Narrative

A. Summary /Abstract

Massachusetts will develop an Enhanced Aging and Disability Resource Consortia (ADRC) that provides access to an integrated system of community-based long-term services and supports that are person-centered, high in quality, and provide optimal choice and self-direction. The goals of the project are to: 1) develop an enhanced, financially sustainable No Wrong Door ADRC infrastructure that serves adults of all ages, disabilities and incomes, and 2) demonstrate the ADRCs' effectiveness in providing Options Counseling (OC), supporting consumer direction and achieving positive consumer outcomes. The project objectives include:

- Stronger, enhanced local ADRC partnerships that ensure excellent, seamless customer service
- Enhanced training for options counselors
- An improved system of cross-training and cross-referral between ADRC partners and local service providers
- Expanded local ADRC partnerships to better serve people with developmental and intellectual disabilities, mental health needs, cognitive impairments and veterans
- Integration of ADRC services into new health care business models
- A unified marketing strategy to inform health care providers who serve individuals at high risk of institutionalization about the ADRC partnership's role in the long term services and supports (LTSS) delivery system
- An enhanced performance management system for measuring and reporting on the performance of ADRC member organizations and consumer outcomes

Products to be developed include: a marketing strategy, new service models for partnering with integrated care organizations and similar/existing care management entities, standard policy and procedural manuals, a new CQI Manual, and an enhanced invoice payment and service tracking

capacity, where necessary and resources permit, for the VA Medical Centers (VAMC) to interface with the MA ADRC system.

B. Approach

B1. General ADRC Options Counseling Program Structure (No Wrong Door Model)

Background on Massachusetts ADRC Development and Services: ADRCs play a critical role in supporting the Commonwealth's Community First initiative, which seeks to support and empower elders and people with disabilities to live with dignity and independence in the community by providing "No Wrong Door" (NWD) access to an integrated system of community-based long-term services and supports that are person-centered, high in quality, and provide optimal choice and self-direction.

The Massachusetts Aging & Disability Resource Consortia (ADRC) began in the northeast area of the state in 2003 as part of a national initiative funded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). Prior to the ADRC development, there were several distinct statewide systems addressing community-based long term services and supports needs: 23 Area Agencies on Aging (AAA), the Aging Services Access Point (ASAP) network (a 40+ year old network of 27 non-profit agencies (of which 20 are also AAAs), funded by the state, providing information and referral, home care supports including operation of a Medicaid 1915(c) waiver for Frail Elders, care management, support brokerage, adult protective services, and clinical assessment services under contract with EOEA), and 11 Independent Living Centers (ILC) (a 38 year old network of consumer controlled organizations providing advocacy, information and referral, peer counseling, independent living skills training, and nursing facility transition support.) Presently, the AAA/ASAP and ILC statewide networks form the basis for the ADRC networks.

Since the inception of the Massachusetts ADRC Consortia in 2003, the state has used the "No Wrong Door" approach, in which member organizations retain their own locations, policies, philosophies and identities, while consumers are provided with information and referral or Options

Counseling (OC) and then seamless access to long term services and supports, no matter which member organization within the ADRC they first contact. To date, the Massachusetts ADRC model has promoted collaborative equal partnerships between the 30 local ASAPs /AAAs, the 11 ILCs and the other community-based organizations that have joined the Consortia over time. The infrastructure supporting individuals with intellectual disabilities and mental health needs have been served by separate entities. Under this Enhanced ADRC Project, Massachusetts will focus upon improving the collaboration between all of these organizations to better serve people across the spectrum of disability, especially people with DD/ID, mental health needs and provide equitable access to LTSS for all populations in need.

With the passage of MGL Chapter 211 of the Acts of 2006, commonly referred to as the Equal Choice Law, OC became a key service and focus in further developing and expanding the ADRC model statewide to 11 regional consortia among ASAPs/AAAs and ILCs. The MA ADRCs have endorsed Options Counseling standards as well as state training requirements; in addition, they support ongoing sharing of information and cross-training programs among local ADRC partners. These foundational program protocols ensure that individuals who seek options counseling services receive streamlined access to LTSS, comprehensive information, community transition decision support and skilled assistance from consistently trained Options Counselors at the 11 regional ADRCs statewide. Through this work, Massachusetts has acquired a great depth of experience in designing both a statewide OC training system as well as state-specific OC standards that support and compliment regional variation and the existing infrastructure of the 11 ADRCs. MA has actively participated in and looks forward to continuing its leadership role in working with ACL, CMS and colleagues in other states on further development of national OC standards and a training system that ensures quality consumer directed services while respecting the need for local flexibility in program management.

Project Management: The Massachusetts Executive Office of Elder Affairs (EOEA) and the Office of Disability Policy and Programs (ODPP), both within the Executive Office of Health and Human

Services, shall serve as the lead organization for the *Part A: The Enhanced ADRC Program*. Secretary Ann Hartstein at EOEA and Christine Griffin, EOHHS' Assistant Secretary for the ODPP, will have overall responsibility for administering the program. During the 9-year development of the Massachusetts ADRC the EOEA and ODPP have built a close collaborative relationship while sharing in the development and management of the Massachusetts ADRCs. In addition, they will be partnering with the Massachusetts Rehabilitation Commission (MRC), the state agency responsible for coordinating and funding the statewide Independent Living program. MRC Commissioner Charles Carr will be a member of the ADRC Leadership Team.

Massachusetts' 11 regional ADRCs are led jointly by the ASAPs/AAAs, which serve adults age 60 and over, and ILCs, which serve adults with disabilities of all ages. The eleven (11) ADRCs provide statewide coverage. The regional entities/areas are: ADRC of the Greater North Shore; MetroWest ADRC; ADRC of Merrimack Valley; Southern Massachusetts ADRC; ADRC of Southeastern Massachusetts; ADRC of Cape Cod and the Islands; ADRC of Suffolk County; ADRC of the Pioneer Valley; ADRC of Berkshire County; ADRC of Central Massachusetts; and MetroBoston ADRC.

ADRC Philosophy: In the *Massachusetts ADRC 5-Year Strategic Plan*, completed in March 2011, the following set of guiding principles was endorsed by all members of the ADRC Consortia. Each organization agreed to incorporate a person-centered approach into all management and service activities by embracing the independent living philosophy, which would include the following practices:

- Consumer Control – ADRCs ensure that all individuals with and without disabilities have control over their own lives and services they receive. The ADRC provides information and access to the services based on what the consumers say they want.
- Consumer Direction – ADRCs ensure that consumers with and without disabilities have an active role in the design, development, operation and evaluation of their home and community based services. Decisions are not made for consumers but rather by and with consumers.

- Self-Determination – ADRCs ensure that individuals are supported in a way that builds up their strengths, promotes community life, and honors the individual's preferences, choices and abilities. Also, individuals must be afforded the opportunity to fail and learn from failure – to maintain the "dignity of risk".

Expanding ADRC Partnerships: Through this grant, the regional ADRCs will be expanded to include local representation from organizations listed below:

- State & Federal Veterans' Agencies
- Massachusetts Rehabilitation Commission (MRC)
- Office of Medicaid (MassHealth)
- Massachusetts Department of Veterans Services (DVS)
- Massachusetts Commission for the Blind (MCB)
- Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH)
- Massachusetts Department of Developmental Services (DDS)
- Massachusetts Department of Mental Health (DMH), including Recovery Learning Centers
- Chelsea and Holyoke Soldier's Homes
- Veterans Administration Boston Health Care System (Jamaica Plain and West Roxbury)
- Veterans Integrated Service Network 1 (VISN)
- Family Caregiver Support Program and partners in the Lifespan Respite Coalition
- State Long Term Care Ombudsman Program
- State Health Insurance Assistance Program (Massachusetts SHINE Program)

Consumer and Provider Associations including but not limited to:

- The Arc of Massachusetts
- The Association of Developmental Disability Providers (ADDP)
- Statewide Independent Living Council
- Mass Home Care

- Mass Senior Care Association (association of nursing home providers)
- Acute Care Hospital Discharge Planning Units
- Massachusetts League of Community Health Centers
- Homeless Shelters
- Councils on Aging/ Senior Centers
- Federal & state funded integrated housing for people with disabilities and senior housing developments.

Staffing Required: Staffing for this project will be at both the state and local level. At the state level, 2 staff will be hired to lead in the execution of grant activities; one will be responsible for initiating and overseeing the development of all the new business models envisioned under this grant opportunity and the other will be responsible for coordinating and supporting ADRC operations for the regional grant pilot sites as well as supporting the work of the non-pilot ADRCs. Secretary Hartstein and Assistant Secretary Griffin will be responsible for the overall project; they will lead the ADRC Leadership Team (with representatives from EOEA, ODPP, MRC, MassHealth, DDS, DMH, MRC and DVS and others) and supervise the work of the 2 new state staff, who will be responsible for day to day management of the project, developing new models of service to better align with developing business opportunities, assisting pilot sites with implementation, clarifying ADRC reporting criteria and requirements, monitoring implementation and project progress, preparing state and federal project reports, and communicating with non-pilot ADRCs, other state partners and ACL. Massachusetts' non-pilot ADRCs will have the benefit of the pilot site work to expand their reach with the assistance of the state level staff. Together with the ADRC Leadership Team, the state staff will work to insure that core ADRC work (information and referral, options counseling and person-centered care transitions support), health care reform initiatives under the ACA and the new Veteran's Directed Home and Community Based Services (VDHCBS) Initiative, and other programs within the aging, disability or veterans networks are coordinating their activities and communicating with the ADRCs about progress and issues so that the ADRC partners can best plan for and meet the needs and demands of individuals in need of LTSS.

Grant project leadership and implementation at the regional level will be provided by 3 or 4 pilots sites selected from the 11 regional ADRCs. The state is seeking to provide the best support for the enhanced regional ADRCs to develop financially stable business models. The 3 to 4 pilot sites will work with state leaders in the planning and implementation of the Enhanced ADRC project and better align their work and infrastructure to meet new business opportunities. During grant years 2 and 3, the remaining MA ADRCs will enhance their local partnerships, engaging with additional member organizations as they join in grant activities and receive funding to implement the new business models which the Year 1 pilot sites build and refine during grant years 1 and 2.

In the first grant year, each pilot ADRCs will receive funding to support the hiring of up to 2 full time staff who will be responsible for carrying out all grant activities within their ADRC which will include leading and coordinating the development of enhanced regional ADRC partnerships, marketing to and engaging health care providers, collecting data, reporting on performance, building new service models, and meeting the other objectives detailed below. These grant-funded leaders/coordinators will be additions to the existing regional ADRC staff, which include the I&R specialists, Options Counselors and Care Transition specialists, skills trainers, peer counselors, care managers, nurses and the other front line staff who already deliver LTSS within the MA ADRC network as currently funded by state agencies, including EOEA, MRC, MassHealth (Massachusetts Medicaid), and other funding sources.

In particular, the objectives for the regional pilot ADRCs for year one include:

1. Coordinating the increase in diversity of the local ADRCs member organizations to include community based organizations and, as appropriate, state agencies that serve people with intellectual or developmental disabilities (ID/DD), mental health needs, cognitive impairments, and veterans.

2. Developing procedures for integrating elements of the national OC standards into the MA Options Counseling and LTSS network of services and enhancing the local LTSS OC training program to make use of new national training tools.
3. Spearheading the development and implementation of consistent standards and policies for ADRC operations, services, and quality to ensure equity and consistency of service availability and provision across the state.
4. Organizing data collection and reporting methods, and ADRC responsibilities for same, in accordance with CQI and national evaluation framework requirements under the grant.
5. Participating in the development and implementation of a unified marketing strategy for ADRCs that will outreach to multiple ADRC referral sources ("ADRC Access Points") and resources in the region.
6. Collaborating with MassHealth, other state agencies, and health care providers, including the VA medical care system, medical homes, physician group practices, and Integrated Care Organization's (ICO's), on the development of financially sustainable service models that will generate new revenue streams for providing ADRC services to consumers enrolled in these health care systems which would include appropriately expanding the role of ADRCs in providing support for care transitions within the wider service network.
7. With the 2 state-level ADRC staff, provide technical assistance and consulting support for expanding the number and diversity of Consortia members within those ADRCs that are not one of the pilot sites in the first year so that all ADRCs in Massachusetts will be either preparing for or actively managing business plans necessary for attaining broadly constructed consortia and financially sustainable approaches for coordinating the core services of the Massachusetts ADRCs by the end of the 3-year grant period.

Massachusetts has not yet applied for the Balancing Incentive Program (BIP); nonetheless, the state meets all CMS requirements for NWD structural features outlined in the BIP Manual.

Achieving Statewide Coverage for All Populations: The goal of this grant is to serve all populations regardless of age, income or disability. While ADRCs currently span the state geographically and provide NWD access to LTSS in a culturally competent manner, there are still some gaps in serving certain populations. These populations include consumers with mental health needs, intellectual, developmental or cognitive disabilities, and veterans. This grant will set a goal for reaching all populations through the following strategies:

- The State Program Coordinator to be hired under this grant will work with the Massachusetts Departments of Developmental Services (DDS) and Mental Health (DMH) to develop strategies to increase cross referrals among regional ADRCs and community agencies and organizations for the purposes of strengthening cultural competency and knowledge of the available services for people with ID/DD and mental health needs. This strategy is already being partially undertaken through a new ADRC OC staff training initiative which focuses on improving services to people with mental health needs; this has been funded through an ACA ADRC Options Counseling 2010 grant for training Options Counselors. This curriculum development drew from five focus groups of Options Counselors, consumers, ILC leadership, ASAP staff and subject matter experts in the mental health field and it provides Options Counselors with new knowledge and skills for effectively serving people with mental health needs. This new training will be completed by all options counseling staff statewide as of September 2012 and the funding from the Enhanced ADRC Grant will support the continuation and expansion of this initiative for other populations, such as ID/DD.
- The State Program Director will work with the VAMC and state Department of Veterans Services to implement options counseling and supports brokerage for the Veterans Directed Home and Community Based Services Program (VD-HCBS). The local ADRCs will work with the state's municipally funded local Veterans' Services Officers to promote and make available Options Counseling for veterans in need of this resource. This outreach will be critical to facilitating referrals

of veterans to the ADRCs for options counseling, and in particular in linking veterans whose incomes are too high to qualify for Medicaid, but who may qualify for services through the Veterans Health Administration (*VHA*).

B2. ADRC Options Counseling Program Core Functions

In Massachusetts, the partnerships developed through the ADRCs are an integral part of an organized, coordinated infrastructure comprised of organizations that provide access assistance, options counseling, intake and assessment, service planning, service authorization and delivery, consumer training and supports for participant-directed services, community transitions support, and case management to individuals who need LTSS.

Self-direction and consumer choice and control are at the heart of the Massachusetts ADRC program. With the consumer at the center of the I&R and options counseling process, ADRC staff provide options for LTSS and decision support to consumers, family members, caregivers and significant others. All ADRC staff are required to complete a training module on consumer control and choice in order to assure that all consumers have the opportunity to self-direct their services and supports.

The Massachusetts ADRC core functions include, but are not limited to, the following:

- Information and Referral Services: includes all activities related to comprehensive acquisition and maintenance of information about available services, interviews with consumers in which the type of assistance needed by an individual is identified and discussed, referrals to appropriate services, and follow-up if necessary.
- Options Counseling: provides decision-support for individuals and their caregivers in need of LTSS to make informed choices on setting, services, and resources to help pay for supports and services, referrals to peers and other experts in the individual's particular disability as needed, assistance in connecting with appropriate resources, and follow up 30 days after the last counseling session. OC staff provides unbiased information in a timely manner with the goal of being appropriate to the

consumer's personal needs, preferences and values. OC is offered in diverse settings such as hospitals, nursing facilities, rehabilitation facilities, community settings, and in face-to-face meetings and/or via telephone or email. After consumers identify their next steps, OCs provide continued assistance by facilitating referrals and connections to resources. LTSS programs that provide long term care management and direct services, if selected by a consumer, then conduct a comprehensive functional needs and/or financial assessment, as appropriate.

As an example of how the system works, OC is performed by various ADRC partners for adults in nursing facilities. The Clinical Assessment and Eligibility team from an ASAP or the ILC Nursing Facility Transition team provides options counseling services for MassHealth members, MassHealth applicants, and individuals who are eligible for both Medicare and MassHealth. For individuals who are not yet MassHealth eligible, counseling is performed by option counselors who are employees of consortium members. In all instances, the Options Counselors work with nursing facility residents, family members and caregivers to ensure they are aware of all potential discharge options, to identify any potential barriers to discharge, and to present service options to overcome barriers. ADRCs have been designated Local Contact Agencies to which all nursing facility residents are referred if they respond to Section Q of the MDS-3.0 indicating a desire to transition to the community.

- Care Transition Supports: Many models of care transition exist in Massachusetts ADRC member organizations. For example, four ADRCs in Massachusetts are engaged in the *Community-based Care Transitions Program* (CCTP), created by Section 3026 of the Affordable Care Act, testing models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries. Many ADRC member organizations have staff trained in the Coleman Care Transition model. Also, each ILC employs staff who help individuals transition out of nursing facilities and other institutions by assisting with housing, accessing long term services and

supports, transportation, health care services, financial benefits and other resources as identified by the consumer. Additionally, as part of the 2010 Affordable Care Act, EOEA and the ADRC of the Greater North Shore received an *ADRC Care Transition Grant* to expand community partnerships that increase the effectiveness of care transitions by connecting participants with peer supports and Options Counseling to help people remain in the community and maximize their independence after a hospital admission. Enhanced ADRCs will be a natural platform for expanding care transitions support to additional individuals as they move through critical pathways within health care settings.

LTSS Programs in Massachusetts

In addition to the Massachusetts ADRC core functions services listed above, there is a wide array of LTSS options for consumers in Massachusetts that include the provision of services that are equivalent to this grants' required ADRC functions and are already a part of the coordinated system of community-based services. They include, but are not limited to, the following:

- A service delivery system that assesses need and service eligibility for Medicaid State Plan home and community-based LTSS and includes service planning development and monitoring of service delivery for Medicaid eligible populations in need of LTSS.
- State Funded Home Care Programs administered by EOEA and MRC that provide assessment, eligibility determination, consumer training and supports for participant-directed services, community transitions support, and service coordination and case management.
- 8 1915 (c) Medicaid Waivers for special populations administered by several state agencies, including DDS, MRC and EOEA that provide assessment, eligibility determination, consumer training and supports for participant-directed services, community transitions support, service coordination and care management and person-centered service planning and monitoring.
- The Program of All-inclusive Care for the Elderly (PACE) and Senior Care Organizations (SCO), both capitated Medicare and Medicaid managed care programs authorized under federal regulation and

managed jointly by MassHealth and the Centers for Medicare and Medicaid Services (CMS) that provide health care and long term care via assessment, eligibility determination, service coordination and care management functions.

Additionally, many LTSS programs in MA include a consumer-directed services approach, including but not limited to: the Personal Care Attendant (Medicaid State Plan) benefit; the state funded Home Care and Enhance Community Options Programs administered by ASAPs; MRC's Home Care program and ABI and MFP waivers; and the 3 Medicaid waiver programs administered by DDS.

Regarding application assistance, ADRC member organizations, many other community based organizations (CBOs), and medical providers provide access assistance (help with completing forms and submitting verification documents). Two web-based IT solutions lend support to their efforts. The Medicaid Management Information System, used primarily to process Medicaid claims from providers of medical care and LTSS, includes a *MassHealth Eligibility Verification System* functionality that enables authorized users (including medical providers and CBOs who provide access assistance services) to submit eligibility inquiries and receive eligibility information about MassHealth members. Second, the EOHHS's internet-based application portal (*the MA Virtual Gateway*) includes a MassHealth application as well as a software feature ("My Accounts Page") that allows registered users (such as medical providers or CBO staff) to track the status of a consumer's MassHealth application (e.g. eligibility notices and whether MassHealth has received documentation that it requested) during the MassHealth eligibility determination process.

A major enhancement to the Massachusetts ADRC system that will be developed under this grant will be the increased capacity for an expanded network of ADRC member organizations to operate community/care transition programs that help individuals to avoid preventable hospital readmissions and/or to remain living in their community setting. Four regional ADRCs are now actively engaged in the ACA Section 3026 programs. Lessons learned from their participation will be used to inform all

Massachusetts ADRCs about options for expanding their care transitions provider/partnership relationships with local health systems. In addition, the Integrated Care Organizations (ICO), which will be responsible for providing comprehensive Medicare and Medicaid services to people with disabilities (18-64 years) who are dually eligible, will be required to have an Independent Living-Long Term Services and Supports (IL-LTSS) Coordinator as part of the care team for all individuals with identified LTSS needs. ADRC partners will likely be contracting with ICOs to provide some of those IL-LTSS Coordinator positions.

B3. Core Data Set

Ensuring ADRC Partners Use of a Core Data Set: In Massachusetts, each of the ADRC member organizations have developed comprehensive core standardized assessment (CSA) tools specific to their respective programs' need for making service eligibility determinations, service and support planning , and/or quality monitoring purposes. State staff will ensure that these CSAs capture, for each population served, the required domains and topics which together form the Core Data Set defined in and required by this grant. If necessary, the organizations can make adjustments to their existing instruments to satisfy the requirements of the Core Data Set. This confirmation process will be completed in the first 6 months.

B4. Approach to Achieve Financial Sustainability

Massachusetts will fortify the ADRCs by establishing vital, financially sustainable roles for ADRCs in coordinating and facilitating the interaction between myriad health and long term care providers and consumers within the MA ADRC/LTSS infrastructure including new business models that generate funding from multiple third parties, including Medicaid, regional VAMCs, and organizations managing new system transformation initiatives under the ACA.

Relationship with State Medicaid Agency: Currently, the state uses Medicaid funds to support the following specific ADRC functions performed by both state agencies and community based

organizations within the Massachusetts NWD ADRC system: 1) Options Counseling; 2) clinical eligibility determination; 3) clinical assessments for LTSS program eligibility; 4) transition planning for MassHealth members in facilities; 5) service coordination; 6) quality assurance; and 7) concurrent review of services. As part of this grant, the state plans to further evaluate how it may identify Medicaid reimbursable ADRC functions and secure reimbursement in order to fund, strengthen and align its person-centered services with the requirements featured in the state's new system transformation initiatives under the ACA, including but not limited to: Money Follows the Person Rebalancing Demonstration (MFP); Community-Based Care Transitions Program; Medicare-Medicaid Enrollees Integrated Care Model (Dual Eligibles); and the Pioneer Accountable Care Organization (ACO) Model. For a further discussion of the strategy for these ACA initiatives, please see Section D, below.

Relationship with the Veteran's Health Administration: Through an active provider agreement between EOEA with two VA hospitals under the federal VD-HCBS program, ASAPs currently provide community based services to 36 VA consumers. At present, staffs of 4 ADRCs member organizations provide options counseling and support brokerage to veterans participating in the VD HCBS program. Within 1 year, the Commonwealth of Massachusetts will have active provider agreements between the ADRCs and the Bedford VA Medical Center and Boston VA Medical Center.

ADRCs will expand partnerships with state and local veterans agencies to connect veterans to help them use their VD-HCBS budgets to access LTSS. Across the state, the enhanced ADRCs will collaborate with the Massachusetts Department of Veteran Services' corps of 200 municipally-based veterans' service agents to connect new veterans to the VD-HCBS program and provide options counseling and support brokerage services.

Massachusetts will seek resources to redesign the interface between ADRC partner agencies and the VA in order to improve reimbursement and increase referrals for veterans of all ages to Options Counseling and long term services and supports. This redesign will allow VA staff to securely monitor

service plans provided by ADRC member organizations (with consumer consent) to ensure that consumers are receiving the approved level of care with the intended level of quality. The interface between EOEA/ADRC's accounts receivable and the VA's accounts payable departments will be modified to ensure prompt payment and thereby encourage referrals and promote sustainability of the ADRCs.

C. Ongoing Evaluation and Continuous Quality Improvement

Massachusetts has already established mechanisms for measuring, reporting and evaluating many of the outcomes and performance measures established by the Administration for Community Living described in the funding opportunity. A number of additional outcome indicators have also been established and are in the process of being implemented. As part of the Massachusetts ADRC Five-Year Strategic Plan, three areas were identified for evaluation and CQI: information and referral, options counseling and care transitions. The first milestone was to develop and build data system capacity to track outcomes and indicators for ADRCs across the data systems used by ASAPs/AAAs and ILCs. ADRCs now have a systematic process to make referrals to Options Counseling and other programs within the statewide network of ADRCs which relates to indicator 1.4 in the *National Evaluation Framework - Performance Standards, Indicators and Metrics*. This has been achieved through development of an electronic referral mechanism allowing different IT systems to send individual consumer data to a central repository in the 'cloud', where it can be directed to and downloaded by the appropriate ADRC member organization. This capability has been built into a system used by ASAPs – the Senior Information Management System (SIMS) and the recently revised Independent Living Center Data Management System (IDMS) used by the ILCs. The central repository has been designed to be able to receive data from additional ADRC member organization's service systems in the future, allowing for the tracking and reporting of performance measures from other systems and possible ADRC partners.

Overall Approach: Early in development of the program, EOEA and MRC established standardized reporting elements and the structure for ADRCs to record information through the ASAP

and ILC databases, SIMS and IDMS, about consumer outcomes and agency experiences implementing the OC service. Three broad goals and a series of key outcomes were identified to measure activity. Data elements were also developed for program staff to identify nursing home diversion activity. In addition, the state developed a 9-question OC Consumer Program Survey (See Appendix B for *OC Program Survey*) to evaluate the quality of the service and to measure nursing facility diversions. The reports generated from the survey provide the metrics related to *Individual Outcome #1: Empowered Individuals* and *Individual Outcome #2: Increased Community Tenure*. The Survey captures quantifiable, individual-level data related to the empowerment of individuals and it documents the experience of consumers related to satisfaction with the OC process, the degree to which an individual's needs were met and information on an individual's confusion/frustration in navigating LTSS.

OC Consumer Program Survey Questions

1. Did the OC understand your needs and preferences?
2. Did the OC provide information on available programs and services, where to access these programs and services, and the costs of these services?
3. Did the OC work with you to identify next steps to take to help you with your situation?
4. Were you better able to identify ways to maximize use of your resources?
5. Degree to which needs were met-enhanced ability of consumer to make informed decisions about long-term support needs as a result of OC.
6. Types of barriers encountered in accessing the long-term services and supports in the setting of consumer's choice.

The following data elements collected from the OC Program Survey are related to nursing facility diversion activity, and changes in long term settings and services are tracked for people who received options counseling:

1. The current location of the consumer (at home, in a hospital, in a rehab setting, in a nursing facility).

2. The location of the consumer when the OC process was initiated (at home, in a hospital, in a rehab setting, in a nursing facility).
3. Goals of the consumer – to stay in the community, to re-enter the community from a NF, rehab facility or acute care facility, or to go to a long term care facility.
4. The location of the consumer after the 30 day follow up (at home, in a hospital, in a rehab setting, in a nursing facility).

CQI efforts related to care transitions are conducted within both ASAPs/AAAs and the ILCs. The ILCs have indicators and metrics already in place that match the proposed National Evaluation Framework (Framework) for *Individual Outcome #1: Empowered Individuals*; consumers working with the Independent Living Centers to transition into the community from nursing facilities are offered a satisfaction survey by mail. The ILCs also track the number of individuals referred for self-directed Personal Care Attendant (PCA) services, and the number of people entering the PCA program. In 1986, Massachusetts' ILCs developed a standardized Goal Index, which is used to track and report the goals established and achieved by consumers. Two of these goals relate directly to the Framework's *Individual Outcome #2: Increased Community Tenure*; one records an individual's desire to avoid a nursing facility admission; the other to move from nursing home or institution to a community-based setting of the consumer's own choice.

Addressing the Gaps: Massachusetts will work with the ACL, CMS and the VHA to enhance the existing CQI evaluation program and will incorporate those indicators and metrics in the Proposed National Evaluation Framework which are not already measured or reported to evaluate the ADRC OC Program's progress across the state. Specific outcomes (at both the individual and systems level), performance data (including public awareness, capacity to serve people of all incomes, ages and disabilities and high levels of customer confidence in the ADRC OC Program) and stakeholder feedback used to promote continuous quality improvement over the 3-year project period and beyond will be

identified. As part of the grant deliverables, a CQI Program Manual will be developed that describes the overall organization and management of the ADRC's CQI program, along with the processes and procedures that will be used to collect, analyze and share data and information for decision-making by options counselors, program managers, administrators and policy officials to continually improve program performance.

D. Coordination with Additional ACA Initiatives

Money Follows the Person (MFP): EOEA, on behalf of the ADRCs, is finalizing details and will work to have a signed agreement with MassHealth (the MA Medicaid Agency) by the end of the second grant quarter to have ADRCs serve as a "No Wrong Door" conduit for services as part of a Money Follows the Person grant from the Centers for Medicare and Medicaid Services (CMS). CMS now mandates that all long term care facilities ask residents if they would like to talk with someone about the possibility of returning to the community (MDS 3.0 Section Q). ADRCs are the designated Local Contact Agencies for these referrals, connecting consumers to the ASAPs/AAAs and ILCs and other consortia members for services and supports, and referring those who do not qualify for Medicaid to Options Counseling to discuss private and third-party payer options for long term services and supports.

Medicare-Medicaid Enrollees Integrated Care Model (Duals Demonstration): Integrated Care Organizations (ICO) being procured for the Duals Demonstration will be required to contract with numerous Community Based Organizations, to engage Independent Living – Long Term Services and Supports (IL-LTSS) Coordinators. The IL-LTSS Coordinator will be an inter-disciplinary care team member who is independent from the ICO (the payer organization.) In seeking to contract for IL-LTSS coordinators, ICOs will likely contract with ADRC partners. The ADRCs, as a source of Independent Long Term Services and Supports Coordinators, will be an integral community resource for individuals supported by the ICO. ADRCs will also provide expertise on the community services and supports

available for dual eligible members, and are in a unique position as a resource for ICOs as they seek to train their staff to understand diverse disabilities and the independent living philosophy.

Community-based Care Transitions Program (CCTP): The goal of the CCTP is to improve transitions of individuals from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for higher risk beneficiaries and to document measurable savings to the Medicare program. The ADRC model can provide Options Counseling to the enrollees to assist the CCTP to realize its goals. In addition, the coordination and provision of community-based services and supports from ADRC member organizations will maximize the enrollee's ability to remain in the care setting of their choice after they transition from the hospital.

Pioneer ACO Model: The Pioneer ACO model will work to ensure better health care, better health, and lower growth in expenditures through continuous improvement. The five organizations selected in Massachusetts will need to work with their consumers to ensure healthy living in the least restrictive environment that is closely connected with the health care organization supporting them. The ADRC model can be enhanced to work with the ACOs to support their enrollees with choices for services and supports in the community. In addition, the ADRC member organizations can provide clinical assessments to the enrollees for various community programs that have clinical eligibility requirements.

Additional Activities for Implementing ACA Related Initiatives: Massachusetts will increase awareness of and use of ADRC services by health care entities by improving upon ADRC marketing strategies and ensuring more comprehensive functions are undertaken by, and broader populations are served by, the enhanced ADRC model. State staff will review ADRC communication strategies to identify the most effective ways to reach providers and engage diverse consumer populations. Lessons learned from this work will be shared with ADRC regional leadership. State ADRC leadership will develop an outreach plan, including the development of materials for target populations.