Aging and Disability Resource Connection Designation Criteria

Version 2.0, 2021

Section I. Introduction

Historically, individuals with disabilities have received long-term services and supports (LTSS) in institutions like nursing homes more often than in the community, where they can live among friends and family. Over the past few decades, a number of key events have helped shift the balance toward community living. In 1990, Congress passed the Americans with Disabilities Act (ADA), which prohibited discrimination based on disability. The 1999, the U.S. Supreme Court's *Olmstead* Decision affirmed that the ADA applied to individuals with all disabilities, and it underscored a person's right to receive community-based LTSS in the most integrated setting possible.

Beginning in 2003, the Administration on Aging, now the Administration for Community Living (ACL), joined with the Centers for Medicare and Medicaid Services (CMS) to promote and fund Aging and Disability Resource Centers, which were designed to help individuals learn more about their community LTSS options and get the services they need. Implementing the Aging and Disability Resource Center model of streamlining community service delivery puts *Olmstead* principles into practice by informing consumers of a broad array of LTSS options and supporting their decision-making processes. California has opted to use the modified title of Aging and Disability Resource *Connection* (ADRC) to reflect the principle of "No Wrong Door" as opposed to a "single entry point" concept.

Assembly Bill 1200[1] formally established the ADRC program into California State Statute in 2017, administered by the California Department of Aging, in collaboration with the Department of Health Care Services and Department of Rehabilitation. In 2019, two additional bills were established into California State Statute. Senate Bill 80[2] established the ADRC Infrastructure Grants Program that allocates State General Funds to support the development, implementation, and expansion of the ADRC/No Wrong Door system. Senate Bill 453[3] requires the California Department of Aging to develop and implement a core model of ADRC best practices, develop a plan for implementing and overseeing a No Wrong Door system, and coordinate funding sources for the No Wrong Door system.

Beginning with the first ADRC initiative in 2003, California has promoted a vision for ADRCs that goes beyond networks serving single populations such as seniors or individuals with physical disabilities. ADRC partners have embraced the needs of the wider community. This strategy emphasizes meaningful day-to-day collaboration among organizations that coordinate or provide community LTSS to different populations on parallel tracks. California's ADRC model emphasizes the need to help consumers navigate a fragmented and sometimes perplexing array of community LTSS options.

In 2021, California's Master Plan on Aging was announced, putting forth a vision to support all Californians as they age. An initiative to expand the No Wrong Door system statewide was part of the plan. To facilitate this transformation, California has developed a set of ADRC designation criteria that closely align with federal criteria. These criteria are important for two reasons. First, the state must have fair and consistent standards for determining whether a network of organizations qualifies in scope and philosophy as an ADRC partnership and thus for potential funding, operational support, and technical assistance. Second, groups of organizations working together to implement system improvements can use these criteria to help them expand their partnerships, develop their infrastructure, and enhance their capacity in a way that meets state standards and accommodates the needs of the local community.

As one of the first states to initiate the expansion of Medicaid authorized by the Affordable Care Act, California has embraced other systems reform efforts as well, including Community First Choice (CFC), the Coordinated Care Initiative, and mandatory enrollment of persons with disabilities into managed care plans. Against this backdrop of multiple reforms, California's ADRC expansion will better position state and local organizations for future federal and/or other funding opportunities. The ADRC Designation Criteria document relies upon the previous work completed by the California Department of Health and Human Services in 2012. This interim update, in 2021, brings the criteria up to date with information and guidance reflecting the progress made by local, state, and national No Wrong Door practices.

As recommended by the ADRC Strategic Planning Advisory Committee in 2012, California embraces the following vision: *"Every community in California has a highly visible, reliable, universal access point that provides information to facilitate access to long-term supports and services."*

In California, ADRCs are defined in the state statute (California Welfare and Institutions Code, Sections 9120-9123) as a core partnership between an Area Agency on Aging (AAA) and an Independent Living Center (ILC). These Core Partners are joined by a network of "extended" partners. Collectively, ADRC partner organizations become recognized as sources of comprehensive, trusted, and objective information, counseling, and assistance. ADRCs empower consumers to consider all options, make informed decisions, and access community LTSS that help them meet their personal goals for independence – regardless of the source of financing (Med-Cal, Medicare, private insurance, federal or state-funded programs, or consumer fees). While California's ADRC designation criteria place considerable emphasis on the importance of localism, ADRC partners are expected to meet these criteria relative to ADRC services to consumers and the basic ADRC structural features.

As established in State Statute, the overarching goals of ADRC partnerships are the following:

- *Improve awareness of long-term care options*, especially community-based alternatives to inpatient facility care.
- Provide *access to information and services* on many topics and across programs and service networks.
- *Provide assistance through four ADRC service functions:* Enhanced Information and Referral (I&R), Options Counseling, Short-Term Service Coordination, and Transition Services.
- *Streamline access to Critical Pathways Providers* creating expedited application assistance, or other ways of eliminating barriers to critical services that enable independent living.

Central to ADRCs is the concept of person-centered thinking, planning, and practice. According to ACL's No Wrong Door model, Person-Centered Thinking, Planning, and Practice is the foundation for individuals to access quality LTSS in ways that meet their needs, and delay or prevent the use of more costly services. This is an important aspect of all ADRCs, and further guidance will be given in future California ADRC Criteria updates.

Section II explains the criteria that reflect ADRC pilot experience, federal guidance, and features that are considered reasonable given that California is such a large and diverse state. Criteria in Section II must be met in order for a local ADRC partnership to qualify as a fully functioning ADRC in California. Section III provides a model for ADRCs, Section IV concludes the criteria document, Section V provides additional resources, and Section VI details the end notes.

Section II. Core Components and Criteria of a Fully Functional ADRC

1. Enhanced Information, Referral, and Awareness

ADRCs specialize in information from a broad perspective, referral between a wide array of organizations, and public awareness of LTSS options. To fulfill this function, the ADRC partners work together to develop and promote highly visible and trusted call centers and intake locations where people of all ages, disabilities, and income levels know they will receive objective and unbiased information on the full range of LTSS options. Partner organizations are also defined by their shared ability to promote awareness of the various options that

are available in the community for consumers in need of LTSS, individuals who want to plan ahead for their long-term needs, caregivers who are planning on behalf of their loved ones, and professionals who specialize in this planning. The ADRC model brings together health care and social support systems to enable ADRC professionals to quickly identify which of a caller's needs are most pressing (for example, shelter, food, health, or safety) and connect them to the appropriate Critical Pathways Providers.[4]

1.1 Formal Marketing Plan for All Ages, Income Levels, and Disability Types

Core ADRC partners have a jointly developed a community outreach and marketing plan to promote the organizations as highly visible and trusted places where people can turn to learn about the full range of LTSS options available to them. ADRCs also raise public awareness about these options. The outreach and marketing plan includes:

- Materials that are standardized and shared among partners.
- Materials that accommodate the needs and interests of all populations, including different age groups, people with different types of disabilities, culturally diverse groups, individuals at immediate risk of nursing home placement, and family caregivers.[5]
- A strategy to assess the effectiveness of the outreach and marketing activities.
- A feedback loop to modify marketing and outreach activities as needed.

1.2 Systematic Enhanced Information and Referral Processes Provided across All Operating Organizations

ADRC partners use a systematic process across all operating organizations to provide I&R. By implementing standardized processes for referrals among operating organizations, ADRCs promote consistency in the delivery of services so that consumers' experiences are consistent and predictable. Shared I&R protocols establish clearly defined risk "flags" that identify urgent situations and "triggers" that indicate the need for specific services. ADRCs use warm transfers between core partners and between extended ADRC partners when risk "flags"

have identified urgent situations and "triggers" that require specific services from an extended ADRC partner.[6]

To increase the breadth of knowledge about LTSS across the aging and disability sectors, ADRC partners provide regular, ongoing cross-training to appropriate ADRC representatives and service providers. They also expand shared I&R databases to incorporate both aging and disability provider resources.

ADRC representatives may proactively offer consumers information covering many topics. The goal is for the consumer to benefit from the staff's broad knowledge of LTSS. The designation criteria recommend that appropriate ADRC representatives receive certification in Alliance for Information and Referral Systems (AIRS) (though this is currently optional). AIRS certification is one approach to ensuring that every contact with the ADRC is handled professionally and services adhere to the highest standards of I&R provision.

1.3 Follow-Up on I&R Services: Consumer Satisfaction and Outcomes

ADRC partners build upon existing I&R procedures to establish standardized protocols for follow up with consumers. This follow-up assesses whether consumers need more assistance, whether they were satisfied with the services they received, and whether they experienced positive outcomes.

1.4 Online, Comprehensive, Searchable Database of Information and Service Resources

Multiple operating organizations use the same comprehensive resource database with information about the range of LTSS resources in the ADRC service area. This database:

- Includes a system for updating and ensuring the accuracy of the information provided.
- Contains provider resources that conform to established inclusion/exclusion policies; these policies specifically address the inclusion of resources and providers for private paying individuals and families.

- Is available to the public via a comprehensive website that is user friendly, searchable, and accessible to persons with disabilities.

Where feasible and as resources allow, core ADRC partners are encouraged to develop integrated administrative data systems that allow them to gather and analyze demographic and service utilization data. These data are then used to monitor quality, to plan goals and outcomes, to conduct workload analyses, to implement data-driven system improvements, to conduct needs assessments, and to support other systems improvements.

2. Options Counseling

Options Counseling, as defined by the ACL, is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports. Options Counseling includes the following components: 1.) a personal interview to discover the strengths, values, and preferences of the individual and the utilization of screenings for public programs; 2.) a facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons; 3.) developing action steps toward a goal or long-term support plan and assistance in applying for and accessing support options when requested; and 4.) quality assurance and follow-up to ensure supports and decisions are working for the individual.

2.1 Formal Standards and Protocols that Guide Options Counseling for Consumers of Any Age, Disability, or Income Level

Through one or more operating organizations, the ADRC has the capacity to provide objective, conflict-free, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities, in compliance with state and federal Options Counseling standards. The ADRC has established operational protocols for the delivery of Options Counseling across Core and Extended partners.

2.2 Short-term Service Coordination in Crisis/Urgent Situations (Preventing Institutionalization)

Through one or more operating agencies, the ADRC has the capacity to provide assistance to consumers who urgently need help with multiple services and

programs, generally for 90 days or less, until a longer-term plan is in place. Without intervention, the health and safety of these consumers would be at risk, and they would likely experience an emergency or be unnecessarily admitted to a nursing facility or hospital. The ADRC partnership has written shared protocols and provides short- term service coordination support as a component of Options Counseling. Protocols may also support short-term service coordination as an independent service.

2.3 Follow-Up on Options Counseling – Quality Assurance

ADRC partners providing Options Counseling have mechanisms in place to assess whether individuals experience positive outcomes and whether they need additional assistance. ADRCs leverage existing protocols and structures for follow-up, as appropriate.

2.4 Futures Planning for Long Term Services and Supports (LTSS) Needs

As part of Options Counseling or as part of a distinct service package, one or more ADRC partners help individuals and families plan for future LTSS needs. ADRCs do this either directly or by referring interested parties to professionals with trustworthy expertise in LTSS needs planning, legal assistance, Medicare options, Medi-Cal eligibility and financial counseling, and other relevant topics.

3. Streamlined Eligibility Determination for Public Programs

LTSS are funded by a variety of government programs and administered by a wide array of federal, state and local agencies, each with its own eligibility rules, procedures, and paperwork requirements. The ADRC partners therefore must be able to facilitate access to all publicly funded LTSS in their area, including those funded by the Social Security Act (Medicaid and Medicare), the Older Americans Act, the Rehabilitation Act, and other state and federal programs.

California's ADRC No Wrong Door standard is to serve all LTSS populations through shared protocols, merged or shared provider resource databases, and cross-training, and may include integrated intake functions, co-location of services, or other cross-organization agreements and activities. The goal of re-envisioning existing services as ADRC core services enables partner

organizations to streamline consumer access to public programs; eliminate duplication of effort; reduce consumer confusion about multiple intakes, screening and assessment procedures; and proactively provide a broad base of information that consumers can use to make informed decisions. The goal is to create a process that is both administratively efficient and seamless for individuals regardless of the "door" they enter through, how old they are, the services they might be eligible for, or the type(s) of disability they have.

3.1 Standard Coordinated Processes to Access Public Programs

The ADRC partnership has a standardized process for helping individuals to access all publicly funded LTSS in the service area. The intake and screening process is coordinated across organizations so that individuals experience the same process wherever they enter the system.

Ideally, functional assessments of LTSS need are conducted by an ADRC Core Partner organization. At a minimum, the ADRC has an Extended Partner with a formal process in place (for example, memoranda of understanding [MOUs] and written protocols) for seamlessly referring individuals to the agencies that conduct these assessments.

3.2 Standardized Intake and Screening and Assessment of Need across All LTSS Organizations

To be determined. Pending the outcomes of systems reforms efforts currently under way in California.

3.3 Uniform Criteria to Assess Risk of Institutionalization

To be determined. Assessment criteria will be developed pending the outcomes of systems reforms efforts currently under way in California.

3.4 Personalized Assistance in Medi-Cal Financial Eligibility Application Completion

Through one or more operating organizations, the ADRC has the capacity to help consumers complete their Medi-Cal applications (for example, by providing information and referrals, obtaining necessary documentation to complete the

application, ensuring that the information on the application form is complete, and conducting any necessary interviews). The California Health Benefit Exchange – known as the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) – gives consumers step-by-step instructions to apply for Medi-Cal benefits online through Covered California: CoveredCA.com, (800) 300-1506.

4. Person-Centered Transition Support

4.1 Formal Agreements with Critical Pathway Providers and Protocols for Facility Transitions, Referral, and Staff Training

One or more ADRC Core Partners have formal agreements with local critical pathway providers such as hospitals, physicians' offices, nursing homes, rehabilitation centers, other community residential housing and service providers, and Intermediate Care Facilities that include:

- An established process for identifying individuals and their caregivers who may need transition support services.
- Protocols for referring individuals to the ADRC for transition support and other services.
- Regular training for facility administrators and discharge planners about the ADRC, and any protocols and formal processes that are in place between the ADRC partners and other organizations.

4.2 Local Contact Agency Designation (MDS 3.0 Section Q)

ADRCs are encouraged to ensure that at least one Minimum Data Set (MDS) 3.0 Section Q local contact agency (LCA) is a Core Partner in the ADRC (for example, the AAA or ILC). The LCA could also be an Extended Partner with formal protocols to guide appropriate referrals for individuals residing in nursing facilities who want to explore community living options. Pending agreement with the Centers for Medicare and Medicaid Services (CMS), staff at the LCA will be trained to provide Options Counseling to nursing home residents who have expressed interest in returning to the community via MDS 3.0 Section Q, consistent with state and federal standards.

4.3 Transition Services

One or more organizations in the ADRC network provides individualized Hospital-to-Home or Nursing Facility-to-Home transition services. At a minimum, one or more operating organizations provides nursing facility to home transition support either through the lead organization for Money Follows the Person (MFP)/California Community Transitions (CCT), the MDS 3.0 trained responder, or other transition support services. ADRCs looking to provide hospital to home transition services are encouraged to use the Eric Coleman Care Transitions Intervention (CTI) model, but other evidence-based interventions may also be used. In counties participating in the Coordinated Care Initiative Dual Demonstration, ADRCs are encouraged to explore partnerships with Managed Care Organizations (MCO), since transition services may be a billable MCO benefit. The terms and conditions of this arrangement are specified in an agreement between the MCO and the organization that provides transition services. Additional guidance in this area is expected in the future.

5. Involvement of Partnerships, Stakeholders, and Consumer Populations

5.1 Formal Partnership Agreements, Protocols, or Contracts

An ADRC partnership in California must have, at minimum, two Core Partners: an Area Agency on Aging (AAA) and an Independent Living Center (ILC). Additionally, the set of Core Partners is not limited to ILCs and AAAs. Other organizations can serve as Core Partners.

Core Partners must detail their legal and financial relationships in MOUs or contracts and provide their MOUs/contracts to CDA for acknowledgement of the agreed-upon partnership. One of the Core Partners must act as the lead fiscal entity (pending the availability of ADRC funding). For example, if it is easier for the AAA to secure initial funding, the AAA should act as the lead fiscal entity; likewise for the ILC. These agreements should include a syllabus of cross-training topics and a coordinated training calendar.

There are no requirements for specific Extended Partners. However, from a holistic community perspective, any organization that serves individuals with chronic conditions or disabilities should be considered as a potential partner. For example, because the California Department of Developmental Services and its network of Regional Centers play such a critical role in serving individuals with intellectual and developmental disabilities, the local Regional Center should be included among the ADRC's Extended Partners.

The list of strongly recommended partners includes the following (ordered alphabetically):

- 2-1-1
- Adult Protective Services (APS)
- California Children's Services (CCS)
- Caregiver Resource Centers
- Child Protective Services (CPS)
- Community Based Adult Services (CBAS) Organizations (formally Adult Day Health Care)
- County Mental Health
- Health Insurance Counseling and Advocacy Program (HICAP)
- HIV/AIDS Organizations
- Hospitals (Hospital Discharge Planners)
- Managed Care Organizations (MCO)
- Medi-Cal County Eligibility Office
- Minimum Data Set (MDS) 3.0 Section Q Local Contact Agency
- Money Follows the Person (MFP) Lead Organization
- Multipurpose Senior Services Program (MSSP)
- Nursing Facilities
- Other critical aging and disability organizations and service providers
- Organizations supporting employment for seniors and individuals with disabilities
- Organizations serving transitional youth
- Senior Centers
- Veterans Administration Medical Center (VAMC) and/or Veterans Integrated Service Networks (VISN)

The depth and breadth of the ADRC partnership is expected to grow over time. ADRC partnerships facilitate regular community meetings to engage local

organizations and residents from the aging, disabled, and larger communities on topics such as trends in LTSS, the potential impacts on LTSS of natural disasters such as earthquakes, and public health threats such as pandemics.

5.2 Staff with Capacity and Training to Serve All Ages and Disability Types

ADRC Core and Extended Partners that provide ADRC service functions demonstrate the competencies necessary to serve people of all ages and types of disabilities and their families, including people with dementia and people from diverse social, racial, and ethnic cultural groups.[7] Staff must be able to serve individuals, at minimum, in defined threshold languages.

5.3 Consumer Involvement in Program Design, Operation, and Quality Improvement

ADRC Core Partners convene an ADRC Advisory Committee. This committee may be a new committee or a subset of responsibilities for an existing committee. The committee must include broad representation with a minimum 20 percent share of individuals who are consumers of LTSS or caregivers of those who use LTSS. The ADRC Advisory Committee takes on planning tasks and operational or technical issues, and provides recommendations to the Core Partners.

6. Quality Assurance and Continuous Quality Improvement

6.1 Formal Sustainability Plan with Diverse Funding Sources

ADRC partners work collaboratively with the local ADRC Advisory Committee and have goals that include plans to sustain ADRC service functions in the future. These plans include:

- Examining existing funding streams to support systems changes that are consistent with the ADRC partnership model (for example, Options Counseling for caregivers and peer mentorship for consumers who are self-directing their home and community-based services under Medi-Cal).
- Seeking new funding sources (for example, veteran services and supportive housing).

- Incorporating Medi-Cal administrative functions or Medi-Cal direct services provided by ADRC partner organizations (for example, Medi-Cal eligibility application assistance and formal assessment of LTSS need).

6.2 Adequate Administrative Staffing and Information Management

ADRC Core Partners demonstrate the organizational capacity to build and maintain staff expertise and the capacity to serve large, diverse numbers of individuals (e.g., toolkits, standardized training protocols, cross-training implementation/work plan, online resources, etc.).

ADRC partners provide services in ways that comply with the ADA and Section 508 of the Rehabilitation Act and implement shared data management and protection protocols that comply with the Health Insurance Portability and Accountability Act (HIPAA).

6.3 Continuous Quality Improvement Plans and Procedures

ADRC partnerships implement Quality Assurance and Continuous Quality Improvement measures to ensure that high-quality services are available and meet the needs of consumers, caregivers, and professionals. Core and Extended ADRC partners must have protocols in place to monitor consumer satisfaction and outcomes, and conduct time analysis and special surveys for the purpose of making system improvements. The ADRC has measurable performance goals and indicators related to its visibility, trust, ease of access, responsiveness, efficiency, and effectiveness. The ADRC partners routinely track and monitor consumer demographics and individual outcomes such as diversions, transitions, and the impact of Options Counseling and other ADRC service functions.

Measures include consumer satisfaction surveys; data on referral pathways; length of calls and other performance measures; consumer outcome measures (e.g., service status, applications completed, satisfaction); measures of business operations (e.g., staff workload); and time devoted to specific functions and tasks.

6.4 IT/MIS Supports All Program Functions

ADRC partners have telecommunications systems (hardware and software) to enable warm transfers; electronic information systems to track their customers, services, performance, and costs; and technology to continuously evaluate and improve ADRC service functions provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, including Medicaid Management Information Systems (MMIS) and electronic health records (EHRs).

6.5 Local Performance Tracking and Trending

ADRC Core Partners have performance measures to monitor success in increasing consumer access to information and services. This includes information sufficient for consumers to make informed decisions about LTSS. Measures may include:

- Numbers and length of Options Counseling sessions.
- The top concerns presented by intake callers (for example, affordable housing and health care).
- Number of program/service activations [for example, Medi-Cal home and community- based services (HCBS) waivers and Health Maintenance Organization enrollments].
- Number of individuals transitioned from institutional care to community care.
- Number of consumers helped by short term service coordination.

To demonstrate the impact and outcomes of California ADRCs and to meet specific federal and state reporting requirements, ADRC partnerships are expected to collect and submit requested reports as specified to CDA.

Section III. A Model of ADRCs in California

As reflected in the vision statement, the fundamental philosophy of ADRCs in California is to promote *streamlined access to services*. Accordingly, a network of organizations can achieve ADRC designation only if they can collectively facilitate access to core ADRC services and public benefits and make it markedly

easier for consumers to find information and activate services. It is therefore necessary to focus on ADRC planning from a consumer service perspective rather than from an organizational perspective.

ADRC partners are recognized by the *types of services they provide to consumers and how the collaboration benefits consumers.* ADRC service functions can be provided by either core or extended partners in the following combinations:

ADRC Service Functions + All Services from Core and Extended Partners = Total Services of an ADRC

An approach based on services strengthens the idea that that there is no "one size fits all" model for ADRC partnerships in California. Welfare and Institutions Code, Section 9120[8] establishes four service functions that ADRCs must have in California. These core service functions ensure that there is uniformity so that consumers come to recognize ADRC partner organizations as a source of trusted and comprehensive information and service options. At the same time, communities have the freedom to develop partnerships using the resources and expertise they already have to meet the unique cultural, linguistic, and resource needs of local consumers. An overall emphasis on services rather than specific partners (beyond AAAs and ILCs) will allow ADRC partners in California to be *inclusionary* rather than *exclusionary* – to build networks customized to the needs of specific communities. Moreover, these services are already being provided in most communities by one organization or another.

The table below summarizes the four service functions and gives examples of how those services could be implemented.

Service Type	Features
Enhanced Information and Referral (Enhanced I&R)	Common protocols for multiple call center triage; risk screening tools; proactive offers of information; warm transfers; call center integration of multiple program/service intake; and application assistance.

Service Type	Features
Short-Term Service Coordination	Protocols for at least one partner organization to respond to consumers at-risk or with urgent needs; expedited links to expanded list of service partners; temporary service coordination for up to 90 days while a longer-term plan is identified. Can be provided as a component of options counseling or as an independent service.
Options Counseling	Meets state and federal standards for person-centered, interactive, decision-support whereby individuals are supported in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Options Counseling, according to the ACL, includes the following components: a personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs; a facilitated decision support process which explores resources and service options, and supports the individual in weighing pros and cons; developing action steps toward a goal or long-term support plan, and assistance in applying for and accessing support options when requested; and quality assurance and follow-up to ensure supports and decisions are working for the individual.
Care Transition (Facility to Home)	Implementation of nursing facility-to-home and/or hospital-to- home care transitions; expedited procedures that link with Medi-Cal eligibility; IHSS; HCBS waiver providers; MCOs; social security, housing, and other components that come together for a home-based package of supports.

Section IV. Conclusion

The Administration for Community Living, the Centers for Medicare and Medicaid Services and the Veterans Administration continue to promote the ADRC model through continuing guidance and funding opportunities as a vital way for communities to keep current with LTSS policy changes and shrinking public resources. Community-based services for specific sub-groups of LTSS users have evolved separately over time as life spans have become longer; as health care has improved; and as state and federal policies have developed. These fragmented policy and funding frameworks produced distinct organizations that specialized in serving individuals with developmental disabilities (for example, California's Regional Centers under the state's Lanterman Act), older individuals (for example, Area Agencies on Aging under the Older Americans Act and the Older Californians Act), and Independent Living Centers (under the Rehabilitation Act). In some communities, special organizations arose to provide services for individuals with Alzheimer's, stroke, heart disease, Parkinson's disease, and other populations with special needs. The net result of these separate policy developments is that there is no single organization with a complete and broad view of all LTSS options that may be available and effective for an individual consumer.

The 2021 Master Plan for Aging is a step toward addressing the LTSS system fragmentation in order to better serve Californians as they age. Local ADRC partnerships can bring local experts together so that any consumer in need of LTSS can benefit. The ADRC designation criteria presented above represent the collective wisdom of ADRC pioneers, stakeholder advisors, subject matter experts, and government policy expertise. The state will provide additional guidance and detail on its ADRC designation criteria as standards and practices evolve.

Section V. Resources

For additional information and guidance, please refer to:

- State of California ADRC Branch, California Department of Aging: ADRC@aging.ca.gov

- State of California ADRC Website: https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/
- State of California Assembly Bill 1200: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1200
- State of California Senate Bill 80: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB80
- State of California Senate Bill 453: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB453
- California Welfare and Institutions Code, Sections 9120-9123: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.5.&title=&part=&chapter=2.&article=4
- Older Americans Act, 1965, Amended by Public Law, Sec. 116-131: https://www.congress.gov/bill/116th-congress/house-bill/4334/text
- No Wrong Door, Administration for Community Living: https://nwd.acl.gov/
- Technical Assistance Community, ACL: https://www.ta-community.com/

Section VI. References

[1] Assembly Bill 1200, signed in 2017, establishes Aging and Disability Resource Connection program into State Statute. More information at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1200

[2] Senate Bill 80, signed in 2019, established the ADRC Infrastructure Grants program. More information at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB80

[3] Senate Bill 453, signed in 2019, requires CDA to develop and implement a core model of ADRC best practices, develop a plan for implementing and overseeing a No Wrong Door system, and coordinate funding sources for the No Wrong Door system. More information at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB453

[4] The term “critical pathways” refers to the referral and triage channels between health and long-term care facilities and the home and community-based network system to promote

comprehensive health and social service supports on behalf of individuals at-risk of institutionalization.

[5] Outreach materials must be provided, at minimum, in threshold languages. "Threshold language" means a language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

[6] A "warm transfer" can be defined as a call in which an ADRC representative transfers a consumer to a third party, but stays on the line to introduce the consumer, and shares information about the consumer's needs. The ADRC representative can either conference the call to continue a three-way discussion or drop off the line allowing the consumer to discuss the situation with the third-party individual. (AIRS Standards and Quality Indicators for Professional Information and Referral, Version 9.0, July 2020). Issues of confidentiality must be carefully managed. In the process of facilitating a warm transfer, staff in the ADRC network should not disclose personal information without an individual's consent.

[7] Social groups may include, but are not limited to women, people from rural communities, Lesbian/Gay/Bisexual and Transgender (LGBT).

[8] California Welfare and Institutions Code 9120 establishing four service functions for ADRCs. More information at:
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.5.&title=&part=&chapter=2.&article=4