

PA Link to Aging and Disability Resources

History, overview and future direction



National Vision for ADRCs

"To have Aging and Disability Resource Centers in every community serving as highly visible and trusted places where people of all incomes and ages can turn for information on the full range of long-term support options and a single point of entry for access to public long-term support programs and benefits."



PA Link History

- 2003 grant: The Allegheny and The Cumberland Link to Aging and Disability Resources started formation. (Opened in late 2005)
- Free standing - not a part of aging or disability services. Centralized bricks and mortar sites.
- 2008-2009 PA begin to establish decentralized Link to Aging and Disability Resources Networks
 - Phase One: Dauphin, Perry, Mifflin/Juniata
 - Phase Two: Lancaster, Lebanon, Adams, Franklin, York Delaware
 - Phase Three: Blair, Clearfield
 - Statewide roll out of ADRC starting January 2011



- The intent of the decentralized network model is NOT to create a new entity, but rather to pull existing and known entities together.
- The Link to Aging and Disability Resources is designed to be a coordinated network of Core and Collaborative Partner agencies which allows for the consumer to initiate contact with any Link Network partner and, generally speaking, experience the same intake to access information, assistance, and resources.
- A consumer should directly or seamlessly be connected to the information and services needed, no matter the initial point of entry into the system.
- The "no wrong door" approach attempts to minimize duplication of efforts by consumer and providers.

Lehigh Northampton

- "kick off date" - 10/12/11
- Two counties receive separate allocations, but have always worked together. By Fiscal Year 2014 (7/1/2014) will be formally recognized as one Link.

PA State Plan on Aging 2012-2016

- Improve access to care for older individuals at the right time, in the right setting, and at the right intensity.
- Empower older individuals to remain in the setting of their choice by serving as a catalyst in developing communities as places in which to age and live well.

Continued

- Direct older individuals to the supports necessary to maximize their health and well-being.
- Revitalize and redesign the aging services network to further enhance the lives of older individuals.

Core Components and Criteria of a fully functional ADRC

6 goals and/or processes

Information, Referral and Awareness

- Marketing plan for all ages, income levels and disability types
- Information and Referral (I&R) across all organizations
- Web-based searchable resource database

Options Counseling and Assistance

- Training offered and will continue to be offered
- Goal to have at least one OC trained person in each organization
- Way to "get paid" for work that is being done

Streamlined Eligibility Determination for Public Programs

- Create uniform intake and screening across all operating organizations
- Functional and financial eligibilities determined on-site or through electronic exchange, seamless referral process
- Follow up with ineligible individuals

Person Centered Transition Support

- Develop formal agreements with "critical pathway providers"

Consumer populations, partnerships and stakeholder involvement

- Target populations include all ages and types of disabilities.
- Consumer involvement in program design, operation and quality improvement
- Formal agreements in place with Medicaid and community aging and disability organizations.

Quality Assurance and Continuous Improvement

- IT/MIS supporting program functions
- Continuous quality improvement plan and procedures in effect

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