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Consumer Expectations

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

Consumers expect:

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

Consumers expect:

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

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Consumers expect:

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

Consumers expect:

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

Consumers expect:

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

Revisions to ADRC of Oregon Standards

The Community Services and Supports Unit (CSSU) plans on reviewing standards annually to make this document a living set of expectations. The statewide Advisory Council will direct changes in their annual meeting. Future updates will be shared with all partners and the CSSU strives to provide comprehensive training to help ADRC sites be successful in each of the elements.

Section 1 Organizational Requirements

IA Governance and Administration

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

IA.1 ♦ The State has a formal process in place for involving external community partner groups and individuals, including older adults, persons with disabilities, (physical, behavioral, intellectual disabilities (ID), developmental disabilities (DD), and family caregivers in the development and on-going implementation of the No Wrong Door (NWD) System, and it has documented evidence that community partner groups and individual input is influencing the design and ongoing operations of the No Wrong Door (NWD) System. (CSSU)

IA.2 ♦ The existing Senior Advisory Council (SAC), Disability Service Advisory Council (DSAC), or agency governing board will provide direction to the ADRC on the needs of seniors and people

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with disabilities within the ADRC region; as well as actively participate in the program planning, goal setting, financial expenditure planning, program evaluation and operation of the ADRC. This council will be involved in the planning, budgeting and decision building of the ADRC. (ADRC)

IA.3 ♦ The ADRC has designated staff and/or a council, who is invested with sufficient authority to maintain quality processes across all partnering organizations. (ADRC)

IA.4 Formal Partnership Agreements, Protocols, or Contracts be established with critical aging and disability organizations, Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs), Type A AAAs and local Aging and People with Disabilities (APD) offices, Senior Health Insurance Benefits Assistance (SHIBA), Adult Protective Services (APS), 2-1-1, state designated Assistive Technology Program, Statewide Independent Living Council (SILC), and Veterans' Administration (VA) Medical Center. (ADRC & CSSU)

IB Policies and Procedures

IB.1 ♦ The ADRC must ensure that the coordination of authorization and payment for a long term care service is separate from the direct provision of long term care services as directed by the state policy for conflict-free case-management. (ADRC)

IB.2 ♦ The ADRC will provide information and support to all individuals inquiring about or requiring publicly and/or privately funded long term services and supports. (ADRC)

IB.3 ♦ The ADRC is responsible for the administration of state and federal funds that are specifically designated for ADRC functions. The Senior Advisory Council (SAC), Disability Service Advisory Council (DSAC), or agency governing board will contribute to strategic planning and decision making on how ADRC funds will be used and services delivered. (ADRC)

IB.4 ♦ The ADRC must ensure that all direct service staff providing the core ADRC functions of information and referral, screening, public education, comprehensive needs assessment, service referral and coordination, financial eligibility assessment, program eligibility assistance, options counseling and service plan management have the skills, knowledge, and abilities needed to perform their job. (ADRC)

IB.5 ♦ The ADRC must ensure that core functions are provided in a culturally and linguistically appropriate manner. Consumers with special needs will be linked to appropriate services to ensure full access to services, as applicable. (ADRC)

IB.6 ♦ ADRCs have systems in place to ensure consumer involvement in program design, operation, and quality improvement. (ADRC)

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IB.7 ♦ All ADRC staff will complete confidentiality training and will adhere to requirements as specified by the Privacy and Security Agreement in the state contract with CSSU. (ADRC)

IB.8 ADRC agrees to adhere to Elder Abuse Protection requirements as specified in contract language. (ADRC)

IC Business Practices

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

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

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

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

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

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

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

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

IC.9 Phone calls are answered by a live person during the agency's normal business hours with voice mail available when they are busy or it is after hours. (ADRC)

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

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

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

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

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

ID Fiscal Practices

ID.1 1 ♦The State uses a variety of state administered funding sources to support the planning, implementation and on-going operation of the ADRC program including Medicaid. (CSSU)

ID.2 ♦ADRC develops an annual budget to support ADRC core functions and statewide standards based on available resources. (ADRC)

ID.3 ♦ADRC will maintain financial records in accordance with generally accepted accounting practices and comply with annual independent auditing standards if required. (ADRC)

ID.4 ♦The ADRC will develop and maintain a financial plan and a sustainability plan to sustain core ADRC services through a diverse set of public and private sources. (ADRC)

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

IE Resource Database

IE.1 ♦The ADRC maintains a specialized statewide resource database provided by the State with a balanced representation of public and private long-term services and support resources for all older adults, people with physical, intellectual and developmental disabilities of all ages, veterans, and family caregivers. ADRCs whose listings are maintained by CSSU routinely convey information to the CSSU when they learn of new resources or changes to existing resources in their area so that staff can make appropriate updates to the listings in the resource database. (CSSU & ADRC)

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

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

IE.4 ♦The ADRC resource database utilizes the Inform USA (formerly AIRS) accepted

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taxonomy. Taxonomy is updated to current version at least once every 12 months and customized taxonomy is reviewed annually. (CSSU)

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

IE.6 ♦ ADRC resource managers will work towards Inform USA (formerly AIRS) Resource Specialist certification by studying the Inform USA manual and will attempt certification when possible according to Inform USA qualifications. (CSSU & ADRC)

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

IE.8 Listings are measured for quality using the Resource Listing QA Tool. (CSSU & ADRC)

Section 2 Service Delivery

IIA Public Education and Outreach

IIA.1 ♦ The ADRC will establish and maintain an ongoing marketing and outreach plan that increases public awareness of the ADRC, its services, its objectives and its value to the community. The marketing and outreach plan will incorporate statewide education efforts when appropriate and coordinate with community partners. (CSSU & ADRC)

IIA.2 ♦ Marketing and outreach plan targets older adults, individuals with disabilities, family caregivers, and people of all income levels, including private paying populations. (CSSU & ADRC)

IIA.3 ♦ The state will maintain a state ADRC website and statewide ADRC toll free number. ADRCs will include on their local website a link to the ADRC statewide website and ADRC statewide toll-free number. (CSSU & ADRC)

IIA.4 ♦ All materials must include the ADRC logo, website and statewide toll-free number. The ADRC will submit to the Community Services and Supports Unit for review and approval, any newly developed ADRC-related program, public information or other printed materials. (ADRC)

IIA.5 The ADRC must provide educational materials that are culturally and linguistically sensitive, at a maximum eighth grade level of readability and can be accessed by individuals with special needs. (CSSU & ADRC)

IIA.6 The state and the ADRC conduct ongoing outreach and training targeted at key referral sources, including Information and Referral programs, to inform them about ADRC services and how and when to make referrals to the ADRC for I&R or options counseling. (CSSU & ADRC)

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IIB Gatekeeper Program

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

IIB.1 Gatekeeper programs train employees of community businesses and organizations to recognize and refer at-risk older adults and people with disabilities to the ADRC of Oregon. All Gatekeeper calls must be logged into the ADRC Call Module and all Gatekeeper reports must be pulled from the ADRC Call Module. (ADRC)

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

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

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

IIB.5 ADRCs providing Gatekeeper training is responsible for documenting all trainings and capturing the following key elements for reporting: date, audience and number of people trained. Gatekeeper coordinators and relevant team members will participate in ongoing conference calls and /or meetings as directed by CSSU. (ADRC)

IIB.6 Statewide Gatekeeper protocols for calls received by an ADRC outside of the consumer's area will be followed by the Gatekeeper who receives the referral. Occasionally Gatekeeper presentations will be made to agencies/organizations/groups that serve multiple areas throughout the State. It is the expectation that the presenting Gatekeeper coordinator will include, or make aware of, the presentation the Gatekeeper coordinators specific to service area. (CSSU & ADRC)

IIB.7 Gatekeeper Coordinator and Supervisor provide ongoing leadership and quality assurance to ensure Gatekeeper calls meet established standards. (ADRC)

IIB.8 Gatekeeper Coordinator will track trends and use call data to help inform outreach efforts and develop relationships with community partners. (ADRC)

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IIB.9 Gatekeeper Coordinator works directly with supervisor to set protocols for planning, development, and implementation for volunteer participation and volunteer training. (ADRC)

IIC Information and Referral (I&R)

IIC.1 ♦ADRC staff provide I&R services in accordance with contractual requirements and established policies and procedures. (ADRC)

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

IIC.3 ♦ADRC staff record required information in the state approved software system for the ADRC call module in accordance with contractual requirements and established policies and procedures, including information about the caller, consumer, demographic information, met and unmet needs, and referrals provided. (ADRC)

IIC.4 ♦Follow-up calls are performed according to the I&R follow-up policy. (ADRC)

IIC.5 ♦I&R staff must participate in required training, actively work towards CIRS A/D certification, and attempt the exam as soon as possible after meeting minimum requirements. (ADRC)

IIC.6 ♦I&R staff identify potential options counseling consumers and make appropriate referral. (ADRC)

IIC.7 ♦I&R staff promote the health and safety of consumers by referring to appropriate housing resources, community health promotion programs, healthcare preventive services, mental health, social isolation and loneliness, and/or dementia resources when a need is identified. (ADRC)

IIC.8 ♦ADRC staff only refer to resources maintained in the ADRC resource database when making referrals. Referrals to services that do not meet ADRC Inclusion/Exclusion Policy criteria must be pre-approved by ADRC management. (ADRC & CSSU)

IIC.9 ADRC staff provide I&R services according to Inform USA (formerly AIRS) standards. (ADRC & CSSU)

IID Options Counseling (OC)

IID.1 ♦ ADRC Options Counselors provide options counseling consistent with the person-centered planning requirements in the Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services (HCBS) Settings Rule and the person-Notes:

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centered counseling function defined in the “Key Elements of a NWD System of Access to Long-Term Services and Supports (LTSS) for All Populations and All Payers” and ensures that the consumer with long-term service and support needs directs the options counseling process. All ADRC Options Counselors attain competence in person-centered counseling while subsets of the ADRC Options Counselors have specialized experience and expertise in serving the different segments of the ADRC populations and specialized ADRC functions. (ADRC)

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

IID.3 ♦ Options Counselors and their supervisors will adhere to contractual requirements and established policies and procedures. (ADRC)

IID.4 ♦ Options Counselors facilitates streamlined access to public programs for those who appear eligible for one or more public LTSS options such as Medicaid, Oregon Project Independence (OPI), Oregon Project Independence Medicaid (OPI-M), and/or Veterans programs. (ADRC)

IID.5 ♦ ADRC meet minimum qualifications for Options Counselors and the options counseling supervisors consistent with contractual requirements and established policies and procedures. (ADRC)

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

IID.7 ♦ Options Counselors and supervisors receive initial minimum required training provided by the state and ongoing training as appropriate in order to meet state and federal requirements. (ADRC & CSSU)

IID.8 Options Counselors have the knowledge, skills and abilities to provide transition support, helping consumers and families assess needs and safety risk factors, and understand and select options that will meet their needs. Transitions may be from living independently in the community to long-term care, or from a hospital. Options

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Counselors providing hospital Care Transitions must complete evidence-based training and adhere to the requirements of the evidence-based model. (ADRC)

IID.9 For person-centered transition support, formal agreements and protocols with core partners and critical pathway providers will be made available for providing transitions and diversion support, referral processes, partner inclusion and staff training will be made available. Critical pathways include healthcare providers, mental health providers, facilities, and those critical to the person’s “path” forward. (ADRC)

IID.10 For person-centered transition, work with key partners including APD and Safety, Oversight, and Quality (SOQ) unit to ensure minimum data set (MDS) 3.0 Section Q requirements are in place. (ADRC)

IID.11 Options Counselors have specialized experience and expertise in serving different segments of the LTSS population including helping people transition from community to facility or facility back to community, hospitals and/or nursing homes back to the community. (ADRC & CSSU)

IID.12 ADRCs have options counselors with specialized experience and expertise or ensure partnerships with agencies who have specialized experience and expertise in serving different segments of the LTSS population including:

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

IIE Streamlined Eligibility Determination for Public Programs

IIE.1 ♦ ADRC staff should be familiar with application processes and eligibility

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requirements for common services and programs. Appropriately trained ADRC staff may conduct some of the initial screening or outreach efforts. (ADRC)

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

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

IIE.4 Streamlined access to public long-term services and supports: Through efficient information sharing, all the processes and requirements associated with conducting formal assessments and determining eligibility for public programs are simplified so each individual only needs to apply for help once. (ADRC)

Section 3 Continuous Quality Improvement

IIIA Consumer Satisfaction & Quality Assurance

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

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

IIIA.3 ♦Routine State level performance tracking will occur and ADRCs will participate in CSSU appointed monitoring efforts and implement recommendations to continue successes and improve weaknesses. (CSSU & ADRC)

IIIA.4 State-approved software systems support all program functions (CSSU)

IIIA.5 Routine quality checks are performed in accordance with contractual requirements and established policies and procedures and that resource database entries comply with quality standards set forth in the ADRC of Oregon Style Guide and Inclusion/Exclusion policy. (CSSU & ADRC)

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Section 4 Glossary of Terms

AIRS: Alliance of Information and Referral (AIRS)

APS: Adult Protective Services (APS)

ADRC: Aging and Disability Resource Connection (ADRC)

AAA: Area Agency on Aging (AAA)

APD: Aging and People with Disabilities (APD)

CIL: Center for Independent Living (CIL)

CIRS A/D certification: Certified Information and Referral Specialist Aging/Disability (CIRS A/D) certification

CMS: Centers for Medicare & Medicaid Services (CMS)

CSSU: Community Services and Supports Unit (CSSU)

DD: Developmental disabilities (DD)

DSAC: Disability Services Advisory Council (DSAC)

HCBS: Home and community-based services (HCBS)

ID: Intellectual disabilities (ID)

I&R: Information and referral (I&R)

LTSS: Long-term services and supports (LTSS)

MDS: Minimum data set (MDS)

MOU: Memorandum of understanding (MOU)

NWD: No Wrong Door (NWD)

OC: Options counseling (OC)

OC: Options Counselor (OC)

OPI: Oregon Project Independence (OPI)

OPI-M: Oregon Project Independence Medicaid (OPI-M)

SAC: Senior Advisory Council (SAC)

SOQ: Safety, Oversight, and Quality (SOQ)

SILC: State Independent Living Council (SILC)

VA: Veteran's Administration

SHIBA: State Health Insurance Benefits Assistance (SHIBA)

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

For questions about the Aging & Disability Resource Connection of Oregon Consumer Based Standards, please contact Community Services and Supports Unit (CSSU) staff Dawn Rustrum at 503-779-9242, dawn.l.rustrum@odhs.oregon.gov, or Rodney Schroeder at 541-305-3489, rodney.b.schroeder@odhs.oregon.gov.