

ADMINISTRATION ON AGING
FY 2009 Aging and Disability Resource Center
Cooperative Agreements
Frequently Asked Questions – 2009

QUESTIONS AND ANSWERS DOCUMENT

In our state, we are getting feedback that most referrals to long-term nursing care are coming from rehab and short-term nursing care. We want to focus our outreach to discharge planners from short-term nursing care, and want to know how flexible AoA is with that?

Within in the 2009 ADRC program announcement states are allotted flexibility to identify and develop priority areas in working with critical pathways. If states choose to focus their efforts on discharge planning from short-term nursing care facilities they would be allowed to do so.

Are states that received the Real Choice Systems Change (RCSC) eligible to apply for the ADRC grant?

Yes. States which have received the Real Choice Systems Change grants are eligible to apply.

What is expected from the 5 year budget and work plan for a state to have a successful application?

In terms of expectations, the 5 year budget and work plan will be a product that is expected to be completed within 18 months of the grant. For all states receiving AoA FY 2009 ADRC funding, within 18 months of receipt of grant funds, they would be expected to submit a detailed 5 year plan to AoA and CMS that has been developed with input from the key stakeholders in the state and approved by the directors of the State Unit on Aging, State Medicaid Agency, and State Disability Agencies where applicable. This plan would describe how the state is going to realign and more optimally coordinate the existing information and access functions of the state and federal programs it administers in order to operationalize ADRCs statewide that are capable of performing the functions specified in Title II Section 202(b)7 and the requirements in this Program Announcement. This plan should identify existing funds/programs that will be used and include a budget that identifies the added costs to the state, above and beyond funding that is already being expended on ADRC-type functions under existing programs, to implement the plan. The plan should also include projected cost savings that the state will achieve as a result of statewide implementation. The AoA Technical Assistance Center will work with states in developing these plans as well as cost savings projections.

Is it expected that the cost effectiveness will be achieved in the second 18 months of the plan?

No.

In the contractual line under the budget justification we are required to provide a separate justification for contracts over 33% of the total grant. It's likely we will have that but might issue RFP's and wont have the information at the time of our application, what do we do?

States do have the option to submit sample/estimated budgets and do not have to specify the specific names of entities if unable to determine at the time of submission.

We're concerned about the cost impact of an ADRC, what models are out there and available? Did the Michigan evaluation report have mixed results?

The Michigan evaluation report as well as numerous examples of other ADRC cost estimates and models can be found on the ADRC technical assistance adrc-tae.org.

We are a state that does not currently have an ADRC. What methods have been used to ease concerns about the ongoing obligations of sustaining this system beyond the three year period?

As a new state you are uniquely positioned to take advantage of proven models from other states, especially those in your region. New states should draw on the experiences, resources and lessons learned from our 43 states previously funded. States that are designing, implementing or expanding ADRCs and/or ADRC type systems have access to the Technical Assistance Exchange (TAE). The TAE provides a forum for peer-to-peer information exchange on policy and program infrastructure development, and direct technical assistance to and between peers as they develop, implement, and evaluate their ADRC project. For additional information about ADRCs and available technical assistance please visit the TAE website www.adrc-tae.org.

Is this grant specifically AoA funded and not a joint funding between CMS and AoA? So, reporting will be directly to AoA?

This initiative is a joint effort between AoA and CMS but it does not involve joint funding. This grant will specifically be funded by AoA. As a result, states will not have to submit dual reports to AoA and CMS.

Are you aware of any states that have successfully implemented Federal Financial Participation (FFP) as a measure of sustainability for ADRCs?

Yes. Examples of states that have made progress have been highlighted on the ADRC-TAE.ORG technical assistance website.

For the veteran ADRC states, is it expected they clearly outline and articulate their goals, objectives and project outcomes of accomplished achievements and efforts? Does this count toward our 10 page limit?

All states are required to adhere to the narrative and work plan requirements outlined in the 2009 ADRC Program Announcement. However, states may select to insert their goals and objectives in their attachments which would not count towards the 10 pages.

In regard to the Hospital Discharge planning, is there anything AoA or CMS are doing to make sure that hospitals are ready and prepared to participate and cooperate in this?

AoA is currently working with CMS to identify opportunities where we can increase awareness about HCBS options with hospitals and hospital discharge planners. As we obtain additional information we will share with all states. Specific areas we are expecting to gather more information and resources for are:

- how to tell if hospitals in a specific area are in the 75th percentile;
- any new care instruments that are being developed so as not to duplicate similar efforts; and
- any Medicare developed care products for consumer assessment, recording and evaluation.

We have an existing ADRC in a specific region and looking to expand statewide, do we have to build out from the existing region where the ADRC is located or can we incorporate this site as we build out statewide?

Each state is provided the flexibility to outline/carry out their expansion activities. State in this situation would have the option of building off its existing site or to incorporate existing ADRCs at a later time.

Can we use our existing funds to maximize the use of new funds to go statewide?

Yes.

We're not an ADRC. We've received a QIO grant, how do we "phase in" pieces of this grant to move toward an ADRC? Could we start with Hospital discharge planning and build backwards to an ADRC?

Yes. It is possible to build upon existing partnerships to initiative your ADRC efforts. However, keep in mind that regardless of how you start, all ADRC efforts will be compared to the ADRC Fully Functional Assessment components outlined in Attachment G.

How do you define “significant progress” in year 1, which is contingent for funding in years 2 and 3?

Significant progress will be defined by a state’s ability to carry out the all the requirements of the 2009 ADRC Program Announcement as well as a state’s ability to show progress in meeting the ADRC Fully Functional Assessment components outlined in Attachment G.

We’re anticipating expanding the ADRC statewide through the AAA’s; our benefit outreach center (BOE) center is collocated at our ADRC, is there statewide expectation of our BOE center?

No. Expectation from AoA is that the benefit outreach center would be considered a required partner to avoid duplication of effort. If expansion of the BoE is desired by a respective state and is part of a state’s overall goal it could be supported through this effort.

Can you delineate the 1st major milestone for states that do not have an ADRC?

The first major milestone for states receiving ADRC funding for the first time, have at least one ADRC Program operational in one community within 12 months of receipt of grant funds that at a minimum is providing information and one-on-one counseling on long-term support options for the elderly and younger adults with physical disabilities.

If we advance our Quality Assurance and Evaluation process, do we have to do it in person centered Hospital Discharge Planning and/or Streamlined access? We’d like to do more rigorous analysis of other key functions of an ADRC, is this ok?

Yes. States are provided the flexibility to carry out the Quality Assurance and Evaluation activities on any and all ADRC activities.

Is it required for the advisory board to meet regularly or meet to solely develop the five year plan?

No. In terms of the development of the five year plan, advisory boards are not required to maintain their solvency beyond the lifespan of the planning of this document even though there could be advantages in helping carrying out the plan.

Which state with statewide ADRCs has done the hospital discharge planning? Do they contract with all the ADRCs throughout the state or do they contract with one company to do hospital discharge planning?

To date, 12 states have achieved statewide coverage of their ADRC efforts. In these states, hospital discharge planning has been conducted individually between ADRCs and their respective hospitals.

Should the proposal be set up as outlined on page 22?

Yes. The components required for the Project Narrative are outlined on page 22.

How emphasized is hospital discharge planning going to be for states who are trying to go statewide and keep their fully functional status?

As noted in the original 2003 ADRC grant announcement, ADRCs will create formal linkages between and among the major pathways to long term support, including preadmission screening programs for nursing home services, hospital discharge planning, physician services, and the various community agencies and organizations that serve the Resource Center's target populations. These linkages will ensure people have the information they need to make informed decisions about their support options as they pass through critical transition points in the health and long term support system. States ability to develop and maintain partnerships with critical pathways will continue to be a part of Streamline Access Fully Functional Component.