Sure.
>> PEGGY COSNER: I think it's -- even though an individual may be at a point where they have limited awareness of their surrounding, it's still about choice, and to still advocate for as much opportunity for choice for this individual, even if it's do you want to go outside or do you want to have -- or do you want to drink orange juice or apple sauce or something, it's still having opportunity and making choice.
So it may not be grandiose, but still having that person have some type of sense of control within their life is still, in my -- is still close to what I --
>> BILL HENNING: Maybe that's more of the revision is just refine what choice means. That's, I guess, what we all do in our Centers with consumers because it's different for every single individual.
>> PEGGY COSNER: Exactly. Right.
>> SUZANNE CRISP: Thank you. Thank you. For our last questions, Mary Margaret, would you take this question? Will ADRCs go away when federal funding ends? And right now it's scheduled to end in 2014.
>> MARY MARGARET MOORE: I think ADRCs might change. Things change as funding shifts. But (Inaudible) isn't going to go away because it's a benefit to my Center's ability to serve the consumer, and we're getting more and more integrated and embedded into how the local community looks at us and our ADRC partners.
So we've done this ADRC fundamentally with no money. Whether the federal funds end tomorrow or not is really not a whole lot different than what we're doing now. Initially we got a total of $5,000 spread over six months to start our ADRC back in 2004. Today there is a joint program, but it's pretty much state funding for our options program, and there's dribs and drabs from federal funding. We're doing a collaboration and the networking and the cross-training and for our own phone systems to add in the push buttons or whatever. We are doing those part of our natural operating agency budgets because it's enhancing our businesses and what we're doing, and we're collaborating on new things.
So I think some day, if those are highly dependent just on the federal funds, and others like ours that have become local and connected and figuring out how to make it work as a collaboration and linking into other opportunities that are going on in the local service system, in the state service system, are going to stay in business.
>> SUZANNE CRISP: Great. Thank you. Bill?
>> BILL HENNING: Yeah, I think they'll stay around in some form. It will obviously vary from locale to locale. But I think governments are looking at ways to consolidate services at the higher level. They're looking at similarities between disability and senior services, and this becomes a vehicle. And I think, as I said in my opening, there's going to be a shakeout in programs such as Medicaid/Medicare over the next five years, and if you are not involved, you are going to lose. And to the degree we can be involved via ADRC, hardly as a sole mechanism, but as a key one, the more relevant we will be, and I think they will stay around. The key is not to contert them into some bureaucratic entity that survives because it looks good. It's to keep them vibrant in some role and be able to be flexible to new roles that embrace our philosophies and missions.
>> SUZANNE CRISP: Excellent. Excellent. Peggy, do you think ADRCs will go away when federal funding ends?
>> PEGGY COSNER: I actually agree with my partners here, with everything that they said. And I think the ADRC concept itself will not go away. There there be some -- I agree with Mary Margaret that there may be some ADRCs that do.
The key to success is always looking for new opportunities. And I think that in Texas, our legislators are very much excited about ADRC for very much what Bill was saying. This is a way to get information to persons aging and persons with disability. They see the ADRC as a way of doing more with less. And these opportunities are coming, not just from our state and federal, but there's other grand and funding that love this idea of having collaboration within your community. So those ADRCs that are looking at other options than for continuous growth will succeed, and it will be a vehicle of doing business more effectively for long-term services. That's my feeling.
>> SUZANNE CRISP: Great. Thank you, Peggy.
We have a lot of questions, so we want to get to those, but I would like to share with you all, we have three slides on resources, some valuable resources we feel like would be very beneficial to our audience. The first is the NCIL, national council on aging, site. They have a particular site that talks about ADRC Action Hub, and this basically is a portal to share information with the Centers for Independent Living community as well as the aging community, and it does list out some valuable things. Some are very, very new there, on slide 7.
On the next slide, we want to highlight -- the next two slides, we highlight the resources that are found at the ADRC technical assistance exchange. That's operated by Lou and group and funded by the Administration on Aging. And there's a list of things there that we found beneficial, just tap on that website, then scroll down, and you'll see these resources
Lastly, on the website that manages this presentation, there is also a profile of ten partnerships with ADRCs and the aging network that we thought would be of value to you.
So, I'm going to turn this over to you for questions and answers.
>> Okay. Thanks so much, Suzanne. The way this works is we will take a couple questions from the folks on the teleconference first, then we'll switch over and begin to address the questions that have been typed in on the webinar screen. Erin, if you could help us take the first few questions, please.
>> OPERATOR: Of course. The floor is now open for questions. If you have a question, please press the number 7 or the letter Q on your telephone keypad. If at any point your question has been answered, you may press 7 to disable your request. Please hold while we wait for the first question.
Okay. We do have a question on the line from Steven Johnson. Steven?
>> Yeah. Yeah, thanks for this opportunity. It's been a really good discussion. What I was wondering is we seem to be getting hung up locally with our ADRC across the state because of the data collection issue about the AAAs have a certain data collection system that they're moving towards, and ciltion don't want to change becauseing it's taken -- and CILs don't want to change because it's taken us 25 years to get the one we have to meet our needs.
How is that resolved with some of you that are using the joint data collection system?
>> PEGGY COSNER: This is Peggy. We have the same challenge, and we were not in a position to switch over to the preferred way of collecting data. So one of the things the ADRC has to be is somewhat flexible. If you are bringing partners and collaborating, working on relationships, you have to be flexible. So we provide our data in our format to whoever is the lead, and they transfer it into their system. It's the very same kind of data that they are looking for, it's just in a different format. And it would cost us more time and effort, so that's how we resolved it, by having our partners more flexible. And it takes a lot of negotiating. Unless they were going to pay me more to do that, and that wasn't in this area.
>> MARY MARGARET MOORE: Can I say something too on that? This is Mary Margaret again. I urge you to think about that what we've come to is to try to get state government, whether they are using federal dollars or state dollars or whatever, to think about an interface between the two systems and let them pay for it, but the control over how it's designed resides with the dialogue between your ADRC, CILs, AAAs, and whatever. We don't need the same data collection. What we need is an interface between the two.
>> Right.
>> MARY MARGARET MOORE: And we're almost there in Massachusetts. We made an attempt, and we had it, and it got delayed and then lost and thrown away. Now we're coming back and getting closer to doing the interface again. And I support what Peggy says in terms of you know that reporting for what they call their semiannual, whatever it is -- I don't know what it is. The ADRC data stuff. We ship it out in our format that's easy for us and let them put it together, whoever the "them" is. It's a combination in our ADRC of someone in one of the AAs that does it and the folks in the elder affairs office where it ends up. So that's how we've begun to address it here in Massachusetts. I hope that's helpful.
>> Let me just be clear too, too much energy can go into this, and for a while I believe too much energy was. We serve, often, different populations. A lot of this call has been about serving people with similar needs and collaboration. That's all grand. When the day is over, we serve a whole ton of people who don't know what these elder programs are, have no interest, have no categorical eligibility, and I don't want to control a whole data system and put great resources of time and money into being in sync with one of dozens upon dozens of partners. Pretty important to keep that independent perspective.
Not to refute the collaboration, but not to say it's the penultimate collaboration either.
>> Right.
>> All right. Good solutions. Erin, second question from the telephone?
>> OPERATOR: We do have a question on the line from Dawn. Go ahead.
>> This is Berta. I'm speaking for Dawn. I'm curious, Bill, what do you mean that a lot of elder programs are risk averse?
>> BILL HENNING: Well, I think it gets to what we've been talking about around the philosophy they are afraid that the senior will get hurt if they live in a high-level independent living situation. We had a situation in Massachusetts, it wasn't with Mary Margaret's program or the one I work for, where the ILC went in, got somebody out of a nursing home, the person is starting to live independently, and a week later, some member -- roughly a week, two weeks -- comes in with their elder protection unit, says the elder's at risk, and the person goes back to a facility, I think. They're risk averse. They see how things can go wrong, and that's okay. You don't want to put somebody out there without resources or adequate safety features if they have a lot of challenges. But they're afraid of the risk, that element of our philosophy, the right to fail, the right to take risk, the right to do all the stupid things that able-bodied people do.
>> We buy off on your concept and philosophy for both populations. I mean, yeah. So okay. Thank you.
>> BILL HENNING: Sure.
>> Okay. Thanks. For the folks on the phone, don't worry, we are going to come back, but I am going to start to address this list of questions on the webinar. We have one question. I am going to try to do two birds with one stone here. We have one question from Michelle. She asks can a AAA simply call itself an ADRC without any formal relationships with CILs or other agencies without any funding from Administration on Aging or the state? And the short answer is no, absolutely not.
I've got another question here that asks what to do if the Center in the area refuses to become a part of the ADRC partnership. Are there other viable disability partners? Should the D partner be consumer directed, person centered, IL based, or will any agency do? This is primarily a call for CILs, but I thought it was an interesting question. Suzanne, I'm actually wondering if you have any thoughts on that.
>> SUZANNE CRISP: And the question is -- I'm sorry. I was reading all the questions. And the question again is what now? I'm sorry.
>> Sorry. What happens when an ILC actually refuses to become a part of the ADRC partnership in the area? Are there other viable disability partners?
>> SUZANNE CRISP: Well, I think that we've seen that there's been a reach to Easter Seals and ARCs and other disability advocacy services within the community. It's just such a shame that the CIL is not willing to be a partner because as indicated from our speakers, they are missing out on a big opportunity for expansion and for collaboration, then. But it's then -- then an ADRC goes out to whatever organization then will partnership with them because they do have to meet partnership criteria, and they do have to show that they are making an effort to partnership with disability communities.
>> Okay. Thanks. Second question here, Alan Factor asks if -- excuse me -- if the ADRC concept is confusing to consumers, and if the AAA, rather than a Center for Independent Living, is the ADRC lead, do people with disabilities go to the AAA first and then get referred back to the Center? Peggy, could you help us, walk us through that scenario? How would that work?
>> PEGGY COSNER: The intent is to prevent or limit the confusion for the consumer and to assist that person to navigate the system and not to make it more confusing. Every Center or every ADRC is set up different, as we had talked. In ours, if a person with a disability contacts the ADRC, it usually always comes to us first or one of our key partners that may be more specific to that individual's disability.
It goes back to making sure that your infrastructure within that ADRC is not confusing and is not -- does not cause that individual to have more loops to go through. Because the purpose is to prevent that and to assist that person to navigate to the right service that would meet their needs.
>> BILL HENNING: Can I just say we don't promote the ADRC except at other agencies because it would confuse people. The consumers go to the ILC or the aging program. We are not trying to throw another alphabet soup at them to just muddy the waters.
>> Perfect. And a quick question here. We talked a lot about language and kind of finding our way and coordinating and merging our philosophies, our language among all the different partners. And Raul asks if anyone has created a list of resources to help someone navigate the resources? Is anyone aware of a list that's been created or other materials?
>> SUZANNE CRISP: Tim, this is Suzanne. I know in another live that I have, we are working with core competencies for options counselors with the Administration on Aging, and we are finding a bit of frustration in that each of the communities has not only different language, but they have the same terms with different definitions. And what we're trying to do is come to some agreement about that. I think what we're probably going to have to do is have for the disability community, this is the dictionary. And for the aging community, this is the dictionary. And for CMS, this is the dictionary. I think it's going to come to those terms. I think we're pretty far out from saying yes, let's all come together and, you know, exchange definitions and create new same definitions because it's too much ingrained in value to do that. It would be a shame to do that to the various communities at this point.
>> TIM FUCHS: Sure. Good. Erin, if I could ask you to help us take a few more questions from the phone.
>> OPERATOR: Sure. If you do have a question, please press the number 7 on your telephone keypad.
Okay. We have a question on the lawn from Dawn.
>> Again, this is Berta. I may be your only questioner. I am just curious, I don't remember who was talking about it, but one of the CILs is getting funding to provide options counseling services. Where does that funding come from, and what is it?
>> PEGGY COSNER: This is Peggy. That funding is through a grant that went to our state Department of Aging disability services, and it was put out for bid, and our -- there were three -- three or four within the state that received that, and our ADRC was one.
And then our ADRC decided that it would be best for us to be the point of employer, so we are contracted with our central ADRC to do the option counseling. And I can say that our option counselor is housed within the ADRC office, and it's working very well. It happened to be -- our staff happens to be a person who was a -- worked for relocating under the Medicaid services. It's not like -- the same involvement. It's working with people that are on private pay or Medicare to resource s within their community. So it's not where we did relocation, we physically assisted that person, so forth. It's not exactly that. Basically, this person is paying 70, 90 thousand a year for services within the nursing home. What we are showing them, another option within their community and connecting them to those options and services within the community that may be traditional and some may be nontraditional that they may Motte have been aware of so that they are able to return home successfully.
>> Is that older American Act money?
>> Yeah, I believe it's ADRC money that the --
>> One of the grants. Okay.
>> It's a grant. It's not limited to -- it's not limited to age.
>> And we do it differently in Massachusetts, of course, and Bill, you can chime in. We teamed up with the -- our AAAs I think it was in 2006, Bill.
>> BILL HENNING: Yeah.
>> The ecochoice act, unanimously by our legislature. It was a feature, key element in that, which is the way to get the Olmstead choice making put into play here in Massachusetts statute was that folks would be given preadmission counseling before they went into a nursing home.
And we started here in Massachusetts with using some of our state money and Medicaid money, approved by the legislature, to do options counseling. And then while we were doing our testing, ALA coming down with these ADRC optioning counseling grants. So we took a little bit of that money and did other things with it. And now we have options counseling statewide going on here in Massachusetts, which is really our own take on expanding just preadmission counseling to options as you've heard Peggy describe it, and it's the first program through our ADRCs that we have going in our 11 -- 10-1 ADRCs here.
>> Every ILC except one that was a little late to the game is getting money to have an options counselor in the 27 elderly partners have an options counselor too. So we're reaching a couple thousand people or more -- I forgot the last numbers -- on options getting out of or staying out of a facility.
>> I am curious about sustainability on that after the grant goes away and what you're thinking for funding.
>> PEGGY COSNER: This is Peggy. I think that what they're looking at and the legislators are looking at, this is a long-term support option counseling. This is -- as you know, we are looking at our long-term costs, and this is something that is -- we have to do business differently. Nursing care is a very costly expense. If there are other options available for a person within our community -- and they've learned through our relocation services money follows the person that this is less costly by having this person -- you know, money follows the person back to the community. So I believe that they're looking at other ways and we're going to see more of these kinds of options. This one is for private sector resources to be able to do aging in place, et cetera. Alternatives to what we typically know now as long-term so that we have more options and less of a cost for that individual. I believe you are going to see more of this.
>> BILL HENNING: Yeah, in Massachusetts, it's a state line item appropriation, and it flies for two reasons. In one way, you project you are going to save money, keeping somebody in the community versus the $80,000 a year for a nursing home. That's one.
Two, you just create a foundation that this is a human right to live in a community and have choice. I would argue we cannot surrender that because when you get deep into the money argument, you may often find it's sometimes cheaper in a facility for some consumers, and you don't want to lose that right because it's more expensive. You don't want it to be just that narrow either.
>> That's right. Yes.
>> BILL HENNING: It's a two-pronged argument. Some people actually buy into the morality of it, admittedly more by economics, but can't surrender.
>> Whatever works. But I think you are going to find -- and interesting, they put this under money follows the person, which I -- okay. The money really isn't following the person. Okay. But that's what they're doing in Texas. They put this under the umbrella of money follows the person.
>> It's got to be different in every state, I think. The key is to get out there and just try to promote this, and the ADRCs are a great vehicle, I think, if you can get good working relationships and clan racials like we've been talk -- and collaborations like we've been talking about today.
>> TIM FUCHS: Okay. thanks. I'm going to jump to some of these remaining questions on the webinar. If any of the ADRCs on the panel have received funds from your state ADRC grant to help support your staff's time or data management associated with the ADRC operations?
>> MARY MARGARET MOORE: (Laughter). This is Mary Margaret laughing. You heard what I said, no, we don't really get money. For the options program, we've gotten money to help get that started, and it's been rolling along because we were part of the test part of it now for a couple of years. And as I said, during the early days, started ADRC with minimal money.
Now, where do we get the money? We've been factoring it into our operation as part of what we needed, and there may be additional funds that we get as we're exploring future options with our ADRC partners and through other coalitions. Bill mentioned earlier we have a lot of exciting things going on here, and I know in every state where money follows the person is going to go or the whole care transition, the 3026 grants that are coming down. I probably would not have considered those as opportunities ten years ago pre-getting involved in the ADRC, but now I'm thinking about how does my agency fit in with those as part of the ADRC to potentially think about shifting how the IRLC is providing services and we might get funding.
>> TIM FUCHS: Thanks. We are just about out of time. I want to -- there are some questions that we'll have to address after the call, and I'll talk about that in a second. But there's a clarification question here.
If 57% of our ADRC have CIL involvement? Is that correct? She said that we mentioned another 93 Centers were involved. She said my understanding is that only 20% of ADRCs had CIL involvement, so if it's higher, she asked where the numbers came from.
>> SUZANNE CRISP: Okay. That would be me. I got these numbers from the Luen group, and I received them yesterday. What they say is that there currently are 385 ADRCs. 93 of those ADRCs or 24% are operated by independent living Centers. Then there is a formal partnership in the form of an MOU, a memorandum of understanding, with another 120 Centers or 33%. So to sum this, there's active involvement between the CILs and ADRCs in about 57% of the 385 ADRCs.
>> TIM FUCHS: Okay. All right. Thanks for clearing that up.
>> But we need to remember that Centers are not necessarily covering all areas, as the Area Agency on Aging or ADRC. So there may be also not a Center in that ADRC area.
>> Right.
>> Can I respond to the NCIL survey, there's a NCIL ADRC task force that's getting ready to get g out pretty soon. We're just finalizing it. So we can also gather our own datey and look at what that means and/or think about being on the NCIL ADRC task force. And/or go on the NCIL Web page and think about signing up to be on the NCIL ADRC task force.
>> TIM FUCHS: All right. Thanks, Mary Margaret. It is 4:32 Eastern time. I apologize. I know there are a number of you that we didn't have time for the questions. We left almost a full half an hour, but we really got a lot.
What I will do is I will compile these questions, and we will share them with our presentation team, and we will either post or email the responses to you all so that you can have questions. And that way we can just share it with everyone so you can all see the responses to those questions.
Also, I've clicked over to the last slide here, slide 11, the evaluation form. If you're on the webinar, this is a live link, you can click right to it, and it will take you to the evaluation form. If you are on the telephone today, again, that was on the training webpage on NCIL's website where you connected, it's also the evaluation form. Again, I promise, it's very easy to complete, it's very short, but it's really important to us, so please do take a money to do that.
Suzanne, Bill, Mary Margaret, and Peggy, I want to thank you for an excellent presentation. I want to thank our audience, very engaged, great questions, and we will do our best to turn these answers around just as quickly as possible and get them out to you all.
Thanks so much, everybody. Have a wonderful afternoon. Bye-bye.

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