# APPENDIX A. OUTCOME EVALUATION SURVEY METHODOLOGY ADDITIONAL DISCUSSION

## Exhibit 1. Drawing the ADRCs Sample Stratified by Region and by Rural versus Urban Status

| Region | Total ADRCs | Rural | Urban | Primary ADRCs | Backup ADRCs |
|---|---|---|---|---|---|
| I: CT, MA, ME, NH, RI, VT, DC, | 30 | 12 | 18 | 2 | 2 |
| II: NY, NJ | 74 | 28 | 46 | 2 | 2 |
| III: DE, MD, PA, VA, WV | 108 | 41 | 67 | 2 | 2 |
| IV: AL, FL, GA, KY, MS, NC, SC, TN | 85 | 31 | 54 | 2 | 2 |
| V: IL, IN, MI, OH, WI | 75 | 23 | 52 | 2 | 2 |
| VI: LA, OK, TX | 39 | 8 | 31 | 2 | 2 |
| VII: IA, KS, MO, NE | 6 | 2 | 4 | 2 | 2 |
| VIII: CO, MT, UT, WY, ND, SD | 30 | 9 | 21 | 2 | 2 |
| IX: CA, NV, AZ, HI | 22 | 2 | 22 | 2 | 2 |
| X: AK, ID, OR, WA | 17 | 3 | 14 | 2 | 2 |
| Single, Statewide ADRCs: AR, MN, NM | 3 | -- | -- | 3 | -- |
| **Total** | **489** | **157** | **329** | **23** | **20** |

## Exhibit 2. AAAs with Service Areas that do not Overlap with ADRC Service Areas, by Region

| Region | AAAs With Non Overlapping Service Areas | Rural | Urban |
|---|---|---|---|
| I: CT, MA, ME, NH, RI, VT, DC, | 0 | 0 | 0 |
| II: NY, NJ | 5 | 3 | 2 |
| III: DE, MD, PA, VA, WV | 1 | 0 | 1 |
| IV: AL, FL, GA, KY, MS, NC, SC, TN | 17 | 10 | 7 |
| V: IL, IN, MI, MN, OH, WI | 4 | 2 | 2 |
| VI: AR, LA, OK, NM, TX | 12 | 2 | 10 |
| VII: IA, KS, MO, NE | 32 | 20 | 12 |
| VIII: CO, MT, UT, WY, ND, SD | 14 | 6 | 8 |
| IX: CA, NV, AZ, HI | 28 | 5 | 23 |
| X: AK, ID, OR, WA | 21 | 8 | 13 |
| **Total** | **134** | **56** | **78** |

## Exhibit 3. Drawing the AAA Sample Stratified by Region and by Rural versus Urban Status.

| Region | AAAs with Non Overlapping Service Areas | Rural | Urban | Primary AAAs* | Backup AAAs* |
|---|---|---|---|---|---|
| I, II, & III: CT, MA, ME, NH, RI, VT, NY, NJ, DC, DE, MD, PA, VA, WV | 6 | 3 | 3 | 6 | -- |
| IV: AL, FL, GA, KY, MS, NC, SC, TN | 17 | 10 | 7 | 2 | 8 |
| V: IL, IN, MI, MN, OH, WI | 4 | 2 | 2 | 2 | 2 |
| VI: AR, LA, OK, NM, TX | 12 | 2 | 10 | 2 | 2 |
| VII: IA, KS, MO, NE | 32 | 20 | 12 | 2 | 2 |
| VIII: CO, MT, UT, WY, ND, SD | 14 | 6 | 8 | 2 | 2 |
| IX: CA, NV, AZ, HI | 28 | 5 | 23 | 2 | 2 |
| X: AK, ID, OR, WA | 21 | 8 | 13 | 2 | 2 |
| **Total** | **134** | **56** | **78** | **20** | **20** |

*For each region, two AAAs each, one from the rural stratum and one from the urban stratum; the exception is Regions I – III, where the three urban and the three rural AAAs were selected into the sample with certainty and backup AAAs were drawn from Region IV.

## Exhibit 4. Agencies that Discontinued Participation in the Study

| Site Name | State | Date site dropped out | Reason for dropping out |
|---|---|---|---|
| **ADRC Urban** | | | |
| Larimer County ARCH | Colorado | 6/18/13 | Limited number of staff, and current workload including two major projects |
| Area 10 Area Agency on Aging | Indiana | 7/30/13 | Changes in capacity |
| **ADRC Rural** | | | |
| Orleans County | New York | 6/20/13 | Insufficient staffing |
| Bristol Bay Native Association (BBNA) ADRC | Alaska | Mid-June | Site is not near a FedEx pick-up and could therefore not send the data forms back via regular pre-paid mail and inconsistent internet access |
| Kenai Peninsula ILC: An ADRC | Alaska | Mid-June | Too remote with very low client rates |
| **ADRC Certainty** | | | |
| The Resource Center | Wyoming | Early August | Insufficient staffing |
| **AAA Rural** | | | |
| Southeastern Illinois Area Agency on Aging | Illinois | Early August | Insufficient staffing |
| South Central Nebraska Area Agency on Aging | Nebraska | 7/31/13 | Staffing reductions |

## Exhibit 5. Agencies that Participated in the Study

| Site Name | State | Region |
|---|---|---|

| Site Name | State | Region |
|---|---|---|
| **ADRC Urban** | | |
| Community Choices: North Central Region | Connecticut | I |
| Essex County ADRC | New Jersey | II |
| West Virginia Aging and Disability Resource Center – Fairmont Site | West Virginia | III |
| Area IV Agency on Aging and Community Action Programs | Indiana | V |
| Ability Resources | Oklahoma | VI |
| LifeLong Links ADRC Heritage AAA | Iowa | VII |
| Mesa County ARCH | Colorado | VIII |
| Area V – Southeast Idaho Area Agency on Aging | Idaho | X |
| NorthWest Senior & Disability Services | Oregon | X |
| **ADRC Rural** | | |
| ServiceLink Resource Center of Coos County | New Hampshire | I |
| Appalachian Agency for Senior Citizens | Virginia | III |
| Generations | Indiana | V |
| Concho Valley ADRC | Texas | VI |
| Kiamichi Economic Development District of Oklahoma AAA | Oklahoma | VI |
| Northwest Missouri Area Agency on Aging | Missouri | VII |
| Area VI | Montana | VIII |
| San Juan Basin ADRC | Colorado | VIII |
| Nevada County | California | IX |
| **ADRC Certainty** | | |
| Senior Linkage Line, Disability Linkage Line | Minnesota | V |
| Choices in Living Resource Center | Arizona | VI |
| **AAA Urban** | | |
| Cape Fear Council of Governments | North Carolina | IV |
| WPCOG Area Agency on Aging | North Carolina | IV |
| Area Agency on Aging of the Heart of Texas | Texas | VI |
| Area Agency on Aging of the Permian Basin | Texas | VI |
| Aging Partners AAA | Nebraska | VII |
| Southwest 8 Senior Services, Inc. | Iowa | VII |
| **AAA Rural** | | |
| Albermarle Commission Area Agency on Aging | North Carolina | IV |
| Isothermal Planning & Development Commission | North Carolina | IV |
| Northeast Mississippi Area Agency on Aging | Mississippi | IV |
| Area Agency on Aging of Deep East Texas | Texas | VI |
| Area Agency on Aging of Texoma | Texas | VI |
| Northeast Nebraska Area Agency on Aging | Nebraska | VII |
| Area IX Area Agency on Aging | Montana | VIII |

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**LTSS**
Long-Term Services and Supports

Dear [DIRECTOR NAME];

We would like to thank you for agreeing to participate in the evaluation of long-term service and support (LTSS) programs. Please recall that the Administration for Community Living (ACL) has contracted with IMPAQ International, LLC and Abt Associates Inc. to evaluate LTSS programs funded by the agency. The overall purpose of the evaluation is to gather information to help ACL better understand how to best support the delivery of LTSS, and we greatly appreciate your help in screening and recruiting clients.

The study is well underway with the evaluation team gathering rich data from clients recruited from agencies like yours. We are contacting you at this time to ask if any questions have come up for you or your staff during the client screening and recruitment process, and to encourage you to forward client information to the evaluation team at the end of each week. To reach our target sample size and ensure nationally representativeness, it is vitally important that all sites that agreed to participate begin the recruitment process and forward data to the team on a weekly basis.

If you have any questions about your participation in this evaluation, please email Susan Jenkins, the ACL Project Officer, at Susan.Jenkins@ACL.HHS.GOV.

Thank you in advance for your help,

Dear [DIRECTOR NAME];

We would like to thank you for participating in the evaluation of long-term service and support (LTSS) programs that is being conducted by the Administration for Community Living (ACL) to evaluate LTSS programs funded by the agency. The overall purpose of the evaluation is to gather information to help ACL better understand how to best support the delivery of LTSS, and we greatly appreciate your help in screening and recruiting clients.

The study is well underway with the evaluation team of IMPAQ International and Abt Associates gathering rich data from your clients.  We are contacting you at this time to remind you and encourage you to continue to help the research team reach their target sample size and ensure national representativeness by actively recruiting clients.  It is vitally important that all sites that agreed to participate continue the recruitment process and forward data to the team on a weekly basis.

If you have any questions about your participation in this evaluation, please email Susan Jenkins, the ACL Project Officer, at Susan.Jenkins@ACL.HHS.GOV.

Thank you in advance for your help,

## PROCESS EVALUATION: LOCAL-LEVEL WEB-BASED SURVEY

INSTRUCTIONS TO WEB SURVEY PROGRAMMER: PREPOPULATE (PP) INFORMATION IN [ ] BASED ON SITE DIRECTOR TYPE (DT) OR ID NUMBER (ID). THESE PROPOPULATED DATA WILL BE USED THROUGHOUT THE SURVEY TO ORIENT THE RESPONDENT BASED ON TYPE OF SITE. EACH SITE WILL ALSO RECEIVE A UNIQUE ID NUMBER WITH THE NAME OF THE SITE.

[ID Number - ID]

⎯ Name of Site

[Director Type - DT]

⎯ ADRC (Local-level)
⎯ AAA (Local-level)

## Section A. Baseline Characteristics

[FOR LOCAL-LEVEL ADRC DIRECTORS]: The first set of questions focus on characteristics of your organization **PRIOR** to receiving an ADRC grant and the influence on your organization of the Administration on Aging (AoA) and/or CMS grant(s) (i.e., AoA Title IV grants, AoA title II grants, CMS Real Choice System Change grants, CMS Person-centered hospital discharge planning grants, Patient Protection and Affordable Care Act funds).

[FOR LOCAL-LEVEL AAA DIRECTORS]: We are interested in how your organization has changed over time, therefore, the first set of questions deals with the characteristics of your organization approximately 7 years ago (i.e., in 2004-2005).

1. Has your organization realized an improvement in ability to provide integrated, comprehensive access to long-term care services and supports (e.g., provide one-stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community)? [if DT = ADRC since the start of the ADRC grant; if DT=AAA over the past 7 years]
   ☐ Yes
   ☐ No [skip to question 3]

2. Which have had the most positive impact on your organization's ability to provide integrated, comprehensive access to long-term care services and supports (e.g., provide one-stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community)? (Select up to two)
   ☐ Partnerships developed/expanded

   ☐ Staffing changes

   ☐ Shared data

   ☐ Focus on providing person-centered, self-directed services

☐ Other, please specify

3. Which of the following best describes the reason your site became an ADRC?

☐ To better integrate service provision systems

☐ To develop or strengthen agency/organizational partnerships

☐ To improve data or IT infrastructure

☐ To improve marketing or awareness efforts related to Long Term Care Services and Supports (LTSS)

☐ To expand services to additional populations

☐ To expand services to additional geographic locations

☐ Other, please specify

4. [FOR AAA DIRECTORS ONLY]: Is your site interested in becoming an ADRC or becoming part of an ADRC in the future?

☐ Yes; If yes, what is your current stage or status in becoming an ADRC? (Open Response)

☐ No; If no, please explain why you do not plan to become an ADRC? (Open Response)

☐ Other, please specify

5. Please indicate the extent to which Federal (AoA/CMS) grants have enabled your ADRC to realize any of the following outcomes… (Select all that apply)

| | Very much | Somewhat | Very little |
|---|---|---|---|
| … increase the skills of existing staff | o | o | o |
| … recruit or attract more experienced staff | o | o | o |
| … increase/expand populations served | o | o | o |
| … increase the number of consumers served | o | o | o |
| … increase the number of partnerships | o | o | o |
| …increase range of services offered | o | o | o |
| …make other changes (please specify) | o | o | o |

6. How has the ADRC grant(s) affected the resources or resource allocation at your organization or within your state? [IF THERE IS MORE THAN ONE ADRC IN THE STATE CHECK THE BOX IF THE ITEM IS TRUE OF AT LEAST ONE ADRC] (Check all that apply)

| | At the site or local level | At the State level |
|---|---|---|
| Helped us leverage other funds | ☐ | ☐ |

| | At the site or local level | At the State level |
|---|:---:|:---:|
| Improved staff training opportunities | ❏ | ❏ |
| Increased service efficiency | ❏ | ❏ |
| Contributed to the development of a statewide database of LTSS services and/or consumers | ❏ | ❏ |
| Promoted the development of standard operating procedures | ❏ | ❏ |
| Increased the level of coordination between organizations serving older individuals and individuals with disabilities | ❏ | ❏ |
| Improved awareness/marketing campaigns/activities | ❏ | ❏ |

## Section B. Populations Served

This second set of questions asks about the populations in your service area as well as consumers that your organization serves. For questions about consumers, please focus on those who received services designed to enhance individual choice and support informed decision-making among consumers. This includes empowering individuals to effectively navigate their health and other long-term support options (e.g., Information, referral and awareness services; Consumer-focused decision support; Assistance with planning for future LTSS Needs; Streamlined eligibility determination for public programs; Person-centered transition support from institutional setting to community settings; and Independent living skills.)  Please answer these questions to the best of your knowledge. In questions asking for percentages, please provide estimates if your organization does not collect the requested data.

**NOTE:** The data will be used to group like organizations together to allow for more complex data analyses.  These data will not be used to evaluate the efforts of your specific organization.

For the following items, please indicate the demographic composition of your **service area**. (This question applies to the community that [insert ID] serves)

7.  Latino/Hispanic Origin
    —— Yes %

    —— No %

    Race
    —— Caucasian/White %
    —— Black or African American %
    —— American Indian or Alaska Native  %
    —— Asian  %
    —— Nation Hawaiian or Other Pacific Islander %

8. If you have one or more significant racial/ethnic sub-populations in your service area please list it here:_____

9. What percentage of your service area is living at or below the poverty line?
   —— At or below the poverty line %

   ☐ Not sure, but a significant population lives under the poverty line

   ☐ Not sure, but the population is small or negligible

10. What percentage of your service area is uninsured/does not have health insurance coverage?
    —— Uninsured %

    ☐ Not sure, but a significant population is uninsured

    ☐ Not sure, but the population is small or negligible

12. Within the last 12 months, has a community LTSS needs assessment been conducted?
    ☐ Yes

    ☐ No, but we did complete a community needs assessment within the past three years

    ☐ No, a community needs assessment was not completed within the past three years

13. This next set of questions is designed to gather information about the conditions in your service area.

[BLANK RESPONSE BOXES WILL BE POPULATED BY DROP-DOWN BOXES SHOWING OPTIONS EXPLAINED ABOVE 'PRIOR' AND 'CURRENTLY' COLUMNS]

| Community Needs | | |
|---|---|---|
| **Barriers to receiving Long Term Supports and Service services** | | |
| To what extent is each of the following a barrier for individuals seeking Long Term Supports and Service services both prior to receiving an ADRC grant [approximately 7 years ago or if you do not have information that goes back that far, as far back as you do have information] and currently? | | |
| | Please use dropdown menus to select: not a barrier, sometimes a barrier, often a barrier | |
| | Prior | Currently |
| Lack of Long Term Supports and Services-Needed services are not offered | | |
| Lack of available Long Term Supports and Service slots-(e.g., There are long waitlists) | | |
| Poor service quality | | |
| Lack of health insurance | | |

## Community Needs

**Barriers to receiving Long Term Supports and Service services**

To what extent is each of the following a barrier for individuals seeking Long Term Supports and Service services both prior to receiving an ADRC grant [approximately 7 years ago or if you do not have information that goes back that far, as far back as you do have information] and currently?

| | Please use dropdown menus to select: not a barrier, sometimes a barrier, often a barrier | |
|---|---|---|
| | Prior | Currently |
| Providers not accepting consumers with Medicaid | | |
| Barriers based on consumer disabilities | | |
| Language barriers | | |
| Cultural barriers | | |
| Religious barriers | | |
| Sexual orientation barriers | | |
| People needing services do not have a permanent address | | |
| Consumers lack  transportation | | |
| Stigma, discrimination and prejudice against older adults | | |
| Stigma, discrimination and prejudice against persons with disabilities | | |
| Providers have high staff turnover | | |
| Providers lack appropriately trained staff | | |
| Service provider hours/locations are hard to access | | |
| Other Please specify: | | |

[BLANK RESPONSE BOXES WILL BE POPULATED BY DROP-DOWN BOXES SHOWING OPTIONS EXPLAINED ABOVE 'PRIOR' AND 'CURRENTLY' COLUMNS]

| Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
|---|---|---|---|
| | | **Prior** | **Currently** |
| Safe and affordable housing options | Adequate availability/Available but inadequate to meet need/Not available | | |
| Peer support services/groups | Adequate | | |

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| Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
| --- | --- | --- | --- |
| | | **Prior** | **Currently** |
| | availability/Available but inadequate to meet need/Not available | | |
| HCBS Medicaid Waiver Programs | Adequate availability/Available but inadequate to meet need/Not available | | |
| Caregiver Support (i.e. respite programs, support groups, or counseling) | Adequate availability/Available but inadequate to meet need/Not available | | |
| Nutrition Programs | Adequate availability/Available but inadequate to meet need/Not available | | |
| Employment services | Adequate availability/Available but inadequate to meet need/Not available | | |
| Education services | Adequate availability/Available but inadequate to meet need/Not available | | |
| Opportunities to develop advanced directives | Adequate availability/Available but inadequate to meet need/Not available | | |
| Transportation services | Adequate availability/Available but inadequate to meet need/Not available | | |
| Opportunities for socialization/recreation | Adequate availability/Available but inadequate to meet need/Not available | | |
| Mental health services | Adequate availability/Available but | | |

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| Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
|---|---|---|---|
| | | Prior | Currently |
| | inadequate to meet need/Not available | | |
| Ombudsman services | Adequate availability/Available but inadequate to meet need/Not available | | |
| Health prevention and screening services | Adequate availability/Available but inadequate to meet need/Not available | | |
| Services for emergent cases/Crisis intervention | Adequate availability/Available but inadequate to meet need/Not available | | |
| Transition programs (from hospitals, nursing homes etc.) | Adequate availability/Available but inadequate to meet need/Not available | | |
| Nursing home (institutional) diversion programs | Adequate availability/Available but inadequate to meet need/Not available | | |
| Nursing home/residential beds | Adequate availability/Available but inadequate to meet need/Not available | | |
| Income assistance | Adequate availability/Available but inadequate to meet need/Not available | | |
| Energy assistance | Adequate availability/Available but inadequate to meet need/Not available | | |
| Personal care services | Adequate availability/Available but inadequate to meet | | |

| Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
|---|---|---|---|
| | | **Prior** | **Currently** |
| | need/Not available | | |
| Medicaid waivers | Adequate availability/Available but inadequate to meet need/Not available | | |
| Independent  Living services (e.g., skills training, peer support) | Adequate availability/Available but inadequate to meet need/Not available | | |
| Other, please specify | Adequate availability/Available but inadequate to meet need/Not available | | |

14. How many consumers of each type were served in the most recent 6 month period (October 2011-March 2012) NOTE: This question is specific to the consumers who access [insert ID] services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.

| Characteristics | Currently | |
|---|---|---|
| | **Consumers under 60** | **Consumers over 60** |
| Older Adults (60+) | — | |
| **Individuals with Disabilities** | | |
| Physical disabilities | | |
| Cognitive impairment | | |
| Intellectual disabilities | | |
| Developmental disabilities | | |
| Mental Illness | | |
| Multiple disabilities | | |
| **Caregivers** | | |
| Informal/family caregiver | | |
| Paid Caregiver | | |

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| Characteristics | Currently | |
|---|---|---|
| Health & Human Service Professional (e.g., physician, hospital discharge planner, nursing home staff) | | |
| **Special Subpopulations** | | |
| Traumatic Brain Injury (TBI) | | |
| Emergent/Emergency Cases | | |
| Low income | | |
| Limited English proficiency | | |
| Is the [insert ID] making any special efforts to target a particular population not listed above? If yes, please specify. | | |
| Other (Please specify) | | |
| Other (Please specify) | | |

14a.  Since the start of the ADRC grant, the number of clients **under** 60 served by [insert ID] has:

☐   Significantly increased

☐   Significantly decreased

☐   Stayed the same

14b. [FOR AAA DIRECTORS ONLY]: Over the past 7 years, the number of clients **under** 60 served by [insert ID] has:

☐   Significantly increased

☐   Significantly decreased

☐   Stayed the same

15a. Since the start of the ADRC grant, the number of consumers **over** 60 served by [insert ID] has:

☐   Significantly increased

☐   Significantly decreased

☐   Stayed the same

15b. [FOR AAA DIRECTORS ONLY]: Over the past 7 years the number of consumers **over** 60 served by [insert ID] has:

☐   Significantly increased

☐   Significantly decreased

☐   Stayed the same

16a. Since the start of the ADRC grant, the number of consumers with physical disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

16b. [FOR AAA DIRECTORS ONLY]: Over the past 7 years, the number of consumers with physical disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

17a. Since the start of the ADRC grant, the number of consumers with mental/emotional disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

17b. [FOR AAA DIRECTORS ONLY]: Over the past 7 years, the number of consumers with mental/emotional disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

18a. Since the start of the ADRC grant, the number of consumers with multiple disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

18b. [FOR AAA DIRECTORS ONLY]: Over the last 7 years, the number of consumers with multiple disabilities served by [insert ID] has:

- ☐ Significantly increased
- ☐ Significantly decreased
- ☐ Stayed the same

19a. Since the start of the ADRC grant, the number of caregivers served by [insert ID] has:

&#9633;   Significantly increased

&#9633;   Significantly decreased

&#9633;   Stayed the same


19b. [FOR AAA DIRECTORS ONLY]: Over the past 7 years, the number of caregivers served by [insert ID] has:

&#9633;   Significantly increased

&#9633;   Significantly decreased

&#9633;   Stayed the same

## Section C.  Service Provision

These questions are about the services provided by your organization/network

20. How frequently do consumers ask about the following? For each, indicate "frequently," "sometimes," "infrequently", or "never." Advanced directives

| Topic | Frequency of consumer inquiry: There will be a drop down menu in each cell with the options: "frequently," "sometimes, infrequently", or "never. |
|---|---|
| Advanced directives | |
| Advocacy | |
| Caregiver support | |
| Respite services | |
| Chronic health conditions | |
| Education | |
| Employment | |
| Energy assistance | |
| Home modification | |
| Affordable housing | |
| Income assistance | |
| Medicaid eligibility and services | |
| Medicare eligibility and services | |
| Mental/behavioral health services | |
| Nutrition services | |
| Ombudsman/abuse or neglect issues | |
| Independent living services | |
| Personal care/attendant care services | |
| Preventative health services | |
| Recreation opportunities | |
| Services for emergent care/crisis intervention | |
| Support groups | |

| Topic | Frequency of consumer inquiry: There will be a drop down menu in each cell with the options: "frequently," "sometimes, infrequently", or "never. |
|---|---|
| Transition services | |
| Transportation | |
| Other, please specify | |

21. Does [insert ID] engage in advocacy activities for older adults?

☐ Yes

☐ No

22. Does [insert ID] engage in advocacy activities for persons with disabilities?

☐ Yes

☐ No

23a. Is diversion form nursing homes or other institutional residential facilities an outcome sought to be achieved? Specific goal…

☐ Yes

☐ No [Skip to question 24]

23b. How is [insert ID] measuring and tracking this?

☐ Staff track using a standard electronic system

☐ Staff track using a standard hardcopy/paper system

☐ An external group (e.g., an evaluator, auditor) tracks using a standard system

☐ Staff track using an informal system

☐ Other, please specify

**CARE COORDINATION/TRANSITION ASSISTANCE PROGRAMS**

24. Does your organization provide transition services to consumers discharged from an acute care setting?
☐ Yes
☐ No [If no skip to question 30]

25. Care Coordination/Transition Assistance

| [insert ID] **Clients Provided Care Coordination/Transition Assistance** | |
|---|---|
| No. individuals assisted with transition from hospital ONLY through formal | |

| | |
|---|---|
| care transitions program (evidence-based CT intervention or innovative model) | |
| Number of participants carried over from last reporting period (started program in last reporting period and continued with the intervention into this reporting period) | |
| Number of participants whose cases were closed during this period (i.e., participants whose transition services were ended either because of a readmission or new admission to a care facility or because the transition period ended) | |
| # of participants that readmitted within 30 days of discharge | |
| # of participants that readmitted within 30 days and re-entered the care transition program | |

26. What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this [INSERT ID] program service area this reporting period by participating hospital?

- ☐ Name of Hospital 1
- ☐ No. of Individuals for Hospital 1
- ☐ Name of Hospital 2
- ☐ No. of Individuals for Hospital 2
- ☐ Name of Hospital 3
- ☐ No. of Individuals for Hospital 3

27. What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [INSERT ID] program service area this reporting period by age group?

- ☐ Aged 60 and Over
- ☐ Under Age 60
- ☐ Age Unknown

28. What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [INSERT ID] program service area this reporting period by health insurance source?

\_\_\_\_\_Medicare
\_\_\_\_\_Medicaid
\_\_\_\_\_Dual-Eligible
\_\_\_\_\_ No insurance
\_\_\_\_\_Private insurance
\_\_\_\_\_Veterans Administration Services
\_\_\_\_\_Other Unknown

29. What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [INSERT ID] program service area in this reporting period who were referred to one or more health/prevention programs?

_____Chronic Disease Self Management Program
_____Diabetes Self Management Program
_____Exercise Program
_____Mental Health and Substance Misuse
_____Falls Management and Prevention
_____Alzheimer's Programs
_____Medication Management
_____Home Injury/Risk Screenings
_____Other

30a. What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [INSERT ID] program service area in this reporting period that were referred to one or more of the following long term services or supports?

_____ Additional Options Counseling

_____ Home delivered meals

_____Nutrition services or nutrition counseling

_____ Care giver support

_____Personal care/homemaker/choremaker services

_____Transportation

31a. Do you have a marketing plan?

☐ Yes, our marketing plan is operational

☐ Yes, we have a plan but it is not yet operational

☐ No, we do not have a plan at this time

31b. Does [insert ID] utilize a standard operating procedure to assess consumer need?

☐ Always

☐ Sometimes

☐ Never

32. Is the consumer assessment tool and/or basic consumer needs assessment process common across partner organizations?

☐ Yes, common across all partners

☐ Yes, common across some partners

☐ No, each partner organization uses their own assessment tool/process

33. Does your organization/network provide "Options Counseling" or other one-on-one counseling designed to support consumers' ability to make informed decisions about their long-term care?
   - ☐ Yes
   - ☐ No [If no skip to question 36]

34. Referrals to Public and Private Services this Reporting Period

| Referrals to Public and Private Services this Reporting Period | |
| --- | --- |
| What is the number of [insert ID] clients referred to or given an application for a public program, including Older Americans Act; Medicare; Medicaid; Food Stamps; TANF; Social Security (SSI or SSDI); LI-HEAP; VDHCBS; Other State-funded and county-funded programs for Medicaid; Other? | |
| What is the number of [insert ID] clients referred to some other type of service (non-public services, resources or program)? | |
| What is the number of [insert ID] clients that were not referred to any type of service? | |
| What is the number of [insert ID] Unknown Clients (remainder of all Clients)? | |
| Total | |

[FOR SITES WITH OPTIONS COUNSELING OR OTHER ONE ON ONE COUNSELING ONLY]

35. Clients Provided Options Counseling this Reporting Period

| [insert ID] **Clients Provided Options Counseling By Age** | |
| --- | --- |
| [insert ID]  Clients Aged 60 and Over | |
| [insert ID]  Clients Under Age 60 | |
| [insert ID]  Clients Age Unknown | |
| Total | |

| [insert ID] **Clients Provided Options Counseling by Method** | |
| --- | --- |
| In person | |
| By phone | |

| | |
|---|---|
| Electronic Communication (e.g. email or website chat) | |
| Total | |

| [insert ID] **Clients Provided Options Counseling by Setting** | |
|---|---|
| [insert ID] | |
| Hospital | |
| Nursing facility/Institution | |
| At the client's community residence | |
| Other | |
| Total | |

| **Client Feedback About Options Counseling** | |
|---|---|
| What is the number of [insert ID] Clients who report that options counseling enabled them to make well informed decisions about their long term support services? | |
| What is the number of [insert ID] Clients surveyed this reporting period? | |

36. Does [insert ID] or network have a standardized tool or process to provide options counseling?

☐ Yes

☐ No

☐ Don't know

☐ Not applicable

PUBLIC PROGRAMS

37. Average Monthly Public LTSS Program Enrollment in WHOLE [INSERT ID] SERVICE AREA
*This set of questions is asking about all current enrollment levels in these programs in the [INSERT ID] service area. Enrollment fluctuates from month to month, so please calculate the average enrollment per month during the reporting period.*

| Average Monthly Public LTSS Program Enrollment in WHOLE [INSERT ID] SERVICE AREA | |
|---|---|
| What is the average number of individuals enrolled in Medicaid HCBS Waivers in [INSERT ID] Service Area each month (should include [INSERT ID] Clients and might include Non-[INSERT ID] Clients)? | |
| What is the average number of individuals enrolled in Medicaid residing in institutions in [INSERT ID] Service Area each month (should include [INSERT ID] Clients and might include Non-[INSERT ID] Clients)? | |
| What is the average number of individuals enrolled in other public LTSS programs in [INSERT ID] Service Area each month (should include [INSERT ID] Clients and might include Non-[INSERT ID] Clients)? Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. | |

[FOR SITES THAT REFER CLIENTS TO PUBLIC PROGRAMS ONLY]:

38. Total New Enrollment among [INSERT ID] CLIENTS ONLY in Public LTSS Programs

*This set of questions is asking about the absolute number of [INSERT ID] clients who were newly enrolled into these programs during the last six months.*

| Total New Enrollment among [INSERT ID] CLIENTS ONLY in Public LTSS Programs | |
|---|---|
| What is the number of [INSERT ID] Clients who are newly enrolled into a Medicaid HCBS Waiver this reporting period (including individuals enrolled by [INSERT ID] staff and individuals referred for assessment/application by [INSERT ID] staff)? | |
| What is the number of [INSERT ID] Clients who are newly enrolled into Medicaid institutional services this reporting period (including individuals enrolled by [INSERT ID] staff and individuals referred for assessment/application by [INSERT ID] staff)? | |
| What is the average number of individuals enrolled in other public LTSS programs in [INSERT ID] Service Area each month (should include [INSERT ID] Clients and might include Non-[INSERT ID] Clients)? Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. | |

39. For data collected on consumers, are staff required to follow the Alliance of Information and Referral Systems (AIRS) standards[1]?

&#9744; Yes with all consumers

&#9744; Yes, with specific groups of consumers –Please specify:

&#9744; Never

40. Does [insert ID] have a database/MIS that does any of the following (Select all that apply)?:

&#9744; Track consumer requests for information and referrals

&#9744; Track referrals made to consumers

&#9744; Maintain  records on individual consumers

&#9744; Maintain a list of services/service providers

&#9744; Links to other databases (e.g., Medicaid waiver tracking systems, Money Follows the Person tracking system). If yes, specify: _____

&#9744; Other, please specify

&#9744; We do not have an electronic records/tracking system  [skip to question 41]

41. Do operational partners have access to data they need for their operations such as data about your consumers/services? If yes, for what purpose? (review client information, input client demographic information, input referrals, input service utilization information, review client service utilization, obtain summary reports on clients and/or services)

&#9744; Yes (specify _____)

&#9744; No, but there are plans to develop that capacity

&#9744; No, and there are no current plans to do this

42. Do service providers have access to data about our consumers? If yes, for what purpose? (see above)

&#9744; Yes (Specify_____)

&#9744; No, but there are plans to develop that capacity

&#9744; No, and there are no current plans to do this

42a. Do staff follow up with consumers after their initial contact with your organization?

&#9744; Always

&#9744; Sometimes-Under what circumstances: _____

&#9744; Never [skip to question 45]

42b. How many times does staff follow up with consumers after their initial contact with your organization?

---

[1] Standard 13: Inquirer Data Collection

☐ Once

☐ Multiple times

42c. What is the approximate timing of the <u>first</u> follow up with consumers after their initial contact with your organization?

    ☐ One to weeks after service

    ☐ Three weeks after service

    ☐ One to two  months after service

    ☐ Three to five months after service

    ☐ Six months after service

    ☐ One year or longer after service

42d. What is the approximate timing of the <u>last</u> follow up with consumers after their initial contact with your organization?

    ☐ One week after service

    ☐ Two weeks after service

    ☐ Three weeks after service

    ☐ One to two months after service

    ☐ Three to five months after service

    ☐ Six months after service

    ☐ One year or longer after service

43. When consumers are referred to other agencies or organizations, are those providers contacted as part of the follow up procedure?

    ☐ Always

    ☐ Sometimes-Under what circumstances:_____

    ☐ Never

44.  Approximately what percentage of consumers who are referred to other organizations receive a "warm transfer" (e.g., Simultaneous transfer of a telephone call and its associated data from one agent to another agent or supervisor)? _____%

45. Does your organization routinely collect quantitative performance data about its services and consumers?

    ☐ Yes

    ☐ No [skip to question 49]

46. Indicate any of the ways that your organization uses performance data: [check all that apply]

- ☐ To justify funding requests

- ☐ To improve consumer service

- ☐ To administer service provider contracts

- ☐ To provide information to stakeholders (governing board, advocacy organizations, local government, etc.)

- ☐ For program planning

- ☐ Do not use performance data

47. On which topics, if any, would you like to receive additional assistance from the technical assistance provider? (Open Response)

**Eligibility Screening Module: Initial Screening of ADRC Clients**

48. When a client contacts the ADRC about long-term services and supports (LTSS), do ADRC staff administer a screening questionnaire to make a preliminary determination of eligibility and need for publicly-funded LTSS?
    - ☐ Yes
    - ☐ No
    - ☐ Other, please describe _____

49a. If yes, to which of the following populations is the eligibility screening instrument administered ? Check all that apply.
    - ☐ Aged 65 and older
    - ☐ Physical disability
    - ☐ Intellectual Disability/Developmental Disability
    - ☐ Brain injury
    - ☐ HIV/AIDS
    - ☐ Medically fragile
    - ☐ Autism
    - ☐ Mental illness
    - ☐ Other (specify _____)

49b. What kind of information is collected? Check all that apply.
    - ☐ Demographic information (i.e., age, gender, ethnicity, marital status)
    - ☐ Living arrangements
    - ☐ Caregivers
    - ☐ Health status
    - ☐ Activities of daily living (ADL)
    - ☐ Instrumental activities of daily living(IADL)
    - ☐ Cognitive functions
    - ☐ Troublesome behaviors
    - ☐ LTSS currently received
    - ☐ Income

&#9633; Assets

&#9633; Other, please list _____

**Eligibility Screening Module: Financial Eligibility Determination**

50. How do clients in your state/site complete and file applications for financial eligibility for Medicaid or publicly-funded LTSS? Check all that apply.
    &#9633; Applications are accessed on-line, printed, completed by hand, and returned to a state or county office.
    &#9633; Applications are accessed on-line, completed on-line, printed, and returned to a state or county office.
    &#9633; Applications are accessed on-line, completed on-line, and submitted to the state or county electronically.
    &#9633; Paper copy applications are obtained at various locations including _____ [INSERT LOCATIONS], completed by hand, and returned either in person or by mail to a state or county office.
    &#9633; Other _____

51. In what ways do ADRC staff assist clients with financial eligibility applications for Medicaid LTSS Programs? Check all that apply.
    &#9633; We do not assist clients with financial eligibility applications
    &#9633; Advise the client where s/he can obtain an application
    &#9633; Assist the client in completing the application
    &#9633; Assist the client in collecting the required financial documentation
    &#9633; Check on the status of the client's application
    &#9633; Notify the client when the application has been approved/disapproved
    &#9633; Manage appeals by clients whose applications were not approved
    &#9633; Other _____

52. In what ways do ADRC staff assist clients with financial eligibility applications for publicly-funded LTSS* other than Medicaid LTSS? Check all that apply.
    &#9633; We do not assist clients with financial eligibility applications
    &#9633; Advise the client where s/he can obtain an application
    &#9633; Assist the client in completing the application
    &#9633; Assist the client in collecting the required financial documentation
    &#9633; Check on the status of the client's application
    &#9633; Notify the client when the application has been approved/disapproved
    &#9633; Manage appeals by clients whose applications were not approved
    &#9633; Other _____
    &#9633; *Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county _____

53. Does your state/site permit presumptive financial eligibility in order to expedite the provision of LTSS to clients while their financial eligibility applications are being processed?
    &#9633; Yes
    &#9633; No
    &#9633; In Progress

**Eligibility Screening Module: Functional Assessment**

54. Does your state/site use a universal, comprehensive assessment instrument for functional (level of care) eligibility determinations for LTSS?

☐ Yes
☐ No
☐ No, but in development

55a. If yes, what best describes the kind of instrument your state/site is using? Check one.

☐ A custom-designed instrument developed by state staff
☐ A custom-designed instrument developed by a vendor specifically for our state
☐ An instrument developed by a vendor that is also used by other states
☐ Other, please list: _____

55b. What best describes the process for how the assessor completes the instrument? Check all that apply.

☐ The assessor completes a paper form while interviewing the client; there is no electronic data entry.
☐ The assessor completes a paper form while interviewing the client and later inputs the data on an electronic form at the office.
☐ The assessor completes an electronic form while interviewing the client, which is later downloaded into an electronic database.
☐ The assessor completes a web-based form while interviewing the client and the client's data is entered "real time" into an electronic database.
☐ Our state/site uses multiple processes, including _____ [SELECT FROM A-D ABOVE]

55c. Do you work with consumers to develop a care plan?

☐ Yes, with all consumers
☐ Yes under certain circumstances (Please specify_____)
☐ No, that is not part of this service

55d. For which of the following populations is the functional assessment used? Check all that apply.

☐ Aged 65 and older
☐ Physical disability
☐ ID/DD
☐ Brain injury
☐ HIV/AIDS
☐ Medically fragile
☐ Autism
☐ Mental illness

56. The Affordable Care Act requires states to implement Health Insurance Exchanges effective January 1, 2014. States are required to provide a single electronic portal for "real time" financial eligibility determinations for Medicaid and Qualified Health Plans offered through the Exchange.

56a. Is your organization involved in planning for your state's Exchange?

☐ Yes

☐ No [skip to question57]

☐ Not Sure.

If Yes, please describe your organization's role role: _____

56b.Is your state/site examining ways to align functional eligibility determination for publicly-funded LTSS with Medicaid financial eligibility determination carried out through the Exchange website?

☐ Yes

☐ No

☐ Not Sure.

If Yes, please describe: _____

57. Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions.

☐ No, none of our functions are reimbursed under FFP or FMAP

☐ Yes, the following functions are reimbursed under FFP
_____

☐ Yes, the following functions are reimbursed under FMAP
_____

## Section D.  Organizational Characteristics

These questions are about your organization budget, partnerships, and structure.

58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? (In $ amounts)

| Check if you have received funding in prior Fiscal Years | Amount of funding during the current Fiscal Year | Funding source |
|---|---|---|
| ☐ | | Administration on Aging Title IV ADRC Grant |
| ☐ | | Administration of Aging Title II Grant |
| ☐ | | CMS Real Choice Systems Change Grants |
| ☐ | | CMS Person-Centered Hospital Discharge Planning Grant |
| ☐ | | Patient protection and Affordable Care Act Grant |
| ☐ | | Veteran's Administration |

| Check if you have received funding in prior Fiscal Years | Amount of funding during the current Fiscal Year | Funding source |
|---|---|---|
| ❏ | | Money Follows the Person Demonstration |
| ❏ | | State Transformation Grant |
| ❏ | | Alzheimer's Disease Demonstration Grant |
| ❏ | | Evidence-Based Disease Prevention Grant |
| ❏ | | Program of All-Inclusive Care for the Elderly (PACE) |
| ❏ | | Medicare Improvement for Patients and Providers Act (MIPPA) |
| ❏ | | Respite Care Act funds |
| ❏ | | Rehabilitation Services Administration (RSA) |
| ❏ | | Substance Abuse and Mental Health Services Administration (SAMHSA) - Mental Health Transformation Grant |
| ❏ | | Agency for Health Care Research and Policy - Chronic Disease Self-Management Grant |
| ❏ | | Administration for Children and Families, Office of Community Services - Low Income Home Energy Assistance Program (LIHEAP) |
| ❏ | | Health Resources and Services Administration HIV/AIDS Bureau - Ryan White Fund |
| ❏ | | State Unit on Aging |
| ❏ | | State General Revenue |
| ❏ | | County of local government |
| ❏ | | Private entities/grants - Hospitals or other businesses |
| ❏ | | Medicaid for Direct Services (state and federal) |
| ❏ | | Medicaid for Federal Financial Participation |
| ❏ | | Care Transitions Income |
| ❏ | | Consumer Fees or Cost Sharing |
| ❏ | | Charitable Donations |
| ❏ | | Other, please specify |
| ❏ | | Total Budget for FY 2013 |

59. What best characterizes the operation of your agency?

&#9633; Single-point of entry: one agency maintains a knowledgebase on LTSS options and assists consumers in making decisions about the best and most feasible options for LTSS

&#9633; No wrong door: multiple agencies are knowledgeable about LTSS options and cooperate to assist consumers regardless of which agency the consumer first contacts.

60. Do you identify your structure as any of the following:

&#9633; Independent, non-profit

&#9633; Part of city government

&#9633; Part of county government

&#9633; Part of COG or RPDA

&#9633; Other. Specify: _____

61. [ADRCs only] What organizations comprise the core operating organizations? [BLANK RESPONSE BOXES WILL BE POPULATED BY DROP-DOWN BOXES SHOWING YES/NO]

| Organization | Core Operating Organization? (Yes/No) |
|---|---|
| AAA | |
| State Unit on Aging | |
| Veterans Organization | |
| Alzheimer's Association | |
| Other Aging Services Organization | |
| Centers for Independent Living | |
| Vocational Rehabilitation Departments | |
| Other Disability Services Organization | |
| Community Mental Health | |
| County or Regional Council of Governments | |
| County Government Office or Agency | |
| Local Housing Authority | |
| State or Local Medicaid Agency | |
| 211 | |
| Other Human Services of Social Service Provider (please specify) | |

62. [FOR EACH OF THE CORE OPERATING ORGANIZATIONS]: Please describe your relationship with other core operating organizations at your site and the functionality of the site in meeting the objective of improving and streamlining access to information, assistance, and long-term services and supports for older adults, persons with disabilities, and their families. Would you describe the current status as having a solid working relationship? Please provide as much detail as possible. _____

63. With which organizations do [insert ID] have a partnership? What is the strength of the relationship, as well as the type of partnership agreement and shared resources? [BLANK RESPONSE BOXES WILL BE POPULATED BY DROP-DOWN BOXES SHOWING OPTIONS EXPLAINED IN EACH COLUMN]

| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ *Co-located staff* ☐ *Shared monetary resource* ☐ *Information sharing* ☐ *Joint training* ☐ *Joint sponsorship of programs* ☐ *Shared non-monetary* ☐ *resources (i.e. office space)* ☐ *Shared data* ☐ *No shared resources* |
|---|---|---|---|---|
| **State Departments (with cabinet level secretaries):** | | | | |
| Health | | | | |
| Human Services | | | | |
| Aging | | | | |
| Other (specify): | | | | |
| **State Agencies (located within state departments):** | | | | |
| Aging | | | | |
| Developmental Disabilities | | | | |
| Acquired or Late-Onset Disabilities | | | | |
| Mental Health | | | | |
| Medicaid | | | | |
| Housing | | | | |

| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ *Co-located staff* ☐ *Shared monetary resource* ☐ *Information sharing* ☐ *Joint training* ☐ *Joint sponsorship of programs* ☐ *Shared non-monetary* ☐ *resources (i.e. office space)* ☐ *Shared data* ☐ *No shared resources* |
|---|---|---|---|---|
| Education | | | | |
| Other (specify): | | | | |
| **Local Government Agencies** | | | | |
| Area Agency on Aging | | | | |
| County Health Department | | | | |
| County Medicaid office | | | | |
| County Department on Aging | | | | |
| County Department on Disability | | | | |
| County Housing Office | | | | |
| Library | | | | |
| Other (specify): | | | | |
| **Federal Agencies:** | | | | |
| Local Veterans Administration | | | | |
| Local Indian Health Service | | | | |
| Other (specify): | | | | |
| **Organizations Providing Direct Services:** | | | | |
| 211 or other call center | | | | |

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| | Partner<br><br>(Check all the apply) | Functionality of Partnership<br><br>(1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement<br><br>*Select from the following list:*<br><br>•Funding relationship<br>•Formal MOU<br>•Contract<br>•Cooperative<br>•Informal working relationship<br>• Other, please specify | Shared Resources<br><br>*Select from the following list:*<br><br>☐ *Co-located staff*<br>☐ *Shared monetary resource*<br>☐ *Information sharing*<br>☐ *Joint training*<br>☐ *Joint sponsorship of programs*<br>☐ *Shared non-monetary*<br>☐ *resources (i.e. office space)*<br>☐ *Shared data*<br>☐ *No shared resources* |
|---|---|---|---|---|
| Community Health Clinic | | | | |
| Community Mental Health Clinic | | | | |
| Deaf Service Center | | | | |
| Hospital/Medical Center | | | | |
| School for the Blind | | | | |
| School for the Deaf | | | | |
| The ARC | | | | |
| United Way | | | | |
| Vocational/Rehabilitation Services | | | | |
| Other (specify): | | | | |
| **Advocacy/Referral Organizations:** | | | | |
| AIDS Coalition | | | | |
| Alzheimer's Association | | | | |
| American Council of the Blind | | | | |
| Autism Society state/regional chapter | | | | |
| Brain Injury Association state/regional chapter | | | | |
| Centers for Independent Living | | | | |

| | Partner<br><br>(Check all the apply) | Functionality of Partnership<br><br>(1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement<br><br>*Select from the following list:*<br><br>•Funding relationship<br>•Formal MOU<br>•Contract<br>•Cooperative<br>•Informal working relationship<br>• Other, please specify | Shared Resources<br><br>*Select from the following list:*<br><br>☐ *Co-located staff*<br>☐ *Shared monetary resource*<br>☐ *Information sharing*<br>☐ *Joint training*<br>☐ *Joint sponsorship of programs*<br>☐ *Shared non-monetary*<br>☐ *resources (i.e. office space)*<br>☐ *Shared data*<br>☐ *No shared resources* |
|---|---|---|---|---|
| Easter Seals | | | | |
| Epilepsy Foundation state/regional chapter | | | | |
| National Association of Mental Illness state/regional chapter | | | | |
| National Autism Association state/regional chapter | | | | |
| National Multiple Sclerosis Society state/regional chapter | | | | |
| State Association for the Deaf | | | | |
| United Cerebral Palsy | | | | |
| Other (specify): | | | | |

64. Approximately how many FTEs (Full-time equivalents) perform each of the following functions?

— I&R/I&A

— Options counseling/counseling to provide in-depth person centered decision support

— Benefits counseling/eligibility determination

— Care transition services

— Crisis intervention services

— Independent Living services

— Advocacy services

— Providing administrative or other support for the above functions

65. How many front line staff are Alliance of Information and Referral Systems (AIRS) certified?

— Number of AIRS certified staff

— Total number of front line staff

66. Is your organization paid on a fee-for-service or per-unit basis for performing any of the following services for a client? (Please check all that apply)
☐ Information/referral
☐ Options counseling
☐ Screening
☐ Assessment
☐ Application assistance
☐ Transition support
☐ Other, please specify

67. [if any of the boxes are checked in previous question] What is the source of the fee-for-service or per-unit payments?
☐ Medicare
☐ Medicaid waiver
☐ Medicaid state plan
☐ Medicaid managed care organization
☐ State-funded program other than Medicaid
☐ Private health plan
☐ Provider
☐ Other, please specify

## Section E.  LTSS Environment

68.  Since this [insert ID] started serving consumers, has there been an impact on the LTSS or Home and Community-Based (HCBS) system in your community?

☐ There has been an **increase in the <u>number</u>** of LTSS providers.

☐ There has been a **decrease in the <u>number</u>** of LTSS providers.

☐ There has been an **increase in the <u>quality</u>** of LTSS services.

☐ There has been a **decrease in the <u>quality</u>** of LTTS services.

69. Please add any final thoughts about [insert ID] and either its operations and/or its results (Open response).
_____

## PROCESS EVALUATION — STATE-LEVEL WEB-BASED SURVEY

INSTRUCTIONS TO WEB SURVEY PROGRAMMER: PREPOPULATE (PP) INFORMATION IN [ ] BASED ON SITE DIRECTOR TYPE (DT) OR ID NUMBER (ID). THESE PREPOPULATED DATA WILL BE USED THROUGHOUT THE SURVEY TO ORIENT THE RESPONDENT BASED ON NAME OF SITE. EACH SITE WILL ALSO RECEIVE A UNIQUE ID NUMBER WITH THE NAME OF THE SITE.

[ID Number - ID]

— Name of State-level Site

[Director Type - DT]

— ADRC (State-level)

## Section A. Baseline Characteristics

The first set of questions focus on characteristics of your aging and disability network **PRIOR** to receiving an ADRC grant and the influence on your aging and disability network. .

1. Click **here** to review federal funding received by your state since [ENTER YEAR OF RECEIPT OF ADRC GRANT] for the development of ADRCs. On a scale of 1 to 5, how would you rate your state's progress since [YEAR] in improving access to the following services, with 1 being "Poor" and 5 being "Excellent?"

| | Poor | | | | Excellent |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Information, referral, and awareness of LTSS options | | | | | |
| Options counseling and assistance | | | | | |
| Streamlined eligibility determination for public programs | | | | | |
| Person-centered transition support | | | | | |

2. States used federal grant funding in a variety of ways to develop their aging and disability networks. On a scale of 1 to 5, indicate the importance of each of the following in improving access to LTSS in your state since YEAR, with 1 being "not important at all" and 5 being "very important."

| | Not important at all | | | | Very important |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Development of new partnerships | | | | | |

| | Not important at all | | | | Very important |
|---|---|---|---|---|---|
| Staffing | | | | | |
| Advisory council | | | | | |
| Development of shared data systems | | | | | |
| Web-based information and referral | | | | | |
| Other | | | | | |

3. When your state applied for its first ADRC grant in YEAR, what were your goals for the project? Check all that apply.
   - ☐ To better integrate the delivery of LTSS for the aging and disability populations
   - ☐ To develop or strengthen agency/organizational partnerships
   - ☐ To improve data or IT infrastructure
   - ☐ To improve marketing or awareness efforts related to Long Term Care Services and Supports (LTSS)
   - ☐ To expand services to additional populations
   - ☐ To expand services to additional geographic locations
   - ☐ Other, please specify _____

4. Please indicate how your State initially selected local sites to receive ADRC funds.
   - ☐ Selected sites that were already integrated to help them maintain or expand their efforts
   - ☐ Selected sites that were partially integrated to support further integration
   - ☐ Selected sites that were fragmented to encourage integration
   - ☐ Selected AAAs already in operation
   - ☐ Selected organizations that were currently serving the aging community (e.g., senior centers)
   - ☐ Selected sites that were currently serving the disability community (e.g., CILS)
   - ☐ Selected county offices because existing infrastructure was available
   - ☐ Other, please specify

Indicate the extent to which the grants your state received for ADRC development contributed to the following:

| | Very much | Somewhat | Very little |
|---|---|---|---|
| … increase the skills of existing staff | o | o | o |
| … recruit or attract more experienced staff | o | o | o |
| … increase/expand populations served | o | o | o |
| … increase the number of consumers served | o | o | o |
| … increase the number of partnerships | o | o | o |
| …increase range of services offered | o | o | o |
| …make other changes (please specify) | o | o | o |

5. How has the ADRC grant(s) affected the resources or resource allocation at your organization/network or within your state? If there is more than one ADRC in your state, select the box if the item is true for at least one ADRC. (Select all that apply)

| | At the Site or Local Level | At the State Level |
|---|---|---|
| Helped us leverage other funds (including reimbursement for specific functions) | ❑ | ❑ |
| Improved staff training opportunities | ❑ | ❑ |
| Increased service efficiency | ❑ | ❑ |
| Contributed to the development of a statewide database of Long Term Supports and Service and/or consumers | ❑ | ❑ |
| Promoted the development of standard operating procedures | ❑ | ❑ |
| Increased the level of coordination between organizations serving older individuals and individuals with disabilities | ❑ | ❑ |
| Improved awareness/marketing campaigns/activities | ❑ | ❑ |

6. Within the last 12 months, has the state conducted a community long-term service and support needs assessment?

☐ Yes , we assessed the needs in all [ADRC communities in our State

☐ Yes, we assessed the needs in some of the [ADRC or communities in our State

☐ No, but we did complete a community needs assessment, for at least some of the [ADRC or communities in our State within the past three years

☐ No, a community needs assessment was not completed within the past three years

This next set of questions is designed to gather information about the conditions in the service network for your state. Please think about the status of your state as a whole.

| 7. Community Needs | | |
|---|---|---|
| **Barriers to receiving Long Term Supports and Service services** | | |
| What barriers do individuals in your state encounter in accessing LTSS? For each barrier listed below, indicate the extent to which this was a barrier in YEAR when the state first began developing its ADRC network and the extent to which it is currently a barrier. | | |
| | *Use drop-down menu to select "not a barrier," "sometimes a barrier," or "often a barrier"* | |
| | YEAR | 2012 |
| Non-availability of needed services and supports | | |
| Limits on Medicaid HCBS waiver enrollment | | |
| Limits on enrollment in state-only funded LTSS | | |
| Quality of available LTSS | | |
| Lack of health insurance | | |
| Providers not accepting consumers with Medicaid | | |
| Lack of accommodations for consumers with disabilities | | |
| Language barriers | | |
| Cultural barriers | | |
| Religious barriers | | |
| Sexual orientation barriers | | |
| People needing services do not have a permanent address | | |
| Consumers lack transportation | | |
| Stigma, discrimination and prejudice against older adults | | |
| Stigma, discrimination and prejudice against persons with disabilities | | |
| Providers have high staff turnover | | |
| Providers lack appropriately trained staff | | |
| Service provider hours/locations are hard to access | | |
| Other, Please specify: | | |

| 8.　Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
| --- | --- | --- | --- |
| | | Prior to first ADRC grant | Currently |
| Safe and affordable housing options | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Peer support services/groups | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| HCBS Medicaid Waiver Programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Caregiver Support (i.e. respite programs, support groups, or counseling) | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Nutrition Programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Employment services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Education services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Legal services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Transportation services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Socialization/recreation programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Mental/behavioral health services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Ombudsman services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Health prevention and screening services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Emergency services/crisis intervention | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |

| 8. Service Availability/Choice | Please indicate the Current availability of the following services within your service area | For the following services, to what extent is there provider choice? Service has (*no; limited; adequate*) provider choice | |
| | | Prior to first ADRC grant | Currently |
| --- | --- | --- | --- |
| Nursing home transition programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Hospital transition programs | | | |
| Nursing home (institutional) diversion programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Nursing home services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Assisted living services | | | |
| Shared living programs | | | |
| Adult day care | | | |
| Consumer-directed LTSS | | | |
| Income assistance | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Energy assistance | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Personal care/attendant services | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Medicaid HCBS waiver programs | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Independent Living supports (e.g., skills training, vocational programs, peer support) | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |
| Other, please specify | Adequate availability/Available but inadequate to meet need/Not available | No/Limited/Adequate | No/Limited/Adequate |

## Section B. Organizational Characteristics

These questions are about your organization or network budget, partnerships, and structure.

9. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? (In $ amounts)

| Check if you have received funding in prior Fiscal Years | Amount of funding during the current Fiscal Year | Funding source |
|---|---|---|
| ❑ | | Administration on Aging Title IV ADRC Grant |
| ❑ | | Administration of Aging Title II Grant |
| ❑ | | CMS Real Choice Systems Change Grants |
| ❑ | | CMS Person-Centered Hospital Discharge Planning Grant |
| ❑ | | Patient protection and Affordable Care Act Grant |
| ❑ | | Veteran's Administration |
| ❑ | | Money Follows the Person Demonstration |
| ❑ | | State Transformation Grant |
| ❑ | | Alzheimer's Disease Demonstration Grant |
| ❑ | | Evidence-Based Disease Prevention Grant |
| ❑ | | Program of All-Inclusive Care for the Elderly (PACE) |
| ❑ | | Medicare Improvement for Patients and Providers Act (MIPPA) |
| ❑ | | Respite Care Act funds |
| ❑ | | Rehabilitation Services Administration (RSA) |
| ❑ | | Substance Abuse and Mental Health Services Administration (SAMHSA) - Mental Health Transformation Grant |
| ❑ | | Agency for Health Care Research and Policy - Chronic Disease Self-Management Grant |
| ❑ | | Administration for Children and Families, Office of Community Services - Low Income Home Energy Assistance Program (LIHEAP) |
| ❑ | | Health Resources and Services Administration HIV/AIDS Bureau - Ryan White Fund |
| ❑ | | State Unit on Aging |
| ❑ | | State General Revenue |
| ❑ | | County of local government |
| ❑ | | Private entities/grants - Hospitals or other businesses |

| Check if you have received funding in prior Fiscal Years | Amount of funding during the current Fiscal Year | Funding source |
| :---: | :---: | :--- |
| ❑ | | Medicaid for Direct Services (state and federal) |
| ❑ | | Medicaid for Federal Financial Participation |
| ❑ | | Care Transitions Income |
| ❑ | | Consumer Fees or Cost Sharing |
| ❑ | | Charitable Donations |
| ❑ | | Other, please specify |
| | | Total Budget for FY 2013 |

10. With which organizations do [insert ID] have a partnership? What is the strength of the relationship, as well as the type of partnership agreement and shared resources? [BLANK RESPONSE BOXES WILL BE POPULATED BY DROP-DOWN BOXES SHOWING OPTIONS EXPLAINED IN EACH COLUMN]

| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ Co-located staff ☐ Shared monetary resource ☐ Information sharing ☐ Joint training ☐ Joint sponsorship of programs ☐ Shared non-monetary ☐ resources (i.e. office space) ☐ Shared data ☐ No shared resources |
|---|---|---|---|---|
| **State Departments (with cabinet level secretaries):** | | | | |
| Health | | | | |
| Human Services | | | | |
| Aging | | | | |
| Other (specify): | | | | |
| **State Agencies (located within state departments):** | | | | |
| Aging | | | | |
| Developmental Disabilities | | | | |
| Acquired or Late-Onset Disabilities | | | | |
| Mental Health | | | | |

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| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ *Co-located staff* ☐ *Shared monetary resource* ☐ *Information sharing* ☐ *Joint training* ☐ *Joint sponsorship of programs* ☐ *Shared non-monetary* ☐ *resources (i.e. office space)* ☐ *Shared data* ☐ *No shared resources* |
|---|---|---|---|---|
| Medicaid | | | | |
| Housing | | | | |
| Education | | | | |
| Other (specify): | | | | |
| **Local Government Agencies** | | | | |
| Area Agency on Aging | | | | |
| County Health Department | | | | |
| County Medicaid office | | | | |
| County Department on Aging | | | | |
| County Department on Disability | | | | |
| County Housing Office | | | | |
| Library | | | | |
| Other (specify): | | | | |
| **Federal Agencies:** | | | | |
| Local Veterans Administration | | | | |
| Local Indian Health Service | | | | |

| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ *Co-located staff* ☐ *Shared monetary resource* ☐ *Information sharing* ☐ *Joint training* ☐ *Joint sponsorship of programs* ☐ *Shared non-monetary* ☐ *resources (i.e. office space)* ☐ *Shared data* ☐ *No shared resources* |
|---|---|---|---|---|
| Other (specify): | | | | |
| **Organizations Providing Direct Services:** | | | | |
| 211 or other call center | | | | |
| Community Health Clinic | | | | |
| Community Mental Health Clinic | | | | |
| Deaf Service Center | | | | |
| Hospital/Medical Center | | | | |
| School for the Blind | | | | |
| School for the Deaf | | | | |
| The ARC | | | | |
| United Way | | | | |
| Vocational/Rehabilitation Services | | | | |
| Other (specify): | | | | |
| **Advocacy/Referral Organizations:** | | | | |
| AIDS Coalition | | | | |
| Alzheimer's Association | | | | |

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| | Partner (Check all the apply) | Functionality of Partnership (1=Weak functionality; 2=Moderately functional/ functional in some areas; 3=Highly functional) | Partnership Agreement *Select from the following list:* •Funding relationship •Formal MOU •Contract •Cooperative •Informal working relationship • Other, please specify | Shared Resources *Select from the following list:* ☐ *Co-located staff* ☐ *Shared monetary resource* ☐ *Information sharing* ☐ *Joint training* ☐ *Joint sponsorship of programs* ☐ *Shared non-monetary* ☐ *resources (i.e. office space)* ☐ *Shared data* ☐ *No shared resources* |
|---|---|---|---|---|
| American Council of the Blind | | | | |
| Autism Society state/regional chapter | | | | |
| Brain Injury Association state/regional chapter | | | | |
| Centers for Independent Living | | | | |
| Easter Seals | | | | |
| Epilepsy Foundation state/regional chapter | | | | |
| National Association of Mental Illness state/regional chapter | | | | |
| National Autism Association state/regional chapter | | | | |
| National Multiple Sclerosis Society state/regional chapter | | | | |
| State Association for the Deaf | | | | |
| United Cerebral Palsy | | | | |
| Other (specify): | | | | |

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11. Approximately, how many FTEs (Full-time equivalents) at the state level perform each of the following functions?

 — Information & Referral /Information & Assistance (I&R/I&A)

 — Options counseling/counseling to provide in-depth person centered decision support

 — Benefits counseling/eligibility determination

 — Care transition services

 — Crisis intervention services

 — Independent Living services

 — Advocacy services

 — Providing administrative or other support for the above functions

12. At the State level, how many FTE (Full-time equivalents) are dedicated to working with the ADRC(s) in your State?

 _____

13. Is your organization paid on a fee-for-service or per-unit basis for performing any of the following services for a client? (Please check all that apply)
    ☐ Information/referral
    ☐ Options counseling
    ☐ Screening
    ☐ Assessment
    ☐ Application assistance
    ☐ Transition support
    ☐ Other, please specify

14. [if any of the boxes are checked in previous question] What is the source of the fee-for-service or per-unit payments?
    ☐ Medicare
    ☐ Medicaid waiver
    ☐ Medicaid state plan
    ☐ Medicaid managed care organization
    ☐ State-funded program other than Medicaid
    ☐ Private health plan
    ☐ Provider
    ☐ Other, please specify

# Section D.  Long-Term Service and Support Environment

15. Please add any final thoughts about [insert ID] and either its operations and/or its results (Open response)
    _____

# APPENDIX E. PROCESS EVALUATION STATE/TERRITORY RESPONSE RATES

| 100% | 99%   75% | 74%   50% | 49%   25% | 24% 1% | 0% | Not expected to submit |
|---|---|---|---|---|---|---|
| Alabama | California | Michigan | Florida | None | Guam | Mississippi |
| Alaska | Colorado | Montana | New York | | | Missouri |
| Arizona | Hawaii | Nevada | Oklahoma | | | Nebraska |
| Arkansas | Maryland | North Carolina | | | | Northern Mariana Islands |
| Connecticut | Massachusetts | Oregon | | | | Wyoming |
| Delaware | New Jersey | | | | | |
| District of Columbia | Pennsylvania | | | | | |
| Georgia | Tennessee | | | | | |
| Idaho | Vermont | | | | | |
| Illinois | Virginia | | | | | |
| Indiana | West Virginia | | | | | |
| Iowa | Wisconsin | | | | | |
| Kansas | | | | | | |
| Kentucky | | | | | | |
| Louisiana | | | | | | |
| Maine | | | | | | |
| Minnesota | | | | | | |
| New Hampshire | | | | | | |
| New Mexico | | | | | | |
| North Dakota | | | | | | |
| Ohio | | | | | | |
| Rhode Island | | | | | | |
| South Carolina | | | | | | |
| South Dakota | | | | | | |
| Texas | | | | | | |
| Utah | | | | | | |
| Washington | | | | | | |

# APPENDIX F. PROCESS EVALUATION LOCAL ADRC SURVEY RESPONSE TABLES

## Section A. Baseline Characteristics

**1. Has your organization realized an improvement in ability to provide integrated, comprehensive access to long term care services and supports (e.g., provide one stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community) since the start of the ADRC grant?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 450 | 95.34 |
| No | 19 | 4.03 |
| No response | 3 | 0.64 |
| Total | 472 | 100 |

**2. Which have had the most positive impact on your organization s ability to provide integrated, comprehensive access to long term care services and supports (e.g., provide one stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community)? (Select up to two)**

|  | Frequency | Percentage |
|---|---|---|
| Partnerships developed/expanded | 370 | 78.39 |
| Staffing changes | 112 | 23.73 |
| Shared data | 86 | 18.22 |
| Focus on providing person-centered, self-directed services | 213 | 45.13 |
| Other, specify* | 24 | 5.08 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 3. Which of the following best describes the reason your site became an ADRC? | | |
|---|---|---|
|  | Frequency | Percentage |
| To better integrate service provision systems | 161 | 34.11 |
| To develop or strengthen agency/organizational partnerships | 142 | 30.08 |
| To improve data or IT infrastructure | 7 | 1.48 |
| To improve marketing and awareness efforts to LTSS | 41 | 8.69 |
| To expand services to additional populations | 84 | 17.80 |
| To expand services to additional geographic locations | 4 | 0.85 |
| Other, specify* | 0 | 0.00 |
| No response | 33 | 6.99 |
| Total | 472 | 100 |

**5. Please indicate the extent to which Federal (AoA/CMS) grants have enabled your ADRC to realize any of the following outcomes. (Select all that apply)**

| | Very much | | Somewhat | | Very little | | No response | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Increase the skills of existing staff** | 229 | 48.52 | 183 | 38.77 | 41 | 8.69 | 19 | 4.08 | 472 | 100 |
| **Recruit or attract more experienced staff** | 60 | 12.71 | 150 | 31.78 | 221 | 46.82 | 41 | 8.69 | 472 | 100 |
| **Increase/expand populations served** | 191 | 40.47 | 196 | 41.53 | 62 | 13.14 | 23 | 4.87 | 472 | 100 |
| **Increase the number of consumers served** | 200 | 42.37 | 191 | 40.47 | 58 | 12.29 | 23 | 4.87 | 472 | 100 |
| **Increase the number of partnerships** | 248 | 52.54 | 159 | 33.69 | 40 | 8.47 | 25 | 5.30 | 472 | 100 |
| **Increase the number of services offered** | 147 | 31.14 | 192 | 40.68 | 106 | 22.46 | 27 | 5.72 | 472 | 100 |
| **Make other changes (specify)\*** | 44 | 9.32 | 48 | 10.17 | 64 | 13.56 | 316 | 66.95 | 472 | 100 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

**6. How has the ADRC grant(s) affected the resources or resource allocation at your organization or within your state? [If there is more than one ADRC in the state, check the box if the item is true of at least one ADRC] (Check all that apply)**

| | At Site or Local Level | | At the State Level | |
|---|---|---|---|---|
| | Frequency | Percentage\* | Frequency | Percentage\* |
| **Helped us leverage other funds** | 178 | 37.71 | 127 | 26.91 |
| **Improved staff training opportunities** | 346 | 73.31 | 117 | 24.79 |
| **Increased service efficiency** | 304 | 64.41 | 79 | 16.74 |
| **Contributed to the development of a statewide database of LTSS and/or consumers** | 170 | 36.02 | 153 | 32.42 |
| **Promoted the development of standard operating procedures** | 268 | 56.78 | 144 | 30.51 |
| **Increased the level of coordination between organizations serving older individuals with disabilities** | 380 | 80.51 | 117 | 24.79 |
| **Improved awareness/marketing campaigns/activities** | 330 | 69.92 | 112 | 23.73 |

\*Percentages do not add up to 100% as respondents could select more than one option.

## Section B. Populations Served

| 7. For the following items, please indicate the demographic composition of your service area. (This question applies to the community that [LOCAL ADRC] serves.) | | |
|---|---|---|
| | **Latino/Hispanic Origin** | |
| | **Frequency** | **Percentage** |
| **0%** | 3 | 0.63 |
| **>0-5%** | 229 | 48.52 |
| **6-10%** | 66 | 13.98 |
| **11-20%** | 47 | 9.96 |
| **>20%** | 40 | 8.47 |
| **No response** | 87 | 18.43 |
| **Total** | 472 | 100 |
| **Min (%)** | 0.00 | |
| **Max (%)** | 100 | |
| **Mean (%)** | 9.39 | |
| **Median (%)** | 4.30 | |
| **Mode (%)** | 1.00 | |

**7. For the following items, please indicate the demographic composition of your service area. (This question applies to the community that [LOCAL ADRC] serves.)**

| | Caucasian/White | | Black or African American | | American Indian or Alaska Native | | Asian | | Nation Hawaiian or Other Pacific Islander | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| 0% | 1 | 0.21 | 2 | 0.42 | 3 | 0.64 | 2 | 0.42 | 30 | 6.36 |
| >0-5% | 2 | 0.42 | 211 | 44.70 | 320 | 67.80 | 340 | 72.03 | 196 | 41.53 |
| 6-10% | 1 | 0.21 | 62 | 13.14 | 9 | 1.91 | 19 | 4.03 | 3 | 0.64 |
| 11-20% | 4 | 0.85 | 52 | 11.02 | 5 | 1.06 | 5 | 1.06 | 2 | 0.42 |
| 21-50% | 43 | 9.11 | 59 | 12.50 | 0 | 0.00 | 3 | 0.64 | 0 | 0.00 |
| 51-75% | 88 | 18.64 | 9 | 1.91 | 1 | 0.21 | 3 | 0.64 | 0 | 0.00 |
| 76-100% | 285 | 60.38 | 3 | 0.64 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| No response | 48 | 10.17 | 74 | 15.68 | 134 | 28.39 | 100 | 21.19 | 241 | 51.06 |
| Total | 472 | 100 | 472 | 100 | 470 | 100 | 472 | 100 | 472 | 100 |
| Min (%) | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | |
| Max (%) | 99.90 | | 92.00 | | 70.70 | | 63.90 | | 17.00 | |
| Mean (%) | 78.75 | | 10.92 | | 1.38 | | 2.72 | | 0.60 | |
| Median (%) | 86.30 | | 5.00 | | 0.40 | | 1.20 | | 0.10 | |
| Mode (%) | 97.00 | | 1.00 | | 1.00 | | 1.00 | | 0.10 | |

| 9. What percent of your service area is living at or below the poverty line? | | |
|---|---|---|
| | Frequency | Percentage |
| At or below the poverty line (those who specified a percentage) | 280 | 59.32 |
| Not sure, but a significant population lives under the poverty line | 147 | 31.14 |
| Not sure, but the population is small or negligible | 18 | 3.81 |
| No response | 27 | 5.72 |
| Total | 472 | 100 |

| 9a. What percent of your service area is living at or below the poverty line? | | |
|---|---|---|
| | Frequency | Percentage |
| 0% | 0 | 0.00 |
| >0-10% | 83 | 29.64 |
| 11-25% | 159 | 56.79 |
| 26-50% | 12 | 4.29 |
| 51-100% | 20 | 7.14 |
| No response | 6 | 2.14 |
| Total | 280 | 100 |
| Min (%) | 1.70 | |
| Max (%) | 95.00 | |
| Mean (%) | 16.71 | |
| Median (%) | 13.00 | |
| Mode (%) | 12.00 | |

| 10. What percent of your service area is uninsured/does not have health insurance coverage? | | |
|---|---|---|
| | Frequency | Percentage |
| Uninsured (those who specified a percentage) | 115 | 24.36 |
| Not sure, but a significant population is uninsured | 227 | 48.09 |
| Not sure, but the population is small or negligible | 92 | 19.49 |
| No response | 38 | 8.05 |
| Total | 472 | 100 |

| 10a. What percent of your service area is uninsured /does not have health insurance coverage? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **0%** | 2 | 1.70 |
| **>0-10%** | 31 | 26.96 |
| **11-25%** | 63 | 54.78 |
| **26-50%** | 10 | 8.69 |
| **51-100%** | 0 | 0.00 |
| **No response** | 9 | 7.83 |
| **Total** | 115 | 100 |
| **Min (%)** | 0.00 | |
| **Max (%)** | 45.00 | |
| **Mean (%)** | 15.39 | |
| **Median (%)** | 13.65 | |
| **Mode (%)** | 9.00 | |

| 12. Within the last 12 months, has a community LTSS needs assessment been conducted? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 155 | 32.84 |
| **No, but we did complete a community needs assessment within the past three years** | 141 | 29.87 |
| **No, a community needs assessment was not completed within the past three years** | 149 | 31.57 |
| **No response** | 27 | 5.72 |
| **Total** | 472 | 100 |

**13. To what extent is each of the following a barrier for individuals seeking Long Term Supports and Services both prior to receiving an ADRC grant and currently?**

| | Prior | | | | | | | | Currently | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Lack of LTSS-needed services are not offered | 49 | 10.38 | 238 | 50.42 | 157 | 33.26 | 28 | 5.93 | 68 | 14.41 | 284 | 60.17 | 91 | 19.28 | 29 | 6.14 |
| Lack of available LTSS slots (i.e., long waiting lists) | 53 | 11.23 | 149 | 31.57 | 240 | 50.85 | 30 | 6.36 | 72 | 15.25 | 183 | 38.77 | 190 | 40.25 | 28 | 5.93 |
| Poor service quality | 227 | 48.09 | 185 | 39.19 | 27 | 5.72 | 33 | 6.99 | 254 | 53.81 | 181 | 38.35 | 6 | 1.27 | 31 | 6.57 |
| Lack of health insurance | 40 | 8.47 | 255 | 54.03 | 142 | 30.08 | 35 | 7.42 | 50 | 10.59 | 290 | 61.44 | 101 | 21.40 | 31 | 6.57 |
| Providers not accepting consumers with Medicaid | 93 | 19.70 | 256 | 54.24 | 89 | 18.86 | 34 | 7.20 | 90 | 19.07 | 264 | 55.93 | 86 | 18.22 | 32 | 6.78 |
| Barriers based on consumer disabilities | 80 | 16.95 | 260 | 55.08 | 94 | 19.92 | 38 | 8.05 | 104 | 22.03 | 290 | 61.44 | 42 | 8.90 | 36 | 7.63 |
| Language barriers | 140 | 29.66 | 252 | 53.39 | 50 | 10.59 | 30 | 6.36 | 172 | 36.44 | 254 | 53.81 | 19 | 4.03 | 27 | 5.72 |
| Cultural barriers | 149 | 31.57 | 253 | 53.60 | 33 | 6.99 | 37 | 7.84 | 174 | 36.86 | 251 | 53.18 | 14 | 2.97 | 33 | 6.99 |
| Religious barriers | 332 | 70.34 | 98 | 20.76 | 4 | 0.85 | 38 | 8.05 | 340 | 72.03 | 96 | 20.34 | 3 | 0.64 | 33 | 6.99 |
| Sexual orientation barriers | 271 | 57.42 | 134 | 28.39 | 26 | 5.51 | 41 | 8.69 | 289 | 61.23 | 132 | 27.97 | 13 | 2.75 | 38 | 8.05 |
| People needing services do not have a permanent address | 124 | 26.27 | 276 | 58.47 | 40 | 8.47 | 32 | 6.78 | 126 | 26.69 | 294 | 62.29 | 23 | 4.87 | 29 | 6.14 |
| Consumers lack transportation | 8 | 1.69 | 128 | 27.12 | 307 | 65.04 | 29 | 6.14 | 14 | 2.97 | 187 | 39.62 | 245 | 51.91 | 26 | 5.51 |
| Stigma, discrimination and prejudice against older adults | 218 | 46.19 | 188 | 39.83 | 27 | 5.72 | 39 | 8.26 | 240 | 50.85 | 184 | 38.98 | 13 | 2.75 | 35 | 7.42 |
| Stigma, discrimination and prejudice against persons with disabilities | 141 | 29.87 | 235 | 49.79 | 63 | 13.35 | 33 | 6.99 | 171 | 36.23 | 249 | 52.75 | 24 | 5.08 | 28 | 5.93 |
| Providers have high staff turnover | 73 | 15.47 | 250 | 52.97 | 115 | 24.36 | 34 | 7.20 | 75 | 15.89 | 270 | 57.20 | 97 | 20.55 | 30 | 6.36 |
| Providers lack appropriate trained staff | 83 | 17.58 | 279 | 59.11 | 75 | 15.89 | 35 | 7.42 | 109 | 23.09 | 281 | 59.53 | 50 | 10.59 | 32 | 6.78 |
| Service provider | 147 | 31.14 | 235 | 49.79 | 56 | 11.86 | 34 | 7.20 | 171 | 36.23 | 248 | 52.54 | 22 | 4.66 | 31 | 6.57 |

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| 13. To what extent is each of the following a barrier for individuals seeking Long Term Supports and Services both prior to receiving an ADRC grant and currently? | Prior | | | | | | | | Currently | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| hours/locations are hard to access | | | | | | | | | | | | | | | | |
| Other, please specify* | 6 | 1.27 | 8 | 1.69 | 11 | 2.33 | 447 | 94.70 | 4 | 0.85 | 8 | 1.69 | 10 | 2.12 | 450 | 95.34 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 13. Please indicate the current availability of the following services within your service area. | Adequate availability | | Available but inadequate to meet the need | | Not available | | No response | |
|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Safe and affordable housing options | 60 | 12.71 | 377 | 79.87 | 19 | 4.03 | 16 | 3.39 |
| Peer support services/groups | 183 | 38.77 | 247 | 52.33 | 16 | 3.39 | 26 | 5.51 |
| HCBS Medicaid Waiver Programs | 198 | 41.95 | 230 | 48.73 | 14 | 2.97 | 30 | 6.36 |
| Caregiver Support (i.e. respite program, support groups, or counseling) | 166 | 35.02 | 277 | 58.69 | 3 | 0.64 | 26 | 5.51 |
| Nutrition Programs | 237 | 50.21 | 208 | 44.07 | 1 | 0.21 | 26 | 5.51 |
| Employment Services | 147 | 31.14 | 286 | 60.59 | 11 | 2.33 | 28 | 5.93 |
| Education services | 242 | 51.27 | 176 | 37.29 | 16 | 3.39 | 38 | 8.05 |
| Opportunities to develop advanced directives | 293 | 62.08 | 134 | 28.39 | 9 | 1.9 | 36 | 7.63 |
| Transportation services | 37 | 7.84 | 407 | 86.23 | 7 | 1.48 | 21 | 4.45 |
| Opportunities for socialization/recreation | 224 | 47.46 | 217 | 45.97 | 3 | 0.64 | 28 | 5.93 |
| Mental health services | 76 | 16.10 | 368 | 77.97 | 7 | 1.48 | 21 | 4.45 |
| Ombudsman services | 329 | 69.70 | 114 | 24.15 | 3 | 0.64 | 26 | 5.51 |
| Health prevention and screening services | 218 | 46.19 | 221 | 46.82 | 6 | 1.27 | 27 | 5.72 |
| Emergency services/crisis intervention | 118 | 25.00 | 315 | 66.74 | 11 | 2.33 | 28 | 5.93 |
| Transition programs (from hospitals, nursing homes etc.) | 105 | 22.25 | 285 | 60.38 | 50 | 10.59 | 32 | 6.78 |

| 13. Please indicate the current availability of the following services within your service area. | Adequate availability | | Available but inadequate to meet the need | | Not available | | No response | |
|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **Nursing home (institutional) diversion program** | 153 | 32.42 | 265 | 56.14 | 23 | 4.87 | 31 | 6.57 |
| **Nursing home/residential beds** | 283 | 59.96 | 153 | 32.42 | 7 | 1.48 | 29 | 6.14 |
| **Income Assistance** | 62 | 13.14 | 350 | 74.15 | 30 | 6.36 | 30 | 6.36 |
| **Energy assistance** | 97 | 20.55 | 345 | 73.09 | 3 | 0.64 | 27 | 5.72 |
| **Personal Care services** | 178 | 37.71 | 267 | 56.57 | 2 | 0.42 | 25 | 5.30 |
| **Medicaid waivers** | 172 | 36.44 | 268 | 56.78 | 5 | 1.06 | 27 | 5.72 |
| **Independent living services (e.g., skills training, peer support)** | 154 | 32.63 | 270 | 57.20 | 17 | 3.60 | 31 | 6.57 |
| **Other, please specify*** | 3 | 0.64 | 8 | 1.69 | 5 | 1.06 | 456 | 96.61 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 13. For these services, to what extent is there provider choice both prior to receiving an ADRC grant and currently? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Prior** | | | | | | | | **Currently** | | | | | | | |
| | **No** | | **Limited** | | **Adequate** | | **No response** | | **No** | | **Limited** | | **Adequate** | | **No response** | |
| | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **Safe and affordable housing options** | 26 | 5.51 | 360 | 76.27 | 47 | 9.96 | 39 | 8.26 | 18 | 3.81 | 355 | 75.21 | 71 | 15.04 | 28 | 5.93 |
| **Peer support services/groups** | 45 | 9.53 | 285 | 60.38 | 94 | 19.92 | 48 | 10.17 | 22 | 4.66 | 269 | 56.99 | 143 | 30.30 | 38 | 8.05 |
| **HCBS Medicaid Waiver Programs** | 39 | 8.26 | 248 | 52.54 | 130 | 27.54 | 55 | 11.65 | 25 | 5.30 | 210 | 44.49 | 193 | 40.89 | 44 | 9.32 |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | 31 | 6.57 | 287 | 60.81 | 105 | 22.25 | 49 | 10.38 | 5 | 1.06 | 268 | 56.78 | 164 | 34.75 | 35 | 7.42 |
| **Nutrition Programs** | 34 | 7.20 | 212 | 44.92 | 179 | 37.92 | 47 | 9.96 | 26 | 5.51 | 216 | 45.76 | 193 | 40.89 | 37 | 7.84 |
| **Employment Services** | 30 | 6.36 | 287 | 60.81 | 102 | 21.61 | 53 | 11.23 | 23 | 4.87 | 297 | 62.92 | 110 | 23.31 | 42 | 8.90 |
| **Education services** | 20 | 4.24 | 218 | 46.19 | 177 | 37.50 | 57 | 12.08 | 14 | 2.97 | 204 | 43.22 | 206 | 43.64 | 48 | 10.17 |
| **Opportunities to develop advanced directives** | 27 | 5.72 | 220 | 46.61 | 170 | 36.02 | 55 | 11.65 | 11 | 2.33 | 150 | 31.78 | 266 | 56.36 | 45 | 9.53 |
| **Transportation services** | 45 | 9.53 | 357 | 75.64 | 28 | 5.93 | 42 | 8.90 | 33 | 6.99 | 372 | 78.81 | 36 | 7.63 | 31 | 6.57 |
| **Opportunities for socialization/recreation** | 13 | 2.75 | 249 | 52.75 | 159 | 33.69 | 51 | 10.81 | 4 | 0.85 | 232 | 49.15 | 196 | 41.53 | 40 | 8.47 |
| **Mental health services** | 29 | 6.14 | 346 | 73.31 | 54 | 11.44 | 43 | 9.11 | 18 | 3.81 | 354 | 75.00 | 69 | 14.62 | 32 | 6.78 |
| **Ombudsman services** | 41 | 8.69 | 158 | 33.47 | 223 | 47.25 | 50 | 10.59 | 36 | 7.63 | 149 | 31.57 | 248 | 52.54 | 39 | 8.26 |
| **Health prevention and screening services** | 21 | 4.45 | 294 | 62.29 | 102 | 21.61 | 55 | 11.65 | 7 | 1.48 | 230 | 48.73 | 193 | 40.89 | 42 | 8.90 |
| **Emergency services/crisis intervention** | 42 | 8.90 | 316 | 66.95 | 65 | 13.77 | 49 | 10.38 | 28 | 5.93 | 331 | 70.13 | 76 | 16.10 | 37 | 7.84 |
| **Transition programs (from hospitals, nursing homes etc.)** | 170 | 36.02 | 217 | 45.97 | 35 | 7.42 | 50 | 10.59 | 57 | 12.08 | 286 | 60.59 | 89 | 18.86 | 40 | 8.47 |
| **Nursing home (institutional) diversion program** | 119 | 25.21 | 235 | 49.79 | 70 | 14.83 | 48 | 10.17 | 29 | 6.14 | 277 | 58.69 | 128 | 27.12 | 38 | 8.05 |
| **Nursing home/residential beds** | 14 | 2.97 | 178 | 37.71 | 229 | 48.52 | 51 | 10.81 | 6 | 1.27 | 162 | 34.32 | 259 | 54.87 | 45 | 9.53 |
| **Income Assistance** | 36 | 7.63 | 336 | 71.19 | 49 | 10.38 | 51 | 10.81 | 36 | 7.63 | 348 | 73.73 | 48 | 10.17 | 40 | 8.47 |
| **Energy assistance** | 24 | 5.08 | 320 | 67.80 | 78 | 16.53 | 50 | 10.59 | 21 | 4.45 | 329 | 69.70 | 86 | 18.22 | 36 | 7.63 |

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| 13. For these services, to what extent is there provider choice both prior to receiving an ADRC grant and currently? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prior | | | | | | | | Currently | | | | | | | |
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Personal Care services** | 13 | 2.75 | 284 | 60.17 | 131 | 27.75 | 44 | 9.32 | 6 | 1.27 | 252 | 53.39 | 178 | 37.71 | 36 | 7.63 |
| **Medicaid waivers** | 31 | 6.57 | 273 | 57.84 | 122 | 25.85 | 46 | 9.75 | 17 | 3.60 | 256 | 54.24 | 165 | 34.96 | 34 | 7.20 |
| **Independent living services (e.g., skills training, peer support)** | 47 | 9.96 | 289 | 61.23 | 84 | 17.80 | 52 | 11.02 | 27 | 5.72 | 282 | 59.75 | 118 | 25.00 | 45 | 9.53 |
| **Other, please specify*** | 5 | 1.06 | 9 | 1.91 | 2 | 0.42 | 456 | 96.61 | 6 | 1.27 | 9 | 1.91 | 3 | 0.64 | 454 | 96.19 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**14. How many consumers of each type were served in the most recent 6 month period (October 2012 March 2013)? Note: This question is specific to the consumers who access [LOCAL ADRC] services such as I&R/I&A, benefits or options counseling, information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | Total Number of Older Adults (60+) | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **0** | 0 | 0.00 |
| **>0-100** | 25 | 5.30 |
| **101-500** | 58 | 12.29 |
| **501-1000** | 65 | 13.77 |
| **1001-2500** | 105 | 22.25 |
| **2501-5000** | 59 | 12.50 |
| **5001-10,000** | 39 | 8.26 |
| **>10,000** | 35 | 7.42 |
| **No response** | 86 | 18.22 |
| **Total** | 472 | 100 |
| **Min** | 15 | |
| **Max** | 58,388 | |
| **Mean** | 3,961 | |
| **Median** | 1,444 | |
| **Mode** | 517 | |

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access [LOCAL ADRC] services such as I&R/I&A, benefits or options counseling, information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | Consumers Under 60 | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-25 | | 26-50 | | 51-100 | | 101-200 | | >200 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Individuals with Disabilities** | | | | | | | | | | | | | | | | | | | |
| **Physical Disabilities** | 5 | 1.06 | 72 | 15.25 | 30 | 6.36 | 34 | 7.20 | 34 | 7.20 | 68 | 14.41 | 229 | 48.52 | 0 | 3,004 | 248 | 71 | 2 |
| **Cognitive Impairment** | 15 | 3.18 | 82 | 17.37 | 8 | 1.69 | 9 | 1.91 | 8 | 1.69 | 9 | 1.91 | 341 | 72.25 | 0 | 1,347 | 59 | 9 | 1 |
| **Intellectual Disabilities** | 17 | 3.60 | 69 | 14.62 | 4 | 0.85 | 6 | 1.27 | 3 | 0.64 | 4 | 0.85 | 369 | 78.18 | 0 | 1,200 | 49 | 8 | 1 |
| **Developmental Disabilities** | 15 | 3.18 | 92 | 19.49 | 4 | 0.85 | 16 | 3.39 | 7 | 1.48 | 10 | 2.12 | 328 | 69.49 | 0 | 1,234 | 73 | 8 | 2 |
| **Mental Illness** | 7 | 1.48 | 112 | 23.73 | 25 | 5.30 | 21 | 4.45 | 16 | 3.39 | 15 | 3.18 | 276 | 58.47 | 0 | 1,166 | 66 | 19 | 1 |
| **Multiple Disabilities** | 8 | 1.69 | 80 | 16.95 | 25 | 5.30 | 11 | 2.33 | 14 | 2.97 | 29 | 6.14 | 305 | 64.62 | 0 | 14,188 | 236 | 25 | 1 |
| **Caregivers** | | | | | | | | | | | | | | | | | | | |
| **Informal/family caregiver** | 7 | 1.48 | 45 | 9.53 | 24 | 5.08 | 28 | 5.93 | 27 | 5.72 | 31 | 6.57 | 310 | 65.68 | 0 | 2,216 | 163 | 64 | 2 |
| **Paid Caregiver** | 13 | 2.75 | 27 | 5.72 | 9 | 1.91 | 6 | 1.27 | 3 | 0.64 | 3 | 0.64 | 411 | 87.08 | 0 | 1,362 | 75 | 22 | 1 |
| **Health and Human Services Professional** | 11 | 2.33 | 44 | 9.32 | 17 | 3.60 | 14 | 2.97 | 9 | 1.91 | 21 | 4.45 | 356 | 75.42 | 0 | 2,265 | 132 | 34 | 2 |
| **Special Subpopulations** | | | | | | | | | | | | | | | | | | | |
| **Traumatic Brain Injury (TBI)** | 16 | 3.39 | 85 | 18.01 | 6 | 1.27 | 3 | 0.64 | 0 | 0.00 | 0 | 0.00 | 362 | 76.69 | 0 | 96 | 9 | 3 | 1 |
| **Emergent/ Emergency Cases** | 16 | 3.39 | 30 | 6.36 | 4 | 0.85 | 1 | 0.21 | 2 | 0.42 | 0 | 0.00 | 419 | 88.77 | 0 | 150 | 19 | 6 | 2 |
| **Low income** | 7 | 1.48 | 18 | 3.81 | 14 | 2.97 | 15 | 3.18 | 21 | 4.45 | 40 | 8.47 | 357 | 75.64 | 0 | 5,053 | 384 | 135 | 50 |
| **Limited English proficiency** | 14 | 2.97 | 38 | 8.05 | 2 | 0.42 | 4 | 0.85 | 5 | 1.06 | 4 | 0.85 | 405 | 85.81 | 0 | 1,234 | 75 | 9 | 3 |
| **Is the LOCAL ADRC making any special efforts to target a particular population not listed above? If yes, please specify*** | 0 | 0.00 | 11 | 2.33 | 0 | 0.00 | 3 | 0.64 | 1 | 0.21 | 7 | 1.48 | 450 | 95.34 | 2 | 1,1013 | 203 | 40 | 2 |

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access [LOCAL ADRC] services such as I&R/I&A, benefits or options counseling, information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | Consumers Under 60 | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-25 | | 26-50 | | 51-100 | | 101-200 | | >200 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Other, specify* | 0 | 0.00 | 16 | 3.39 | 1 | 0.21 | 4 | 0.85 | 2 | 0.42 | 8 | 1.69 | 441 | 93.43 | 2 | 2,119 | 224 | 24 | 2 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL AAA services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | Consumers 60 and over (Currently) | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-25 | | 26-50 | | 51-100 | | 101-200 | | >200 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Individuals with Disabilities** | | | | | | | | | | | | | | | | | | | |
| Physical Disabilities | 4 | 0.85 | 21 | 4.45 | 27 | 5.72 | 38 | 8.05 | 45 | 9.53 | 123 | 26.06 | 214 | 45.34 | 0 | 27,567 | 793 | 190 | 0 |
| Cognitive Impairment | 9 | 1.91 | 62 | 13.14 | 22 | 4.66 | 24 | 5.08 | 15 | 3.18 | 38 | 8.05 | 302 | 63.98 | 0 | 3,467 | 155 | 42 | 0 |
| Intellectual Disabilities | 18 | 3.81 | 67 | 14.19 | 5 | 1.06 | 4 | 0.85 | 4 | 0.85 | 8 | 1.69 | 366 | 77.54 | 0 | 589 | 41 | 4 | 0 |
| Developmental Disabilities | 17 | 3.60 | 79 | 16.74 | 10 | 2.12 | 8 | 1.69 | 5 | 1.06 | 4 | 0.85 | 349 | 73.94 | 0 | 3,543 | 59 | 6 | 0 |
| Mental Illness | 6 | 1.27 | 99 | 20.97 | 28 | 5.93 | 35 | 7.42 | 19 | 4.03 | 18 | 3.81 | 267 | 56.57 | 0 | 979 | 70 | 22 | 1 |
| Multiple Disabilities | 7 | 1.48 | 51 | 10.81 | 27 | 5.72 | 30 | 6.36 | 27 | 5.72 | 43 | 9.11 | 287 | 60.81 | 0 | 7,949 | 422 | 65 | 0 |
| **Caregivers** | | | | | | | | | | | | | | | | | | | |
| Informal/ Family Caregiver | 5 | 1.06 | 28 | 5.93 | 22 | 4.66 | 29 | 6.14 | 29 | 6.14 | 90 | 19.07 | 269 | 56.99 | 0 | 9,678 | 428 | 152 | 0, 200 |
| Paid Caregiver | 11 | 2.33 | 29 | 6.14 | 6 | 1.27 | 10 | 2.12 | 5 | 1.06 | 10 | 2.12 | 401 | 84.96 | 0 | 5,311 | 199 | 20 | 0 |
| Health and Human Services Professional | 11 | 2.33 | 36 | 7.63 | 20 | 4.24 | 15 | 3.18 | 17 | 3.60 | 43 | 9.11 | 330 | 69.92 | 0 | 9,293 | 340 | 65.50 | 0 |
| **Special Subpopulations** | | | | | | | | | | | | | | | | | | | |

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL AAA services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | **Consumers 60 and over (Currently)** | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **0** | | **>0-25** | | **26-50** | | **51-100** | | **101-200** | | **>200** | | **No response** | | **Range** | | **Mean** | **Median** | **Mode** |
| | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **Min** | **Max** | | | |
| **Traumatic Brain Injury (TBI)** | 17 | 3.60 | 81 | 17.16 | 6 | 1.27 | 2 | 0.42 | 1 | 0.21 | 0 | 0.00 | 365 | 77.33 | 0 | 125 | 8 | 2 | 1 |
| **Emergent/ Emergency Cases** | 16 | 3.39 | 29 | 6.14 | 11 | 2.33 | 4 | 0.85 | 3 | 0.64 | 4 | 0.85 | 405 | 85.81 | 0 | 1,226 | 52 | 10 | 0 |
| **Low income** | 7 | 1.48 | 6 | 1.27 | 9 | 1.91 | 10 | 2.12 | 19 | 4.03 | 94 | 19.92 | 327 | 69.28 | 0 | 9,896 | 936 | 342 | 0 |
| **Limited English proficiency** | 8 | 1.69 | 44 | 9.32 | 9 | 1.91 | 4 | 0.85 | 3 | 0.64 | 14 | 2.97 | 390 | 82.63 | 0 | 3,148 | 179 | 10 | 0 |
| **Is the LOCAL ADRC making any special efforts to target a particular population not listed above? If yes, please specify\*** | 0 | 0.00 | 6 | 1.27 | 2 | 0.42 | 3 | 0.64 | 5 | 1.06 | 7 | 1.48 | 449 | 95.13 | 2 | 3,141 | 402 | 101 | 2 |
| **Other, please specify\*** | 0 | 0.00 | 3 | 0.64 | 1 | 0.21 | 1 | 0.21 | 3 | 0.64 | 5 | 1.06 | 459 | 97.25 | 6 | 1,250 | 235 | 140 | 8 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

**14a. Since the start of the ADRC grant, the number of clients under 60 served by [LOCAL ADRC] has :**

|  | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 305 | 64.62 |
| **Significantly decreased** | 2 | 0.42 |
| **Stayed the same** | 128 | 27.12 |
| **No response** | 37 | 7.84 |
| **Total** | 472 | 100 |

**15a. Since the start of the ADRC grant, the number of consumers 60 and over served by [LOCAL ADRC] has :**

|  | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 286 | 60.59 |
| **Significantly decreased** | 4 | 0.85 |
| **Stayed the same** | 145 | 30.72 |
| **No response** | 37 | 7.84 |
| **Total** | 472 | 100 |

**16a. Since the start of the ADRC grant, the number of consumers with physical disabilities served by [LOCAL ADRC] has:**

|  | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 289 | 61.23 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 137 | 29.03 |
| **No response** | 46 | 9.75 |
| **Total** | 472 | 100 |

**17a. Since the start of the ADRC grant, the number of consumers with mental/emotional disabilities served by [LOCAL ADRC] has:**

|  | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 246 | 52.12 |
| **Significantly decreased** | 1 | 0.21 |
| **Stayed the same** | 179 | 37.92 |
| **No response** | 46 | 9.75 |
| **Total** | 472 | 100 |

| 18a. Since the start of the ADRC grant, the number of consumers with multiple disabilities served by [LOCAL ADRC] has: | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Significantly increased** | 276 | 58.47 |
| **Significantly decreased** | 2 | 0.42 |
| **Stayed the same** | 145 | 30.72 |
| **No response** | 49 | 10.38 |
| **Total** | 472 | 100 |

| 19a. Since the start of the ADRC grant, the number of caregivers served by [LOCAL ADRC] has: | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Significantly increased** | 275 | 58.26 |
| **Significantly decreased** | 5 | 1.06 |
| **Stayed the same** | 143 | 30.30 |
| **No response** | 49 | 10.38 |
| **Total** | 472 | 100 |

## Section C. Service Provision

| 20. How frequently do consumers ask about the following? | Frequently | | Sometimes | | Infrequently | | Never | | No Response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Advanced directives | 62 | 13.14 | 204 | 43.22 | 141 | 29.87 | 17 | 3.60 | 48 | 10.17 |
| Advocacy | 187 | 39.62 | 164 | 34.75 | 68 | 14.41 | 7 | 1.48 | 46 | 9.75 |
| Caregiver support | 315 | 66.74 | 97 | 20.55 | 10 | 2.12 | 3 | 0.64 | 47 | 9.96 |
| Respite services | 290 | 61.44 | 118 | 25.00 | 17 | 3.60 | 1 | 0.21 | 46 | 9.75 |
| Chronic health conditions | 173 | 36.65 | 196 | 41.53 | 48 | 10.17 | 8 | 1.69 | 47 | 9.96 |
| Education | 36 | 7.63 | 152 | 32.20 | 203 | 43.01 | 35 | 7.42 | 46 | 9.75 |
| Employment | 73 | 15.47 | 174 | 36.86 | 159 | 33.69 | 18 | 3.81 | 48 | 10.17 |
| Energy assistance | 313 | 66.31 | 93 | 19.70 | 16 | 3.39 | 2 | 0.42 | 48 | 10.17 |
| Home modification | 207 | 43.86 | 190 | 40.25 | 26 | 5.51 | 1 | 0.21 | 48 | 10.17 |
| Affordable housing | 329 | 69.70 | 80 | 16.95 | 12 | 2.54 | 2 | 0.42 | 49 | 10.38 |
| Income Assistance | 325 | 68.86 | 77 | 16.31 | 16 | 3.39 | 4 | 0.85 | 50 | 10.59 |
| Medicaid eligibility and services | 375 | 79.45 | 43 | 9.11 | 5 | 1.06 | 0 | 0.00 | 49 | 10.38 |
| Medicare eligibility and services | 350 | 74.15 | 60 | 12.71 | 12 | 2.54 | 0 | 0.00 | 50 | 10.59 |
| Mental/behavioral health services | 106 | 22.46 | 240 | 50.85 | 74 | 15.68 | 5 | 1.06 | 47 | 9.96 |
| Nutrition services | 289 | 61.23 | 108 | 22.88 | 25 | 5.30 | 4 | 0.85 | 46 | 9.75 |
| Ombudsman/abuse or neglect issues | 121 | 25.64 | 226 | 47.88 | 76 | 16.10 | 2 | 0.42 | 47 | 9.96 |
| Independent living services | 187 | 39.62 | 179 | 37.92 | 52 | 11.02 | 4 | 0.85 | 50 | 10.59 |
| Personal care/attendant care services | 335 | 70.97 | 77 | 16.31 | 11 | 2.33 | 0 | 0.00 | 49 | 10.38 |
| Preventative health services | 36 | 7.63 | 249 | 52.75 | 129 | 27.33 | 12 | 2.54 | 46 | 9.75 |
| Recreation opportunities | 55 | 11.65 | 167 | 35.38 | 174 | 36.86 | 19 | 4.03 | 57 | 12.08 |
| Services for emergent care/crisis intervention | 100 | 21.19 | 203 | 43.01 | 109 | 23.09 | 7 | 1.48 | 53 | 11.23 |
| Support groups | 76 | 16.10 | 251 | 53.18 | 91 | 19.28 | 6 | 1.27 | 48 | 10.17 |
| Transition services | 111 | 23.52 | 225 | 47.67 | 79 | 16.74 | 5 | 1.06 | 52 | 11.02 |
| Transportation | 388 | 82.20 | 29 | 6.14 | 6 | 1.27 | 0 | 0.00 | 49 | 10.38 |
| Other, specify* | 40 | 8.47 | 14 | 2.97 | 2 | 0.42 | 24 | 5.08 | 392 | 83.05 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 21. Does local ADRC engage in advocacy for older adults? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 449 | 95.13 |
| No | 10 | 2.12 |
| No Response | 13 | 2.75 |
| Total | 472 | 100 |

| 22. Do local ADRC engage in advocacy activities for persons with disabilities? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 435 | 92.16 |
| No | 24 | 5.08 |
| No Response | 13 | 2.75 |
| Total | 573 | 100 |

| 23a. Is diversion from nursing homes or other institutional residential facilities an outcome sought to be achieved? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 427 | 90.47 |
| No | 27 | 5.72 |
| No Response | 18 | 3.81 |
| Total | 472 | 100 |

| 23b. How is [Local ADRC] measuring and tracking this? | | |
|---|---|---|
| | Frequency | Percentage |
| Staff track using standard electronic system | 212 | 44.92 |
| Staff track using hardcopy/paper system | 35 | 7.42 |
| An external group (e.g., an evaluator, auditor) tracks using a standard system | 31 | 6.57 |
| Staff track using an informal system | 75 | 15.89 |
| No Response | 119 | 25.21 |
| Other, please specify* | 0 | 0.00 |
| Total | 472 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**24. Does your organization provide transition services to consumers discharged from an acute care setting?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 176 | 37.29 |
| **No** | 270 | 57.20 |
| **No Response** | 26 | 5.51 |
| **Total** | 472 | 100 |

**25. [Local ADRC] Clients provided Care Coordination/Transition Assistance**

| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Number of individuals assisted with transition from hospital ONLY through formal care transition programs (evidence-based CT intervention or innovative model) | 4 | 0.85 | 72 | 15.25 | 16 | 3.39 | 8 | 1.69 | 6 | 1.27 | 14 | 2.97 | 352 | 74.58 | 0 | 2908 | 221.91 | 57.5 | 8,9 |
| Number of participants carried over from last 6 months (October 2012-March 2013) period (started program within last 6 months and continued with the intervention) | 8 | 1.69 | 58 | 12.29 | 7 | 1.48 | 0 | 0.00 | 1 | 0.21 | 3 | 0.64 | 395 | 83.69 | 0 | 551 | 61.62 | 23 | 4,12 |
| Number of participants whose cases were closed during last 6 months (October 2012-March 2013) (i.e., participants whose transition services were ended either because of a readmission or new admission to a care facility or because the transition period ended) | 3 | 0.64 | 72 | 15.25 | 10 | 2.12 | 4 | 0.85 | 3 | 0.64 | 9 | 1.91 | 371 | 78.60 | 0 | 3214 | 158.23 | 25 | 1 |
| Number of participants that readmitted within 30 days of discharge | 6 | 1.27 | 76 | 16.10 | 4 | 0.85 | 1 | 0.21 | 0 | 0.00 | 1 | 0.21 | 384 | 81.36 | 0 | 640 | 28.74 | 3.5 | 2 |
| Number of participants that re-admitted within 30 days and re-entered the care transition program | 10 | 2.12 | 29 | 6.14 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 2 | 4.76 | 430 | 91.10 | 0 | 640 | 45.97 | 2 | 1 |

**26. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention program this local ADRC program service area in the past 6 months (October 2012 March 2013) by participating hospital?**

| | 0 | | >0-200 | | 201-400 | | 401-600 | | 601-800 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| No. of Individuals for Hospital 1 | 3 | 0.64 | 85 | 18.01 | 3 | 0.64 | 6 | 1.27 | 1 | 0.21 | 374 | 79.24 | 0 | 748 | 73.97 | 27 | 2 |
| No. of Individuals for Hospital 2 | 3 | 0.64 | 52 | 11.02 | 4 | 0.85 | 1 | 0.21 | 1 | 0.21 | 411 | 87.08 | 0 | 640 | 63.97 | 16 | 2 |
| No. of Individuals for Hospital 3 | 3 | 0.64 | 24 | 5.08 | 2 | 0.42 | 1 | 0.21 | 1 | 0.21 | 441 | 93.43 | 0 | 630 | 85.21 | 20 | 3,5 |

**27. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention on across all participating hospitals in this local ADRC program service area this reporting period by age group?**

| | 0 | | >0-250 | | 251-500 | | 501-750 | | 751-1000 | | >1000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Aged 60 and Over | 4 | 0.85 | 89 | 18.86 | 7 | 1.48 | 2 | 0.42 | 2 | 0.42 | 4 | 0.85 | 364 | 77.12 | 0 | 2583 | 160.06 | 38 | 3,8 |

ACL Administration for Community Living

| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Under Age 60** | 6 | 1.27 | 47 | 9.96 | 3 | 0.64 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 416 | 88.14 | 0 | 305 | 43.46 | 19 | 1 |
| **Age unknown** | 7 | 1.48 | 10 | 2.12 | 1 | 0.21 | 0 | 0.00 | 1 | 0.21 | 0 | 0.00 | 453 | 95.97 | 0 | 851 | 141.58 | 45 | 9 |

| 28. What is the number of the individuals who were assisted with transition from the hospital through formal care transitions intervention program across all participating hospitals in this local ADRC program service area in the past 6 months (October 2012 March 2013) by health insurance group? | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Medicare** | 4 | 0.85 | 58 | 12.29 | 10 | 2.12 | 4 | 0.85 | 2 | 0.42 | 9 | 1.91 | 385 | 81.57 | 0 | 2908 | 191.37 | 37 | 9 |
| **Medicaid** | 5 | 1.06 | 28 | 5.93 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 1 | 0.21 | 437 | 92.58 | 0 | 418 | 28.53 | 9 | 2 |
| **Dual-Eligible** | 4 | 0.85 | 38 | 8.05 | 3 | 0.64 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 426 | 90.25 | 0 | 240 | 26.36 | 6 | 1 |
| **No- insurance** | 6 | 1.27 | 11 | 2.33 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 454 | 96.19 | 0 | 114 | 16 | 5 | 1,2,4 |
| **Private insurance** | 5 | 1.06 | 14 | 2.97 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 453 | 95.97 | 0 | 35 | 7.71 | 5 | 2,3,4 |
| **Veterans Administration on Services** | 5 | 1.06 | 7 | 1.48 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 460 | 97.46 | 0 | 10 | 2.86 | 2 | 1 |
| **Other unknown** | 4 | 0.85 | 7 | 1.48 | 0 | 0.00 | 2 | 0.42 | 0 | 0.00 | 0 | 0.00 | 459 | 97.25 | 0 | 269 | 58.33 | 4 | 1,2 |

**29. What is the number of the individuals who were assisted with transitioning from hospital through formal care transition intervention program across all participating hospitals in this local ADRC program service area in last 6 months (October 2012 March 2013) who were referred to one or more health/prevention programs?**

| | 0 | | >0-25 | | 26-50 | | 51-75 | | 76-100 | | >100 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Chronic Disease Self-Management Program | 5 | 1.06 | 26 | 5.51 | 5 | 1.06 | 0 | 0.00 | 1 | 0.21 | 1 | 0.21 | 434 | 91.95 | 0 | 170 | 18.42 | 6 | 1 |
| Diabetes Self-Management Program | 5 | 1.06 | 15 | 3.18 | 0 | 0.00 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 451 | 95.55 | 0 | 70 | 10.06 | 4 | 1,3 |
| Exercise Program | 6 | 1.27 | 12 | 2.54 | 0 | 0.00 | 0 | 0.00 | 1 | 0.21 | 0 | 0.00 | 453 | 95.97 | 0 | 90 | 10.92 | 2 | 6 |
| Mental Health and Substance Misuse | 4 | 0.85 | 24 | 5.08 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 443 | 93.86 | 0 | 50 | 7.92 | 4 | 1 |
| Falls Management and Prevention | 6 | 1.27 | 16 | 3.39 | 2 | 0.42 | 1 | 0.21 | 1 | 0.21 | 2 | 0.42 | 444 | 94.07 | 0 | 608 | 51.00 | 10 | 5, 10 |
| Alzheimer's program | 5 | 1.06 | 18 | 3.81 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 2 | 0.42 | 446 | 94.49 | 0 | 166 | 19.05 | 3 | 1,2 |
| Medication Management | 4 | 0.85 | 28 | 5.93 | 3 | 0.64 | 3 | 0.64 | 3 | 0.64 | 0 | 0.00 | 431 | 91.31 | 0 | 1273 | 71.76 | 10 | 1,2 |
| Home injury/ Risk Screenings | 5 | 1.06 | 13 | 2.75 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 1 | 0.21 | 452 | 95.76 | 0 | 608 | 47.00 | 2 | 1 |
| Other | 3 | 0.64 | 10 | 2.12 | 2 | 0.42 | 0 | 0.00 | 1 | 0.21 | 3 | 0.64 | 453 | 95.97 | 0 | 438 | 69.75 | 12 | 2 |

**30a. What is the number of individuals who were assisted with transitioning from hospital through formal care transitions intervention program across all participating hospitals in this local ADRC program service area in last 6 months (October 2012 March 2013) that were referred to one or more of the following long term services and supports?**

| | 0 | | >0-25 | | 26-50 | | 51-75 | | 76-100 | | >100 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Additional Options Counseling | 14 | 2.97 | 39 | 8.26 | 7 | 1.48 | 1 | 0.21 | 3 | 0.64 | 3 | 0.64 | 405 | 85.81 | 0 | 1018 | 45.87 | 10 | 2 |
| Home Delivered meals | 13 | 2.75 | 55 | 11.65 | 12 | 2.51 | 1 | 0.21 | 1 | 0.21 | 6 | 1.27 | 384 | 81.36 | 0 | 300 | 26.93 | 7 | 2 |
| Nutrition services or nutrition counseling | 14 | 2.97 | 29 | 6.14 | 2 | 0.42 | 2 | 0.42 | 0 | 0.00 | 3 | 0.64 | 422 | 89.41 | 0 | 637 | 37.42 | 6 | 1 |
| Care giver support | 13 | 2.75 | 51 | 10.81 | 3 | 0.64 | 0 | 0.00 | 1 | 0.21 | 3 | 0.64 | 401 | 84.96 | 0 | 382 | 25.60 | 7 | 7 |
| Personal care/homemaker/chore maker services | 13 | 2.75 | 53 | 11.23 | 12 | 2.54 | 2 | 0.42 | 1 | 0.21 | 6 | 1.27 | 385 | 81.57 | 0 | 881 | 48.07 | 9 | 1 |
| Transportation | 14 | 2.97 | 50 | 10.59 | 8 | 1.69 | 2 | 0.42 | 1 | 0.21 | 3 | 0.64 | 394 | 83.47 | 0 | 255 | 23.89 | 5 | 1 |

| 31a. Do you have a marketing plan? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes, our marketing plan is operational** | 247 | 52.33 |
| **Yes, we have a plan but it is not operational yet** | 57 | 12.08 |
| **No, we don't have a plan at this time** | 121 | 25.64 |
| **No Response** | 47 | 9.96 |
| **Total** | 472 | 100 |

| 31b. Does [Local ADRC] utilize a standard operating procedure to assess consumer need? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Always** | 314 | 66.53 |
| **Sometimes** | 96 | 20.34 |
| **Never** | 19 | 4.03 |
| **No Response** | 43 | 9.11 |
| **Total** | 472 | 100 |

| 32. Is the consumer assessment tool and/or basic consumer needs assessment process common across partner organization? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes, common across all partners** | 109 | 23.09 |
| **Yes, common across some partners** | 118 | 25.00 |
| **No, each partner organization uses their own assessment tool/process** | 207 | 43.86 |
| **No Response** | 38 | 8.05 |
| **Total** | 472 | 100 |

| 33. Does your organization/network provide "Options Counseling" or other one on one counseling designed to support consumers' ability to make informed decisions about their long term care? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 361* | 76.48* |
| **No** | 89 | 18.86 |
| **No Response** | 22* | 4.66* |
| **Total** | 472 | 100 |

*Only those who responded "Yes" to Question 33 should have been directed to Questions 34 and 35. However, the figures in Questions 34 and 35 indicate that the skip pattern did not work as intended. Therefore, Question 33 responses for "Yes" and "No Response" categories were updated based on the extra information available from Questions 34 and 35.

| 34. Referrals to Public and Private Services this Reporting Period | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the number of Local ADRC clients referred to or given an application for a public program, including Older Americans Act; Medicare; Medicaid; Food Stamps; TANF; Social Security (SSI or SSDI); LI-HEAP; VDHCBS; Other State-funded and county-funded programs for Medicaid; Other? | 3 | 0.64 | 163 | 34.53 | 41 | 8.69 | 29 | 6.14 | 11 | 2.33 | 27 | 5.72 | 198 | 41.95 | 0 | 30864 | 1788.03 | 719 | 500 |
| What is the number of Local ADRC clients referred to some other type of service (non-public services, resources or program)? | 7 | 1.48 | 190 | 40.25 | 31 | 6.57 | 12 | 2.54 | 3 | 0.64 | 13 | 2.75 | 216 | 45.76 | 0 | 15968 | 954.51 | 246 | 10 |
| What is the number of Local ADRC clients that were not referred to any type of service? | 22 | 4.66 | 130 | 27.54 | 14 | 2.97 | 6 | 1.27 | 2 | 0.42 | 2 | 0.42 | 295 | 62.50 | 0 | 5470 | 498.21 | 93 | 7 |
| What is the number of Local ADRC Unknown clients (remainder of all clients)? | 23 | 4.87 | 93 | 19.70 | 13 | 2.75 | 3 | 0.64 | 5 | 1.06 | 5 | 1.06 | 330 | 69.92 | 0 | 13207 | 781.40 | 154 | 2,20 |
| Total | 3 | 0.64 | 86 | 18.22 | 46 | 9.75 | 28 | 5.93 | 17 | 3.60 | 54 | 11.44 | 238 | 50.42 | 0 | 47187 | 3244.51 | 1639 | 365 |

## 35. Clients provided Options Counseling by age during this Reporting period.

| Clients provided Options counseling By Age | 0 # | 0 % | >0-1000 # | >0-1000 % | 1001-2000 # | 1001-2000 % | 2001-3000 # | 2001-3000 % | 3001-4000 # | 3001-4000 % | >4000 # | >4000 % | No Response # | No Response % | Range Min | Range Max | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clients Aged 60 and Over | 3 | 0.64 | 189 | 40.04 | 22 | 4.66 | 5 | 1.06 | 6 | 1.27 | 16 | 3.39 | 231 | 48.94 | 0 | 74000 | 1267.85 | 170 | 7 |
| Clients Under Aged 60 | 4 | 0.85 | 202 | 42.80 | 9 | 1.91 | 1 | 0.21 | 2 | 0.42 | 2 | 0.42 | 252 | 53.39 | 0 | 8234 | 297.17 | 58 | 2 |
| Clients Age Unknown | 14 | 2.97 | 122 | 25.85 | 10 | 2.12 | 4 | 0.85 | 4 | 0.85 | 7 | 1.48 | 311 | 65.89 | 0 | 10192 | 685.56 | 69 | 1 |
| Total | 3 | 0.64 | 184 | 38.98 | 24 | 5.08 | 13 | 2.75 | 8 | 1.69 | 27 | 5.72 | 213 | 45.13 | 0 | 140633 | 2037.47 | 266 | 37 |

## 35. Clients provided Options Counseling by method during this Reporting period.

| Clients provided Options counseling By Method | 0 # | 0 % | >0-1000 # | >0-1000 % | 1001-2000 # | 1001-2000 % | 2001-3000 # | 2001-3000 % | 3001-4000 # | 3001-4000 % | >4000 # | >4000 % | No Response # | No Response % | Range Min | Range Max | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| In Person | 6 | 1.27 | 185 | 39.19 | 11 | 2.33 | 6 | 1.27 | 3 | 0.64 | 2 | 0.42 | 259 | 54.87 | 0 | 12521 | 437.91 | 85 | 3 |
| By Phone | 5 | 1.06 | 158 | 33.47 | 17 | 3.60 | 4 | 0.85 | 10 | 2.12 | 15 | 3.18 | 263 | 55.72 | 0 | 48935 | 1125.75 | 133 | 12 |
| Electronic Communication (e.g., email or website chat) | 24 | 5.08 | 85 | 18.01 | 3 | 0.64 | 0 | 0.00 | 1 | 0.21 | 1 | 0.21 | 358 | 75.85 | 0 | 9650 | 241 | 19 | 1,3,5 |
| Total | 3 | 0.64 | 157 | 33.26 | 19 | 4.03 | 9 | 1.91 | 11 | 2.33 | 17 | 3.60 | 256 | 54.24 | 0 | 71106 | 1423.34 | 230 | 37 |

## 35. Clients provided Options Counseling by setting during this Reporting period.

| Clients provided Options counseling By Setting | 0 # | 0 % | >0-1000 # | >0-1000 % | 1001-2000 # | 1001-2000 % | 2001-3000 # | 2001-3000 % | 3001-4000 # | 3001-4000 % | >4000 # | >4000 % | No Response # | No Response % | Range Min | Range Max | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Local ADRC | 7 | 1.48 | 135 | 28.60 | 15 | 3.18 | 7 | 1.48 | 7 | 1.48 | 7 | 1.48 | 294 | 62.29 | 0 | 9480 | 725.32 | 137 | 25 |
| Hospital | 18 | 3.81 | 56 | 11.86 | 1 | 0.21 | - | - | - | - | - | - | 397 | 84.11 | 0 | 1021 | 96.28 | 18 | 1 |
| Nursing facility/Institution | 11 | 2.33 | 105 | 22.25 | 3 | 0.64 | 2 | 0.42 | - | - | - | - | 351 | 74.36 | 0 | 2980 | 153.91 | 19 | 1 |
| At the client's community residence | 8 | 1.69 | 131 | 27.75 | 5 | 1.06 | 2 | 0.42 | - | - | 1 | 0.21 | 325 | 68.86 | 0 | 6019 | 241.83 | 50 | 10 |
| Other | 14 | 2.97 | 58 | 12.29 | 3 | 0.64 | 2 | 0.42 | 0 | 0.00 | 2 | 0.42 | 393 | 83.26 | 0 | 9565 | 449.23 | 20 | 3,4 |
| Total | 4 | 0.85 | 151 | 31.99 | 20 | 4.24 | 11 | 2.33 | 6 | 1.27 | 11 | 2.33 | 269 | 56.99 | 1 | 55316 | 1135.75 | 196 | 12,37 |

## 35. Clients provided Options Counseling during this Reporting period.

| Client Feedback about Options Counseling | 0 # | 0 % | >0-200 # | >0-200 % | 201-400 # | 201-400 % | 401-600 # | 401-600 % | 601-800 # | 601-800 % | 800-1000 # | 800-1000 % | >1000 # | >1000 % | No Response # | No Response % | Range Min | Range Max | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| What is the number of Clients who | 13 | 2.75 | 82 | 17.37 | 9 | 1.91 | 7 | 1.48 | 1 | 0.21 | 1 | 0.21 | 6 | 1.27 | 353 | 74.79 | 0 | 7648 | 295.76 | 49 | 7,49 |

The Study of LTSS Long-Term Services and Supports

ACL Administration for Community Living

| report that options counseling enabled them to make well informed decisions about their LTSS? | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| What is the number of insert id clients surveyed this reporting period? | 28 | 5.93 | 85 | 18.01 | 12 | 2.54 | 7 | 1.48 | 5 | 1.06 | 3 | 0.64 | 4 | 0.85 | 328 | 69.49 | 0 | 12750 | 318.91 | 65 | 5,13 |

| 36. Does local ADRC or network have a standardized tool or process to provide options counseling? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 276 | 58.47 |
| **No** | 90 | 19.07 |
| **Not applicable** | 54 | 11.44 |
| **Don't know** | 10 | 2.12 |
| **No Response** | 42 | 8.90 |
| **Total** | 472 | 100 |

| 37. Average monthly Public LTTS Program Enrollment in WHOLE [Local ADRC] SERVICE AREA: This set of questions is asking about all current enrollment levels in these programs in the Local ADRC service area. | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the average number of individuals enrolled in Medicaid HCBS Waivers in Local ADRC Service area each month? | 11 | 2.33 | 178 | 37.71 | 15 | 3.18 | 9 | 1.91 | 7 | 1.48 | 11 | 2.33 | 241 | 51.06 | 0 | 26655 | 972.80 | 215 | 15 |
| What is the average number of individuals enrolled in Medicaid residing in institutions in Local ADRC Service area each month? | 15 | 3.18 | 100 | 21.19 | 10 | 2.12 | 7 | 1.48 | 5 | 1.06 | 5 | 1.06 | 330 | 69.92 | 0 | 11748 | 912.44 | 343 | 5 |
| What is the average number of individuals enrolled in other public LTSS programs in Local ADRC Service area each month? Please list LTSS programs and HCBS waivers (e.g., aged and disabled, MR/DD) that individuals are enrolled in | 10 | 2.12 | 117 | 24.79 | 16 | 3.39 | 10 | 2.12 | 2 | 0.42 | 84 | 17.80 | 233 | 49.36 | 0 | 10411 | 849.02 | 269 | 20 |

**38. Total new Enrollment among [Local ADRC] Clients Only in Public LTSS programs:**
**This set of questions is asking about the absolute number of Local ADRC clients who were newly enrolled into these programs during the last six months.**

| | 0 | | >0-200 | | 201-400 | | 401-600 | | 601-800 | | 801-1000 | | >1000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the number of Local ADRC Clients who are newly enrolled into a Medicaid HCBS Waiver this reporting period (including individuals enrolled by Local ADRC staff and individuals referred for assessment/application by Local ADRC staff)? | 11 | 2.33 | 138 | 29.24 | 20 | 4.24 | 6 | 1.27 | 3 | 0.64 | 4 | 0.85 | 5 | 1.06 | 285 | 60.38 | 0 | 2930 | 169.70 | 62 | 23 |
| What is the number of Local ADRC Clients who are newly enrolled into Medicaid institutional services this reporting period (including individuals enrolled by Local ADRC staff and individuals referred for assessment/application by Local ADRC staff)? | 16 | 3.39 | 58 | 12.29 | 7 | 1.48 | 5 | 1.06 | 0 | 0.00 | 3 | 064 | 8 | 1.69 | 375 | 79.45 | 0 | 5096 | 373.80 | 49 | 1,5 |
| What is the average number of individuals enrolled in other public LTSS programs in Local ADRC service area each month? Please list LTSS programs and HCBS waivers (e.g., aged and disabled, MR/DD) that individuals are enrolled in. | 14 | 2.97 | 74 | 15.68 | 13 | 2.75 | 5 | 1.06 | 0 | 0.00 | 1 | 0.21 | 15 | 3.18 | 350 | 74.15 | 0 | 3988 | 369.92 | 75.5 | 2 |

**39. For data collected on consumers, is staff required to follow the Alliance of Information and Referral Systems (AIR) standards?**

| | Frequency | Percentage |
|---|---|---|
| **Yes, with all consumers** | 208 | 44.07 |
| **Yes, with specific groups of consumers- Please specify** | 0 | 0.00 |
| **Never** | 129 | 27.33 |
| **No Response** | 135 | 28.60 |
| **Total** | 472 | 100 |

**40. Does [Local ADRC] have a database /MIS that does any of the following? (Select all that apply)**

| | Frequency | Percentage* |
|---|---|---|
| **Track consumer requests for information and referrals** | 357 | 75.64 |
| **Track referrals made to consumers** | 295 | 62.50 |
| **Maintain records on individual consumers** | 369 | 78.18 |
| **Maintain a list of services/service providers** | 344 | 72.88 |
| **Links to other databases (e.g., Medicaid waiver tracking systems, Money Follows the Person tracking system). If yes, specify.** | 68 | 14.41 |
| **Other, specify\*\*** | 54 | 11.44 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**41. Do operational partners have access to data they need for their operations such as data about your consumers/services? If yes, for what purposes? (review client information, input client demographic information, input referrals, input service utilization information, review client service utilization , obtain summary reports on clients and/or services)**

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 107 | 22.67 |
| **No, but there are plans to develop that capacity** | 135 | 28.60 |
| **No, and there are no current plans to do this** | 182 | 38.56 |
| **No response** | 48 | 10.17 |
| **Total** | 472 | 100 |

| 42. Do service providers have access to data about our consumers? If yes, for what purposes (review client information, input client demographic information, input referrals, input service utilization information, review client service utilization , obtain summary reports on clients and/or services) | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 114 | 24.15 |
| No, but there are plans to develop that capacity | 111 | 23.52 |
| No, and there are no current plans to do this | 214 | 45.34 |
| No Response | 33 | 6.99 |
| Total | 472 | 100 |

| 42a. Do staff follow up with consumers after their initial contact with your organization? | | |
|---|---|---|
| | Frequency | Percentage |
| Always | 424* | 89.83* |
| Sometimes – Under what Circumstances | 0 | 0 |
| Never | 1 | 0.21 |
| No Response | 48* | 10.17* |
| Total | 472 | 100 |

*These numbers are updated based on extra information available from the questions 42b, 42c and 42d.

| 42b. How many times does staff follow up with consumers after their initial contact with your organization? | | |
|---|---|---|
| | Frequency | Percentage |
| Once | 113 | 23.94 |
| Multiple times | 305 | 64.62 |
| No Response | 54 | 11.44 |
| Total | 472 | 100 |

| 42c. What is the approximate timing of the first follow up with consumers after their initial contact with your organization? | | |
|---|---|---|
| | Frequency | Percentage |
| One to two weeks after service | 337 | 71.60 |
| Three weeks after service | 31 | 6.57 |
| One to two months after service | 32 | 6.78 |
| Three to five months after service | 6 | 1.27 |
| Six months after service | 4 | 0.85 |
| One year or longer after service | 1 | 0.21 |
| No Response | 61 | 12.92 |
| Total | 472 | 100 |

| 42d. What is the approximate timing of the last follow up with consumers after their initial contact with your organization? | | |
|---|---|---|
| | Frequency | Percentage |
| One week after the service | 79 | 16.74 |
| Two weeks after the service | 67 | 14.19 |
| Three weeks after service | 35 | 7.42 |

**42d. What is the approximate timing of the last follow up with consumers after their initial contact with your organization?**

|  | Frequency | Percentage |
|---|---|---|
| One to two months after service | 121 | 25.64 |
| Three to five months after service | 27 | 5.72 |
| Six months after service | 33 | 6.99 |
| One year or longer after service | 34 | 7.20 |
| No Response | 76 | 16.10 |
| Total | 472 | 100 |

**43. When consumers are referred to other agencies or organizations, are those providers contacted as a part of the follow up procedure?**

|  | Frequency | Percentage |
|---|---|---|
| Always | 53 | 11.23 |
| Sometimes – Under what circumstances | 0 | 0.00 |
| Never | 58 | 12.29 |
| No Response | 361 | 76.48 |
| Total | 472 | 100 |

**44. Approximately what percentage of consumers who are referred to other organizations receive a "warm transfer" (e.g., Simultaneous transfer of a telephone call and its associated data from one agent to another agent or supervisor)? _____%**

|  | Frequency | Percentage |
|---|---|---|
| 0% | 3 | 0.64 |
| >0-20% | 130 | 27.54 |
| 21-40% | 38 | 8.05 |
| 41-60% | 34 | 7.20 |
| 61-80%% | 24 | 5.08 |
| 81-100% | 46 | 9.75 |
| No response | 197 | 41.74 |
| Total | 472 | 100 |
| Min (%) | 0 | |
| Max (%) | 100 | |
| Mean (%) | 37.58 | |
| Median (%) | 25.00 | |
| Mode (%) | 10.00 | |

**45. Does your organization routinely collect quantitative performance data about its services and consumers?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 365* | 77.33* |
| No | 74 | 15.68 |
| No Response | 33* | 6.99* |
| Total | 472 | 100 |

*These numbers are updated based on the extra information available from question 46.

| 46. Indicate any of the ways that your organization uses performance data. (Check all that apply) | Frequency | Percentage* |
|---|---|---|
| To justify funding requests | 289 | 61.23 |
| To improve consumer service | 352 | 74.58 |
| To administer service provider contracts | 207 | 43.86 |
| To provide information on stakeholders (governing board, advocacy organizations, local government, etc.) | 338 | 71.61 |
| For program planning | 331 | 70.13 |
| Do not use performance data | 5 | 1.06 |

*Percentages do not add up to 100% as respondents could select more than one option.

| 48. When a client contacts the ADRC about LTSS, do ADRC staff administer a screening questionnaire to make a preliminary determination of eligibility and need for public funded LTSS? | Frequency | Percentage |
|---|---|---|
| Yes | 360* | 76.27* |
| No | 81 | 17.16 |
| Other, specify** | 0 | 0.00 |
| No Response | 31* | 6.57* |
| Total | 472 | 100 |

*These numbers were updated using the extra information available from Questions 49a and 49b. See note under Question 33 for more information about how numbers were updated in a table when skip patterns did not work as intended.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 49a. If yes, to which of the following populations is the eligibility screening instrument administered? | Frequency | Percentage* |
|---|---|---|
| Aged 65 and older | 337 | 71.40 |
| Physical Disability | 317 | 67.16 |
| Intellectual Disability/Development Disability | 228 | 48.31 |
| Brain Injury | 231 | 48.94 |
| HIV/AIDS | 171 | 36.23 |
| Medical fragile | 255 | 54.03 |
| Autism | 153 | 32.42 |
| Mental Illness | 209 | 44.28 |
| Other, specify** | 66 | 13.98 |

*Percentages do not add up to 100% as respondents could select more than one option.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 49b. What kind of information is collected? | Frequency | Percentage* |
|---|---|---|
| Demographic information (i.e., age, gender, ethnicity, marital status) | 403 | 85.38 |
| Living Arrangements | 379 | 80.30 |
| Caregivers | 367 | 77.75 |
| Health Status | 360 | 76.27 |
| Activities of Daily living (ADL) | 332 | 70.34 |

| | | |
|---|---|---|
| **Instrumental Activities of Daily Living (ADL)** | 311 | 65.89 |
| **Cognitive functions** | 302 | 63.98 |
| **Troublesome Behaviors** | 242 | 51.27 |
| **LTSS currently received** | 346 | 73.31 |
| **Income** | 374 | 79.24 |
| **Assets** | 294 | 62.29 |
| **Other, specify\*\*** | 47 | 9.96 |

\*Percentages do not add up to 100% as respondents could select more than one option.

\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 50. How do clients in your state/site complete and file applications for financial eligibility for Medicaid or publicly funded LTSS? Check all that apply. | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Applications are accessed on-line, printed, completed by hand, and returned to state or county office.** | 283 | 59.96 |
| **Applications are accessed on-line, completed on-line, printed, and returned to state or county office.** | 214 | 45.34 |
| **Applications are accessed online, completed on-line, and submitted to the state or county electronically.** | 234 | 49.58 |
| **Paper copy applications are obtained at various locations including [insert locations], completed by hand, and returned either in person or by mail to a state or county office** | 296 | 62.71 |
| **Other, specify**** | 36 | 7.63 |

*Percentages do not add up to 100% as respondents could select more than one option.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 51. In what ways does ADRC staff assist clients with financial eligibility applications for Medicaid LTSS Programs? Check all that apply. | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **We do not assist clients with financial eligibility applications** | 34 | 7.20 |
| **Advise the client where s/he can obtain an application** | 334 | 70.76 |
| **Assist the client in completing the application** | 323 | 68.43 |
| **Assist the client in collecting the required financial documentation** | 257 | 54.45 |
| **Check on the status of the client's application** | 264 | 55.93 |
| **Notify the client when the application has been approved/disapproved** | 106 | 22.46 |
| **Manage appeals by clients whose applications were not approved** | 91 | 19.28 |
| **Other, specify**** | 26 | 5.51 |

*Percentages do not add up to 100% as respondents could select more than one option.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 52. In what ways does ADRC staff assist clients with financial eligibility applications for publicly funded LTSS other than Medicaid LTSS? | Frequency | Percentage* |
|---|---|---|
| We do not assist clients with financial eligibility applications | 48 | 10.17 |
| Advise the client where s/he can obtain an application | 340 | 72.03 |
| Assist the client in completing the application | 308 | 65.25 |
| Assist the client in collecting the required financial documentation | 234 | 49.58 |
| Check on the status of the client's application | 215 | 45.55 |
| Notify the client when the application has been approved/disapproved | 93 | 19.70 |
| Manage appeals by clients whose applications were not approved | 80 | 16.95 |
| Other, specify** | 17 | 3.60 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 53. Does your state/site permit presumptive financial eligibility in order to expedite the provision of LTSS to clients while their financial eligibility applications are being processed? | Frequency | Percentage |
|---|---|---|
| Yes | 133 | 28.18 |
| No | 262 | 55.51 |
| In Progress | 18 | 3.81 |
| No Response | 59 | 12.50 |
| Total | 472 | 100 |

## Eligibility Screening Module: Functional Assessment

| 54. Does your state/site use a universal, comprehensive assessment instrument for functional (level of care) eligibility determinations for LTSS? | Frequency | Percentage |
|---|---|---|
| Yes | 352* | 74.58* |
| No | 81 | 17.16 |
| No, but in development | 37 | 7.84 |
| No Response | 2* | 0.42* |
| Total | 472 | 100 |

*These numbers are updated based on extra information available from the questions 55a, 55b, 55c and 55d. See note under Question 33 for more information about how numbers were updated in a table when skip patterns did not work as intended.

| 55a. If yes, what best describes the kind of instrument your state/site is using? Check one. | Frequency | Percentage |
|---|---|---|
| A custom – designed instrument developed by state staff | 207 | 43.86 |
| A custom- designed instrument developed by a vendor specifically for our state | 64 | 13.56 |
| An instrument developed by a vendor that is also used by other states | 23 | 4.87 |
| Other, specify* | 0 | 0.00 |
| No Response | 178 | 37.71 |
| Total | 472 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 55b. What best describes the process for how the assessor completes the instrument? (Check all that apply) | Frequency | Percentage* |
|---|---|---|
| The assessor completes a paper form while interviewing the client; there is no electronic data entry. | 56 | 11.86 |
| The assessor completes a paper form while interviewing the client and later inputs the data on an electronic form at the office | 222 | 47.03 |
| The assessor completes an electronic form while interviewing the client, which is later downloaded into electronic database. | 147 | 31.14 |
| The assessor completes a web-based form while interviewing the client and the client's data is entered "real time" into an electronic database. | 74 | 15.68 |

*Percentages do not add up to 100% as respondents could select more than one option.

| 55c. Do you work with consumers to develop a care plan? | Frequency | Percentage |
|---|---|---|
| Yes, with all consumers | 106 | 22.46 |
| Yes, under certain circumstances (Please specify_____) | 0 | 0.00 |
| No, that is not part of this service | 148 | 31.36 |
| No Response | 218 | 46.19 |
| Total | 472 | 100 |

| 55d. For which of the following populations is the functional assessment used? Check all that apply. | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Aged 65 and older** | 342 | 72.46 |
| **Physical disability** | 316 | 66.95 |
| **ID/DD** | 174 | 36.86 |
| **Brain Injury** | 199 | 42.16 |
| **HIV/AIDS** | 142 | 30.08 |
| **Medically fragile** | 209 | 44.28 |
| **Autism** | 125 | 26.48 |
| **Mental Illness** | 157 | 33.26 |
| **Other, specify**** | 44 | 9.32 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 56a. Is your organization involved in planning for your state s Exchange? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 78 | 16.53 |
| **No** | 257 | 54.45 |
| **Not sure** | 98 | 20.76 |
| **No Response** | 39 | 8.26 |
| **Total** | 472 | 100 |

**56b. Is your state/site examining ways to align functional eligibility determination for publicly funded LTSS with Medicaid financial eligibility determination carried out through the Exchange website?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 30 | 6.36 |
| No | 30 | 6.36 |
| Not sure | 82 | 17.37 |
| No Response | 330 | 69.92 |
| Total | 472 | 100 |

**57. Are any of your organization s functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions.**

|  | Frequency | Percentage |
|---|---|---|
| No, none of our functions* are reimbursed under FFP or FMAP | 285 | 60.38 |
| Yes, the following functions* are reimbursed under FFP. | 44 | 9.32 |
| Yes, the following functions* are reimbursed under FMAP | 67 | 14.19 |

# Section D. Organization Characteristics

| 58. For the current Fiscal Year (2013), what is the approximate amount of funding from each of the following sources? (In $ amounts) | Received Funding in Prior Fiscal Years | |
| --- | --- | --- |
| | Frequency | Percentage* |
| **Administration on Aging Title IV ADRC Grant** | 175 | 37.08 |
| **Administration of Aging Title II Grant** | 29 | 6.14 |
| **CMS Real Choice Systems Change Grants** | 12 | 2.54 |
| **CMS Person-Centered Hospital Discharge Planning Grant** | 21 | 4.45 |
| **Patient protection and Affordable Care Act Grant** | 13 | 2.75 |
| **Veteran's Administration** | 36 | 7.63 |
| **Money Follows the Person Demonstration** | 100 | 21.19 |
| **State Transformation Grant** | 5 | 1.06 |
| **Alzheimer's Disease Demonstration Grant** | 36 | 7.63 |
| **Evidence-Based Disease Prevention Grant** | 90 | 19.07 |
| **Program of All-Inclusive Care for the Elderly (PACE)** | 5 | 1.06 |
| **Medicare Improvements for Patients and Providers Act (MIPPA)** | 112 | 23.73 |
| **Respite Care Act funds** | 23 | 4.87 |
| **Rehabilitation Services Administration (RSA)** | 17 | 3.60 |
| **Substance Abuse and Mental Health Services Administration (SAMHSA) – Mental Health Transformation Grant** | 4 | 0.85 |
| **Agency for Health Care Research and Policy – Chronic Disease Self- Management Grant** | 33 | 6.99 |
| **Administration for Children and Families, Office of Community Services – Low Income Home Energy Assistance Program (LIHEAP)** | 27 | 5.72 |
| **Health Resources and Services Administration on HIV/AIDS Bureau – Ryan White Fund** | 3 | 0.64 |
| **State Unit on Aging** | 206 | 43.64 |
| **State General Revenue** | 120 | 25.42 |
| **County of local Government** | 147 | 31.14 |
| **Private entities/grants – Hospitals or other businesses** | 66 | 13.98 |
| **Medicaid for Direct Services (State and federal)** | 100 | 21.19 |
| **Medicaid for Federal Financial Participation** | 25 | 5.30 |
| **Care Transitions Income** | 44 | 9.32 |
| **Consumer Fees or Cost Sharing** | 103 | 21.82 |
| **Charitable Donations** | 107 | 22.67 |
| **Other, please specify*** | 134 | 28.39 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| | Amount of Funding during the Current Fiscal Year | | | | | | | | | | | | | | | |
| | $0 | | $>0-10,000 | | $10,001-50,000 | | $50,001-100,000 | | $100,001-500,000 | | >$500,001 | | No Response/ Not Applicable | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AoA Title IV ADRC Grant | 15 | 3.18 | 23 | 4.87 | 41 | 8.69 | 23 | 4.87 | 25 | 5.30 | 8 | 1.69 | 337 | 71.40 | $0 | $1,547,375 | $138,310 | $45,000 | $40,000 |
| AoA Title II Grant | 10 | 2.12 | 1 | 0.21 | 9 | 1.91 | 2 | 0.42 | 5 | 1.06 | 9 | 1.91 | 436 | 92.37 | $0 | $5,046,488 | $690,524 | $229,153 | No mode |
| CMS Real Choice Systems Change Grants | 11 | 2.33 | 1 | 0.21 | 1 | 0.21 | 1 | 0.21 | 2 | 0.42 | 1 | 0.21 | 455 | 96.40 | $0 | $1,000,000 | $258,758 | $98,308 | No mode |
| CMS Person-Centered Hospital Discharge Planning Grant | 11 | 2.33 | 2 | 0.42 | 4 | 0.85 | 5 | 1.06 | 2 | 0.42 | 1 | 0.21 | 447 | 94.70 | $0 | $2,000,000 | $210,814 | $65,050 | No mode |
| PPACA Grant | 11 | 2.33 | 0 | 0.00 | 6 | 1.27 | 2 | 0.42 | 1 | 0.21 | 2 | 0.42 | 450 | 95.34 | $0 | $1,000,700 | $217,160 | $37,422 | 37,422 |
| VA Grant | 11 | 2.33 | 8 | 1.69 | 16 | 3.39 | 4 | 0.85 | 11 | 2.33 | 4 | 0.85 | 418 | 88.56 | $0 | $26,000,000 | $731,420 | $30,253 | $12,000 |
| MFP Demon. | 11 | 2.33 | 29 | 6.14 | 38 | 8.05 | 5 | 1.06 | 17 | 3.60 | 2 | 0.42 | 370 | 78.38 | $0 | $625,000 | $64,798 | $28,053 | $7,500 |
| State Transformation Grant | 10 | 2.12 | 1 | 0.21 | 2 | 0.42 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 459 | 97.25 | $0 | $41,329 | $26,249 | $35,781 | No mode |
| Alzheimer's Disease Prevention Grant | 10 | 2.12 | 10 | 2.12 | 13 | 2.75 | 4 | 0.85 | 2 | 0.42 | 1 | 0.21 | 432 | 91.53 | $0 | $682,645 | $58,306 | $23,961 | $2,000 |
| Evidence-Based Disease Prevention Grant | 7 | 1.48 | 25 | 5.30 | 40 | 8.47 | 4 | 0.85 | 3 | 0.54 | 0 | 0.00 | 393 | 83.26 | $0 | $157,578 | $25,274 | $16,191 | $7,000 |
| PACE | 10 | 2.12 | 0 | 0.00 | 1 | 0.21 | 1 | 0.21 | 0 | 0.00 | 1 | 0.21 | 459 | 97.25 | $0 | $3,350,000 | $1,138,643 | $53,000 | No mode |
| MIPPA | 10 | 2.12 | 22 | 4.66 | 16 | 3.39 | 2 | 0.42 | 1 | 0.21 | 0 | 0.00 | 421 | 89.19 | $0 | $163,000 | $19,349 | $9,863 | No mode |
| Respite Care Act funds | 10 | 2.12 | 1 | 0.21 | 6 | 1.27 | 6 | 1.27 | 12 | 2.54 | 0 | 0.00 | 437 | 92.58 | $0 | $408,547 | $123,066 | $94,350 | No mode |
| RSA | 10 | 2.12 | 0 | 0.00 | 2 | 0.42 | 1 | 0.21 | 10 | 2.12 | 4 | 0.85 | 445 | 94.28 | $0 | $2,000,000 | $404,673 | $239,230 | No mode |
| Mental Health Transformation Grant | 10 | 2.12 | 0 | 0.00 | 1 | 0.21 | 1 | 0.21 | 0 | 0.00 | 0 | 0.00 | 460 | 97.46 | $0 | $72,733 | $52,549 | $52,549 | No mode |
| CDSMP Grant | 8 | 1.69 | 7 | 1.48 | 18 | 3.81 | 2 | 0.42 | 0 | 0.00 | 0 | 0.00 | 437 | 92.58 | $0 | $93,600 | $19,713 | $12,799 | $12,000 |
| LIHEAP | 8 | 1.69 | 2 | 0.42 | 10 | 2.12 | 1 | 0.21 | 6 | 1.27 | 7 | 1.48 | 438 | 92.80 | $0 | $6,843,263 | $770,086 | $98,272 | $15,000 |
| Ryan White | 10 | 2.12 | 1 | 0.21 | 1 | 0.21 | 0 | 0.00 | 1 | 0.21 | 1 | 0.21 | 458 | 97.03 | $0 | $20,433,431 | $5,164,585 | $110,804 | No mode |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

**58. For the current Fiscal Year (2013), what is the approximate amount of funding from each of the following sources?**

| Fund | $0 | | $>0-10,000 | | $10,001-50,000 | | $50,001-100,000 | | $100,001-500,000 | | >$500,001 | | No Response/ Not Applicable | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| State Unit on Aging | 2 | 0.42 | 2 | 0.42 | 46 | 9.75 | 17 | 3.60 | 44 | 9.32 | 118 | 25.00 | 243 | 51.48 | $0 | $49,386,961 | $2,154,759 | $564,257 | $40,000 |
| State General Revenue | 3 | 0.64 | 1 | 0.21 | 11 | 2.33 | 13 | 2.75 | 45 | 9.53 | 60 | 12.71 | 339 | 71.82 | $0 | $144,759,459 | $2,993,732 | $438,029 | $70,769 |
| County of local government | 2 | 0.42 | 10 | 2.12 | 25 | 5.30 | 18 | 3.81 | 54 | 11.44 | 42 | 8.90 | 321 | 68.01 | $0 | $77,947,927 | $1,174,053 | $192,215 | $10,000 |
| Private entities/ grants – Hospitals or other businesses | 8 | 1.69 | 11 | 2.33 | 18 | 3.81 | 10 | 2.12 | 22 | 4.66 | 8 | 1.69 | 395 | 83.69 | $0 | $5,376,519 | $350,269 | $70,812 | $4,000 |
| Medicaid for Direct Services (State and Federal) | 4 | 0.85 | 2 | 0.42 | 11 | 2.33 | 3 | 0.64 | 33 | 6.99 | 53 | 11.23 | 366 | 77.54 | $0 | $58,000,000 | $2,257,882 | $543,116 | $300,000 |
| Medicaid for Federal Financial Participation | 8 | 1.69 | 0 | 0.00 | 2 | 0.42 | 5 | 1.06 | 7 | 1.48 | 12 | 2.54 | 438 | 92.80 | $0 | $152,498,844 | $8,398,078 | $378,074 | $70,769 |
| Care Transitions Income | 9 | 1.91 | 10 | 2.12 | 19 | 4.03 | 5 | 1.06 | 8 | 1.69 | 0 | 0.00 | 421 | 89.19 | $0 | $395,592 | $65,892 | $25,595 | $20,000 |
| Consumer Fees or Cost Sharing | 3 | 0.64 | 14 | 2.97 | 27 | 5.72 | 8 | 1.69 | 35 | 7.42 | 12 | 2.54 | 373 | 79.03 | $0 | $13,668,873 | $358,462 | $96,750 | $40,000 |
| Charitable Donations | 4 | 0.85 | 37 | 7.84 | 29 | 6.14 | 16 | 3.39 | 24 | 5.08 | 4 | 0.85 | 358 | 75.85 | $0 | $2,463,867 | $103,223 | $29,762 | $10,000 |
| Other, please specify | 0 | 0.00 | 10 | 2.12 | 24 | 5.08 | 18 | 3.81 | 41 | 8.69 | 66 | 13.98 | 313 | 66.31 | $73 | $45,784,809 | $1,596,554 | $381,755 | $75,000 |

**58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources?**

| Total Budget for FY 2013 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **$0** | 0 | 0.00 |
| **$>0-500,000** | 61 | 12.92 |
| **$500,001-2,000,000** | 58 | 12.29 |
| **$2,000,001-10,000,000** | 99 | 20.97 |
| **$10,000,001-20,000,000** | 32 | 6.78 |
| **>$20,000,000** | 15 | 3.18 |
| **No response** | 207 | 43.86 |
| **Total** | 472 | 100 |
| **Min** | $7,000 | |
| **Max** | $252,303,000 | |
| **Mean** | $8,314,439 | |
| **Median** | $2,402,675 | |
| **Mode** | $40,000 | |

**59. What best characterizes the operation of your agency?**

| | Frequency | Percentage |
|---|---|---|
| **Single point of entry: one agency maintains a knowledgebase on LTSS options and assists consumers in making decisions about the best and most feasible options for LTSS** | 160 | 33.90 |
| **No wrong door: multiple agencies are knowledgeable about LTSS options and cooperate to assist consumers regardless of which agency the consumer first contacts** | 272 | 57.63 |
| **No response** | 40 | 8.47 |
| **Total** | 472 | 100 |

**60. Do you identify your structure as any of the following?**

| | Frequency | Percentage |
|---|---|---|
| **Independent, non-profit** | 207 | 43.86 |
| **Part of city government** | 6 | 1.27 |
| **Part of county government** | 115 | 24.36 |
| **Part of COG or RPDA** | 57 | 12.08 |
| **Other, specify*** | 0 | 0.00 |
| **No response** | 87 | 18.43 |
| **Total** | 472 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**61. What organizations comprise the core operating organizations?**

| | Yes | | No | | No response | |
|---|---|---|---|---|---|---|
| | **Frequency** | **Percentage** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| **AAA** | 381 | 80.72 | 33 | 6.99 | 58 | 12.29 |
| **State Unit on Aging** | 219 | 46.40 | 113 | 23.94 | 140 | 29.66 |
| **Veterans Organization** | 68 | 14.41 | 205 | 43.43 | 199 | 42.16 |
| **Alzheimer's Association** | 54 | 11.44 | 212 | 44.92 | 206 | 43.64 |

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| 61. What organizations comprise the core operating organizations? | | | | | | |
|---|---|---|---|---|---|---|
| | Yes | | No | | No response | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Other Aging Services Organization | 135 | 28.60 | 159 | 33.69 | 178 | 37.71 |
| Centers for Independent Living | 205 | 43.43 | 130 | 27.54 | 137 | 29.03 |
| Vocational Rehabilitation Departments | 53 | 11.23 | 214 | 45.34 | 205 | 43.43 |
| Other Disability Services Organizations | 136 | 28.81 | 164 | 34.75 | 172 | 36.44 |
| Community Mental Health | 70 | 14.83 | 202 | 42.80 | 200 | 42.37 |
| County or Regional Council of Governments | 84 | 17.80 | 194 | 41.10 | 194 | 41.10 |
| County Government Office or Agency | 119 | 25.21 | 161 | 34.11 | 192 | 40.68 |
| Local Housing Authority | 47 | 9.96 | 214 | 45.34 | 211 | 44.70 |
| State or Local Medicaid Agency | 115 | 24.36 | 167 | 35.38 | 190 | 40.25 |
| 211 | 76 | 16.10 | 195 | 41.31 | 201 | 42.58 |
| Other Human Services of Social Service Provider (please specify)* | 104 | 22.03 | 133 | 28.18 | 235 | 49.79 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. With which organizations do [LOCAL ADRC] have a partnership? | | |
|---|---|---|
| State Departments (with cabinet-level secretaries) | Frequency | Percentage* |
| Health | 217 | 45.97 |
| Human Services | 251 | 53.18 |
| Other (specify)** | 38 | 8.05 |
| State Agencies (located within state departments) | Frequency | Percentage* |
| Aging | 374 | 79.24 |
| Developmental Disabilities | 230 | 48.73 |
| Acquired or Late-Onset Disabilities | 111 | 23.52 |
| Mental Health | 211 | 44.70 |
| Medicaid | 280 | 59.32 |
| Housing | 200 | 42.37 |
| Education | 117 | 24.79 |
| Other (specify)** | 21 | 4.45 |
| Local Government Agencies | Frequency | Percentage* |
| Area Agency on Aging | 320 | 67.80 |
| County Health Department | 263 | 55.72 |
| County Medicaid Office | 257 | 54.45 |
| County Department on Aging | 130 | 27.54 |
| County Department on Disability | 118 | 25.00 |
| County Housing Office | 164 | 34.75 |
| Library | 156 | 33.05 |
| Other (specify)** | 31 | 6.57 |
| Federal Agencies | Frequency | Percentage* |
| Local Veterans Administration | 294 | 62.29 |
| Local Indian Health Service | 62 | 13.14 |
| Other (specify)** | 12 | 2.54 |

| 63. With which organizations do [LOCAL ADRC] have a partnership? | | |
|---|---|---|
| **Organizations providing Direct Services** | **Frequency** | **Percentage*** |
| 211 or other call center | 248 | 52.54 |
| Community Health Clinic | 204 | 43.22 |
| Community Mental Health Clinic | 202 | 42.80 |
| Deaf Service Center | 113 | 23.94 |
| Hospital/Medical Center | 299 | 63.35 |
| School for the Blind | 61 | 12.92 |
| School for the Deaf | 52 | 11.02 |
| The ARC | 137 | 29.03 |
| United Way | 243 | 51.48 |
| Vocational/Rehabilitation Services | 213 | 45.13 |
| Other (specify)** | 27 | 5.72 |
| **Advocacy/Referral Organizations** | **Frequency** | **Percentage*** |
| AIDS Coalition | 77 | 16.31 |
| Alzheimer's Association | 305 | 64.62 |
| American Council of the Blind | 60 | 12.71 |
| Autism Society state/regional chapter | 59 | 12.50 |
| Brain Injury Association state/regional chapter | 110 | 23.31 |
| Centers for Independent Living | 339 | 71.82 |
| Easter Seals | 112 | 23.73 |
| Epilepsy Foundation state/regional chapter | 49 | 10.38 |
| National Association of Mental Illness state/regional chapter | 90 | 19.07 |
| National Autism Association state/regional chapter | 38 | 8.05 |
| National Multiple Sclerosis Society state/regional chapter | 67 | 14.19 |
| State Association for the Deaf | 50 | 10.59 |
| United Cerebral Palsy | 80 | 16.95 |
| Other (specify)** | 19 | 4.03 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What is the strength of the relationship? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Weak Functionality** | | **Moderate Functionality** | | **High Functionality** | | **No Response/ Not Applicable** | |
| **State Departments (with cabinet-level secretaries)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Health | 38 | 8.05 | 107 | 22.67 | 67 | 14.19 | 260 | 55.08 |
| Human Services | 16 | 3.39 | 101 | 21.40 | 128 | 27.12 | 227 | 48.09 |
| Other (specify)* | 3 | 0.64 | 12 | 2.54 | 20 | 4.24 | 437 | 92.58 |
| **State Agencies (located within state departments)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Aging | 5 | 1.06 | 44 | 9.32 | 312 | 66.10 | 111 | 23.52 |
| Developmental Disabilities | 45 | 9.53 | 111 | 23.52 | 66 | 13.98 | 250 | 52.97 |
| Acquired or Late-Onset Disabilities | 29 | 6.14 | 45 | 9.53 | 34 | 7.20 | 364 | 77.12 |
| Mental Health | 55 | 11.65 | 107 | 22.67 | 44 | 9.32 | 266 | 56.36 |
| Medicaid | 26 | 5.51 | 111 | 23.52 | 134 | 28.39 | 201 | 42.58 |
| Housing | 42 | 8.90 | 106 | 22.46 | 44 | 9.32 | 280 | 59.32 |
| Education | 40 | 8.47 | 46 | 9.75 | 23 | 4.87 | 363 | 76.91 |

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| 63. What is the strength of the relationship? | Weak Functionality | | Moderate Functionality | | High Functionality | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|
| Other (specify)* | 2 | 0.42 | 7 | 1.48 | 10 | 2.12 | 453 | 95.97 |
| **Local Government Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Area Agency on Aging | 2 | 0.42 | 23 | 4.87 | 276 | 58.47 | 171 | 36.23 |
| County Health Department | 43 | 9.11 | 126 | 26.69 | 86 | 18.22 | 217 | 45.97 |
| County Medicaid Office | 33 | 6.99 | 110 | 23.31 | 104 | 22.03 | 225 | 47.67 |
| County Department on Aging | 5 | 1.06 | 19 | 4.03 | 100 | 21.19 | 348 | 73.73 |
| County Department on Disability | 15 | 3.18 | 47 | 9.96 | 52 | 11.02 | 358 | 75.85 |
| County Housing Office | 29 | 6.14 | 81 | 17.16 | 46 | 9.75 | 316 | 66.95 |
| Library | 42 | 8.90 | 61 | 12.92 | 45 | 9.53 | 324 | 68.64 |
| Other (specify)* | 1 | 0.21 | 10 | 2.12 | 16 | 3.39 | 445 | 94.28 |
| **Federal Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Local Veterans Administration | 74 | 15.68 | 133 | 28.18 | 74 | 15.68 | 191 | 40.47 |
| Local Indian Health Service | 23 | 4.87 | 27 | 5.72 | 12 | 2.54 | 410 | 86.86 |
| Other (specify)* | 2 | 0.42 | 4 | 0.85 | 4 | 0.85 | 462 | 97.88 |
| **Organizations providing Direct Services** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| 211 or other call center | 34 | 7.20 | 112 | 23.73 | 88 | 18.64 | 238 | 50.42 |
| Community Health Clinic | 40 | 8.47 | 104 | 22.03 | 51 | 10.81 | 277 | 58.69 |
| Community Mental Health Clinic | 42 | 8.90 | 95 | 20.13 | 51 | 10.81 | 284 | 60.17 |
| Deaf Service Center | 41 | 8.69 | 43 | 9.11 | 27 | 5.72 | 361 | 76.48 |
| Hospital/Medical Center | 36 | 7.63 | 136 | 28.81 | 111 | 23.52 | 189 | 40.04 |
| School for the Blind | 27 | 5.72 | 21 | 4.45 | 10 | 2.12 | 414 | 87.71 |
| School for the Deaf | 25 | 5.30 | 16 | 3.39 | 6 | 1.27 | 425 | 90.04 |
| The ARC | 45 | 9.53 | 50 | 10.59 | 35 | 7.42 | 342 | 72.46 |
| United Way | 48 | 10.17 | 90 | 19.07 | 92 | 19.49 | 242 | 51.27 |
| Vocational/Rehabilitation Services | 51 | 10.81 | 95 | 20.13 | 61 | 12.92 | 265 | 56.14 |
| Other (specify)* | 2 | 0.42 | 7 | 1.48 | 13 | 2.75 | 450 | 95.34 |
| **Advocacy/Referral Organizations** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| AIDS Coalition | 33 | 6.99 | 31 | 6.57 | 11 | 2.33 | 397 | 84.11 |
| Alzheimer's Association | 36 | 7.63 | 122 | 25.85 | 134 | 28.39 | 180 | 38.14 |
| American Council of the Blind | 24 | 5.08 | 20 | 4.24 | 13 | 2.75 | 415 | 87.92 |
| Autism Society state/regional chapter | 23 | 4.87 | 19 | 4.03 | 13 | 2.75 | 417 | 88.35 |
| Brain Injury Association state/regional chapter | 32 | 6.78 | 46 | 9.75 | 29 | 6.14 | 365 | 77.33 |
| Centers for Independent Living | 34 | 7.20 | 114 | 24.15 | 178 | 37.71 | 146 | 30.93 |
| Easter Seals | 35 | 7.42 | 49 | 10.38 | 25 | 5.30 | 363 | 76.91 |
| Epilepsy Foundation state/regional chapter | 26 | 5.51 | 12 | 2.54 | 8 | 1.69 | 426 | 90.25 |
| National Association of Mental Illness state/regional chapter | 40 | 8.47 | 31 | 6.57 | 16 | 3.39 | 385 | 81.57 |
| National Autism Association state/regional chapter | 21 | 4.45 | 8 | 1.69 | 7 | 1.48 | 436 | 92.37 |
| National Multiple Sclerosis Society state/regional chapter | 30 | 6.36 | 25 | 5.30 | 9 | 1.91 | 408 | 86.44 |
| State Association for the Deaf | 20 | 4.24 | 19 | 4.03 | 6 | 1.27 | 427 | 90.47 |

| 63. What is the strength of the relationship? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Weak Functionality | | Moderate Functionality | | High Functionality | | No Response/ Not Applicable | |
| United Cerebral Palsy | 25 | 5.30 | 25 | 5.30 | 27 | 5.72 | 395 | 83.69 |
| Other (specify)* | 0 | 0.00 | 6 | 1.27 | 12 | 2.54 | 454 | 96.19 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What is the type of partnership agreement? | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
| **State Departments (with cabinet-level secretaries)** | Freq. | %* | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Health** | 38 | 8.05 | 30 | 6.36 | 46 | 9.75 | 60 | 12.71 | 100 | 21.19 | 2 | 0.42 | 276 | 58.47 |
| **Human Services** | 83 | 17.58 | 54 | 11.44 | 79 | 16.74 | 77 | 16.31 | 92 | 19.49 | 5 | 1.06 | 236 | 50.00 |
| **Other (specify)*** | 9 | 1.91 | 14 | 2.97 | 10 | 2.12 | 8 | 1.69 | 10 | 2.12 | 1 | 0.21 | 439 | 93.01 |
| **State Agencies (located within state departments)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Aging** | 268 | 56.78 | 88 | 18.64 | 241 | 51.06 | 109 | 23.09 | 52 | 11.02 | 9 | 1.91 | 98 | 20.76 |
| **Developmental Disabilities** | 19 | 4.03 | 61 | 12.92 | 22 | 4.66 | 63 | 13.35 | 112 | 23.73 | 4 | 0.85 | 259 | 54.87 |
| **Acquired or Late-Onset Disabilities** | 17 | 3.60 | 22 | 4.66 | 14 | 2.97 | 27 | 5.72 | 51 | 10.81 | 4 | 0.85 | 375 | 79.45 |
| **Mental Health** | 14 | 2.97 | 34 | 7.20 | 23 | 4.87 | 60 | 12.71 | 119 | 25.21 | 6 | 1.27 | 277 | 58.69 |
| **Medicaid** | 107 | 22.67 | 47 | 9.96 | 73 | 15.47 | 83 | 17.50 | 94 | 19.92 | 5 | 1.06 | 196 | 41.53 |
| **Housing** | 14 | 2.97 | 40 | 8.47 | 19 | 4.03 | 58 | 12.29 | 113 | 23.94 | 5 | 1.06 | 283 | 59.96 |
| **Education** | 4 | 0.85 | 15 | 3.18 | 9 | 1.91 | 28 | 5.93 | 73 | 15.47 | 5 | 1.06 | 370 | 78.39 |
| **Other (specify)*** | 6 | 1.27 | 7 | 1.48 | 7 | 1.48 | 9 | 1.91 | 6 | 1.27 | 2 | 0.42 | 450 | 95.34 |
| **Local Government Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Area Agency on Aging** | 147 | 31.14 | 113 | 23.94 | 81 | 17.16 | 101 | 21.40 | 48 | 10.17 | 52 | 11.02 | 169 | 35.81 |
| **County Health Department** | 16 | 3.39 | 48 | 10.17 | 21 | 4.45 | 80 | 16.95 | 164 | 34.75 | 10 | 2.12 | 215 | 45.55 |
| **County Medicaid Office** | 17 | 3.60 | 64 | 13.56 | 13 | 2.75 | 93 | 19.70 | 136 | 28.81 | 8 | 1.69 | 228 | 48.31 |
| **County Department on Aging** | 42 | 8.90 | 46 | 9.75 | 30 | 6.36 | 45 | 9.53 | 33 | 6.99 | 17 | 3.60 | 348 | 73.73 |
| **County Department on Disability** | 5 | 1.06 | 37 | 7.84 | 4 | 0.85 | 46 | 9.75 | 64 | 13.56 | 6 | 1.27 | 356 | 75.42 |
| **County Housing Office** | 2 | 0.42 | 23 | 4.87 | 4 | 0.85 | 55 | 11.65 | 108 | 22.88 | 6 | 1.27 | 313 | 66.31 |
| **Library** | 1 | 0.21 | 9 | 1.91 | 2 | 0.42 | 48 | 10.17 | 118 | 25.00 | 1 | 0.21 | 324 | 68.64 |
| **Other (specify)*** | 10 | 2.12 | 18 | 3.81 | 6 | 1.27 | 15 | 3.18 | 8 | 1.69 | 1 | 0.21 | 442 | 93.64 |

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## 63. What is the type of partnership agreement?

| Federal Agencies | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Local Veterans Administration | 25 | 5.30 | 38 | 8.05 | 32 | 6.78 | 89 | 18.86 | 195 | 41.31 | 6 | 1.27 | 183 | 38.77 |
| Local Indian Health Service | 4 | 0.85 | 7 | 1.48 | 6 | 1.27 | 22 | 4.66 | 38 | 8.05 | 2 | 0.42 | 419 | 88.77 |
| Other (specify)* | 2 | 0.42 | 3 | 0.64 | 1 | 0.21 | 5 | 1.06 | 6 | 1.27 | 2 | 0.42 | 461 | 97.67 |
| **Organizations providing Direct Services** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| 211 or other call center | 19 | 4.03 | 70 | 14.83 | 22 | 4.66 | 64 | 13.56 | 127 | 26.91 | 11 | 2.33 | 236 | 50.00 |
| Community Health Clinic | 10 | 2.12 | 21 | 4.45 | 13 | 2.75 | 67 | 14.19 | 143 | 30.30 | 4 | 0.85 | 276 | 58.47 |
| Community Mental Health Clinic | 5 | 1.06 | 29 | 6.14 | 13 | 2.75 | 75 | 15.89 | 128 | 27.12 | 4 | 0.85 | 281 | 59.53 |
| Deaf Service Center | 3 | 0.64 | 8 | 1.69 | 7 | 1.48 | 29 | 6.14 | 80 | 16.95 | 1 | 0.21 | 370 | 78.39 |
| Hospital/Medical Center | 19 | 4.03 | 98 | 20.76 | 41 | 8.69 | 95 | 20.13 | 155 | 32.84 | 9 | 1.91 | 180 | 38.14 |
| School for the Blind | 4 | 0.85 | 3 | 0.64 | 5 | 1.06 | 14 | 2.97 | 43 | 9.11 | 2 | 0.42 | 419 | 88.77 |
| School for the Deaf | 2 | 0.42 | 1 | 0.21 | 2 | 0.42 | 7 | 1.48 | 32 | 6.78 | 3 | 0.64 | 432 | 91.53 |
| The ARC | 3 | 0.64 | 18 | 3.81 | 9 | 1.91 | 36 | 7.63 | 90 | 19.07 | 2 | 0.42 | 342 | 72.46 |
| United Way | 79 | 16.74 | 43 | 9.11 | 38 | 8.05 | 60 | 12.71 | 115 | 24.36 | 3 | 0.64 | 233 | 49.36 |
| Vocational/ Rehabilitation Services | 17 | 3.60 | 38 | 8.05 | 17 | 3.60 | 57 | 12.08 | 134 | 28.39 | 3 | 0.64 | 268 | 56.78 |
| Other (specify)* | 1 | 0.21 | 11 | 2.33 | 3 | 0.64 | 9 | 1.91 | 9 | 1.91 | 2 | 0.42 | 446 | 94.49 |
| **Advocacy/Referral Organizations** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| AIDS Coalition | 1 | 0.21 | 2 | 0.42 | 1 | 0.21 | 18 | 3.81 | 53 | 11.23 | 5 | 1.06 | 406 | 86.02 |
| Alzheimer's Association | 24 | 5.08 | 31 | 6.57 | 35 | 7.42 | 105 | 22.25 | 198 | 41.95 | 7 | 1.48 | 174 | 36.86 |
| American Council of the Blind | 0 | 0.00 | 4 | 0.85 | 2 | 0.42 | 12 | 2.54 | 38 | 8.05 | 1 | 0.21 | 422 | 89.41 |
| Autism Society state/regional chapter | 1 | 0.21 | 1 | 0.21 | 0 | 0.00 | 6 | 1.27 | 42 | 8.90 | 2 | 0.42 | 425 | 90.04 |
| Brain Injury Association state/regional chapter | 3 | 0.64 | 8 | 1.69 | 5 | 1.06 | 34 | 7.20 | 85 | 18.01 | 3 | 0.64 | 365 | 77.33 |

| 63. What is the type of partnership agreement? | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
| **Centers for Independent Living** | 37 | 7.84 | 158 | 33.47 | 47 | 9.96 | 92 | 19.49 | 125 | 26.48 | 12 | 2.54 | 146 | 30.93 |
| **Easter Seals** | 5 | 1.06 | 8 | 1.69 | 15 | 3.18 | 24 | 5.08 | 73 | 15.47 | 6 | 1.27 | 367 | 77.75 |
| **Epilepsy Foundation state/regional chapter** | 0 | 0.00 | 2 | 0.42 | 1 | 0.21 | 9 | 1.91 | 29 | 6.14 | 3 | 0.64 | 435 | 92.16 |
| **National Association of Mental Illness state/regional chapter** | 0 | 0.00 | 3 | 0.64 | 0 | 0.00 | 19 | 4.03 | 67 | 14.19 | 4 | 0.85 | 391 | 82.84 |
| **National Autism Association state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 0.42 | 24 | 5.08 | 1 | 0.21 | 447 | 94.70 |
| **National Multiple Sclerosis Society state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 4 | 0.85 | 15 | 3.18 | 47 | 9.96 | 3 | 0.64 | 414 | 87.71 |
| **State Association for the Deaf** | 1 | 0.21 | 1 | 0.21 | 1 | 0.21 | 13 | 2.75 | 39 | 8.26 | 1 | 0.21 | 427 | 90.47 |
| **United Cerebral Palsy** | 3 | 0.64 | 17 | 3.60 | 15 | 3.18 | 15 | 3.18 | 37 | 7.84 | 6 | 1.27 | 397 | 84.11 |
| **Other (specify)*** | 3 | 0.64 | 10 | 2.12 | 2 | 0.42 | 5 | 1.06 | 7 | 1.48 | 2 | 0.42 | 453 | 95.97 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| **State Departments (with cabinet-level secretaries)** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **Health** | 11 | 2.33 | 20 | 4.24 | 144 | 30.51 | 65 | 13.77 | 48 | 10.17 | 7 | 1.48 | 51 | 10.81 | 31 | 6.57 | 272 | 57.63 |
| **Human Services** | 29 | 5.06 | 41 | 7.16 | 187 | 32.64 | 104 | 18.15 | 67 | 11.69 | 23 | 4.01 | 91 | 15.88 | 22 | 3.84 | 342 | 59.69 |
| **Other (specify)*** | 5 | 1.06 | 7 | 1.48 | 23 | 4.87 | 19 | 4.03 | 7 | 1.48 | 7 | 1.48 | 11 | 2.33 | 5 | 1.06 | 439 | 93.01 |
| **State Agencies (located within state departments)** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **Aging** | 28 | 5.93 | 120 | 25.42 | 298 | 63.14 | 246 | 52.12 | 154 | 32.63 | 35 | 7.42 | 240 | 50.85 | 3 | 0.64 | 141 | 29.87 |
| **Developmental Disabilities** | 13 | 2.75 | 14 | 2.97 | 157 | 33.26 | 73 | 15.47 | 37 | 7.84 | 13 | 2.75 | 47 | 9.96 | 27 | 5.72 | 270 | 57.20 |
| **Acquired or Late-Onset Disabilities** | 4 | 0.85 | 10 | 2.12 | 71 | 15.04 | 30 | 6.36 | 21 | 4.45 | 7 | 1.48 | 25 | 5.30 | 16 | 3.39 | 380 | 80.51 |
| **Mental Health** | 11 | 2.33 | 9 | 1.91 | 140 | 29.66 | 58 | 12.29 | 37 | 7.84 | 9 | 1.91 | 36 | 7.63 | 27 | 5.72 | 292 | 61.86 |
| **Medicaid** | 17 | 3.60 | 39 | 8.26 | 192 | 40.68 | 102 | 21.61 | 39 | 8.26 | 11 | 2.33 | 112 | 23.73 | 19 | 4.03 | 227 | 48.09 |
| **Housing** | 13 | 2.75 | 13 | 2.75 | 134 | 28.39 | 35 | 7.42 | 24 | 5.08 | 7 | 1.48 | 32 | 6.78 | 28 | 5.93 | 300 | 63.56 |
| **Education** | 5 | 1.06 | 6 | 1.27 | 61 | 12.92 | 31 | 6.57 | 24 | 5.08 | 6 | 1.27 | 16 | 3.39 | 22 | 4.66 | 374 | 79.24 |
| **Other (specify)*** | 6 | 1.27 | 2 | 0.42 | 16 | 3.39 | 14 | 2.97 | 3 | 0.64 | 2 | 0.42 | 4 | 0.85 | 5 | 1.06 | 450 | 95.34 |
| **Local Government Agencies** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **Area Agency on Aging** | 120 | 25.42 | 129 | 27.33 | 234 | 49.58 | 202 | 42.80 | 159 | 33.69 | 114 | 24.15 | 177 | 37.50 | 3 | 0.64 | 212 | 44.92 |
| **County Health Department** | 16 | 3.39 | 15 | 3.18 | 193 | 40.89 | 80 | 16.95 | 54 | 11.44 | 12 | 2.54 | 55 | 11.65 | 18 | 3.81 | 244 | 51.49 |
| **County Medicaid Office** | 23 | 4.87 | 11 | 2.33 | 200 | 42.37 | 84 | 17.80 | 28 | 5.93 | 12 | 2.54 | 94 | 19.92 | 15 | 3.18 | 246 | 52.12 |
| **County Department on Aging** | 49 | 10.38 | 45 | 9.53 | 99 | 20.97 | 77 | 16.31 | 67 | 14.19 | 41 | 8.69 | 63 | 13.35 | 11 | 2.33 | 350 | 74.15 |
| **County Department on Disability** | 15 | 3.18 | 12 | 2.54 | 95 | 20.13 | 53 | 11.23 | 24 | 5.08 | 8 | 1.69 | 30 | 6.36 | 9 | 1.91 | 359 | 76.06 |
| **County Housing Office** | 7 | 1.48 | 3 | 0.64 | 122 | 25.85 | 37 | 7.84 | 23 | 4.87 | 6 | 1.27 | 22 | 4.66 | 17 | 3.60 | 328 | 69.49 |
| **Library** | 3 | 0.64 | 3 | 0.64 | 104 | 22.03 | 30 | 6.36 | 33 | 6.99 | 18 | 3.81 | 15 | 3.18 | 17 | 3.60 | 332 | 70.34 |
| **Other (specify)*** | 11 | 2.33 | 8 | 1.69 | 22 | 4.66 | 16 | 3.39 | 11 | 2.33 | 8 | 1.69 | 9 | 1.91 | 2 | 0.42 | 444 | 94.07 |
| **Federal Agencies** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |

| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| **Local Veterans Administration** | 15 | 3.18 | 14 | 2.97 | 215 | 45.55 | 70 | 14.83 | 51 | 10.81 | 14 | 2.97 | 49 | 10.38 | 29 | 6.14 | 205 | 43.43 |
| **Local Indian Health Service** | 3 | 0.64 | 1 | 0.21 | 40 | 8.47 | 10 | 2.12 | 9 | 1.91 | 2 | 0.42 | 5 | 1.06 | 19 | 4.03 | 414 | 87.17 |
| **Other (specify)*** | 1 | 0.21 | 3 | 0.64 | 10 | 2.12 | 4 | 0.85 | 5 | 1.06 | 1 | 0.21 | 4 | 0.85 | 2 | 0.42 | 460 | 97.46 |
| **Organizations providing Direct Services** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **211 or other call center** | 5 | 1.06 | 18 | 3.81 | 183 | 38.77 | 59 | 12.50 | 27 | 5.72 | 8 | 1.69 | 70 | 14.83 | 24 | 5.08 | 258 | 54.66 |
| **Community Health Clinic** | 11 | 2.33 | 7 | 1.48 | 147 | 31.14 | 40 | 8.47 | 22 | 4.66 | 10 | 2.12 | 33 | 6.99 | 21 | 4.45 | 293 | 62.08 |
| **Community Mental Health Clinic** | 7 | 1.48 | 7 | 1.48 | 149 | 31.57 | 50 | 10.59 | 19 | 4.03 | 10 | 2.12 | 26 | 5.51 | 20 | 4.24 | 293 | 62.08 |
| **Deaf Service Center** | 2 | 0.42 | 4 | 0.85 | 79 | 16.74 | 22 | 4.66 | 8 | 1.69 | 5 | 1.06 | 8 | 1.69 | 20 | 4.24 | 370 | 78.39 |
| **Hospital/Medical Center** | 33 | 6.99 | 22 | 4.66 | 232 | 49.15 | 97 | 20.55 | 83 | 17.58 | 24 | 5.08 | 95 | 20.13 | 19 | 4.03 | 202 | 42.80 |
| **School for the Blind** | 1 | 0.21 | 3 | 0.64 | 22 | 6.99 | 10 | 2.12 | 6 | 1.27 | 3 | 0.64 | 7 | 1.48 | 21 | 4.45 | 417 | 88.35 |
| **School for the Deaf** | 0 | 0.00 | 0 | 0.00 | 27 | 5.72 | 9 | 1.91 | 3 | 0.64 | 0 | 0.00 | 1 | 0.21 | 20 | 4.24 | 423 | 89.62 |
| **The ARC** | 1 | 0.21 | 1 | 0.21 | 92 | 19.49 | 24 | 5.08 | 16 | 3.39 | 2 | 0.42 | 18 | 3.81 | 23 | 4.87 | 350 | 74.15 |
| **United Way** | 2 | 0.42 | 35 | 7.42 | 156 | 33.05 | 46 | 9.75 | 44 | 9.32 | 2 | 0.42 | 43 | 9.11 | 27 | 5.72 | 271 | 57.42 |
| **Vocational/Rehabilitation Services** | 5 | 1.06 | 5 | 1.06 | 160 | 33.90 | 54 | 11.44 | 26 | 5.51 | 5 | 1.06 | 31 | 6.57 | 20 | 4.24 | 287 | 60.81 |
| **Other (specify)*** | 4 | 0.85 | 2 | 0.42 | 20 | 4.24 | 11 | 2.33 | 8 | 1.69 | 3 | 0.64 | 8 | 1.69 | 3 | 0.64 | 448 | 94.92 |
| **Advocacy/Referral Organizations** | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **AIDS Coalition** | 2 | 0.42 | 0 | 0.00 | 42 | 8.90 | 10 | 2.12 | 4 | 0.85 | 0 | 0.00 | 7 | 1.48 | 25 | 5.30 | 404 | 85.59 |
| **Alzheimer's Association** | 10 | 2.12 | 13 | 2.75 | 227 | 48.09 | 130 | 27.54 | 94 | 19.92 | 15 | 3.18 | 51 | 10.81 | 20 | 4.24 | 197 | 41.74 |
| **American Council of the Blind** | 0 | 0.00 | 0 | 0.00 | 33 | 6.99 | 10 | 2.12 | 3 | 0.64 | 0 | 0.00 | 3 | 0.64 | 20 | 4.24 | 416 | 88.14 |
| **Autism Society state/regional chapter** | 0 | 0.00 | 2 | 0.42 | 29 | 6.14 | 2 | 0.42 | 1 | 0.21 | 1 | 0.21 | 0 | 0.00 | 20 | 4.24 | 422 | 89.41 |
| **Brain Injury Association state/regional chapter** | 1 | 0.21 | 1 | 0.21 | 82 | 17.37 | 19 | 4.03 | 9 | 1.91 | 4 | 0.85 | 13 | 2.75 | 20 | 4.24 | 367 | 77.75 |
| **Centers for Independent Living** | 40 | 8.47 | 53 | 11.23 | 274 | 58.05 | 188 | 39.83 | 99 | 20.97 | 33 | 6.99 | 123 | 26.06 | 13 | 2.75 | 163 | 34.53 |

| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| Easter Seals | 3 | 0.64 | 6 | 1.27 | 70 | 14.83 | 17 | 3.60 | 11 | 2.33 | 3 | 0.64 | 9 | 1.91 | 21 | 4.45 | 376 | 79.66 |
| Epilepsy Foundation state/regional chapter | 0 | 0.00 | 0 | 0.00 | 23 | 4.87 | 4 | 0.85 | 2 | 0.42 | 1 | 0.21 | 3 | 0.64 | 21 | 4.45 | 427 | 90.47 |
| National Association of Mental Illness state/regional chapter | 0 | 0.00 | 0 | 0.00 | 59 | 12.50 | 15 | 3.18 | 8 | 1.69 | 3 | 0.64 | 4 | 0.85 | 20 | 4.24 | 390 | 82.63 |
| National Autism Association state/regional chapter | 0 | 0.00 | 0 | 0.00 | 17 | 3.60 | 2 | 0.42 | 2 | 0.42 | 0 | 0.00 | 1 | 0.21 | 21 | 4.45 | 434 | 91.95 |
| National Multiple Sclerosis Society state/regional chapter | 0 | 0.00 | 1 | 0.21 | 36 | 7.63 | 12 | 2.54 | 5 | 1.06 | 2 | 0.42 | 6 | 1.27 | 22 | 4.66 | 413 | 87.50 |
| State Association for the Deaf | 0 | 0.00 | 0 | 0.00 | 32 | 6.78 | 8 | 1.69 | 2 | 0.42 | 0 | 0.00 | 1 | 0.21 | 17 | 3.60 | 423 | 89.62 |
| United Cerebral Palsy | 1 | 0.21 | 4 | 0.85 | 49 | 10.38 | 15 | 3.18 | 8 | 1.69 | 2 | 0.42 | 16 | 3.39 | 18 | 3.81 | 102 | 85.17 |
| Other (specify)* | 3 | 0.64 | 6 | 0.64 | 16 | 3.39 | 11 | 2.33 | 7 | 1.48 | 2 | 0.42 | 9 | 1.91 | 1 | 0.21 | 453 | 95.97 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 64. Approximately, how many FTEs (Full time equivalents) perform each of the following functions? | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 | | 2-4 | | 5-7 | | 8-10 | | >10 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Information & Referral/ Information & Assistance (I&R/I&A) | 2 | 0.42 | 82 | 17.37 | 142 | 30.08 | 65 | 13.77 | 21 | 4.45 | 37 | 7.84 | 123 | 26.06 | 0 | 75 | 5 | 3 | 1 |
| Options counseling/ counseling to provide in-depth person centered decision support | 8 | 1.69 | 113 | 23.94 | 88 | 18.64 | 45 | 9.53 | 17 | 3.60 | 37 | 7.84 | 164 | 34.75 | 0 | 65 | 5 | 2 | 1 |
| Benefits counseling/ eligibility determination | 12 | 2.54 | 96 | 20.34 | 98 | 20.76 | 29 | 6.14 | 19 | 4.03 | 30 | 6.36 | 188 | 39.83 | 0 | 150 | 5 | 2 | 1 |
| Care transition services | 22 | 4.66 | 78 | 16.53 | 54 | 11.44 | 21 | 4.45 | 5 | 1.06 | 10 | 2.12 | 282 | 59.75 | 0 | 40 | 3 | 2 | 1 |
| Crisis Intervention services | 29 | 6.14 | 37 | 7.84 | 23 | 4.87 | 9 | 1.91 | 10 | 2.12 | 10 | 2.12 | 354 | 75.00 | 0 | 30 | 3 | 3 | 1 |
| Independent Living services | 27 | 5.72 | 39 | 8.26 | 23 | 4.87 | 13 | 2.75 | 7 | 1.48 | 13 | 2.75 | 350 | 74.15 | 0 | 171 | 5 | 2 | 1 |
| Advocacy services | 10 | 2.12 | 82 | 17.37 | 55 | 11.65 | 22 | 4.66 | 20 | 4.24 | 27 | 5.72 | 256 | 54.24 | 0 | 92 | 5 | 2 | 1 |
| Providing administrative or other support for the above functions | 8 | 1.69 | 103 | 21.82 | 117 | 24.79 | 28 | 5.93 | 13 | 2.75 | 10 | 2.12 | 191 | 40.47 | 0 | 91 | 3 | 2 | 1 |

Note: Responses have been rounded to the nearest whole number.

| 65. How many front line staff are Alliance of Information and Referral Systems (AIRS) certified? | | |
|---|---|---|
| | **Number of AIRS certified** | |
| | **Frequency** | **Percentage** |
| **0** | 57 | 12.08 |
| **1** | 59 | 12.50 |
| **2-4** | 127 | 26.91 |
| **5-7** | 45 | 9.53 |
| **8-10** | 16 | 3.39 |
| **>10** | 21 | 4.45 |
| **No response** | 147 | 31.14 |
| **Total** | 472 | 100 |
| **Min** | 0 | |
| **Max** | 32 | |
| **Mean** | 4.41 | |
| **Median** | 3 | |
| **Mode** | 1 | |

Note: Responses have been rounded to the nearest whole number.

| 65. How many front line staff are Alliance of Information and Referral Systems (AIRS) certified? | | |
|---|---|---|
| | **Total Number of Frontline Staff** | |
| | **Frequency** | **Percentage** |
| **0** | 28 | 5.93 |
| **1** | 31 | 6.57 |
| **2-4** | 119 | 25.21 |
| **5-7** | 69 | 14.62 |
| **8-10** | 22 | 4.66 |
| **>10** | 44 | 9.32 |
| **No response** | 159 | 33.69 |
| **Total** | 472 | 100 |
| **Min** | 0.50 | |
| **Max** | 161 | |
| **Mean** | 7.09 | |
| **Median** | 4 | |
| **Mode** | 2 | |

Note: Responses have been rounded to the nearest whole number.

| 66. Is your organization paid on a fee for service or per unit basis for performing any of the following services for a client? (Please check all that apply) | Frequency | Percentage* |
|---|---|---|
| **Information/referral** | 55 | 11.65 |
| **Options counseling** | 79 | 16.74 |
| **Screening** | 59 | 12.50 |
| **Assessment** | 83 | 17.58 |
| **Application assistance** | 44 | 9.32 |
| **Transition support** | 72 | 15.25 |
| **Other, please specify**\*\* | 44 | 9.32 |
| **No response** | 294 | 62.29 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 67. [If any of the boxes are checked in previous question] What is the source of the fee for service or per unit payments? | Frequency | Percentage* |
|---|---|---|
| **Medicare** | 34 | 7.20 |
| **Medicaid waiver** | 87 | 18.43 |
| **Medicaid state plan** | 37 | 7.84 |
| **Medicaid managed care organization** | 18 | 3.81 |
| **State-funded program other than Medicaid** | 70 | 14.83 |
| **Private health plan** | 5 | 1.06 |
| **Provider** | 4 | 0.85 |
| **Other, please specify**\*\* | 49 | 10.38 |
| **No response** | 297 | 62.92 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

# Section E: LTSS Environment

| 68. Since this Local ADRC started serving consumers, has there been an impact on the LTSS or Home and Community Based (HCBS) system in your community? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **There has been an <u>increase</u> in the <u>number</u> of LTSS providers** | 335 | 70.97 |
| **There has been an <u>decrease</u> in the <u>number</u> of LTSS providers** | 40 | 8.47 |
| **No Response** | 97 | 20.55 |
| **Total** | 472 | 100 |

| 68. Since this Local ADRC started serving consumers, has there been an impact on the LTSS or Home and Community Based (HCBS) system in your community? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **There has been an <u>increase</u> in the <u>quality</u> of LTSS providers** | 346 | 73.31 |
| **There has been an <u>decrease</u> in the <u>quality</u> of LTSS providers** | 27 | 5.72 |
| **No Response** | 99 | 20.97 |
| **Total** | 472 | 100 |

## Section A. Baseline Characteristics

| 2. Which have had the most positive impact on your organization s ability to provide integrated, comprehensive access to long term care services and supports? |
| --- |
| **Specify Other** |
| Outreach and marketing |
| Increased awareness of LTSS options |
| Implementation of a new very comprehensive assessment tool |
| Increased education and training for staff |
| Expanded our ability to serve populations other than 60+, including all ages for Options Counseling and PD & TBI functional assessments |
| Infrastructure such as improved phone system |
| Adding component of providing assistance to adults with disabilities allows for expansion of resources to encompass older adults |
| Increased awareness |
| Able to reach more people to explain their LTC options for them |
| ADRC cross-training |
| The database has gone through major changes since the '03 award; however, some of these sections and questions are not applicable since this is for the ADRC website |
| Extension of care management services and consumer counseling |
| Keeping staff |
| In-house staff training |
| Marketing and outreach to educate community |
| Community education |
| Outreach |
| Process changes to intake and referral; standardized assessment; case management; care planning; follow up |
| Enhanced marketing and outreach materials; IT enhancements |
| Assist individuals and caregivers with streamlined access to multiple programs and multiple agencies for one point |
| Marketing that we provide I&R services, which is a new service we now provide |
| Change in organizational structure |
| Allowed for entitlement benefit |

| 5. Please indicate the extent to which Federal (AoA/CMS) grants have enabled your ADRC to realize any of the following outcomes. | |
| --- | --- |
| **Specify Other** | |
| We have not received any federal grants to assist our ADRC | Very little |
| IT improvement for tracking | Somewhat |
| No federal grant | Somewhat |
| Better visibility of agency and services | Very much |
| N/A | Very little |
| Not applicable | Very little |
| Better data sharing | Somewhat |
| Increase our agency's knowledge of people with disabilities population | Very much |
| Resolve additional issues not previously discussed from follow-up assessment | Somewhat |
| Add new programs | Somewhat |
| The staff have increased the focus for provision of services | Very much |
| Building collaborate network of LTSS providers all focused on same goal | Somewhat |
| More referral options | Very little |
| Extend focus to aging caregivers of intellectually disabled individuals | Very much |
| N/A, we are not an AOA/ADRC site. We support the goals of the ADRC specific Federal grants. | Very much |
| Partnerships with hospitals and nursing homes and departments of developmental disabilities | Very much |
| Improve the overall quality of day-to-day operations | Very much |
| Evidence-based interventions | Very much |
| Legitimizes the under 60 populations we have been serving in the past and could not include in contacts | Somewhat |
| Improved IT systems to ensure efficient service delivery | Very much |
| Provide face-to-face options counseling | Somewhat |
| Provide more detailed and accurate information to consumers | Very much |
| Helping us begin a Care Transitions program with the hospitals | Somewhat |
| Create a central intake process internally | Very much |
| No other changes | Very little |
| Increase number of resources | Very little |
| We have had no federal funding since the original grant | Very little |
| To increase the capacity of the agency | Very much |
| Increase community outreach initiatives | Very little |
| Making services more accessible to older adults, adults with disabilities, and those who care for them | Very much |
| Increased outreach | Somewhat |
| Despite the establishment of a single point of entry, resources and services have not increased making problem solving challenging | Very little |
| Improve IT data structure | Somewhat |
| I&R becomes portable and face-to-face | Very much |
| Moves I&R to face-to-face meeting | Very much |
| Move I&R from telephone to person | Very much |
| Shifting the paradigm to be more inclusive | Very much |
| We are just beginning but anticipate the ADRC will provide heightened visibility and marketing to LTSS. We are still building partnerships and collaboratives necessary to put the next steps in place | Very much |
| Conducted focus groups regarding needs of consumers | Somewhat |
| No grant funds received | Very little |

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

| 5. Please indicate the extent to which Federal (AoA/CMS) grants have enabled your ADRC to realize any of the following outcomes. | |
|---|---|
| Increase the IT architecture that supports the SLL and MN Help Network | Somewhat |
| Budgets are dropping in public entities | Very little |
| Support network, database and tracking capabilities, info and resources, best practices, program expansions | Very much |
| Update computer systems | Somewhat |
| None | Very little |
| Call center improvements | Very much |
| Able to improve workflow | Somewhat |
| To identify gaps and barriers and coordinate efforts to overcome these gaps and barriers in accessing services | Somewhat |
| We used the information in the binder to train all staff in customer service and delivering a quality product to our seniors | Somewhat |
| No other changes noted | Very little |
| Increased knowledge of under 60 disabled population by staff | Very much |
| Increased level of interns and volunteers | Very much |
| Address gaps in service, public education | Somewhat |
| Dedicate time to improving access to care | Very much |
| Increase in cross-training among community agencies and organizations to better support the consumer | Very much |
| Some technology changes | Very little |
| Improve the quality of I&R services | Very much |
| No additional staff or other changes | Very little |
| N/A | Very little |
| Provide training and community education opportunities | Very much |
| Increase awareness of programs and services available through cross-training | Very much |
| Increase awareness of ADR | Very much |
| Increase knowledge about various resources | Somewhat |
| Expand services to include other organizations that would not otherwise provide services to seniors and adults with disabilities | Very much |
| Getting staff to work together outside of former program silos | Somewhat |
| Cross-training to equip all staff to assist consumers if needed | Somewhat |
| Standardize intake assessment and care planning | Very much |
| Improved technical systems | Somewhat |
| Increased marketing capabilities | Very little |
| Telephone systems and data management upgrade | Somewhat |
| Expand to Veterans outreach | Very much |
| We have been able to support and advocate for CILs across the state to work with their area ADRCs and understand the benefits of this partnership | Somewhat |
| Support service resources to meet unmet needs in home modifications and or new affordable housing construction or sufficient housing vouchers to deliver better transitional support | Very little |
| Streamlining intake and outreach throughout organizations | Very much |
| Improved IT infrastructure | Very little |
| We are changing and developing the way we provide services; for example, more short term interventions. All calls are routed through our I&A | Somewhat |
| Cross-training of partner agencies | Somewhat |

| **5. Please indicate the extent to which Federal (AoA/CMS) grants have enabled your ADRC to realize any of the following outcomes.** ||
|---|---|
| Standardized methods of working with peers | Somewhat |
| Arlington does not have an ADRC grant | Very little |
| Consolidate data | Very little |
| Secured local private funding to develop a public/private partnership in a local ADRC | Very much |
| Develop person-centered practices | Somewhat |
| Open communication with community based organizations | Somewhat |
| We have not begun a partnership with the state MFP grant | Somewhat |
| We have not begun a partnership with the state MFP grant | Somewhat |
| Enhance transition services to young adults aging out of the children's services world, prevention activities, service private pay consumers | Very much |
| Options Counseling grants, Enhanced Options Counseling Grant | Very much |
| Funding for smaller counties in region | Very much |
| Expand to a second location in the county we serve | Very much |

# Section B. Populations Served

| 8. If you have one or more significant racial/ethnic sub populations in your service area, please list it here. |
| --- |
| Russian |
| 2 or more races |
| 2 or more races |
| Portuguese; Latino |
| Other race; multiple race |
| Polish; limited English proficient |
| Other minority- not identified |
| More than one race; self-identifying as other races |
| African American and Hispanic |
| African American; Latino/Hispanic |
| African; Russian; Middle Eastern |
| African-American |
| African-American; Latino/Hispanic; Asian |
| African-American; Hispanic; Asian |
| Alaska Native; Russian; Old Believers |
| Alaskan Native; White |
| American Indian |
| American Indian |
| American Indian |
| American Indian; Hispanic |
| American Indian or Alaska Native |
| American Indian/Alaska Native |
| Arab |
| Arabic |
| Asian (Chinese); Haitian; Russian |
| Asian; Indian |
| Bhutanese |
| Black |
| Black |
| Black |
| Black or African American |
| Black or African American |
| Black or African American |
| Black or African American |
| Burmese |
| Caucasian |
| Caucasian |
| Caucasian |
| Caucasian |
| Caucasian/White |
| Caucasian/White / Black or African American |
| Caucasian |
| French Canadian |
| German |
| GLBT |
| Guatemalan |

| 8. If you have one or more significant racial/ethnic sub populations in your service area, please list it here. |
| --- |
| Haitian |
| Haitian |
| Haitian- |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic |
| Hispanic; African American |
| Hispanic; African Americans |
| Hispanic; Asian |
| Hispanic; Burmese |
| Hispanic; Haitian; Vietnamese; Russian |
| Hispanic; Hmong; American Indian |
| Hispanic/Latino |
| Hmong |
| Hmong |
| Hmong |
| Hmong; American Indian; Black |
| Japanese |
| Jewish |
| Korean |
| Korean |
| Korean/Chinese/Lenape Indian/Iranian/Indo-Asian |
| Portuguese; Cambodian |
| Latino |
| Latino |
| Latino and Black |
| Latino/Hispanic |
| Latino/Hispanic |
| Latino/Hispanic |
| Latino/Hispanic |
| Latino/Hispanic |
| Latino/Hispanic |
| Latino/Hispanic Origin |
| Latino/Hispanic origin |
| Latino/Hispanic Population |
| Latino; Portuguese |
| Mexican American |
| Native American; Russian; Hispanic |
| Nez Perce Tribe |
| Polish; Italian; German; Greek; Irish |
| Portuguese/Brazilian |
| Portuguese/Cape Verdean |

| 8. If you have one or more significant racial/ethnic sub populations in your service area, please list it here. |
| --- |
| Russian |
| Russian |
| Russian; Chinese; Haitian; Muslim |
| Russian Immigrants |
| Russian; Somalian; African; Haitian |
| Russian; Ukraine; Somali; Burundi; Turkish |
| Russian; Vietnamese |
| Slavic |
| Somali |
| Somali; Russian; Asian; Hispanic |
| Somalian refugees |
| Somalian; Sudanese |
| Some other race |
| some other race |
| South African populations |
| Spanish |
| Spanish-speaking clients |
| Sudanese |
| Vietnamese; Mexican |
| Vietnamese; American Indian |
| Amish population |
| White |
| white |
| White |
| White - non Hispanic |

| 13. To what extent is each of the following a barrier for individuals seeking Long Term Supports and Services both prior to receiving an ADRC grant and currently? | | |
| --- | --- | --- |
| Specify Other | | |
| **Other** | **Prior** | **Currently** |
| ADRC partner reported this data | Sometimes a barrier | Sometimes a barrier |
| Age requirement: Wavier programs are age specific and often not available for people who are under 65 | Often a barrier | Often a barrier |
| Inadequate workforce | Often a barrier | Often a barrier |
| Funding to pay for long-term care services and supports | Often a barrier | Often a barrier |
| Medications review | Often a barrier | Often a barrier |
| GLBT related issues | Sometimes a barrier | Sometimes a barrier |
| Not enough waiver slots | Often a barrier | Often a barrier |
| Low reimbursement rates for services provided | Sometimes a barrier | Sometimes a barrier |
| Available services in rural areas | Often a barrier | Often a barrier |
| Providers who no longer accept new Medicare patients | Sometimes a barrier | Often a barrier |
| Lack of affordable and accessible housing options | Often a barrier | Often a barrier |
| Physicians willing to take Medicare patients | Often a barrier | Sometimes a barrier |

| | | |
|---|---|---|
| Additional funding for Independent Living Centers | Often a barrier | Often a barrier |
| Presumption of what folks need versus asking them what they want and giving them the information to make fully informed decisions | Sometimes a barrier | Often a barrier |
| Access in doctor's office is poor | Often a barrier | Often a barrier |

| 13a. Please indicate the current availability of the following services within your service area. | |
| --- | --- |
| **Specify Other** | |
| **Other** | **Current availability of the services within your service area** |
| ADRC partner reported this data | Adequate availability |
| Ex-offenders | Not available |
| Very rural state, very few public transportation options. As for PCA services, there is no waiting list for financial support, however finding a PCA can be very difficult. | Available but inadequate to meet need |
| SHICK | Adequate availability |
| Adult day care | Not available |
| Home-making services | Available but inadequate to meet need |
| Dental services that accept MA, long lists at free clinic | Available but inadequate to meet need |
| Dental services | Available but inadequate to meet need |
| Mental illness and VA services | Available but inadequate to meet need |
| Job coaching | Available but inadequate to meet need |
| Emergency assistance for the elderly in crisis during the weekend | Not available |
| Lack of home-making services for under 60 | Available but inadequate to meet need |
| Fully accessible interface of data for referrals and services between community providers of LTSS to truly have NWD model | Not available |
| Affordable integrated housing | Available but inadequate to meet need |

**13b. For these services, to what extent is there provider choice?**

**Specify Other**

| Other | Prior to First Grant | Currently |
|---|---|---|
| ADRC partner reported this data | Adequate | Adequate |
| Ex-offenders | No | No |
| Very rural state, very few public transportation options. As for PCA services, there is no waiting list for financial support, however finding a PCA can be very difficult. | Limited | Limited |
| SHICK | Adequate | Adequate |
| Adult day care | No | No |
| Home-making services | Limited | Limited |
| Dental services that accept MA, long lists at free clinic | Limited | Limited |
| Dental services | Limited | Limited |
| Mental illness and VA services | Limited | Limited |
| Job coaching | Limited | Limited |
| Emergency assistance for the elderly in crisis during the weekend | No | No |
| Lack of home-making services for under 60 | Limited | Limited |
| Fully accessible interface of data for referrals and services between community providers of LTSS to truly have NWD model | No | No |
| Affordable integrated housing | Limited | No |

**14a. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL ADRC services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**
*Consumers Under 60*

**Specify Other**

Alzheimer's Caregivers

**14b. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL ADRC services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

*Consumers 60 and Over*

| Specify Other |
| --- |
| Alzheimer's caregivers and those with Alzheimer's disease |
| 55+ Senior Activity Centers |
| Alizanza Latina Interagency Meetings |
| American Indian |
| Applying for home waiver HCBS |
| Collaborated with Mental Health Navigators |
| Deaf population |
| Family/Friend |
| Frail elders |
| Hearing loss and deaf |
| Hispanic |
| HIV/AIDS at risk and tested positive; transgender |
| Isolated population |
| Kinship caregivers |
| LGBT |
| LGBT |
| Low health literacy; hoarders |
| Elder Benefit Specialist is tracking information for outreach effort to Latino community who have limited English proficiency |
| Medicare beneficiaries |
| Native American |
| Native American |
| Non-native English speakers |
| Older adult refugees |
| Older people and disabled |
| Other disabilities |
| LGBT |
| Asian populations |
| Persons with chronic conditions |
| Private pay consumers |
| Private pay individuals |
| Sensory disabilities (hearing-vision) |
| Substance abuse |
| Tribal |
| Under 60 |
| Vet service coordinator |
| Veterans |
| Veterans and Surviving spouses of Veterans |
| Veterans |
| Visual Disability |
| Younger adults with disabilities |
| Younger persons with disabilities |
| At risk for falls |
| Deaf or hearing loss |
| Family members and others |

| 14b. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL ADRC services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community. |
| --- |
| *Consumers 60 and Over* |
| **Specify Other** |
| GLBT |
| Hispanic or Latino |
| Homelessness |
| Korean |
| Low income equals public benefit contacts |
| Multidisciplinary team |
| New advertising campaign |
| No disability |
| Others |
| Other unspecified disability |
| Seniors; youth with disabilities; LGBT seniors |
| Substance abuse |
| Targeting specific populations based on service area and demographic needs |
| Under 60 – no disability reported |
| Veterans |
| Veterans |
| We provide a wide range of outreach activities to target a very diverse group and locate activities that target minority groups |
| Do not track this information  (21 agencies) |

# Section C: Service Provision

| 20 (a).How frequently do consumers ask about the following? For each, indicate "frequently," "sometimes," "infrequently", or "never." Advanced directives |
| --- |
| **Specify Other** |
| ASAP Home Care Services |
| Assisted Living and Support Home Care |
| Assistive technology and communication alternatives |
| Computer classes- driver and education permit |
| Currently do not track this information |
| Day Adult Health Service |
| Dental Assistance&#x2F;Care |
| Dental services |
| Dental- Vision and Hearing services |
| Dialysis transportation |
| Do not currently track this information |
| Environmental Support |
| Food Assistance |
| For all services above the POINT provided; R-A |
| Handyman services- ground upkeep services, long term care facility information, family issues |
| Home Repair |
| Homemaker Service |
| I and R ( General Information) |
| Legal Assistance |
| Legal Services |
| Legal and Yard Work |
| Legal assistance- Housing Tax Credits |
| Medical supplies |
| Medicare physicians |
| Money Management – Bill Payer Assistance |
| Not currently tracking |
| Not currently tracking this information |
| Public Assistance Programs |
| Received requests for assistance transferring in and out of state with services and benefits |
| Transportation and financial assistances |
| Transportation- Legal referrals |
| Veteran Services |
| Veterans Services |
| Volunteer Opportunities, case management, hospice, money management, legal services, tax information and other insurance. |
| We are currently not track this information |
| We are currently not track this information |
| We are currently not track this information |

| 20 (a).How frequently do consumers ask about the following? For each, indicate "frequently," "sometimes," "infrequently", or "never." Advanced directives |
| --- |
| **Specify Other** |
| We are currently not track this information |
| We are currently not track this information |
| We are currently not track this information |
| We are currently not track this information |
| We are currently not track this information |
| We are currently not track this information |
| community supports |
| County and local programs |
| Dental , Vision and Hearing assistance |
| Did not specify |
| Do not currently track this information |
| Do not currently track this information |
| Guardianships- skilled nursing care, and assisted living (frequently) |
| Home repair; Housekeeping, long term care facility information, family issues |
| homemaker services |
| Job coaching |
| Legal-care giver agreements |
| Medication information |
| Roof repair  vision,  dental |
| Transition for students |
| We are currently not track this information |
| We are currently not track this information |

| 26 (a) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC  program service area this reporting period by participating hospital? |
| --- |
| **Name of Hospital 1** |
| South Peninsula Hospital |
| Bartlett Regional Hospital |
| Summit Healthcare |
| John C Lincoln North Mountain |
| Carondelet St. Joseph&#39;s |
| Mt. Graham |
| Baxter Regional Medical Center |
| Sharp Rehabilitation Hospital |
| Sierra Nevada Memorial Hospital |
| Riverside County Regional Medical Center |
| CPMC |
| Yale New Haven Medical Center |
| Georgetown Hospital |
| Florida Hospital System |
| Southeast GA |

| 26 (a) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC  program service area this reporting period by participating hospital? |
|---|
| **Name of Hospital 1** |
| Medical Center of Central Georgia |
| Newton Medical Center |
| Tanner Health System |
| Mayo Health Systems of Waycross |
| Hilo Medical Center |
| Kauai Veterans Memorial Hospital |
| Maui Memorial Medical Center |
| Kootenai Health |
| Presence Health |
| Parkview Noble |
| Reid Hospital |
| Wishard and Eskenazi |
| Daviess Community Hospital |
| Clark Memorial Hospital |
| IU Health Ball Memorial |
| St. Joseph Regional Medical Center - Mishawaka |
| St. Mary's Medical Center |
| Unity Point Allen Hospital |
| unknown |
| Bi-state Care Transition Program starts May 2013 |
| Owensboro Medical |
| Richland Parish Hospital |
| Eastern Maine Health Care; TAMC |
| Maine Medical Center |
| Mid Coast Hospital |
| Peninsula Regional Medical Center |
| Anne Arundel Medical Center |
| Howard County General Hospital |
| Meritus Medical Center |
| Atlantic General Hospital |
| St. Anne's Hospital |
| Berkshire Medical Center |
| Anna Jaques |
| UMass |
| Faulkner |
| Union Hospital |
| Wing Memorial |
| Norwood Hospital |
| Winchester |
| Lawrence Memorial Hospital |
| Beverly Hospital |
| Beverly Hospital |
| Cambridge Hospital |
| Leonard Morse Hospital |
| University |
| Henry Ford Macomb Hospital - Clinton Township Campus |

| 26 (a) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC program service area this reporting period by participating hospital? |
|---|
| **Name of Hospital 1** |
| Lakes Region General Healthcare |
| NA |
| Cheshire Medical Center and Dartmouth Hitchcock Keene |
| Cape Regional Medical Center |
| Underwood Memorial Hospital |
| St. Joseph's Hospital - Paterson |
| Auburn Community Hospital |
| WCA |
| Lewis County General Hospital |
| Orleans Community Hospital |
| Cayuga Medical Center |
| Presbyterian |
| UNC Hospital |
| Angel Hospital |
| Northern Hospital |
| Wake Med-Raleigh |
| Fairfield Medical Center |
| Kettering Medical Center |
| SEORMC |
| Akron City Hospital |
| Samaritan |
| Mercy&amp;#x2F;St. Vincent&amp;#39;s |
| Fairfield Medical Center |
| Holzer Medical Center |
| Mercy Health (includes The Jewish Hospital and Mercy Fairfield) |
| St. Ritas Medical Center |
| Sacred Hear River Bend |
| Salem Hospital |
| Lebanon Community Hospital |
| Harrisbug- Holyspirit- Pinnacle |
| Excela Westmoreland |
| Johnson City Medical Center |
| Vanderbilt Univ.Med. Center |
| Erlanger Health System |
| Scott and White Memorial Hospital |
| 3 Tenet Hospitals |
| Memorial Hermann Katy |
| Texas Health Harris Methodist Hospital Fort Worth |
| Clinch Valley Medical Center |
| Restricted Information |
| Lynchburg General |
| Smyth County Community Hospital |
| Riverside Shore Hospital |
| Indian Path Medical Center |
| Lewis Gale Pulaski Community Hospital |
| Novant Medical Center Prince William |

| 26 (a) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC program service area this reporting period by participating hospital? |
| --- |
| **Name of Hospital 1** |
| Southampton Memorial |
| Augusta Health |
| Providence Sacred Heart Medical Center |
| Peace Health St. Joseph Hospital |
| Yakima Valley Memorial Hospital |
| Aurora Medical Center |
| Mayo Clinic Health System |

| 26 (b) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC  program service area this reporting period by participating hospital? |
| --- |
| **Name of the Hospital 2** |
| Little Colorado |
| John C Lincoln Deer Valley |
| Carondelet St. Mary&#39;s |
| North AR Regional Medical Center |
| Rady ChildrenHospital |
| Desert Regional Medical Center |
| Howard University |
| Clearview Regional Medical  -Center |
| Piedmont-Newnan |
| Coffee County Regional Hospital |
| Bonner General |
| Parkview Randallia |
| Fayette Memorial Hospital |
| Veterans Administration Medical Center |
| Good Samaritan Hospital |
| St Vincent Anderson Regional |
| Elhkart General Hospital |
| Deaconess Hospital |
| Covenant Medical Center |
| unknown |
| Henderson Methodist |
| N/A |
| Cary Medical Center |
| Southern Maine Medical Center |
| Miles Memorial Hospital |
| McCready Memorial Hospital |
| Morton Hospital |
| Holy Family |
| St Vincent's |
| North Shore medical Center- Salem Hospital |
| UMASS Medical |
| Metrowest Framingham |
| Melrose Wakefield Hospital |
| Addison Gilbert Hospital |
| UMASS Memorial |
| William Beamont Hospitals – Troy Campus |
| NA |
| Shore Memorial Hospital |
| St. Joseph's Hospital – Wayne |
| Brooks |
| Carthage Area Hospital |
| Carolina Medical center |
| Hugh Chatham Memorial |
| UNC |
| Good Samaritan Hospital |
| Union Hospital |

| 26 (b) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC  program service area this reporting period by participating hospital? |
| --- |
| **Name of the Hospital 2** |
| Akron General Hospital |
| Med-Central Mansfield |
| UTMC |
| Marietta Memorial Hospital |
| Southern Ohio Medical Center |
| The Christ Hospital |
| Albany General Hospital |
| Excela Latrobe |
| Indian Path Medical Center |
| University Medical Center |
| Metroplex Healthcare |
| 2 HCA Hospitals |
| CHRISTUS St. Catherine |
| Texas Health Harris Methodist Hospital Hurst-Euless Bedford |
| Buchanan General Hospital |
| Restricted Information |
| Johnston Memorial Hospital |
| Lonesome Pine Hospital |
| Sentera Medical Center Northern Virginia |
| Leigh –Sentara |
| Providence Holy Family Hospital |
| Skagit Valley Hospital |
| HCA Regional |
| Holy Family Memorial Medical |
| Sacred Heart Hospital |

| 26 (c) What is the number of individuals who were assisted with transition from hospital through formal care transitions intervention in this ADRC program service area this reporting period by participating hospital? |
| --- |
| **Name of the Hospital 3** |
| Scottsdale Healthcare Osborn |
| CHVI |
| Northwest Health Systems - Springdale |
| Scripps Health- Sharp HealthCare and UCSD Health System |
| Sibley Hospital |
| Upson Regional |
| Bacon County Hospital |
| Rushville Hospital |
| Methodist |
| unknown |
| N/A |
| York Hospital |
| Pen Bay Hospital |
| Charlton Memorial |
| Lawrence General |
| Marlborough |
| Metrowest Natick |
| Whidden Hospital |
| McLaren - Oakland |
| Forsyth Medical Center |
| Miami Valley Hospital |
| Trinity Health Care System |
| Aultman Hopsital |
| Knox Community |
| Adena Medical Center-Holzer Health System-Southern Ohio Medical Center |
| Adena Regional Medical |
| University Hospital and Clinton Memorial |
| Excela Frick |
| Sycamore Shoals Hospital |
| Trousdale Medical Center |
| Hamilton Heathcare |
| Texas Health Arlington Memorial |
| Russell County Medical Center |
| Restricted Information |
| Kootenai Medical Center |
| Kennewick General |
| St. Joseph&amp;#39;s Hospital |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
| --- |
| 1. CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities.2. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are SSI eligible. 3. ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64. 4. NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| developmental or intellectual disabilities. 5. GAPP-Georgia Pediatric Program--specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age. 6. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. 7. Older Americans Act programs Homemaker Home-delivered meals Congregate meals Caregiver Support Respite Personal support services |
| 1. CCSP-Community Care Services, Program-elderly and/or functionally impaired, or have disabilities.2. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are SSI eligible.3. ICWP-Independent Care Waiver Program-for Medicaid recipients who haves evere physical disabilities- are between the ages of 21-64.4. NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities.5. GAPP-Georgia Pediatric Program--specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age.6. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. |
| 1915C HCBC Waiver LTSS Programs: Assisted Living Facilities- Residential Care Facilities- Adult Foster Homes- Relative Adult Foster Homes- In-home Services |
| A L Waiver FSW Waiver |
| AD- HCBS |
| ABI Waiver |
| ABI waivers- PCA waivers- DD- aged and disabled waivers. |
| ABIF rail elder Rolland |
| Act 150 - Under 60 and Over 60OBRAIndependence Waiver Agency with Choice MFP Commcare Autism AIDS Waiver, Attendant Care Waiver, Consolidated Waiver for Individuals with MR |
| Act-150IndependenceOBRACommcareAttendant Care Autism |
| Actual numbers can be obtained from DPW. They track this information. |
| Actual numbers can be obtained from DPW. They track this information. |
| ADRC of Southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide IA in Summer- 2013. |
| Adult Day Care, Care Coordination for Elderly Virginians 1Congregate Nutrition Disease Prevention/Health Promotion Elder Abuse Emergency Home Delivered Nutrition Homemaker III-E Adult Day Care – Respite III-E Homemaker – Respite III-E Individual – Counseling III-E Info Referral/Assistance - AAIII-E Personal Care – Respite III-E Transportation – AA Information and Referral/Assistance Legal Assistance Local AAA Personal Care Transportation |
| Adult Day Care Coordination for Elderly Virginians 2CheckingCongregate Nutrition Disease Prevention/Health Promotion Elder Abuse Emergency Home Delivered Meals - Fee for Service Home Delivered Nutrition Homemaker III-E Homemaker – Respite III-E Info Referral/Assistance - AAIII-E Personal Care – Respite Information and Referral/Assistance Local AAA Personal Care Respite Homemaker Transportation Information on the number of persons enrolled in Medicaid and residing in institutions in MEOC's service area is available at the state level. |
| Adult Day Health Adult Foster Care Day Habilitation Durable Medical Equipment/Oxygen Respiratory Early Intervention Group Adult Foster Care Home Health Hospice Independent Nursing Orthotics Prosthetics Personal Care Attendant Targeted Case Management |
| Adult Foster Care (AFC)Community Attendant Services (CAS) Community Based Alternatives (CBA)Client Managed Personal Attendant Services (CMPAS)Day Activity and Health Services (DAHS)Emergency Response Services (ERS)Family Care (FC) ServicesHome Delivered Meals Services (HDM)Hospice Services In-Home and Family Support Program (IHFSP)Medically Dependent Children Program (MDCP)Primary Home Care (PHC)Residential Care (RC) Special Services to Persons with Disabilities (SSPD) |
| Advantage Waiver |
| Aged Disabled Waiver |
| Aged Disabled Waiver Program Traumatic Brain Injury Waiver CHOICE |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Aged Disabled Waiver Choice SSBG Title III |
| Aged Disabled Wavier- CHOICE- Older Americans Act- SSBG |
| Aged Disabled High/Highest Needs Moderate Needs |
| Aged and Disabled Waiver Traumatic Brain Injury Waiver CHOICE in-home services SSBG in-home services Title III family Caregiver services SSBG and title III home delivered meals |
| Aged and Disabled |
| Aged and Disabled and Traumatic Brain Injury Medicaid Waivers. CHOICETIII programs Social Services Block Grant |
| Aged and Disabled Medicaid Waiver- CHOICE- SSBG- TIII |
| Aged and Disabled- MR/DD are both administered through State Medicaid Agency- Delaware Medicaid and Medical Assistance (DMMA). |
| Aged and Disabled- Traumatic Brain Injury- CHOICE- SSBG |
| Aged and Disabled Waiver- TBI Waiver |
| Aged and Disabled Waiver, DD Waiver, Information and Assistance Care, Coordination Nutrition Services Homemaker Services Personal Care Services, Transportation, Legal Services, Respite Services, Health Screenings, Elder Abuse Prevention, Long Term Care , Ombudsman Caregiver Information- Referral and Support Housing Services |
| Aged and Disabled waivers and Traumatic Brain Injury waivers |
| Aged and disabled. ADRC's do not have access or the ability to track what the use of LTSS programs in the counties we serve. |
| Aged and Disabled MR/DD |
| Aged/Disabled Note:  Information provided in question 41 was an estimate based on numbers provided in SART 2011 plus 5% increase |
| Aging Waiver   Independence Waiver    Under 60 ACW |
| Aging Waiver- Comm Care Waiver- Independence Waiver- Attendant Care Waiver- OBRA Waiver- Act150 for under and over age 60- Home Support Services for over and under age 60- MR Waiver- Options Services including: Homemaker Service- Personal Assistance Service- Transportation Services- Family Caregiver Program. |
| Aging Waiver- Consolidated Waiver- PFDS waiver- Options/Lottery- Family Caregiver Support Program (state)- Family Caregiver Support Program (federal) |
| Aging Waiver- Independence Waiver- COMMCARE Waiver- AIDs Waiver- Attendant Care Waiver- OBRA Waiver- LIFE/PACE/LTCCAP Program. ACT 150 Program. NON Medical Assistance Programs: Aging Block Grant Services. |
| Aging Waiver- Under 60 Waiver- options |
| Aging Waiver ,Attendant Care COMMCARE Independence Waiver, OBRALIFE Community BCOA Options Program |
| Aging Waiver Options Family Caregiver Support Program |
| Aging; IDD |
| Aging MR/ID  options |
| AHCCCS (Medicaid) has a 1115 waiver. Other programs are OAA Title III funded programs- Eldervention- ombudsman consultation- legal services |
| Alabama Cares Program (National Caregiver Program)Frail Elderly and Disabled Medicaid Waiver Program HIV/AIDS Medicaid Waiver Program In-home Services Program Ombudsman Program Residing in institutions is unknown. Other Public LTSS programs is unknown. |
| All cluster 1 and 2 services funded with APC dollars including assisted transportation- care management- adult day social and medical MOW- congregate meals- housekeeping/HHA- nutrition counseling- and in-home CG education.  The total unduplicated clients is 5-984.  Cluster 3 services funded with APC dollars including transportation- senior center services- mental health- legal services- housing assistance - APS services- health EASE services- friendly visitor/telephone reassurance- and residential maintenance.  The total of unduplicated clients is estimated to be 1-945.  10 Veterans are enrolled in the VDHCBSP during the reporting period.  219 |

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ACL
Administration for Community Living

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| people were enrolled in JACC during the reporting period.  77 were enrolled in PEER funding. |
| All numbers listed in #42 are for Aging only.  Other Core partners will not provide numbers for statistics.  151 consumers are in the Aging Waiver program.1313 consumers receive other LTSS services through Aging:522 Meals144 Family Caregiver program153 Options services (Personal care)37 Personal Emergency response units 250 assessed for Level of care18 recertified for Personal Care home or Domiciliary Care94 assessed for community servcies64 protective services reports of need8 representative payee consumers |
| Alzheimer Assisted Living Waiver, Day Support Waiver, Elderly or Disabled with Consumer Direction (EDCD) Waiver, HIV/AIDS Waiver, Individual and Family Developmental Disabilities Services Waiver,  (IFDDS)Mental Retardation/Intellectual Disability (MR/ID) Waiver, Program for All-Inclusive Care for the Elderly (PACE)Technology Assisted Waiver |
| Apprise MH/IDA sersa Care Hospice VNAARCAAACRI |
| As stated in the other local level report for SLL and MN Help- this information is to cumbersome to pull from the MMIS system and therefore we are not able to provide it for the reporting period. |
| ASC refers all HCBS waiver enrollment is maintained at DADS State level.      CBA â€“ Community Based Alternatives    MDCP Medically Dependent Children's Program    CLASS's Community Living Assistance and Support Services   DBMD - Deaf Blind with Multiple Disabilities   HCS's" Home and Community-based Services TxHml" Texas Home Living Waiver The STAR+PLUS program - a Medicaid Waiver program through the Texas Health and Human Services (HHSC) - provides services through a managed care system. |
| Assisted Living Waiver-PASSPORT Waiver-Care Coordination Program-HDM-Senior Dining Program-Senior Farmers Market Nutrition Program-Find A Ride |
| At the moment Lower Rio Grande Aging and Disability Resource Center does not perform Public LTSS Program enrollment.  They are referred out to partnering agencies and no formal data is being shared by the partners at this time. |
| Attendant Care Waiver- COMMCARE Waiver- Independence Waiver- OBRA Waiver- 0192 (AIDS) Waiver- Act 150 Attendant Care Program- Aging Waiver.  PDA HCBS Services (OPTIONS- Caregiver Support Program - federal and state- Home Delivered Meals- etc.)- Nursing Home Transition Under 60 and over 60. |
| Autism Waiver Service Coordination   Individual and Family Support Resource Coordination Respite Care Transitioning Youth with Disabilities Medical Assistance Waiver for Older Adults Long Term Care Ombudsman Program Adult Evaluation and Review Services Home Care/In Home Aide Services Social Services to Adults Senior Nutrition Program Adult Foster Care Unit Adult Public Guardianship Senior Mental Health Program Senior Assisted Living Group Home Subsidy |
| Barren River Consumer Directed Options is an HCB waiver. |
| Cap DA Innovations Waiver Adult Day Care Home and Community Care Block Grant Funds including nutrition- transportation- senior center- Home Delivered Meals- etc. Personal Care Services Adult Care Homes Family Care Homes Nursing Facilities Summit Support Services Home Health |
| CAP/DA  (Community Alternatives Program for Disabled Adults)NC Innovations Waiver (formerly Community Alternatives Program for People with I/DD)CAP-C (Community Alternatives Program for Children)Special Assistance Special Assistance-In Home |
| Care Coordination for Elderly Virginians 1Care Coordination for Elderly Virginians 2Care Transitions Congregate Nutrition Disease Prevention/Health Promotion Emergency Home Delivered Nutrition III-E Adult Day Care – Respite III-E Info Referral/Assistance - AAIII-E Other - SSIII-E Personal Care – Respite III-E Transportation – AA Information and Referral/Assistance Local AAA Local Contact Agency MDS 3.0Options Counseling Personal Care S.O.S. Referrals S.O.S. Service Implementations Socialization/Recreation Transportation Virginia Insurance Counseling and Assistance Program |
| Case Management; Adult Protective Services- Congregate and Home Delivered Meals; Transportation; Dementia Care Specialist- National Family Caregiver Support and Alzheimer's Family Caregivers Support Managed Care Programs:  Family Care- Partnership and IRIS |
| CCSP -SOURCE- ICWP- GAAP- HCBS- SOURCE- MR |
| CCSP- SOURCE- ICWP- MR/NEW- Community Habilitation- GAPP private duty- GAPP Day Care- Title III HCBS non- Medicaid - Caregiver- HDM- Nutrition- transportation- case management |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| CCSP-Community Care Services Program - elderly and/or functionally impaired or have disabilities SOURCE - enhanced case management under elderly and disabled waiver ICWP - Medicaid recipients who have severe physical disabilities and are between 21 and 64NOW - waiver program for people who have developmental or intellectual disabilities GAPP - specialized skilled nursing services to medically fragile members with current individualized family service plan- birth to 3 years MFP - helps people living in the nursing homes and ICF-MR facilities to transition and resettle in a community setting Older American's Act - homemaker- home-delivered meals- congregate meals- caregiver support- respite- personal support services |
| CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are on SSI. CCSP and SOURCE are combining into one waiver program. ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64.NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. GAPP-Georgia Pediatric Program-specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle into a community setting. |
| CDO Waiver Homecare Services Adult Day Care Services |
| CDO with HCB waiver Older Americans Act Home Community Based Service State Funded Adult Day-Homecare- Participant Centered Assistance Program- KY Caregiver for Grandparents Ombudsman ADRC Senior Centers |
| CFC - Choices for Care Home and community based Long Term Care Medicaid Waiver Program- offer individuals choice of setting to receive long term care services - home- another's home- residential care home- nursing home - soon to include Adult Family Care homes.  Participants have choice of provider agencies or can choose to self- or surrogate direct care. VIP - Veteran's Independence program - contract with state VA- AAA's and local financial management agency to provide home based services to 30 qualified veteran's in the state.  Services are self-directed or can use a surrogate or agency to provide the in-home care services.  Funds allocated can be used to purchase goods and services to help the veteran remain at home .Developmental Disabilities Waiver program serves individuals with intellectual limitations. Traumatic Brain Injury Waiver Participant Directed Attendant Care service/Attendant Services Program Meals on Wheels/Congregate meals programs Healthy Living programs SASH Community Health Teams |
| CHCPEDMHASDDSCHCPE - Under 65 - waiting list |
| CHOICE- SSBG- TIII- HDM- TIIIE    NOTE: We have no knowledge of average number of individuals enrolled in Medicaid residing in Area IV |
| CHOICES  - TennCare - Medicaid Waiver Nutrition Programs Homemaker Personal Care Respite National Family Caregiver Program Options for Community Living |
| CHOICES (aged and disabled)MR/DD |
| Choices for Care home based services Choices for care flexible choices Moderate needs program Enhanced residential care program Nursing home services |
| Choices for Care Program |
| Choices for Care: Home Based Enhanced Residential Care Flexible Choices Moderate Needs Group for Homemaking |
| Choices for Care Traumatic Brain Injury waiver Children's Personal Care services Choices for Care/Flexible Choices Attendant Services Program |
| Choices for Independence- Home and Community Based Care for the elderly and chronically ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill. |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| Choices HCBS Program |
| Choices in Long Term Care |
| Choices/Waiver Home Care Basic/Waiver Enhanced Community Options Program Respite/Over Income Home |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Care Basic/Non Waiver Veterans Plus Personal Care Assistant Senior Care Organizations |
| Chore Home Delivered Meals Congregate Meals Transportation Legal Assistance Information Assistance Residential Repair and Renovation Caregiver Access Assistance Caregiver Counseling/Support Groups/Caregiver Training Caregiver Respite Care CCEVP 2Volunteer Programs Emergency Fee for Service - Home Delivered Meals Respite Other Respite Personal care, Care Transitions Intervention Program Ombudsman Guardianship Health Information and Education SMP Home Health Personal Care Adult Day Care and Assisted Living-Habilitation Self-Directed Personal Assistance Intellectual Disability (ID) waiver Day Support waiver Individual and Family Developmental Disabilities Support waiver (IFDDS waiver)Elderly or Disabled with Consumer Direction waiver Technology Assisted (Tech) waiver |
| CIP 1A- CIP 1B- CIP 1BL- CIP 1B ICF-MR- CIP 1B COP Match-  CIP II- CIP II Diversion- CIP II Relocation-COP Waiver- Brain Injury Waiver |
| Colts C Waiver PACDP CoMi Via Self Directed Med Fragile DD Waiver HIV |
| Community Based Alternatives- In Home and Family Support Program- Medicare Savings Program- Extra Help |
| Community Care Services Program Waiver Source Waiver SSI only Independent Care Waiver Program NOW - MR/DDCOMP - MR/DD |
| Community Care Services Program Independent Care Waiver Program Mental  Retardation/New Options Comm Habilitation/Comp Sup SOURCEGAPP In-home Private Duty Nursing GAPP-Medically Fragile Daycare |
| Community Long Term Care- LIS- Head and Spinal Cord Injury. Mental retardation and related disorders- HIV waiver- ABD |
| Consolidated Waiver (ID)Person/Family Directed Services Waiver (ID)Attendant Care Waiver (Under 60 Physical Disability)Act 150 (Under 60 Physical Disability)Options (60+)Life Programs (55+)Aging Waiver (60+)Independence Waiver (Under 60 Physical Disability)COMCARE Waiver (TBI)AIDS Waiver HSDF Homemaking Services (18-59) |
| Consumer Directed Option/waiver State Funded Homecare Program Adult Day Care Senior Centers National Family Caregivers Support Program Ombudsman SHIP Legal Assistance Chronic Disease Self-Management programs, Elder Abuse Prevention |
| COPCOP Waiver Money Follows the Person Demonstration, CIP IICIP II Community Relocation, CIP IBCIP IA Brain Injury Waiver |
| CT Homecare Program for Elders waiver. Acquired brain injury waiver, Personal Care Assistance waiver, Dept. of Developmental Disabilities individual and family supports waiver, Dept. of Developmental Disabilities Comprehensive waiver, Katie Beckett  Waiver, WISE waiver through Dept. of Mental Health and Addiction Services, CT Homecare Program for Elders (state funded portion)CT Homecare Program for Disabled Adults (state funded (only 50 slots statewide), Alzheimer's Respite Program (state funded)National family Caregiver Support Program (Title III E) |
| Data is not shared with AAA/ADRC |
| Developmental Disabilities Services Program |
| Do not have access to this information |
| Due to the complexity in pulling this data from MMIS- managers have asked us to not make this request of the limited staff with this skill set. |
| ED Waiver |
| ED Waiver Alabama Cares |
| ED Waiver HIV Waiver Alabama Cares/Caregiver Support Program Senior Companion Homemaker Services Home Delivered Meals |
| ED Waivers- Homemaker Services; Alabama Cares/Caregiver Support Program; Home Delivered Meals; |
| EBD Wavier (age18-64)- EBD (age 65+)- DD- supportive living services- Brain Injury- LTC Medicaid |
| EDCD Waiver Medicaid Non-emergency Medical Transportation Home delivered Meals Non=Medicaid Personal Care Services Non-Medicaid Homemaker Services Non-Medicaid Respite Care Transportation Assistance |
| Elderly Disabled Medicaid Waiver530  Medicaid Waiver |
| Elderly and Persons with Disability Waiver and  Medicaid |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| elderly waiver |
| Elderly Waiver Ill and Handicap Waiver Brain Injury HIV/AIDS Physical Disability Long Term Care Insurance Medicare, Medicare Part D, Medicare Savings Program, Other, NOTE: This agency is not able to track all the data asked for above. This is a State program and this agency is not privy to other agency information. |
| Family Care and IRIS |
| Family Care- Family Care Partnership- PACE and IRIS |
| Family Care- IRIS |
| Family Care- IRIS- |
| Family care- IRIS- Partnership- SSI Managed care |
| Family Care MCO – Northern Bridges Self Directed Supports - IRIS |
| Family Care- PACE- Partnership- IRIS |
| Family Care- Partnership and IRIS |
| Family Care- Partnership and IRIS |
| Family Care serving aged- physically disabled and developmentally disabled IRIS waiver serving aged- physically disabled and developmentally disabled |
| Family Care -Western Wisconsin Cares Managed Care Organization IRIS (Include Respect I Self Direct) Self Directed Supports Waiver Alzheimer's and Family Caregivers |
| Family Care/IRIS |
| Family Care, Family Care Partnership IRIS |
| Family Caregiver Support Program Memory Care and Wellness Services RDA DChronic Disease Self-Management Care Transitions Lifespan Respite Kinship Caregivers Reverse Mortgage Counseling Military Services Navigator Title XIX Case Management Medicaid Personal Care |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS (Include Respect I Self Direct)Medicaid Card Services |
| Family Care Partnership IRIS |
| Family Care Partnership IRIS - Self-directed support |
| Family Care Partnership IRISPACESAIL |
| Family Care- Partnership- IRIS- National Family Caregiver Support Program- Alzheimer Family Caregiver Support Program- Supportive Home Care |
| FE- TBI- PD |
| FEW; SHC; ECOP; Choices; Options counseling; Transitions Coaching; AFC; GAFC; PCA |
| Food stamps ANDOAP Medicare Savings Program Medicaid Home Care Allowance EBD Waiver CMHS Waiver LEAP Housing Applications CSBG Low Income Subsidies- Medicare Social Security Rent- heat and rebate |
| for question 41 and 43:  KDADS will send the information to Lewin directly. |
| Frail Elder Waiver;  Money Follows the Person |
| Frail Elder Waiver Money Follows the Person Waiver |
| Frail Elder Waiver Program for All Inclusive Care of the Elderly Senior Care options PCA program State Homecare program Adult Family Care Group Adult Foster Care |
| Frail Elderly Physically Disabled Traumatic Brain Injury ID/DD Autism Senior Care Act Older Americans Act |
| Global Options |
| Global Options (GO)- Statewide Respite (SWR)- Jersey Assistance for Community Caregivers (JACC)-Homemaker Program |
| Global Options and JACC (Jersey Assistance Community Caregiving) |
| Global Options and JACC program. To further explain question # 41:Over last 6 months :Per month (25 GO non-AL)Per month (8 GO-AL)Per month (3 JACC) |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Global Options for Long Term Care Jersey Assistance for Long Term Care |
| GLOBAL OPTIONSJACCASSISTED LIVING |
| Global Options Meals on Wheels Congregate Nutrition Program Legal Services Skyland's  Ride Assisted Transportation Home Health Services Health Prevention Services |
| Go - Global Options Waiver JACC SRP Statewide Respite Program |
| GOJACCPACEMFP Congregate Housing Statewide Respite |
| Hawkeye Valley AAA ADRC Options Counselors assist clients in applying for Medicaid or the home and community based waiver programs.  Options Counselors do not make financial eligibility determination for any of the public assistance programs.  The waiver programs can take 1 month to 18 months for a person to be approved and is determined at the state Department of Human Services.  The local ADRC does not have the ability to capture all current enrollment levels outside of the ADRC and Section Q.  This is a state system and not determined on the local level. |
| HCBS - Brain Injury HCBS - EBDHCBS - CMHS (Mental Illness)HCBS – AIDS Long Term Home Health Only HCA Adult Foster Care CDASS |
| HCBS – In home Services HCBS - EHRS Services HCBS - Adult Day Services HCBS - Personal Assistant Program Medicare  Part DLISMSPMFPVIP Caregiver Support |
| HCBS Medicaid Waivers include: Community Care Services Program Medicaid Waiver Source Medicaid Waiver Independent Care Medicaid Waiver New Options Waiver Comprehensive Waiver Georgia Assistance Pediatric Program Waiver LTSS programs include: Case Management Congregate Meals Home-Delivered Meals Homemaker Services Caregiver Material Aid Personal Care Services In-home Respite Care Services*These services are funded through the Older Americans Act and State of Georgia funding. |
| HCBS Medicaid Waivers including: Aging- Independence- Attendant Care- Act 150- autism-etc. Also includes consumers served through Lottery dollars. |
| HCBS waiver (aged and disabled)Nursing Facility Long Term Care. We do carry the Medicaid case for clients who are enrolled with DD services however we do not  do the service portion and do not have the numbers of those clients. |
| HCBS Waiver: Global Options- the # listed is only for those cases managed at the Middlesex County Office of Aging Disabled Services. (There are multiple agencies that do case management for Middlesex County GO clients-not tracked by this office.)Institutional Medicaid: Not tracked by this office. LTSS Programs: MCMAP- JACC-Statewide Respite Program |
| HCBS waiver, Michelle p waiver supports for community,  living waiver , acquired brain injury waiver, brain injury trust program, personal care attendant program, KY Homecare Program Title III services, KY Grandparent Program ,KY Adult Day Program. Note for question 41:  # of referrals is for NKADD/AAAIL only through the CDO program.  It is unknown how many referrals are made to traditional providers in the NKY service area. |
| HCBS Waivers include Aged and Disabled and Traumatic Brain Injury. Other public LTSS programs include CHOICE- local grants- SSBG- TITLE-3- TITLE-3D- TITLE-3E- United Way |
| HCBS Waivers include: MR/DD (DD Basic- Basic Plus- Core and Community Protection) Waivers; 1915(c) waivers including Community Options Program Entry System (COPES); Medically Needy Residential Waiver (MNRW); Medically Needy In Home Waiver (MNIW); and Medicaid State Plan 1915i.Other public LTSS programs include:  HCBS; Family Caregiver Support Respite Services; OAA/State-Funded Case Management; Medicaid Personal Care; Managed Care LTSS; Money Follows the Person (RCL); Washington Roads (State-Funded MFP); Private Duty Nursing; State-funded bed hold; and State-only-funded Adult Day Health- Chore- and Adult Family Home.  Institutional:  Nursing Facilities and Residential Habilitation Centers (RHC=ICF/MRs). |
| HCBS-BI- HCBS-CMHS- HCBS-PLWA- HCBS-EBD- HCBS-SCI- HCBS-SLS- HCBS-DD- Supported Living Services- EBD- PACE- CDASS- HCA |
| HCBS-CES- HCBS-CHCBS- HCBS-DD- HCBS-EBD- HCBS-CMHS- HCBS-SLS- HCBS-BI- HCBS-PLWA-PCBS-PHW- HCBS-CDCE- HCBS-CWA- HCBS-CLLI |
| HCBS-EBDHCBS-MIHCBS-BIHCBS-PLWA |
| Home and Community Based Services Texas Home Living Program |
| Home and Community Based Waiver Consumer Directed Option Michelle P Waiver,  Consumer Directed Option, |

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ACL
Administration for Community Living

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Supports for Community Living Consumer Directed Option acquired Brain Injury LTC Consumer Directed Option, Kentucky Transitions Waiver |
| Home and Community Based Waiver- Supports for Community Living Waiver- Michelle P Waiver- Money Follows the Person/Kentucky Transitions- Kentucky State Homecare Program- Adult Day Care- Title III Supportive Services- Title III Congregate Meals- Title III Home Delivered Meals- Title III Preventive Health- Kentucky Family Caregiver Program- National Family Caregiver Support Program- Senior Community Services Employment Program (SCEP)- State Health Insurance Assistance Program (SHIP)- Nursing Home Ombudsman Agency. Enrollment numbers only include clients served by BGAAIL- no other providers (except for average number of individuals enrolled in Medicaid residing in institutions). |
| Home Care Allowance HCBS-EBDCDAS Plus HCBSHCBS MILTHHPHW Eleven Nursing Facilities Fifteen Assisted Living Facilities |
| Home Community Based Care- Elderly Chronic Ill (ECI)---Public name: Choices for Independence |
| Home health aide, meals, case management personal response system supplies SME/DME |
| Homemaker Title XXHCBS Waiver (ADSD)PASS Homemaker program (WCSS)Representative Payee Home Delivered Meals Case Management Lifespan (respite)Medication Management Visiting Nurse HCBS Waiver for People with Disabilities (WIN)Energy Assistance Group Home Waiver (ADSD) |
| In Home Aid Service- Senior Care- Living at Home Waiver- Older Adults Waiver and Medical Assistance Personal Care Program |
| In Illinois there are the following programs: Medicaid Waiver for DD population Medicaid Waiver for 60 years of age and older Medicaid Waiver for people with disabilities. Medicaid Waiver for Medically Fragile/Tech Dependent Children Medicaid Waiver Program children with DD support Medicaid Waiver Program for children with DD residential Medicaid Waiver for Persons with Brain Injury Supportive Living Facility waiver Cash Counseling Program - this is not in our area limited areas in IL Money Follows the Person Choices for Care - assisting people before discharge from a hospital with their HCBLTSS and their institutional options Institutional: ICFICF/MR Inpatient Psych. Service for individuals under age 21Services for individuals 65 and older in an institution for mental illness, Skilled Care Nursing Facilities |
| Include- Respect- I Self-Direct (IRIS)Family Care Community Options Program Medicaid |
| INCOG AAA/ADRC assists with Medicare &quote; D&quote; enrollments and State Health Insurance Assistance Program (SHIP) counseling. In Oklahoma- individuals still need to contact the individual service providers for almost every enrollment option. |
| Independence Waiver; Attendant Care Waiver; PDA Waiver; EPSDT Waiver. Drug Alcohol Programs.30 |
| Independence Waiver, Obra Waiver, CommCare WaiverAct150, Attendant Care Waiver, Aging Waiver, Options Program, LIFE Program, Dom Care Nursing Home Transition Program ,Family Caregiver Support Program |
| Independence Waiver, OBRA Waiver, CommCare Waiver, Over 60 Waiver, HIVACT 150AutismEPSDTAttendant Care Lawrence County provides multiple different types of waivers. We provide most of the waivers that the state of PA offer. |
| Individuals in our area can be enrolled in several different LTSS programs/HCBS Waivers including- CBA- HCS- CLASS- DBMD- MDCP- TxHmL- and CAS. |
| Kansas Department of Aging and Disability services will provide state-wide numbers directly to Lewin. |
| KDADS will send the information to Lewin directly |
| LIFE-Program for All-Inclusive Care for the Elderly-2 per month Penn Care / Aging Block Grant- Options and Family Caregiver Support programs- 2 per month |
| Living At Home Waiver, Older Adult Waiver, Medical Day Care Waiver, Senior Care |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Program- TBI Waiver Program, Current wait lists are present for FAIR and Lighthouse Programs. The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Program- TBI Waiver Program, Current wait lists are present for FAIR and Lighthouse Programs. The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Program- TBI Waiver Program, Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 2- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Programs- TBI Waiver, Current wait lists are present for FAIR and Lighthouse Programs.  The Aged and Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver- TBI Waiver Program, Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS: Older Americans Act Social Service Block Grant CHOICE - state funded program HCBS Waivers: Aged and Disabled Traumatic Brain Injury. Does NOT include the MR/DD waivers.  We do not have access to that information. We also cannot access the number of Medicaid funded individuals in institutions- so that is blank. |
| MAABD- COPE- CHIP- Congregate Meals- Housing- Medicaid- Medicare Savings Program (MSP)- Low Income Subsidy (LIS)- SNAP/Food Stamps |
| Mass Health MA PCA program, subsidized housing congregate housing, peer support groups, individual skills training, peer counseling, ADA Para transit or COA rides Meals on Wheels, ABI waiver, ATLPHMLPSSAPVR program, IL program, Options program |
| Maui County Office on Aging does not serve individuals in public LTSS Program enrollments such as aged and disabled and MR/DD. |
| Medicaid - Quest Expanded Access for Aged Blind and Disabled Kupuna  Care Title III Programs |
| Medicaid (general)Denali Kid Care Medicaid Waiver: Alaskans Living Independently (ALI): Adults w/Physical Disabilities (APDD) and Older Alaskans (OA)Medicaid Waiver: Children w/Complex Medical Conditions (CCMC)Medicaid Waiver: Intellectual and Developmental Disabilities (IDD)LTC (Nursing Home) Medicaid Adult Public Assistance (APA)Temporary Assistance Program General Relief Assistance (GRA)Chronic and Acute Medical Assistance (CAMA)Personal Care Attendant (Agency-based and Consumer Directed)Food Stamps State of Alaska Senior Benefits Nutrition and Transportation Services (Meals on Wheels- Care-a-van)Medicare Savings Program (QYMBY/SLMBY)E-mods TEFRA Senior In-home Services National Family Caregiver Support Program Adult Day Services Nursing Facility Transition Program Qualifying Income Trusts*Please note MiCIL (SAIL's data base) collects # of Medicaid recipients- not specifically # of waivers (question 41) |
| Medicaid 1115 waiver LTSS includes Medicaid and OAA |
| Medicaid 1115 waiver LTSS includes OAA Title III and Medicaid |
| Medicaid 1115 waiver OAA Title III |
| Medicaid 1115OAA Title III |
| Medicaid 1115OAA Title III |
| Medicaid 36Low-Income Subsidy 80Medicare Part D 259Food Stamps 57Parish Councils on Aging Serives 177Foster Grandparent Program 86Plus more |
| Medicaid Aged and Disabled Waiver TBI Waiver CHOICE SSBG Title III Title III-E |
| Medicaid Elderly Disabled Waiver program. Medicaid HIV/AIDS Waiver program. SenioRx: Partnership for Medication Access program. State Health Insurance Assistance Program (SHIP).Alabama Cares program. Aspiring Senior Adult Program. Meals on Wheels program. Senior Center program. |
| Medicaid Personal Care Adult Daycare |
| Medicaid Personal Care COPES Family Caregiver Support Program (Respite and house-keeping and errands) |
| Medicaid Waiver for Older Adults; Senior Care; Subsidy; Senior Inclusion Program; Caregiver Support. |
| Medicaid Waiver for Older Adults Senior Care Senior Assisted Living Group Home Subsidy |
| Medicaid waiver of Louisiana |
| Medicaid Waiver- Under and Over 60 programs, Private Duty Nursing programs under and over 60Home and Community Based Services Program, Independent Housing Service Program for over and under 60 |
| Medicaid waiver, Elderly and Disability waiver |
| Medicaid OAASCSAFCSP Nutrition Transportation |
| Medical Alert systems, Home delivered meals, Congregate meals, Homemaker services, Life Coach |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Mental Retardation/New Options Wavier ----Community Care Services 734----SOURCE 1118--ICWP--SOURCE Case Management--1163Comm Habilitation/Compup Sup 449 |
| MI Choice Waiver, Care Management Case Coordination and Support |
| MI Choice Waiver, HAB Support Waiver, Nursing Facilities, CMH Waivers |
| Money follows the person, Veterans Home Community Based CDSMPCT Home Care Program for Elders, Personal Care Assistant waiver, Traumatic Brain Waiver, Medicaid CT Money School Statewide Respite Program, National Family Caregiver Support Program COSTARR (care transitions) |
| MW AND ALW |
| N/A |
| N/A |
| Need to obtain information from Massachusetts Office of Long Term Care in Medicaid. |
| New Choices- Aging- Physical Disability- ABI- Community Supports |
| New Choices- Aging- Physical Disability- ABI- Community Supports |
| New Choices- Aging- Physical Disability- ABI- Community Supports |
| New Choices Waiver- Aging Waiver- Home Community Based Alternative- National Caregiver Support Program |
| NF waiver-  DD waiver- HIV waiver- IHSS- home delivered meals- case management |
| NF/AH |
| NHTD waiver, TBI waiver, Medicaid SNAPHEAP Home delivered meals, Caregiver respite EISEP  Medical day care Social day care Medicare Savings Program |
| NJ - Global Options for Long Term Care (Medicaid HCBS Waiver) NJ - Jersey Assistance to Community Caregiving OAA - Home Delivered Meals OAA - Housekeeping |
| NOWCOMP |
| Nursing facility waiver, IHSSMSSP Average monthly enrollment numbers for IHSS clients and individuals in Medicaid residing in institutions is not available. AIS implemented a new State system (CMIPS II) in September 2012.  IHSS data is in new system |
| Nursing Home Transition Diversion Waiver ,Traumatic Brain Injury Waiver, Medicaid Personal Care |
| OAA funded services - Home Delivered Meals- Respite- Congregate Meals- Adult Day Health- Homemaker AssistanceCCSP (ABD)- ICWP- COMP/NOW (DD)- SOURCE (SSI/ABD); GAPP (Pediatric) |
| OAA Title IIIB- C and eState funded Options for Community Living HCBS Medicaid Waiver for the Elderly |
| Older Adult Waiver |
| Older Adult Waiver/Money Follows the Person Senior Care Guardianship Group Subsidy Housing Medical Assistance Personal Care |
| Older Adult Waiver Living at Home |
| Older Adult Waiver Medical Daycare Waiver Community Pathways Waiver Living At Home Waiver Medical Assistance Personal Care In near future: Options Counseling with Center for Independent Living Live Well Nutrition Program Living With Chronic Pain Program Living With Diabetes Program Healthy Fitness Center Community Transit Cecil County Senior Center Home Delivered Meals Assisted Living – Subsidy Caregiver Support Program SHIP - State Health Insurance Program SMP - Senior Medicare PatrolI A - Information and Assistance MAP - New Maryland Access Point - 2012-2013 |
| Older Adult Waiver Senior Care Medicaid Medicare QMB/SLMB Living at Home Waiver? |
| Older Adults Waiver Day Habilitation/DD |
| Older Adults Waiver, Senior Care Home Delivered Meals Assisted Living Subsidy, In-Home Aide Services, Information Assistance, Health Promotion (Educational Programs) |
| Older Adults Waiver, The total of 59 is broken down to 38 residing in an Assisted Living Facility and 21 residing in their home. |
| Older American's Act programs: Homemaker Home-delivered meals Congregate meals Caregiver Support Respite Personal support services _____HCBS Waivers1.  CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities.2.  SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. |

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| Serves blind- aged- disabled who are SSI eligible. 3.  ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64. 4.  NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. 5. GAPP-Georgia Pediatric Program--specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age. 6.  MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. |
| OPTIONS Family Caregiver Program Care Management |
| Our members are enrolled in NOW/COMP waiver programs. |
| Our service area remains under the old waiver system. I do not have current consolidated data on client numbers for this question but would anticipate having it for future surveys |
| PA HCBS Medicaid Waivers, (physical disabilities- developmental disabilties- autism- aging- etc.)PA Lottery-funded services, Private pay services |
| PACE- EDCD. We do not have access to the number who are enrolled each month in the EDCD program.  ALL Care for Seniors (PACE program at AASC) averages enrolling 1 to 2 per month. |
| PAS Program- CHIP Waiver- Respite Care |
| Passport and ALW |
| PASSPORT HCBS Waiver, Assisted Living HCBS Waiver Caregiver Support Comcare Senior Community Services Block Grant |
| PASSPORT Home and Community Based Waiver - aged and disabled Assisted Living Waiver Program, Choices Waiver Program, Caregiver Support Program, Community Service Block Grant, Older American Act Funded Programs |
| PASSPORT Waiver – aged Assisted Living Waiver - aged and disabled, Choices Waiver – aged Senior Options Program, (aged- non-Medicaid) - 5000Senior Choices Program (aged- non-Medicaid) - 500 |
| PASSPORT Waiver--Numbers included above Assisted Living Waiver--Numbers included above Ohio Home Care Waiver--Numbers included above Care Coordination Program--not able to include numbers Local Levy Programs---not able to include numbers |
| PDA- ACW- CSPPPD- ODP- Private Pay- Options Program- Home Delivered Meals- Family Caregiver Support-Medicare- Medicare PTt D- LIS – Extra help- MSP's thry DPW |
| PDA Waiver Aging Block Grant Services, Independence OBRA Waivers, CommCare Attendant Care Waiver, Act 150 Program, Adult Autism Waiver and Nursing Home Transition |
| PDA Waiver- Independence Waiver- CommCare Waiver, - Attendant Care Waiver- OBRA Waiver- Options-Family Caregiver Support Program |
| PDA waiver, Attendant CareCommCare Independence Act 150Consolidated Waiver for Individuals with Intellectual Disabilities, Infant- Roddlers and Families Waiver, Person/Family Directed Support Waiver, Options Program funded by the state department of aging |
| PDA Waiver, Options Care Management Guardianship Family Caregiver Support Obra Waiver Independence Waiver MA Waiver- Over 60Comm Care Waiver, Act 150Act 150/Over 60/PFDS Waiver/Consolidated Waiver |
| Personal Care Adult Day Health care Transition Coordination |
| Physical Disabilities Wavier New Choices Wavier, Traumatic Brain Injury Wavier, Tech Support Wavier, MR/DD Wavier |
| Please note- these are tracked by the Monroe County Department of Human Services Financial Assistance Division and data could not be pulled in the way the question was answered therefore entering data would skew total outcome of what you are requesting. Please contact Julie Allen Aldrich- Director- Monroe County Office for the Aging to discuss how/what information can be pulled from other agencies not under the ADRC in our community. Prior to submission of  this report- I made several attempts to reach technical assistance for this report to try and identify how best to capture what we do and what is done in our community but separate and apart from our ADRC and NY Connects Program. Where we partner- monitor and collaborate- we do not own all of the data requested-nor is it tracked in the way requested. LTSS Programs and HCBS waivers for Monroe County include: Personal Care Assistance- Consumer Directed Personal Care Assistance- Chronic Care Medicaid (Nursing Home Services)-Traumatic Brain Injury (TBI Waiver). |

| **42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in.** |
|---|
| Public LTSS: Home Care Allowance- Adult Foster Care HCBS: SLS- DD- EBD- CMH- PLWA- Children's |
| Question 41: KDADS will send this information directly to Lewin Group Question 42:HCBS-FEHCBS-PDHCBS-TBISenior Care Act-Kansas State funded Older Americans Act-Federal funded |
| reflects only WOA |
| Senior Care IHAS Respite IIIB IIIE Pathways Attendant Care MAPC Older Adult Waiver Living at Home Waiver DD Waiver |
| Southwest Family Care Alliance IRIS |
| SSBG- CHOICE- TIII- TIIIE- AD WAIVER AND TBI WAIVER |
| SSI/SSDI Eligibility HIRSP Medicare Supplement MAPP Medicare Advantage Plans Medicare Coverage Medicare Part DQMB/SLMB/SLMB +Title III-C Home-Delivered Meals Title III-C-Congregate Dining Program Title III-B Vounteer Driver Program Family Care IRIS Alzheimer's Family Caregiver Support Program National Family Caregiver Support Program |
| STAR+PLUS and Community Based Alternatives for adults with physical disabilities Home and Community Services for persons with intellectual and developmental disabilities Community Living Assistance and Support Services for persons with intellectual and developmental disabilities Deaf/Blind/Multiple Disabilities Medically Dependent Children's Program |
| State funded Medicaid services- Home health Care Services- visiting nurse- meals- transportation- adult day care- etc. |
| State LTSS Services include Nutrition (Meals and Nutritional Supplements)- Personal Care- Nursing Services- Homemaker Services- Assistive Devices- Emergency Response System- Specialized Medical Supplies- Specialized Medical Equipment- Tele health- Caregiver Services (Respite)- Adult Day Services. Elderly (Aged and Disabled) HCBS Waiver. |
| State Medicaid Waiver Programs - PASSPORT and Assisted Living Waiver Programs County Levy Programs |
| Statistics regarding the average number of individuals enrolled in Medicaid HCBS Waivers includes only the Aged Disabled Adult Waiver for adults age 60-64 with a disability and adults age 65+ and the Assisted Living Waiver for adults age 60-64 with a disability and adults age 65+.There are a total of 17 Waivers in the state of Florida- but these are the two at the ADRC. Note: Individuals counted here as enrolled in LTSS represent only some of the funding sources listed in question 74. Individuals served in other funding sources- including non-registered services- are not included in this count. |
| TBI- ABI (2)- DDS (3)- MFP (No enrollees)- Frail Elder |
| TBINHTDW Care at Home Long Term Home Health Care Program |
| The above data is not collected by ILC. However HCBS waivers include; IDD- Children with Complex Medical Needs- Adults with Physical Disabilities- Older Alaskans.  LTSS programs include Medicaid- Public Assistance- Nutrition- Transportation- housing modifications- assistive technology- Social Security- Medicare- Family Caregiver Support- other support/peer groups. |
| The Carbon County LINK was just recently started in the past seven months. I tried to retrieve this information- but did not receive answers from the agencies I requested. |
| The database doesn't track this type of information |
| The following State Home Care Programs - Frail Elder Waiver; Spousal Waiver; and Standard Mass Health Home and Community Based Waiver |
| the Municipality does not track this information; is tracked by State of Alaska for each region.  do not have access to this level of information locally. |
| The questions above are programs not administered by Area VIII but rather by a Medical Corporation. Furthermore- each institution is administered by a corporation.  There is no ay to a certain the exact numbers unless I secure them from the Montana Department of Public Health Human Services who may be compiling this information for both waiver and office of public assistance. |
| These are numbers comprised of Medicaid HCBS waivers- average of residents enrolled in Medicaid residing in institutions- and home delivered meals- ERS- day activity health services- aged and disabled- MR/DD. The 400 number only includes unit 55 and not the other service areas. |

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ACL
Administration for Community Living

| 42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in. |
|---|
| This data is not maintained at the local level.  This data can be provided by the Texas Department of Aging Disability Services |
| This information is not available at the local level. |
| This information is not currently available to Passaic County ADRC. |
| Through the LCA on average 4 individuals apply for Money Follows the Person a month. However- the real answer to these questions is that data is unknown. We are the connector do not have access to all of this data as we do not have a uniform reporting tool. Although we partner with local DSS's we still find some resistance in the notion that we will report all agency numbers for CRC totals. They believe we should only utilize the small amount of data obtained in the CRC tracking tool that is used by CRC partners in Mecklenburg and Cabarrus. Therefore- we don't have access to the numbers from DSS regarding enrollment in Medicaid and Medicaid Waiver CAP services. The only number we as the CRC can report regarding waiver services are those referred to the Money Follows the Person Program through the Local Contact Agency. Also- regarding questions about Care Transitions that begin at number 27-Our CRC is in the middle of a Care Transitions Project. We have not yet had to opportunity to compile data and assess the results. That is why the information was not available about the consumers served. Once the project is completed this information will be compiled and analyzed. Regarding question 14-The Centralina Regional CRC does not have a uniform electronic referral and reporting system. That makes compiling these reports particularly challenging. The total number we were able to obtain according to documentation of contacts was 6-336. However- we know this is just a fraction of the number of people actually served by the Centralina CRC. Due to differing reporting systems which collect differing information about clients many of these questions are unknown about those contacts - such as how many were over or under 60 and how many have disabilities. The reports we utilized included ODIS- the ombudsmen reporting system- ARMS I&amp;A reports (which only include number of contacts)- programatic reports which show number of individuals served but not any demographics- etc. If there was an investment on a uniform referral and reporting system we would be able to provide these numbers and valuable data that is being requested. However at this time- due to differing reporting systems collecting a myriad of varying information this information in unavailable and not able to be compiled and reported. Man |
| Traditional Older Americans Act Programs (Supportive Services- Nutritional Service- National Family Caregiver Support Program)Locally Funded Programs Title XX Funded Programs Alzheimer's Respite Funded Programs Senior Farmer's Market Nutrition Program Community Service Block Grant Funded Programs |
| Unable |
| Unable to provide numbers for all Medicaid HCBS Waiver enrollment for the entire PSA as we do not have access to this data...    would include Channeling- Nursing Home Diversion- Aged and Disabled Adult- Assisted Living- Brain Spinal Cord Injury- PAC- Ryan White- and others. Unable to provide number of clients enrolled in Medicaid funded institutions .Unable to provide comprehensive numbers of all local programs for LTSS delivery in the PSA. |
| Unavailable |
| Unavailable data.  Hawaii State Dept. of Human Services- MEDQUEST Division is the Medicaid agency on Kauai and has the information you are requesting.  We do not have access to this information. |
| unavailable information |
| Under 60 Waivers- ODP Waivers- Aging Waiver |
| Unknown |
| Waiver for Older Adults  WOA Living at Home Waiver LAH Medical Adult Day Care Waiver Senior Care MAPCSPIHAS |
| Waivers include HCBS-BI- HCBS-EBD- HCBS-CMHS- HCBS-PLWA- HCBS-CLLI- HCBS-SCI- and the sub-categories under them |
| WAIVERS include the older adult waiver- the living at home waiver and the DDA waivers.  The average numbers of institutions is numbers at the the three nursing homes that are located in Garrett County. The average number of individuals enrolled in other lTSS programs in Garrett County include TCA- Foster Care- Age Blind Disabled- SSI-Medicare- SLIMB- Pregnant MCHIP- MCHIP and Baltimore Approved Waiver Clients.   All of these individuals received Medical Assistance.  Also- 22% of medical assistance is our physicians business here in Garrett County. |
| Waivers:  EDCD Personal Care; ECCD Adult Day Health Care;  LTSS:  Personal Care; Adult Day Health Care; Home Delivered Meals; Congregate Meals; Mental Health: Money Management; Guardianship; Nursing Case |

| **42. Please list LTSS programs and HCBS waivers (e.g. aged and disabled, MR/DD) that individuals are enrolled in.** |
|---|
| Management. Our local Medicaid Office does not have access to information that would indicate how many Medicaid recipients live in residential settings (e.g.- nursing homes) vs how many receive community based waivers. Only the state has access to that information by locality. |
| Waivers: Aged Disabled- Traumatic Brain Injury, CHOICE (Indiana funding)Title IIIC- Title IIIE- and SSBG |
| Waivers, Core Community Svc DEA Assisted Living, DEA Community Svc Hab Community Svc Hab Group Home Intellectual Disability Preventative Community Svc RI Housing Assisted Living Self Directed Svc Shared Living Other LTSS Programs Group Homes ICF/MR Private ICF/MR Public RICLAS Severely Disabled Nursing Home care PACE Connect Care Choice. |
| We are a small site and have just gotten our ADRC off a running in the last 6 months. |
| We are not a CCU and do not have immediate access to the requested information |
| We are unable to gather this information. We have requested this data from the local Medicaid Eligibility Office and have yet to receive approval. |
| We do not enroll in Waivers |
| We do not have access to the total number of waiver clients in Baltimore County. Waivers include OAW- LAH- TBI- New Directions- Autism Waiver- Model Waiver- Medical Day Care Waiver and Residential Treatment Center Waiver. |
| We do not have access to this information. It is monitored and regulated by the regional health departments and departments of social services. |
| We do not keep record of this. |
| We do not provide the above services. These programs are provided by Idaho Health and Welfare Medicaid services. |
| We do not track all the info requested above for monthly reports. Aged and Disabled Waiver program IDD waiver program TBI waiver program Medicaid personal care program |
| We do not track all the info requested above for monthly reports. Aged and Disabled Waiver program IDD Waiver program Traumatic Brain injury waiver Medicaid personal care program |
| We do not track this at the local ADRC level. |
| We do not track this information. |
| We were unable to access current data for our area. All statistics available we for the calendar year 2012 only. |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| 1. CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities.2. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are SSI eligible. 3. ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64. 4. NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. 5. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. 6. Older American€™s Act programs Homemaker Home-delivered meals Congregate meals Caregiver Support Respite Personal support services |
| 1915C HCBC Waiver LTSS Programs: Assisted Living Facilities- Residential Care Facilities- Adult Foster Homes- Relative Adult Foster Homes- In-home Services |
| A reporting tool is not available in our ADRC software to presently extract this information. Likewise- we cannot answer Question 43 without a manual tabulation from a review of each client record. |
| AD Waiver- HCBS Services |
| A.L. Waivers Waiver |
| Actual numbers can be obtained from DPW. They track this information. |
| Actual numbers should be obtained from DPW. They track this information. |
| ADI- ALW- MW- CDC+- HCE- CCE- OA3E- OA3B- OAC1- OAC2- NHD |
| ADRC of Southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide; A in Summer- 2013. |
| Adult Day Care Care Coordination for Elderly Virginians 1Congregate Nutrition Disease Prevention/Health Promotion Elder Abuse Emergency Home Delivered Nutrition Homemaker III-E Adult Day Care - RespiteIII-E Homemaker – Respite III-E Individual – Counseling III-E Info Referral/Assistance - AAIII-E Personal Care – Respite III-E Transportation – AA Information and Referral/Assistance Legal Assistance Local AAA Personal Care Transportation |
| Adult Day Care, Care Coordination for Elderly Virginians 2CheckingCongregate Nutrition Disease Prevention/Health Promotion Elder Abuse Emergency Home Delivered Meals - Fee for Service Home Delivered Nutrition Homemaker III-E Homemaker – Respite III-E Info Referral/Assistance - AAIII-E Personal Care - Respite Information and Referral/Assistance Local AAA Personal Care Respite Homemaker Transportation |
| Adult Day Health Adult Foster Care Day Habilitation Durable Medical Equipment/Oxygen Respirator yearly Intervention Group Adult Foster Care Home Health Hospice Independent Nursing Orthotics Prosthetics Personal Care Attendant Targeted Case Management |
| Adult Day Healthcare Personal Care |
| AFCCCTPECOP Non Waiver Home Care Non Waiver Family Caregiver Support-Program Home Care Non WaiverMFPNapis-T3 meals PCA Respite/Over Income SCO- Fallon- United and CCA |
| Aged Disabled |
| Aged disabled and Options for Community Living - State Funded LTSS program. ADRC's do not have access to newly enrolled into Medicaid institutional services. |
| Aged Disabled Waiver Program CHOICE |
| Aged Disabled Waiver Choice SSBG Title III |
| Aged Disabled Wavier- CHOICE- Older Americans Act- SSBG |
| Aged Disabled High/Highest Needs Moderate Needs |
| Aged and Disabled |
| Aged and Disabled and Traumatic Brain Injury Medicaid Waivers. CHOICETIII programs Social Services Block Grant |
| Aged and Disabled- MR/DD are both administered through State Medicaid Agency- Delaware Medicaid and Medical Assistance (DMMA). ADRC does not track this information. |
| Aged and Disabled- TBI |

| 44. PUBLIC PROGRAMS, please list LTSS program |
| --- |
| Aged and Disabled- Traumatic Brain Injury- CHOICE- SSBG |
| Aged and Disabled Waiver CHOICE in-home Services SSBG in-home Services Title III-family caregiver services |
| Aged and Disabled Waiver DD waiver Information and assistance Care Coordination Nutrition Services Homemaker Services Personal Care Services Transportation Legal Services Respite Services Health Screenings Elder Abuse Prevention Long Term Care Ombudsman Companion Services Caregiver Information- Referral and Support Housing Assistance |
| Aged and Disabled Waivers and Traumatic Brain Injury Waivers |
| aged waiver for Adult Daycare and/or personal care |
| Aging- New Choices- Personal Disability Waiver |
| Aging Waiver- Independence Waiver- COMMCARE Waiver- Attendant Care Waiver- AIDs Waiver- OBRA Waiver- LIFE/PACE/LTCCAP Program- ACT 150 Program. NON Medical Assistance Programs: Aging Block Grant Services. |
| Alabama Cares Program (National Caregiver Program) Frail Elderly and Disabled Medicaid Waiver Program HIV/AIDS Medicaid Waiver Program In-home Services Program Ombudsman Program Residing in institutions is unknown. Other Public LTSS Programs is unknown. |
| All cluster 1 and 2 services funded with APC dollars including assisted transportation- care management- adult day social and medical- MOW- congregate meals- housekeeping/HHA- in-home CG- friendly visitor/telephone reassurance- and residential maintenance.  The total of unduplicated clients is estimated to be 1-945.  0 Veterans were newly enrolled in the VDHCBSP during this reporting period.  56 people were newly enrolled in JACC during the reporting period. |
| All customers were age 60+ |
| Alzheimer€™s Assisted Living Waiver Day Support Waiver Elderly or Disabled with Consumer Direction (EDCD) WaiverHIV/AIDS Waiver Individual and Family Developmental Disabilities Services Waiver (IFDDS)Mental Retardation/Intellectual Disability (MR/ID) Waiver Program for All-Inclusive Care for the Elderly (PACE)Technology Assisted Waiver |
| ASC only refers to HCBS program interest list Texas Department Of Aging Disability Services Medically Dependent Children Program (madcap) 4Texas Department Of Aging Disability Services Community Based Alternatives Program Star Plus 314Alamo Local Authority For Intellectual And Developmental Disabilities HCS and Texas Community Living 55 |
| Assisted Living Waiver- PASSPORT Home Care Waiver- HOME Choice- Ohio Home Care Waiver |
| At this time the ADRC is not tracking this information- but will start to track this information. |
| Autism Waiver Service Coordination Individual and Family Support Resource Coordination Respite Care Transitioning Youth with Disabilities Medical Assistance Waiver for Older Adults Long Term Care Ombudsman Program Adult Evaluation and Review Services Home Care/In Home Aide Services Social Services to Adults Senior Nutrition Program Adult Foster Care Unit Adult Public Guardianship Senior Mental Health Program Senior Assisted Living Group Home Subsidy |
| Bristol enrolls consumers in the frail elder waiver- the state home care program- the personal care attendant program- and the elder nutrition program.  Bristol also assesses and develops service plans for individuals in senior care options programs. |
| CAP/DA  (Community Alternatives Program for Disabled Adults)NC Innovations Waiver (formerly Community Alternatives Program for People with I/DD)CAP-C (Community Alternatives Program for Children)Special Assistance Special Assistance-In Home |
| Care Coordination for Elderly Virginians 1Care Coordination for Elderly Virginians 2Care Transitions Congregate Nutrition Disease Prevention/Health Promotion Emergency Home Delivered Nutrition III-E Adult Day Care – Respite III-E Info Referral/Assistance - AAIII-E Other - SSIII-E Personal Care – Respite III-E Transportation – AA Information and Referral/Assistance Local AAA Local Contact Agency MDS 3.0Options Counseling Personal Care S. O.S. Referrals S.O.S. Service Implementations Socialization/Recreation Transportation Virginia Insurance Counseling and Assistance Program |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| Case Management; Adult Protective Services- Congregate and Home Delivered Meals; Transportation; Dementia Care Specialist- National Family Caregiver Support and Alzheimer's Family Caregivers Support Managed Care Programs: Family Care- Partnership and IRIS |
| CCSP- HCBS- |
| CCSP- SOURCE- ICWP- MR/NEW- Community Habilitation- GAPP Private Duty- GAPP Day Care- Title III HCBS Non- Medicaid- HDM- Caregiver- In Home- Nutrition- transportation- case manager. |
| CCSP-Community Care Services Program - elderly and/or functionally impaired or have disabilities, MFP - helps people living in the nursing homes and ICF-MR facilities to transition and resettle in a community setting Older American's Act - homemaker- home-delivered meals- congregate meals- caregiver support- respite- personal support services |
| CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are on SSI. CCSP and SOURCE are combining into one waiver program. ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64.NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle into a community setting |
| CDO Waiver Homecare Services Adult Day Care Services |
| CFC - Choices for Care Home and community based Long Term Care Medicaid Waiver Program- offers individuals' choice of setting to receive long term care services - home- another's home- residential care home- nursing home - soon to include Adult Family Care homes. Participants have choice of provider agencies or can choose to self- or surrogate direct care. VIP - Veteran's Independence program - contract with state VA- AAA's and local financial management agency to provide home based services to 30 qualified veteran's in the state. Services are self-directed or can use a surrogate or agency to provide the in-home care services. Funds allocated can be used to purchase goods and services to help the veteran remain at home. Developmental Disabilities Waiver program serves individuals with intellectual limitations. Traumatic Brain Injury Waiver Participant Directed Attendant Care service/Attendant Services Program Meals on Wheels/Congregate meals programs Healthy Living programs SASH Community Health Teams |
| CHOICE and Medicaid Aged and Disabled Waiver and TBI waiver |
| CHOICE- SSBG- TIII- HDM- TIIIE |
| CHOICES - Tenn Care - Medicaid Waiver Nutrition Programs Homemaker Personal Care Respite National Family Caregiver Program Options for Community Living |
| CHOICES (aged/disabled) |
| Choices for Care Program Please note that we are unable to provide the number of clients newly enrolled in institutional services and the total number of clients enrolled in other public LTSS programs. |
| Choices for Care: Home Based Enhanced Residential Care Flexible Choices Moderate Needs Group for Homemaking |
| Choices for Care Traumatic Brain Injury waiver Children's Personal Care services Choices for Care/Flexible Choices Attendant Services Program |
| Choices for Independence- Home and Based Care for the Elderly and Chronically Ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill. The above information is not collected at the local level: please see state report. |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| Choices for Independence Waiver- HCBC-Elderly and Chronically Ill |
| choices for Independence waiver HCBC-Elderly Chronically Ill |
| Choices for Independence; HCBC -Elderly and Chronically Ill |

## 44. PUBLIC PROGRAMS, please list LTSS program

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|---|
| CHOICES in Long Term Care |
| Chore Home Delivered Meals Congregate Meals Transportation Legal Assistance Information Assistance Residental Repair and Renovation Caregiver Access Assistance Caregiver Counseling/Support Groups/Caregiver Training Caregiver Respite Care CCEVP 2Volunteer Programs Emergency Fee for Service - Home Delivered Meals Respite Other Respite Personal Care Care Transitions Intervention Program Ombudsman Guardianship Health Information and Educations MP Home Health Personal Care Adult Day Care and Assisted Living- Habilitation Self-Directed Personal Assistance Intellectual Disability (ID) waiver Day Support waiver Individual and Family Developmental Disabilities Support waiver (IFDDS waiver)Elderly or Disabled with Consumer Direction waiver Technology Assisted (Tech) waiver |
| Community Based Alternatives- In Home and Family Support Program- Medicare Savings Program- Extra Help |
| Community Care Services Program Waiver Source Waiver SSI only Independent Care Waiver Program NOW - MR/DDCOMP - MR/DD |
| Community Care Services Program Independent Care Waiver Program Mental  Retardation/New Options Comm. Habilitation/Comp Sup SOURCEGAPP In-home Private Duty Nursing GAPP-Medically Fragile Daycare |
| Consolidated Waiver (ID)Person/Family Directed Services Waiver (ID)Attendant Care Waiver (Under 60 Physical Disability)Act 150 (Under 60 Physical Disability)Options (60+)Life Programs (55+)Aging Waiver (60+)Independence Waiver (Under 60 Physical Disability)COMCARE Waiver (TBI)AIDS Waiver HSDF Homemaking Services (18-59) |
| Consumer Directed Option/waiver State Funded Homecare Program Adult Day Care Senior Centers National Family Caregivers Support Program Ombudsman SHIP Legal Assistance Chronic Disease Self-Management programs Elder Abuse Prevention |
| COPCOP Waiver Money Follows the Person Demonstration CIP IICIP II Community Relocation CIP IBCIP IA Brain Injury Waiver |
| CRIAAAAsera Care Hospice VNAMH/ID apprise |
| CS Waiver- Aging Waiver- VA programs- Alternative programs. |
| CT Homecare Program for Elders (Waiver)CT Homecare Program for Elders (state funded portion)Alzheimer's Respite care program National Family Caregiver Support Program Veterans Home and Community Based Service Program |
| data not available at this time |
| Data not shared |
| Developmental Disabilities Services Medicaid for Working People with Disabilities |
| Exampled Waiver |
| ED Waiver Alabama Cares |
| EBD age 65+ |
| EDCD Waiver Medicaid non-emergency Medical Transportation Home Delivered Meals on-Medicaid Personal Care Services on-Medicaid Homemaker Services Transportation Assistance |
| Elderly and Persons with Disability Waiver and Medicaid. |
| Enroll clients in Aged and Disabled Adult MW and Assisted Living MW. Assist clients with ICP Medicaid placement. On Medicaid programs include OAA programs- Community Care for the Elderly- Home Care for the Elderly- Alzheimer's Disease Initiative Programs. |
| Family Care- Family Care Partnership- PACE and IRIS |
| Family Care- IRIS |
| Family Care MCO – Northern Bridges Self Directed Supports - IRIS |
| Family Care- PACE- Partnership and IRIS |
| Family Care- Partnership and IRIS |
| Family Care serving aged- physically disabled and developmentally disabled IRIS waiver serving aged- physically disabled and developmentally disabled |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| Family Care -Western Wisconsin Cares Managed Care Organization IRIS (Include Respect I Self Direct) Self Directed Supports Waiver Alzheimer's and Family Caregiver's Support |
| Family Care/IRIS |
| family care: 930IRIS: 93 |
| Family Care Family Care Partnership IRIS |
| Family Caregiver Support Program Memory Care and Wellness Services RDAD Chronic Disease Self-Management Care Transitions Lifespan Respite Kinship Caregivers Reverse Mortgage Counseling Military Services Navigator Title XIX Case Management Medicaid Personal Care |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS |
| Family Care IRIS (Include Respect I Self Direct) |
| Family Care Partnership IRISPACESAIL |
| Family Care- Partnership- IRIS- National Family Caregiver Support Program- Alzheimer's Family Caregiver Support Program- Supportive Home Care |
| FE- TBI- PD |
| Food stamps ANDOAP Medicare Savings Program Medicaid Home Care Allowanced Waiver CMHS Waiver LEAP Housing Applications CSBG Low Income Subsidies- Medicare Social Security Rent- heat and rebate |
| Frail elder waiver |
| Frail Elder Waiver; Money Follows the Person |
| Frail Elder Waiver State Home Care Group Adult Foster Care Program for All Inclusive Care of the Elderly Senior Care Options Money Follows the Person Adult Foster Care PCA program Consumer directed care Enhanced Community Options |
| Frail Elderly Physically Disabled Traumatic Brain Injury ID/DD Autism, Senior Care Act Older Americans Act |
| Global Option (GO)- ACCAP- CRPD |
| Global Options and JACC |
| Global Options and JACC (Jersey Assistance Community Caregiving) |
| Global Options for Long Term Care Jersey Assistance for Community Caregivers |
| Global Options- JACC |
| GLOBAL OPTIONSJACCASSISTED LIVING |
| Global Options Meals on Wheels Congregate Nutrition Program Legal Services Skylands Ride Assisted Transportation Home Health Services Health Prevention Services |
| GOJACCPACEMFP Congregate Housing Statewide Respite |
| Hawkeye Valley AAA ADRC Options Counselors assist clients in applying for Medicaid or the home and community based waiver programs. Options Counselors do not make financial eligibility determination for any of the public assistance programs. The waiver programs can take 1 month to 18 months for a person to be approved and is determined at the state Department of Human Services. The local ADRC does not have the ability to capture all current enrollment levels outside of the ADRC and Section Q. This is a state system and not determined on the local level. |
| HCB CDO Waiver |
| HCBS Aging Waiver 500- Illinois Community Care Program. In Home Care Adult Day Services Emergency Home Response Money Management Medicare PART d |
| HCBS Frail Elderly Waiver HCBS Physically Disabled Waiver HCBS Traumatic Brain Injury waiver Kansas Senior Care Act Program Older American's Act numbers for question 43 are unavailable at this time. |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| HCBS Medicaid Waivers include: Community Care Services Program Medicaid Waiver Source Medicaid Waiver Independent Care Medicaid Waiver New Options Waiver Comprehensive Waiver Georgia Assistance Pediatric Program Waiver, LTSS programs include: Case Management Congregate Meals Home-Delivered Meals Homemaker Services Caregiver Material Aid Personal Care Services In-home Respite Care Services*These services are funded through the Older Americans Act and State of Georgia funding. |
| HCBS Waiver: Global Options- the # listed is only for those cases managed at the Middlesex County Office of Aging Disabled Services.                         (There are multiple agencies that do case management for Middlesex County GO clients- not tracked by this office.)Institutional Medicaid: Not tracked by this office. LTSS Programs: MCMAP- JACC- Statewide Respite Program |
| hcbs waiver, Michelle p waiver supports for community living waiver acquired brain injury waiver brain injury trust program personal care attendant program KY Homecare Program Title III service sky Grandparent Program KY Adult Day Program |
| HCBS Waivers |
| HCBS Waivers include Aged and Disabled and Traumatic Brain Injury. Other public LTSS programs include CHOICE- local grants- SSBG- TITLE-3- TITLE-3D- TITLE-3E- United Way |
| HCBS Waivers include: MR/DD (DD Basic- Basic Plus- Core and Community Protection) Waivers; 1915(c) waivers including Community Options Program Entry System (COPES); Medically Needy Residential Waiver (MNRW); Medically Needy In Home Waiver (MNIW); and Medicaid State Plan 1915i.Other public LTSS programs include:  HCBS; Family Caregiver Support Respite Services; OAA/State-Funded Case Management; Medicaid Personal Care; Managed Care LTSS; Money Follows the Person (RCL); Washington Roads (State-Funded MFP); Private Duty Nursing; State-funded bed hold; and State-only-funded Adult Day Health- Chore- and Adult Family Home.  Institutional:  Nursing Facilities and Residential Habilitation Centers (RHC=ICF/MRs). |
| HCBS-BI- HCBS-CMHS- HCBS-EBD- HCBS-SLS- HCBS-DD- Supported Living Services- EBD- PACE-CDASS- HCA |
| HCBS-EBD |
| HCBS-Frail Elderly Waiver, HCBS-Physically disabled Waiver, HCBS-Traumatic Brain Injury Waiver Kansas Senior Care Act Program Older American Act IIIB Service older Americans Act Nutrition |
| Home and Community Based Services Texas Home Living |
| Home and Community Based Waiver Consumer Directed Option Michelle P Waiver Consumer Directed Option Supports for Community Living Consumer Directed Options, Acquired Brain Injury LTC Consumer Directed Option Kentucky Transitions Waiver |
| Home and Community Based Waiver- Supports for Community Living Waiver- Michelle P Waiver- Money Follows the Person/Kentucky Transitions- Kentucky State Homecare Program- Adult Day Care- Title III Supportive Services- Title III Congregate Meals- Title III Home Delivered Meals- Title III Preventive Health- Kentucky Family Caregiver Program- National Family Caregiver Support Program- Senior Community Services Employment Program (SCEP)- State Health Insurance Assistance Program (SHIP)*- Nursing Home Ombudsman Agency* (* Not included in total new enrollment in question 43).Enrollment numbers only include clients served by BGAAIL- no other providers. |
| home and community based waiver enhanced residential care moderate needs program |
| Home Care Allowance LTHH Only |
| home health aide meals case management personal response system supplies SME/DME |
| Homemaker Title XXHCBS Waiver (ADSD)PASS Homemaker program (WCSS)Representative Payee Home Delivered Meals Case Management Lifespan (respite)Medication Management Visiting Nurse HCBS Waiver for People with Disabilities (WIN)Energy Assistance Group Home Waiver (ADSD) |
| IAAA had over 160 client's contacts with the State Health Insurance Assistance Program.  Screening and/or application assistance was provided with a majority of these contacts- however actual enrollment is almost always the responsibility of the contact due to the processes established by Medicare/Medicaid programs which are not under the auspices of the AAA network in Oklahoma.  Enrollments are for LIS/Extra Help and Medicare D. |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| In Illinois there are the following programs: Medicaid Waiver for DD population Medicaid Waiver for 60 years of age and older Medicaid Waiver for people with disabilities Medicaid Waiver for Medically Fragile/Tech Dependent Children Medicaid Waiver Program children with DD support Medicaid Waiver Program for children with DD residential Medicaid Waiver for Persons with Brain Injury Supportive Living Facility waiver Cash Counseling Program - this is not in our area limited areas in IL Money Follows the Person Choices for Care - assisting people before discharge from a hospital with their HCBLTSS and their institutional options Institutional: ICFICF/Inpatient Psych. Service for individuals under age 21Services for individuals 65 and older in an institution for mental illness Skilled Care Nursing Facilities |
| Individuals at Ethos are enrolled or participate in the following LTSS and HCBS Programs: State funded Home Care State Funded Enhanced Community Options Program (ECOP) 1915c Home and Community Based Services Waiver for frail elders, Mass Health Personal Care Attendant Program (consumer directed services)Title IIIC Nutrition Program (home delivered and congregate meals)Boston Money Management Program (representative payee and bill paying)Elder Protective Services Evidence based programs including Chronic Disease Self-Management- Diabetes Self-Management- A Matter of Balance- Tai Chi for older adults- PEARLS- Health Ideas-Healthy Eating- Stay Sharp- Powerful Tools for Caregivers Volunteer services such as Friendly Visitor- Medical Escort- shopping assistance Caregiver Support |
| Information for question 43 and 44 not available to this reporter |
| IRIS Family Care Community Options Program Medicaid Person Cares |
| Legacy Waiver/ COP CIP |
| LIS- |
| Living At Home Waiver Older Adult Waiver Medical Day Care Waiver Senior Care |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Program- TBI Waiver Program Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver-TBI Waiver Program Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Program- TBI Waiver Program Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Program- TBI Waiver Program Current wait lists are present for FAIR and Lighthouse Programs.  The Aged Disabled Waiver Program started managed enrollment on December 2- 2011. |
| LTSS- Lighthouse- FAIR and Medicaid Personal Care Programs HCBS- I/DD Waiver- Aged Disabled Waiver Programs- TBI Waiver Current wait lists are present for FAIR and Lighthouse Programs.  The Aged and Disabled Waiver Program started managed enrollment on December 5- 2011. |
| LTSS: Older Americans Act Social Service Block Grant CHOICE - state funded program HCBS Waivers: Aged and Disabled Traumatic Brain Injury Does NOT include the MR/DD waivers.  We do not have access to that information. The number for the Medicaid institutional enrollment is the number of pre-admission screenings done during this period where the applicant was marked as Medicaid or Medicaid pending as their funding source. |
| MAABD- COPE- CHIP- Congregate Meals- Housing- Medicaid- Medicare Savings Program (MSP)- Low Income Subsidy (LIS)- SNAP/Food Stamps |
| Mass Health MA PCA program subsidized housing congregate housing peer support groups individual skills training peer counseling. ADA Para transit or COA rides Meals on Wheels ABI waiver ATLPHMLPSSAPVR program-Medicare-Medicaid-SSA-PVR-NSCCIL Program Options Program |
| MCOA staff refers individuals who are likely eligible to the HCBS waiver programs and refer individuals with MR/DD to the LTSS program when appropriate. |
| Medicaid |

## 44. PUBLIC PROGRAMS, please list LTSS program

| |
|---|
| Medicaid - Quest Expanded Access for Aged Blind and Disabled Kupuna Care Title III Programs |
| Medicaid (general)Denali Kid Care Medicaid Waiver: Alaskans Living Independently (ALI): Adults w/Physical Disabilities (APDD) and Older Alaskans (OA)Medicaid Waiver: Children w/Complex Medical Conditions (CCMC)Medicaid Waiver: Intellectual and Developmental Disabilities (IDD)LTC (Nursing Home) Medicaid Adult Public Assistance (APA)Temporary Assistance Program General Relief Assistance (GRA)Chronic and Acute Medical Assistance (CAMA)Personal Care Attendant (Agency-based and Consumer Directed)Food Stamps State of Alaska Senior Benefits Nutrition and Transportation Services (Meals on Wheels- Care-a-van)Medicare Savings Program (QYMBY/SLMBY)E-mods TEFRA Senior In-home Services National Family Caregiver Support Program Adult Day Services Nursing Facility Transition Program Qualifying Income Trusts*Please note Mica (SAIL's data base) collects # of Medicaid recipients- not specifically # of waivers (question 43) |
| Medicaid 1115 waiver, LTSS includes OAA Title III and Medicaid |
| Medicaid 1115 waiver OAA Title III |
| Medicaid 1115 waiver Other programs are OAA Title III funded programs- Eldervention- ombudsman consultation- legal services |
| Medicaid 1115OAA Title III |
| Medicaid 1115OAA Title III |
| Medicaid Aged and Disabled Waiver, TBI Waiver, CHOICESSBG Title III Title III-E |
| Medicaid Elderly Disabled Waiver program. Medicaid HIV/AIDS Waiver program. Senior Rx: Partnership for Medication Access program. State Health Insurance Assistance Program (SHIP).Alabama Cares program. Aspiring Senior Adult Program. Meals on Wheels program. Senior Center program. |
| Medicaid Personal Care COPES Family Caregiver Support Program (Respite and house-keeping and errands) |
| Medicaid Waiver for Older Adults; Senior Care; Subsidy; Senior Inclusion Program; Caregiver Support. |
| Medicaid Waiver for Older Adults Senior Care Senior Assisted Living Group Home Subsidy |
| Medicaid Waiver- Under and Over 60 programs Private Duty Nursing programs under and over 60Home and Community Based Services Program Independent Housing Service Program for over and under 60 |
| Medicaid waivers of Louisiana |
| Medicaid OAASCSAFCSP Nutrition Transportation |
| Multipurpose Senior Services Program Money follows the person |
| n Home Aid Service- Senior Care- Living at Home Waiver- Older Adults Waiver and Medical Assistance Personal Care Program |
| N/A |
| N/A |
| New Choice Waiver- Aging Waiver- Home Community Based Alternative- National Caregiver Support Program |
| New Choices- Aging- Physical Disability- ABI- Community Supports |
| NF/AH |
| NHTD waiver, TBI waiver, Medicaid, SNAPHEAP Home delivered meals Caregiver respite EISEP Medical daycare Social daycare Medicare Savings Program |
| NJ - Global Options for Long-term Care (Medicaid HCBS Waiver)NJ - Jersey Assistance for Community Care giving OAA - Home Delivered Meals OAA - Housekeeping |
| None |
| Note: This agency is not able to capture this information as it is currently at the State level and this agency not privy to this information. |
| Nursing facility waiver, IHSSMSSP New enrollment numbers for IHSS clients and individuals in Medicaid residing in institutions is not available. AIS implemented a new State system (CMIPS II) in September 2012. IHSS data is in new system |
| Nursing Home Transition Diversion Waiver Traumatic Brain Injury Waiver Medicaid Personal Care |

| 44. PUBLIC PROGRAMS, please list LTSS program |
|---|
| OAA funded services - Home Delivered Meals- Respite- Congregate Meals- Adult Day Health- Homemaker Assistance CCSP (ABD)- ICWP- COMP/NOW (DD)- SOURCE (SSI/ABD); GAPP (Pediatric) |
| OAA Title IIIB- C and Estate funded Options for Community Living HCBS Medicaid Waiver for the Elderly |
| Ohio Medicaid HCBS Waiver Programs ( PASSPORT- Assisted Living- Choices) |
| Ohio Medicaid HCBS Waiver Programs (PASSPORT- Assisted Living- Choices)- Title III funded services- Levy- Local- Community Supported Services |
| Oklahoma Advantage Program |
| Older Adult Waiver |
| Older Adult Waiver Medical Daycare Waiver Community Pathways Waiver Living At Home Waiver Medical Assistance Personal Care In near future: Options Counseling with Center for Independent Living Live Well Nutrition Program Living With Chronic Pain Program Living With Diabetes Program Healthy Fitness Center Community Transit Cecil County Senior Center Home Delivered Meals Assisted Living - Subsidy Caregiver Support Program SHIP - State Health Insurance Programs MP - Senior Medicare Patrol A - Information and Assistance MAP - New Maryland Access Point - 2012-2013 |
| Older Adult Waiver Senior Care Medicaid |
| Older Adults Waiver Day Habilitation Program/DD |
| Older Adults Waiver In addition to the 5 new clients enrolled into a Medicaid HCBS Waiver- there are 6 individuals pending eligibility.  Of the 6 pending- 4 currently reside in a nursing home- looking to move to an assisted living or at home and 2 currently reside at home. |
| Older American€™s Act programs: â€¢ Homemaker â€¢ Home-delivered meals€¢ Congregate meals â€¢ Caregiver Support€¢ Respite Personal support services _____ HCBS Waivers1.  CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities.2.  SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are SSI eligible. 3.  ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities- are between the ages of 21-64. 4.  NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. 5.  GAPP-Georgia Pediatric Program--specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age. 6.  MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. |
| Our members are enrolled in NOW/COMP waiver programs. |
| PACE- EDCD.  We know of 7 who were enrolled in PACE. |
| Partnership Family Care IRIS |
| PAS Program- CHIP Waiver- Respite Care |
| Passport and ALW |
| PASSPORT HCBS Waiver-Assisted Living HCBS Waiver- Caregiver Support-Comcare-Senior Community Services Block Grant |
| PASSPORT Waiver--Numbers included above Assisted Living Waiver--Numbers included above Ohio Home Care Waiver--not able to include numbers Care Coordination Program--not able to include numbers Local Levy Programs---not able to include numbers |
| PASSPORT-Assisted Living Waiver-Care Coordination Program-HDM-Senior Dining Program-Senior Farmers Market Nutrition Program-Find A Ride |
| Personal Care Adult Day Healthcare Transition Coordination |
| Question 38- Question 39- Question 41- and Question 42- Question 43 are tracked by Kansas Department of Aging and Disability Services via their Information Management System KAMIS- which at the local level the ADRC does not have the ability to pull the reports to abstain requested information for the above questions.  KDADS will submit information regarding statewide numbers directly to Lewin. |

## 44. PUBLIC PROGRAMS, please list LTSS program

| |
|---|
| Question 43 44: currently not tracked. |
| Question 43: KDADS will send this information directly to Lewin Group Question 44:HCBS-FEHCBS-PDHCBS-TBISenior Care Act-Kansas State funded Older Americans Act-Federal funded |
| RCCOA does not enroll clients- we only provide services to clients that are enrolled. |
| reflects only WOA |
| Same as #42 |
| Same as 42- this is for NM ADRC only |
| Same as above |
| Same as response above |
| see # 42 |
| See 42 |
| see question #42 |
| see question 42 |
| See question 43.On average the LCA helps with 4 Money Follows the Person applications a month. |
| SSBG- CHOICE- TIII- TIIIE-  AD WAIVER AND TBI WAIVER |
| SSI/SSDI Eligibility HIRSP Medicare Supplement MAPP Medicare Advantage Plans Medicare Coverage Medicare Part DQMB/SLMB/SLMB + Title III-C Home-Delivered Meals Title III-C-Congregate Dining Program Title III-B Volunteer Driver Program Family Care IRIS Alzheimer's Family Caregiver Support Program National Family Caregiver Support Program |
| STAR+PLUS and Community Based Alternatives for adults with physical disabilities Home and Community Services for persons with intellectual and developmental disabilities Community Living Assistance and Support Services for persons with intellectual and developmental disabilities Deaf/Blind/Multiple Disabilities Medically Dependent Children's Program |
| State Funded Options Homemaker Program State Funded Options Personal Care Program State Funded Options Home Delivered Meals Program Title IIIB Homemaker Program Title IIIC2 Home Delivered Meals Program |
| State Home Care program - Frail Elder Waiver and Spousal Waiver |
| State LTSS Services include Nutrition (Meals and Nutritional Supplements)- Personal Care- Nursing Services- Homemaker Services- Assistive Devices- Emergency Response System- Specialized Medical Supplies- Specialized Medical Equipment- Telehealth- Caregiver Services (Respite)- Adult Day Services. Elderly (Aged and Disabled) HCBS Waiver. |
| State Medicaid Waiver Programs - PASSPORT and Assisted Living Waiver Programs County Levy Programs |
| State plan Medicaid services |
| State plan Home waiver PASSPORT Home Choice |
| Statistics regarding the average number of individuals enrolled in Medicaid HCBS Waivers includes only the Aged Disabled Adult Waiver for adults age 60-64 with a disability and adults age 65+ and the Assisted Living Waiver for adults age 60-64 with a disability and adults age 65+.There are 17 Waivers in the state of Florida- but these are the two at the ADRC. Note: Individuals counted here as enrolled in LTSS represent only some of the funding sources listed in question 74. Individuals served in other funding sources- including non-registered services- are not included in this count. |
| TBI- ABI (2)- DDS (3)- MFP (no enrollees)- Frail Elder |
| The above data is not collected by ILC. However HCBS waivers include; IDD- Children with Complex Medical Needs- Adults with Physical Disabilities- Older Alaskans.  LTSS programs include Medicaid- Public Assistance- Nutrition- Transportation- housing modifications- assistive technology- Social Security- Medicare- Family Caregiver Support- other support/peer groups. |
| The database doesn't track this type of information |
| The following Sate Home Care programs - Frail Elder Waiver; and Spousal Waiver |

## 44. PUBLIC PROGRAMS, please list LTSS program

| |
|---|
| The questions above are programs not administered by Area VIII but rather by a Medical Corporation. Furthermore- each institution is administered by a corporation. There is no way to ascertain the exact numbers unless I secure them from the Montana Department of Public Health Human Services who may be compiling this information for both waiver and office of public assistance. |
| This data is not maintained at the local level. This data can be provided by the Texas Department of Aging Disability Services |
| This information is not available at the local level. |
| This information is not currently available to Passaic County ADRC. |
| This State ADRC office is a new site and will not be tracking this until July 1- 2013 |
| Unavailable |
| Unavailable data. Hawaii State Dept. of Human Services- MEDQUEST Division is the Medicaid agency on Kauai and has the information you are requesting. We do not have access to this information. We do not enroll individuals into Medicaid. We only refer and assist individuals with their application. |
| Unavailable information |
| Unknown |
| Unknown how many newly enrolled clients in IHSS- meals- or special case management fund. These intakes are done through the ADRC at DAAS Intake. Typically around 500 referrals a month would be made to LTSS services through the DAAS Intake line in this time frame. According to the ILC- consumers they work with are enrolled in the NF waiver. |
| Waiver for Older Adults  Waiving at Home Waiver LA Medical Adult Day Care Waiver Senior Care MAPCSPIHAS |
| Waivers are not delineated out of the grand total. |
| WAIVERS include the older adult waiver- the living at home waiver and the DDA waivers. The average numbers of institutions is numbers at the three nursing homes that are located in Garrett County. The average numbers of individuals enrolled in other LTSS programs in Garrett County include TCA- Foster Care- Age Blind Disabled- SSI- Medicare- SLIMB- Pregnant MCHIP- MCHIP and Baltimore Approved Waiver Clients.  All of these inviduals received Medical Assistance. Also- 22% of medical assistance is our physicians business here in Garrett County. |
| Waivers: Aged Disabled- Traumatic Brain Injury CHOICE (Indiana funding)Title IIIC- Title IIIE- and SSBG |
| Waiver score Community Svc DEA Assisted Living DEA Community Svc Hab Community SvcHab Group Home Intellectual Disability Preventative Community Svc RI Housing Assisted Living Self Directed Svc Shared Living Other LTSS Programs Group Homes ICF/MR Private ICF/MR Public ICLAS Severly Disabled Nursing Homecare PACE Connect Care Choice. |
| We are not a CCU and do not have immediate access to the requested information |
| We are unable to gather this information. We have requested this data from the local Medicaid Eligibility Office and have yet to receive approval. |
| We do not enroll in waivers |
| We do not have this information. |
| We do not track the number of referrals/enrollments into the waiver programs or other Medicaid service. It should be noted that the AD Waiver and the IDD waiver programs have managed enrollment lists and are not actively enrolling any new clients on a regular basis. |
| We do not track the number of referrals/enrollments in to the waiver programs It should be noted that the AD waiver and IDD waiver have managed enrollment or waiting lists and are not actively enrolling any new clients on a regular basis. |
| We do not track this at the local ADRC level. |
| We do not track this information. |
| We have referred to these programs (CAS- HCS- and CBA) - but most applicants have reported they have either |

| 44. PUBLIC PROGRAMS, please list LTSS program |
| --- |
| are waiting on a response/approval or have been placed on the waiting list. |
| We only provide referrals to Idaho Health and Welfare Medicaid services. The ADRC not a direct service provider. |
| We were unable to access current data. The only data available was for the calendar year 2012. |
| What other public LTSS programs are included above?: 1. Older American€™s Act programs, Homemaker Home-delivered meals, Congregate meals, Caregiver Support, Respite Personal support services |

| 40 (a) Does State ADRC have a database/MIS that does any of the following (Select all that apply)? |
| --- |
| **Links to other databases (e.g., Medicaid waiver tracking systems, Money Follows the Person tracking system). If yes, specify other** |
| AIS Suite links to Medi-Cal verification system |
| AT Network |
| Read only for DSIS II MMIS.  Service Providers throughout the aging disability network are maintained in the DE ADRC website & searchable database and print directory. |
| Refernet |
| Aging Infomation Management System - Georgia&#39;s state system |
| Georgia Medicaid Web Portal maintained by the Georgia Department of Community Health |
| MFP tracking system |
| MCOA has recently been informed that the database is now shared with Department of Human Services for consumers placed in the Foster Family Home Program. |
| Too numerous to list 20-25 |
| INsite |
| IRis system is used for ADRC and it links; bridge; to our State system INsite |
| INsite |
| IRIS Insite |
| Medicaid waiver tracking |
| Medicaid Waiver |
| PAS |
| Louisiana Answers |
| as requested |
| Within same we can share records on same consumer- Medicare.gov |
| LTSS |
| LTSS MD Database |
| MFP  WOA |
| Money Follows the Person tracking system |
| MFP- Med Waiver |
| track waivers- track MFP- Options counseling- ADRD grants |
| MEC- MFP |
| SIMS |
| Eligibility Verification System for Mass Health |
| Mass Health Consumer Status site |
| IRis and Reporter |
| State Eligibility System |
| EISEP- Alzheimer&#39;s Association |
| links and partnerships with 211 |
| Oregon ACCESS |

| 40 (a) Does State ADRC have a database/MIS that does any of the following (Select all that apply)? |
|---|
| **Links to other databases (e.g., Medicaid waiver tracking systems, Money Follows the Person tracking system). If yes, specify other** |
| Oregon Access |
| Waiver and MFP |
| ACES |
| Various State of WI databases |
| State of Wisconsin ADRC database |

| 40 (b). Does State ADRC have a database/MIS that does any of the following (Select all that apply)? |
|---|
| **Specify other** |
| ADRC does not currently have a unified database |
| Each organization has their own database to track consumer requests for;R- referrals made to consumers- and two of the three core partners maintain records for individuals consumers. |
| No - currently using Excel |
| Cirts and Vital Statistics |
| Community Point-IRis numerous links as listed by providers |
| The database is a shared system which is utilized by other community partners. With the permission of the client- information can unlock; and viewed by other partner agencies. |
| Advanced Information Manager |
| Our department is developing an integrated client data system now. |
| Queen Anne&#39;s County is currently using the AIM system as their means of collecting data.  Even though it does not meet all the requirements- we will continue using AIM until the State of Maryland institutes an ADRC&#x2F;MAP tracking system. |
| MASTS |
| ADRC staff have access to NH Medicaid data base- New Heights and LOC information; ADRC staff have access EMR and E-Discharge at partner hospital (Cheshire Medical Center&#x2F;Dartmouth Hitchcock Keene) |
| Tracks referrals made to select community service providers |
| Depends upon agency |
| Several operating organizations have systems which perform these functions. |
| MIS Software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS software selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed. |
| selected but not deployed |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS Software has been selected but not yet deployed |
| state considering moving to AIRS Standards |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed. |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed. |
| MSI software has been selected- but not yet deployed. |

| 40 (b). Does State ADRC have a database/MIS that does any of the following (Select all that apply)? |
|---|
| **Specify other** |
| MIS software had been selected but not yet deployed |
| MIS software has been selected but not deployed. |
| MIS software has been selected- but not yet deployed. |
| MIS software has been selected but not yet deployed |
| Has been selected- not yet in place |
| MIS software has been selected but not yet deployed. |
| MIS software has been selected but not yet developed |
| MIS Software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet developed. |
| MIS software has been selected but not yet deployed |
| MIS software has been selected- but not deployed |
| Our MIS software system has been selected but not yet deployed |
| MIS software has been selected but not yet deployed |
| MIS soft selected but not deployed |
| State is currently moving towards adoption of the AIRS Standards MIS Software has been selected but not yet deployed. |
| MIS software has been selected but not yet deployed |
| MIS software has been selected but not yet deployed. |
| MIS software has been selected but not yet deployed |
| Community Partner Program |
| Enrollments in LTC programs |
| Assist guide |

| 41 (b). Do operational partners have access to data they need for their operations such as data about your consumers/services? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| To review client information for final enrollment determination- input client demographic information- input service utilization information- review client service utilization- and obtain summary reports on clients and services. |
| HCBS waivers |
| Data for referrals |
| Contact information- needs assessment- # of hours approved for service requested |
| Review client information- review client service utilization- obtain summary reports on clients and&#x2f;or services |
| We have signed MoUs with operational partners who can upon request access ADRC data for seamless service delivery. |
| Evaluation and summary reports |
| Client demographic information- obtain summary reports on services |
| Input referrals via the ADRC secure referral system. |
| Review and input service utilization. |
| Review client information; input client demographics ;input service utilization; review client service utilization- obtain summary reports on clients and services |
| Funded providers input client information and input data on units of service provided. |
| Input service utilization information- obtain summary of reports- input referrals- review client information |

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| 41 (b). Do operational partners have access to data they need for their operations such as data about your consumers/services? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| To review collected data to provide quality service |
| To locate available community resources |
| Some partners share the same data input system and is able to see client&#39;s information. |
| Limited access to particular partners. Only one has access to client data. |
| Review client information- input referrals- input information- review service information |
| Access is limited to registration within the data system and generally for partners with contracts with the AAA. Select partners have additional access on services if required under their contract. |
| Input service utilization information |
| Review client information and capture service deliveries |
| Review client information- input client demographic information- input referrals- input service utilization information |
| To provide services to consumers & clients. |
| Demographic data and information. Perhaps to access grants and community funding |
| Tracking |
| Input client demographic information- input referrals- obtain summary reports on clients and&#x2f;or services- input utilization information- review client service utilization |
| Review client info |
| Billing units of services |
| Referral to programs in house |
| For client tracking and financial billing. |
| Share info on common clients |
| Review service usage- consumer demographics- notes regarding consumer needs- review service utilization |
| Purpose is to reduce duplicate referral, services and prevent clients from receiving services they are not eligible for. Also to provide enhanced services to clients. |
| As needed or requested |
| The above examples are what the operational partners have access to through the LTSS md database |
| Client information- tracking- referrals- service |
| Review client info |
| Review consumer info |
| For operation purpose |
| Linking ILC to AAA |
| Referral information only |
| All areas noted above |
| Service providers receive demographic information in order to provide services under consumer care plan |
| Service providers receive demographic information in order to provide services under consumers care plan |
| For referrals and service coordination |
| Other programs under ADSD have access to the same database; this allows them to view ;or add consumer data |
| Same |
| Review client service utilization&#x2f;obtain summary reports on clients and services& review client information |
| Seamless transition of clients |
| CMCDHK staff have access to refer 7 client to streamline communication on behalf of consumers |
| Client information- input client information- input referrals |
| Review client shared client data; search for local resources |
| Demographics- input referrals- input information |
| Review client information; client intake; screening for community services; reporting |
| Service documentation |

| 41 (b). Do operational partners have access to data they need for their operations such as data about your consumers/services? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| All of the above mentioned in question #47 |
| Client demographic data |
| Consumer service data tracking- reporting |
| Input service utilization information |
| AAA providers use the same database |
| Office for the aging services |
| Service delivery |
| Individual programs may access client service utilization- but details are confidential to program utilized. |
| Review client information- referrals |
| Review client information |
| Review client information- input information |
| Only the Mecklenburg CRC has an online referral and tracking system. |
| Input and review client information- input referrals and track and review client service utilization |
| Documentation of service delivery- input client data- obtain summary reports on clients and services. |
| Resource database only |
| The point shares limited data with the case management agencies with the purpose of following up on individuals referred for h& amp; cc-services (rather than by use of electronic database. |
| Some providers input their data into system and run reports |
| Input client demographic information- input service utilization information- obtain summary reports |
| Reporting and monitoring purposes |
| Serve common clients. |
| Partners only have access to ADRC intake form and can track and monitor services noted by other referred to partners (if applicable). |
| Mfp |
| Review client service utilization |
| Demographics- client information- services needed&#x2f;provided&#x2f;summaries |
| Annual 704 report |
| Information for grants |
| Share resources |
| To share information through peer place |
| The personal care home maker agency receives an electronic referral with client information.   The agency then keeps up the client record -- demographic information. |
| Referrals to and from local center for independent living with consumer consent |
| Some partners have access for all the reasons listed above |
| All purposes listed |
| Review client information |
| Referral information on warm transfers |
| DHHS for adult protection |
| Shared consumers with client approval |
| Data base of resources available |
| Resource information only via website |

| 42 (a) Do service providers have access to data about our consumers? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| Input referrals- input service utilization information |

| 42 (a) Do service providers have access to data about our consumers? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| data for referrals |
| For collaboration on services for specific consumers if ROI signed |
| contact information- needs assessment- # of hours approved and type of service requested |
| This Region sends annual utilization&#x2F;demographic data to providers |
| To contact consumer to enroll in service |
| service reports on clients |
| for review and input  client utilization |
| review client information- input client demographic information-input service utilization information- review client service utilization- obtain summary reports on clients and services |
| Enter client information- enter units of service provided. |
| Obtain summary reports on clients and services- input service utilization information |
| ADRC Partners ? |
| To provide quality service |
| Care Planning- Billing |
| to review client information- to enter client data on services delivered and to provide a connected system for follow through upon referral and initiation of aging funded services |
| Some providers have access to our database and is able to see limited client data |
| Can change, update & add to information- run reports- track service provision. |
| they have access only if they serve the individual in their program |
| Read Only |
| on admissions into services |
| Access is tiered according to what is needed to fulfill contractual requirements with the AAA. |
| input service utilization information |
| Client information- and service deliveries |
| review of client info- input client demographic info- input service utilization- review client service utilization-and obtain summary reports on clients services |
| To provide services to consumers& clients. |
| aggregate numbers only on types of clients- not client specific unless making a referral |
| only for provision of service |
| To assist in continuity of care |
| Review and stats |
| review client info |
| obtain summary reports |
| review client information- input client demographic information- input service utilization information- review client service utilization- obtain summary reports on clients and&#x2F;or services |
| service provision |
| limited on as needed basis |
| To record service delivery. |
| See above. |
| info on clients and services received |
| To make referrals |

| 42 (a) Do service providers have access to data about our consumers? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| Only information needed to serve the individuals |
| Service Providers can access client information if written consent is obtained from the client. Purpose is to reduce duplicate service referrals and to eliminate duplication of services. |
| As requested to provide service |
| review consumer info- billing for services provided |
| Provider direct but it is limited-  enough information to provide requested services and billing |
| providers can view service utilization for their specific agency only |
| Provider Direct&#x2F;Service Providers |
| Provider Direct for billing purposes |
| Providers can see demographic information so they can follow-up with clients and can enter billing via the electronic system. |
| See #86 for clarification |
| Client service utilization specific to the provider. |
| basic demographics |
| Provider Direct |
| Provider Direct |
| Provider Direct |
| for billing purposes |
| Provider contractors need basic demographic information in order to provide the service needed |
| Provider Direct system for vendors |
| Provider Direct for Vendors |
| Provider contractors need basic demographic information in order to provide the service needed |
| Provider Direct - to receive referrals- fill requests for service- enter information for billing purposes. |
| Billing |
| ADSD providers have access to consumer data under the SAMS system. |
| SAMS |
| Review Client Utilization; Data Reporting field for Refer 7.5 |
| The goal is to improve streamlined access to data and avoid duplication and to allow partners to have better access to accurate up to date community resource information |
| Review client service utilization- summary reports.  Client information with a release |
| review&#x2F;input |
| SERVICE DOCUMENTATION |
| all of the above mentioned in question #48 |
| input client demographic and service utilization information |
| client demographic data |
| Referrals only |
| Client service data tracking- demographics and demographics.  Reports. |
| To input client demographic information and client service information. |
| Specific Data through SAMS |
| Shared data with AAA |
| utilization review- referrals |

| 42 (a) Do service providers have access to data about our consumers? If yes, for what purpose? |
|---|
| **Specify the purpose** |
| input referrals- review client service utilization |
| input client info- review information- obtain reports |
| Those CRC partners who made referral or are referred to have access to electronic information in Mecklenburg County based on a verbal release by the consumer. |
| View referrals |
| review client information- input service utilization |
| Review client information- enter service utilization as it relates to the specific service provided. |
| to verify eligibility for billing |
| referral&#x2F;service delivery |
| utilization - billing |
| Service providers have access to date necessary to provide services to clients and caregivers. The POINT shares data with service providers manually as necessary for each individual referral. |
| input client demographic information- input service utilization information- obtain summary reports |
| Congregate Nutrition and Senior Centers |
| input demographic data |
| Partnering service providers are able to review client intake information- input referrals- and input on assistance provided.  Basically service providers are able to track and monitor assistance provided to consumer by partnering agencies. |
| review client service utilization |
| summaries - not client specific upon request |
| RSA USOR have access only for monitoring purposes |
| We share assessment information when it relates to programs and services with client permission. |
| CFC waiver clients only |
| Client assessments |
| Access provided with client consent. |
| Personal Care providers receive referrals |
| Review client information- input client demographic information- input referrals- input service utilization information- review client service utilization- obtain summary reports on clients; or services. |
| all purposes listed above |
| County Aging providers share same consumer database |
| obtain summary reports |
| Need to know or enrolled in their program |
| Informational only- unmet needs- etc. |

| 47. On which topics, if any, would you like to receive additional assistance from technical assistance provider? |
|---|
| Our agency would like to receive additional assistance on how to obtain funding for Care Transitions. |
| Data collection systems that work well for multiple programs. |
| Data base and standardized collection of data in order to report outcomes.  Currently supervise the HMIS team for the Municipality and am familiar with Bowman Systems Service Point and have some knowledge of more sophisticated data bases.  Currently are using MiCil which does not have the ability to capture data that is required |

| 47. On which topics, if any, would you like to receive additional assistance from technical assistance provider? |
|---|
| for this report. ADRC is slated to move to SAMS system in the future but still need information on how to best capture and record data while serving maximum number of individual Information on options counseling--a training course for counselors and standardized forms. |
| Current data collection system does not provide ability to answer a number of questions in this survey. We are able to count hours of services- but not individuals. |
| To justify funding requests and administer service provide contracts. |
| Hands-on Options Counseling Training |
| Standardized consumer information sheet and data collection. |
| We are always looking for best practices and/or forms that may help us track consumers or provide better service. |
| Advocates would like a standardized database for data collection. |
| sustainability |
| Quality Assurance and Care Transitions. The ADRC operates an informal Care Transitions Program and we do have statistical data that can be provided if requested. DSAAPS is working on system improvements to retrieve the demographic data needed to complete Section B. Populations Served. |
| SMMCLTCP |
| Thorough explanation/training of all questions on the SART. |
| I would like assistance on completing the SART report specific to agencies that do not qualify as an ADRC site. |
| Improving consumer services; program planning- performance data. |
| building firewalls for fee-for-service; developing HIPAA policies and procedures |
| Sustainability and obtaining and maintaining formal partnerships |
| How to meet the follow-up requirement with the limited time and staff available. When ask consumer do not want a follow-up call...they will call us if they have another need/ request for information. |
| Operationalizing Options Counseling according to ACL Draft Standards. |
| Would appreciate marketing tips and suggestions that have worked in other areas. |
| Nothing to request at this time |
| NA |
| None |
| How to appropriately respond to the report based on state implementation of the ADRC? Some areas in which data is required- don't have access to this and need to indicate N/A or unavailable- but cannot. |
| Justification for funding |
| Training of the best way to collect the required data. |
| presently satisfied |
| ADRC standard operating procedures - national/state |
| Need consistent/reliable method to collect local and statewide data in Maryland for MAP. Much of the data being requested by SART and this survey is not currently collected in a manner conducive to report generation in our state. State guidance is lacking in this area. |
| Templates for MOUs with partner agencies would be helpful. Also- shared database with partner agencies would facilitate enhanced communication. |
| It would be most helpful if the technical assistance provider would be able to assist local ADRCS in establishing a data collection system that reflects the information expected to be reported on within the SART and/or the local National Evaluation Survey. All ADRC's are at different stages and/or levels of operation. Many operate- such as ours- with tracking what is required of the original SART report through excel spreadsheets since our data programs are limited (due to limited funding) or no in house IT (since part of local government- IT concentrates only on the daily internal data needed for county operations). Based on not having prior knowledge on what the survey was looking to collect nor having a seamless manner in which to collect data- the numbers collected may not be an accurate reflection of the work conducted during this reporting period. |
| not sure |
| None at this time. |

| 47. On which topics, if any, would you like to receive additional assistance from technical assistance provider? |
|---|
| Learning about benchmarked studies from other ADRCs and improving evaluation- by using known tools- which work for evaluation. |
| None needed at this time. |
| Our current AIM (Aging Information Management) database is not able to capture much of the information that you are requesting for this survey.  We are in need of additional; A and support staff. |
| all relevant topics |
| none |
| None. |
| Would appreciate advance notice of data that will be requested for upcoming reports- in order to keep track of or develop- a tracking system to obtain the data. |
| What is the information that is being collected used for? How will it help us? |
| Eligibility Screening Module; Initial Screening of ADRC Clients |
| None at this time- thank you. |
| Measuring outcomes and quality. |
| Affordability of warm transfer systems that may work with several partner agencies. |
| none |
| Satisfaction surveys and follow-up questions |
| This section is not applicable to the website. |
| Additional Comments:For question 48. We provide this data in the form of dashboards to partners.  We do not share however details of consumer data due to MN Data Privacy Practices Act requirements and HIPPA. Each of these sections should have a notes section.  For instance for the Client Feedback Survey section I would have put in information but it wouldn't allow me to indicate this is a percentage of callers who respond- 95% and the number of consumers provided by the SLL to customers is also a % based on population and planning and service area. Please add Notes sections to each section of this report for staff to provide additional information to the TAE. Thanks :) |
| Program planning and implementation for staff and clients.  Management techniques best used to chart success and failures of program plan- staff accountability and client satisfaction. |
| A better of understanding of running reports for data collection. |
| Enhancing data collection software- thus- systems would better integrate for reporting purposes. |
| all of the above |
| Program Planning; funding sources |
| Warm transfer options |
| Matrix Management as it applies to a successful ADRC model Technology Assistance widely promoting and enhancing the ADRC/NWD technology systems we have in place now so that health care and social service partners will work with and help us develop what we have rather than create something new |
| Creating accurate reports from SAMS |
| Data collection tools and processes. |
| All questions and reported answers based on software tracking tool developed by Peer place. We do not track all data the same way it is being asked for in this report. If data needs to be collected differently going forward for accurate reporting- data collection should be designed using this reporting tool as the basis to pull data when needed and data entry should be standardized across the country. The cost born to make these changes at the local level would be astronomical. |
| The Ashe County CRC would like to see a database system in place so that all providers would have access to consumer information when needed. |
| Regarding 49-53 Follow-up differs regarding the service. For most CRC; A situations the idea is follow-up would occur one week after contact. However for Options Counseling we follow a 30- 60- 90 day follow-up schedule. For Money Follows the Person we complete surveys one year after transitioning and 2 years after transitioning. So the follow-up procedures vary greatly depending on the program. 57. Technical Assistance on data tracking would be greatly appreciated and very useful. Ever since the creating of NC Carelink was ended and there is no word of a |

| 47. On which topics, if any, would you like to receive additional assistance from technical assistance provider? |
|---|
| replacement- we have no developing or functional reporting system. How can we best collect and provide the data needed for CRC reports? |
| Our CRC does not have a web based system to track numbers- therefore it is almost impossible to provide much of the information requested. |
| None |
| Tracking measurable outcomes through customer service. |
| Securing Funding for ADRC capacity. |
| # 56 will not save my answers.  The first four boxes should be saved. |
| None |
| I did not receive the information from the agencies I followed up with for these particular questions. |
| Integration of 2-1-1 call center activity into ADRC statistical reporting |
| Taxonomy |
| More demographic information on Over 60- Under 60; e.g.- are they MA eligible? |
| Not sure |
| At this time information is adequately distributed. |
| THE POINT would like training on best practices for dealing with difficult clients and or callers. |
| We need more intense proactive training modules for various reporting documentation. This includes Information Referral- I-Care- Family Caregiver- Ombudsman reporting procedures. |
| Consumer Choice Programming Options Counseling - HCBS |
| How to pull accurate reports. |
| We appreciate more assistance in supporting partnerships. In our model- the partners do not have a strong incentive to actively support the day to day activities of the ADRC in providing an on-call model help/information/referral phone line to over 250-000 seniors as well as persons with disabilities- helping professionals- and caregivers. Sample Memorandums of understanding between partners and best practices would be very helpful. We have not seen this addressed greatly in the TAE newsletter or on-line resources. |
| N/A |
| CCTP List Bill Submissions |
| How to accurately track consumer information in the above required information to ensure that we are providing the most accurate up to day data on all of the activities and services we are providing. |
| I would like to have more feedback from the reports submitted and the information gathered by the provider. |
| How to capture measured outcomes is always a challenge for newer ADRC's to implement? It would be nice if the technical assistance provider could provide us a tool that we could use that will help us answer SART questions better and measure outcomes in a more streamlined way for all ADRC's. |
| clarification for our state agency on our ability to provide services (e.g.- Care Transitions) under contract with profit- and not-for-profit providers and draw on Title III revenues if contractual revenues are not sufficient.  Our state unit on agency prohibits us from using Title III to supplement contractual revenues--which makes it extremely difficult to diversify our funding streams. |
| Reporting. |
| Serving LGBT older adults |
| How to best do a quantitative performance eval with very limited staff and with consumers who often do not have computer or phone access. |
| The use of Options Counseling with people with intellectual disabilities and youth in general |
| We already frequently request assistance to add topics or understand how to get more information out of our agency databases to help us with reports or when needing stats for contracts or funding. We need a better understanding of this SART report and what we include for services and consumers.  Topics like: When you are talking about our agency and its service area - do we comment on unmet need if it's not something we have ability to control?  Example: there is an unmet need for homemakers in our service area- but we do not hold the contract on this. |
| How to better track the data for these reports and create simpler reports. |

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

## 47. On which topics, if any, would you like to receive additional assistance from technical assistance provider?

| |
|---|
| We would like more training on how best to use Refer on a daily basis and to our advantage to our organization. |
| Veteran Assistance Programs Informal Caregivers |
| All ADRCs are to develop sustainability plans that include adequate reimbursements or fees for service. ADRCs are to serve individuals of all incomes. What are ADRCs charging individuals with incomes that do not make them eligible for public funds - and for what services? Refer to your Question 82 on fees or service or per unit fee for the specific services identified in that question. What business plan tool kits are available to help ADRCs with this sustainability component? |
| Modernized telephone service Website chat interaction in secure environment |
| None at this time |
| None |
| None |
| We are in startup mode and creating a QA policy at present time. Our phone system will accommodate warm transfers in the very near future |
| successful and affordable care transition projects in action |
| Program Planning |
| none |

## 49 (a) If yes, to which of the following populations is the eligibility screening instrument administered ?

| Specify other populations |
|---|
| All qualified |
| All |
| 18-64 |
| All populations |
| we assist all callers who identify as 60 years of age and older; however as of April 2013 we now assist any caller requesting Medicaid Waiver services who is at least 18 years of age or older |
| age 60- 64 |
| Aged 60 and older |
| Age 60 and older |
| Aged 60+ |
| caregiver-Title IIIE |
| 60+ population |
| Caregiver |
| Alzheimer; Dementia |
| Dementia |
| Any Aged 55+ |
| All age 18 plus consumers |
| Any older adult or adult with a disability seeking LTSS services. |
| Income assessment |
| If individual is applying for a Medicaid Waiver or the Senior Care program- MAP staff complete a Referral form for AERS screening. |
| All disabilities |
| All disabilities are served by the Center for Living Working- Inc. |
| Caregivers- relatives |

| 49 (a) If yes, to which of the following populations is the eligibility screening instrument administered ? |
|---|
| **Specify other populations** |
| Screen by age |
| Age 60-65 |
| Any other disability not listed |
| Income |
| ADRC of Southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide in Summer- 2013. When our ADRC is operational- we will be doing this. |
| Anyone under 65 too |
| Age 60 and older. |
| ALL (and everyone) are screened |
| Financial |
| Family caregiver |
| Adults 18 and older who might be eligible for long term care services and family caregivers |
| 60 and older |
| As needed for all callers |
| All populations that contact us |
| Dementia |
| Everyone is screened |
| Depends upon agency |
| Depends on specific operating organization |
| Under 60 years of age |
| We serve older adults (60+) and people with physical disabilities. These consumers may also have one or more of the diagnosis above. |
| People 60 and older |
| Age and disability |
| Any age and any disability. |
| Everyone who calls is screened for program eligibility |
| Combination of all Core Partners |
| All apply for Medicare recipients and for Other - Private pay services and All age 60 and over who contact the agency are screened for eligibility. All HDM applicants - regardless of age- are screened. |
| Age 60 -65 |
| Age 60+ and adults w&#x2F;disabilities |
| Anyone who is requesting in-home services that relate to our contracted in-home services |
| All populations |
| functional assessment |
| 60+ |
| Aged 60 and over or if under 60 if having passed a Medicaid Personal Care screening |
| Aged 60 and older |
| Aged 60 and older |
| Mental illness when dual diagnosis |
| Adult w&#x2f;a disability; child w&#x2f;a disability who is 17.5 years of age |
| Consumers with Mental Illness as a comobidty to PD or Frail Elderly.  Terminal Illness. |

## 49 (a) If yes, to which of the following populations is the eligibility screening instrument administered ?

**Specify other populations**

Under age 60 only

## 49 (b). What kind of information is collected?

**Specify other kind of information collected**

Current public benefits

If doing benefits counseling or options counseling would collect all the information listed.

Demographic information is collected and other items depending on consumer needs and requests for service.

Veteran status

Nutrition status

Open-ended question regarding any current concerns.

Geographic

Medications- financial assistance- Medicare status&#x2f;medicaid status other insurance- VA benefits or if veteran- if renting or own home- caregiver stress and disabilities

Prescreening intake form does not officially include info about health status and adls - but we ask about those items to make a preliminary determination of need and eligibility.

Current and needed services

Insurance provider; Medicare; Medicaid

Community supports

Needs

As it pertains to the questions they ask or requested services

Type of community assistance receiving; type of natural support - i.e. Family- friends- faith-based community; transportation

Emergency contacts

Map collects demographics- living situation- caregivers- LTSS received- income and assets. Aers collects health status- cognitive- behaviors. The future level i screen will incorporate most of the items above.

As needed to determine appropriate assistance.

Housing needs and what else consumer will share.

Independent living services needed

ADRC of southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide; in summer- 2013. When our ADRC is operational- we will collect this data.

Info collected only as needed and applicable

This information is contingent however on the consumers&#39; willingness to share and is not for financial eligibility determinations but for serving the consumer with ltcoc.

Case by case- based on needs.

Medical diagnoses- if applicable living environment

Initial item or service they are seeking

Other social programs and other supports

All of the above where applicable.

How they would like to be assisted

Information collected is based on need of client

| 49 (b). What kind of information is collected? |
| --- |
| **Specify other kind of information collected** |
| Depends on specific operating organization |
| Any information that may be needed for making an appropriate referral for on behalf of the individual or contact. |
| Nutrition |
| Any age- any disability |
| Type of disability |
| Disability; living situation; benefits person receiving. |
| Level of peer or ally support- employment status |
| Disability and life goal |
| Emotion; support system; substance abuse |
| Directions to home- health insurance- what services do they need? Emergency contacts |
| Veteran |
| Oral health needs |
| All information is not collected in every situation.  It depends on the nature of the request and what the professional interviewer feels would be beneficial to gather so that the consumer can have the best possible ADRC experience. |
| Employment- goals- medications |
| Employment status; needs; health related services needs with level of help needed; communication and cognition; mental health; substance use; as well as a risk determination |

| 50 (b). How do clients in your state/site complete and file applications for financial eligibility for Medicaid or publicly funded LTSS? |
| --- |
| **Specify other eligibility screening modules** |
| Persons can call their local county human services and ask to have an application mailed to them |
| Medicare Savings Program Applications |
| Deterlevelmined at care coordination |
| Referral to ID H;W office |
| Callers may request or start an application by phone- which is then mailed for person signature- then returned by mail&#x2F;fax&#x2F;in person |
| Financial eligibility for Medicaid generally requires an in-person application at the local Department of Community Based Services office. (The exception is for Medicare Savings Programs.) Most LTSS available through the Bluegrass AAAIL that have financial eligibility require an in-person assessment application. |
| Applicants must apply in person at the local state office. |
| Directed to DCBS Offices |
| We screen for eligibility. |
| people call to get list of documents to bring to local office to apply |
| In person at DHHS |
| Applications are faxed back to State using a secure fax |
| Is dependent upon the application. For many Medicaid programs online application is possible and then may require an in-person visit to the Dept. of Social Services. Other programs (e.g. - Medicaid HCBS Waiver) require a paper application that is mailed to the applicant. |
| LOCAL COA |
| HANDLED BY CWA |
| Has to be done through County Welfare Board location and by County Welfare Board Staff. |
| All is dependent on what the consumer wants- what is required- or what the other service provider will accept. |
| Applications are completed during in-home visits and scanned and emailed to the county JFS |
| Paper copies are obtained via mail- completed by hand and faxed to the County office. |
| n&#x2F;a |
| Local DHS office and FTAAAD |
| ADRC Staff Assist |
| Vision and Texas Ramp Project |
| Person to person interviews are initiated and application is submitted online. |
| LIS -Prescription Assistance Programs |
| Referrals to Triple A- Life Run- Social Security Office |
| Applications can be accessed- completed- and submitted on line.  They can also be completed by hand and turned in by mail- or a state office.  ADRC staff can also fax in a completed hand application |
| you can call to get assistance with completing the forms |
| Referred to Dept. of Family Svcs |
| Most are completed at local Dept. of Health and Human Resources office |
| Most are completed at local Dept. of Health and Human Resources office |
| Applications may be filled out verbally over the phone with an Economic Support Staff. |
| Applications are mailed or brought on visit by ADRC staff |

| 51 (a). In what ways do ADRC staff assist clients with financial eligibility applications for Medicaid LTSS Programs? |
| --- |

| Specify other |
|---|
| Follow-up with client on application status |
| Assistance is provided to client on the amount of supports needed. |
| Refer for advocacy and legal services for appeals. |
| Assist with appeals but do not manage them |
| We offer to become authorized representatives for clients needing that level of assistance. |
| Organization has desire and staff capacity to assist with application- however we have no funding to do so. |
| We also provide copies of application and contacts of who can assist with filling out the application and who can check the status of their application |
| Assist consumer with appeals process |
| Assist with appeals process. |
| We occasionally assist with required financials and appeals |
| Assist them with appeals. |
| Serving Health Information Needs of Elders (SHINE) |
| This is done primarily with volunteer supports |
| Advocate; assist with appeal process |
| Give info on meeting spend down- pooled trusts |
| Depends upon the agency |
| Assist with appeals as appropriate. |
| We administer the Medicaid program. |
| Send the application to Division of Elderly Affairs- the Division then assigns the case to a LTSS |
| Applications 1-. Food Stamps thru SC Maps and scmapp.sc.gov and 2 ABD Medicaid 1 referral- CLTC Referral Form |
| We refer to local CLTC; Medicaid office as necessary |
| Advocate for the client as needed within the system. |
| Refer to partners for actual assistance |
| Assisting clients in the above activities are dependent on the peers abilities |
| Submit to DSS |
| ADRC staff mail or hand out applications |

| 52 (a). In what ways do ADRC staff assist clients with financial eligibility applications for publicly funded LTSS* other than Medicaid LTSS? |
|---|
| **Specify other** |
| Assistance is provided to client on the amount of supports needed. |
| ADRC coordinates SCA and OAA programs |
| Food Stamp Applications |
| Assist with appeals process. |
| Occasionally assist individuals with financial eligibility applications for publicly-funded LTSS other that Medicaid |
| Assist them with appeals. |
| ADRC of Southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide IA in Summer- 2013. When our ADRC is operational- we will be doing this. |
| Advocate; assist with appeal process |
| Processing of paperwork for the applications |
| Depends upon the agency |
| Contact the programs to help identify the issues that is preventing the completing of the application. |
| Advocate for the client as needed within the system. |
| Refer to our partners for assistance |
| Assisting the peer on the basis of the peers abilities |
| Submit to DSS |
| No other public-funded LTSS |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
|---|
| Medicaid Waiver- Alabama Cares |
| D Waiver Alabama Cares |
| Senior Rx Progam: Advocacy and assistance in gaining FREE or reduced-cost access to prescribed medications. Alabama Elderly Simplified Application Project (AESAP): Simplified application process for persons age 60+ that provides a monthly financial benefit to purchase food. Transportation. Home-Bound Meals: Daily meals to include breakfast and lunch to seniors who are homebound Medicaid Waiver (ED/HIV AIDS): Comprehensive services to allow an individual to remain in their home. Part-D Evidence based Interventions: Chronic Disease Self-Management Program. |
| Home; Community Based; D Waivers |
| Alabama Cares- caregiver respite program Title III Homemaker Services |
| Senior Rx- SHIP- Ombudsmen- Alabama Cares- Medicaid Waiver- Legal Services- Project Share through Huntsville Utilities |
| However HCBS waivers- personal care services- chore services- Medicaid- Public Assistance- Nutrition- Transportation- housing modifications- assistive technology- Social Security- Medicare- ACHIA- Family Caregiver Support- other support/peer groups. |
| Medicaid waiver Senior Benefits |
| Medicaid (general)Denali Kid Care Medicaid Waiver: Alaskans Living Independently (ALI): Adults w/Physical Disabilities (APDD) and Older Alaskans (OA)Medicaid Waiver: Children w/Complex Medical Conditions (CCMC)Medicaid Waiver: Intellectual and Developmental Disabilities (IDD)LTC (Nursing Home) Medicaid Adult Public Assistance (APA)Temporary Assistance Program General Relief Assistance (GRA)Chronic and Acute Medical Assistance (CAMA)Personal Care Attendant (Agency-based and |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
|---|
| Consumer Directed)Food Stamps State of Alaska Senior Benefits Nutrition and Transportation Services (Meals on Wheels- Care-a-van)Medicare Savings Program (QYMBY/SLMBY)E-mods TEFRA Senior In-home Services National Family Caregiver Support Program Adult Day Services Nursing Facility Transition Program Qualifying Income Trusts |
| Area Agency on Aging- Centers for Independent Living- Division of Developmental Disabilities- Arizona Division of Aging and Adult Services- State Health Insurance Assistance Program- Adult Protective Services- Medicaid (AHCCCS/ALTCS)- long term supports and service providers (home health agencies and nursing facilities)- critical pathway providers (hospital discharge staff). |
| Arizona Long Term Care (Medicaid)- ADRC services |
| It is the Arizona Long Term Care System (ALTCS) |
| Medicaid (Arizona Health Care Cost Containment System / Arizona Long Term Care [ALTCS])Some systems are supported by the OAA with limited state funding |
| AHCCCS/Medicaid- AAA and Division of Developmentally disabled (DDD) - are the only publicly funded systems in this area. |
| Elder Choices (Aged 65 and over Waiver)Living Choices (Assisted Living Waiver)Alternatives (Adults with Physical Disability age 21-64 Waiver)Independent Choices (State Plan - Consumer Directed Cash and Counseling Personal Care Program - age 18 and over)State Plan Personal Care Program (age 60 and over) |
| MSSP- SOAR- Linkages- Care Transitions- and IHSS. |
| Renter Deposit assistance programs Nevada County Senior Outreach Nurses Home Modification Program County Medical Services Program (CMSP) |
| DAAS Intake processes referrals for In Home Supportive services- home delivered meals- a special case management service funded by local money- hospital to home transitional care services- and general information and referral. |
| Medicaid Long Term Care Medicaid Medicare Savings Program Working Adults with Disabilities Medicaid Adults Without Dependent Children Medicaid |
| Access to LTSS is through many means: ADRC (ARCH in Colorado) Community Centered Boards- County Departments of Human/Social Services- Disability Determination Services- Medicaid- PACE (Program for All-Inclusive Care for the Elderly)- Single Entry Points- Independent Living Centers. LTSS Services include: Institutional Care- skilled nursing facilities. Home and Community Based Services: Assisted Living Residences- (Alternative Care Facilities in Colorado)- Home health care- Personal Assistance Services- Adult Day Programs- Older Americans Act Programs |
| Food stamps Medicare Savings LEAP OAP Housing Applications, CSBG Low Income Subsidies- Medicare Social Security Rent- heat and rebate |
| All as mentioned before and Money Follows the Person- just getting started. |
| LTC Medicaid- Home Care Services- HCBS- Older Americans Act programs- ARCH- Colorado Choice Transitions- ADRC Options Counseling |
| Medicaid waivers: Connecticut Homecare Program for Elders; Traumatic brain injury; mental health waiver; personal care attendant waiver- developmental disability waiver; CT Homecare Program for disabled adults; (Pilot Program).Alzheimer Caregiver Respite Program- National Caregiver Respite Program and Supplemental Services- Meals on Wheels- Dial-a-Ride services- Para transit services- subsidized housing with congregate meals and house cleaning- subsidized assisted living facilities- subsidized elderly and disabled housing- private assisted living- continuing care retirement communities- home of the aged settings; community agencies funded by Older American dollars which includes legal services- homemaking- mental health- chore service- outreach- transportation- financial assistance- aging in place assessments- peer counseling- senior centers- adult day centers- assistive technology assistance- employment counseling- re-balancing of Medicaid dollars for assistance to people transitioning from skilled nursing facility to home- ADA consulting- mobility assistance- Bureau of Rehab services- care transitions- support specialist for mental health consumers. Financial support programs such as energy assistance- rental rebate- SNAP- Medicare Savings Program- Prescription Assistance. |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| CT administers the CT Home Care Program- a Medicaid waiver for older adults which will include younger adults with disabilities beginning July-2013.The Agency on Aging administers the Veterans Home Based program Katy Beckett waiver Personal Care Assistant waiver Medicaid Statewide Respite Care National Family Care giver Support Centers for Independent Living |
| CT Homecare Program for Elders (state funded)CT Homecare program for disabled (state funded- only 50 slots)Alzheimer's Respite Care Program ( state funded) |
| Medicaid – Insurance NAPTANFDDSDMHASDSS - Cash assistance |
| Medicaid LTSS Supplemental Nutrition Assistance Program Energy Assistance Emergency Funds Home Modifications State Rental Assistance Program Transportation Housing (SRAP) |
| Publicly funded LTSS services through the ADRC include state funded Community Care for the Elderly-Alzheimer's Disease Initiative- Home Care for the Elderly. These do not have a financial eligibility. The ADRC does the screening/prioritization and releases clients for service in order of priority when funding is available. The ADRC also assists with financial eligibility for publicly funded programs such as SNAP (food stamps) and Low Income Subsidy/Extra Help which are not Medicaid. Department of Children and Families does the same for state funded Community Care for Disabled Adults-and Home Care for Disabled Adults. These do not have a financial eligibility. |
| HCBS non-Medicaid Services County Funded Services |
| Community Care Services Program Independent Care Waiver Program Mental Retardation/New Options Comm. Habilitation/Comp Sup SOURCEGAPP In-home Private Duty Nursing GAPP-Medically Fragile Daycare |
| Food Stamps- LIHEAP- Medicare Savings Plans |
| LTSS programs available include: Case Management Congregate Meals Home-Delivered Meals Homemaker Services Caregiver Material Aid Personal Care Services In-home Respite Care Services State Health Insurance Assistance Program (Georgia Cares) -- this is the CMS SHIP program Money Follows Person Transition Coordination MS Local Contact Agency ADRC Enhanced Options Counseling (Hospital On-Site Options Counseling)HCBS Medicaid Waiver - 1915 C Elderly and Disabled Waiver (formerly known as the Community Care Services Program Medicaid Waiver) |
| The Home and Community Based Service Program receives funds as outlined in the Older American's Act and from the state of Georgia. The Community Care Services Programs received Medicaid funds. Funding is also donated by groups and individuals. |
| Home Delivered Meals Congregate Meals Homemaker Assistance Respite Care Adult Day Health Community Living Program (Consumer-Directed)Medicaid waiver programs (CCSP- SOURCE-ICWP)Kinship Cares (Grandparents Raising Grandchildren)Alzheimer's Services (Education/Training/Daily Living Aids) |
| Our organization is not a LTSS funded provider. |
| 1. CCSP-Community Care Services Program-elderly and/or functionally impaired or have disabilities.2. SOURCE-Service Options Using Resources in Community Environment-primary enhanced case management under elderly and disabled waiver. Serves blind- aged- disabled who are SSI eligible. 3. ICWP-Independent Care Waiver Program-for Medicaid recipients who have severe physical disabilities-are between the ages of 21-64. 4. NOW-New Options Waiver and COMP-Comprehensive Supports Waiver Program-for people who have developmental or intellectual disabilities. 5. GAPP-Georgia Pediatric Program--specialized skilled nursing services to medically fragile members with a current Individualized Family Service Plan- age birth to 3 years of age. 6. MFP-Money Follows the Person-helps people living in nursing homes and ICF-MR facilities to transition and resettle in to a community setting. 7. Older Americans Act programs Homemaker Home-delivered meals Congregate meals Caregiver Support Respite Personal support services |
| 1. Community Care Services (CCSP)Provision of twenty-four hour- seven-day-per-week availability for medically-impaired individuals and their families to determine service needs and interventions; plan-arrange- coordinate- monitor and evaluate services; communicate with medical professionals; and refer to |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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community resources as appropriate2. Elderly Legal Assistance Program (ELAP) Legal advice- counseling and representation by an attorney or other person acting under the supervision of an attorney: (NAPIS_2010)3. Georgia CaresProvides information to individuals regarding their eligibility for benefits- one-on-one assistance with pursuing claims/benefits- and advocacy on behalf of the beneficiary4. Gateway/ADRC Options Counseling Long-term support options counseling is an interactive decision support process whereby consumers- family members- and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers€™ needs- preferences- values- and individual circumstances. (AoA definition 2010)Gateway/ADRC Specialists will be trained to provide options counseling via telephone during FY2014.5. Money Follows the Personal€¢ Gateway/ADRCs MDSQ Options Counseling: Long-term support options counseling is an interactive decision support process whereby consumers- family members- and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer€™s needs- preferences- values- and individual circumstances for individuals currently living in nursing facilities and is provided face-to-face (AoA definition 20010.)6. Home and Community Based Services (HCBS) In-Home Services€¢ HCBS Homemaker Services: Assistance with preparing meals- shopping for personal items- managing money- using the telephone or doing light housework (NAPIS_5_2010)â€¢ HCBS Personal Care Services: Personal assistance- stand-by assistance- supervision or cues (NAPIS_5_2010)7. Home and Community Based Services (HCBS) Caregiver Services HCBS Caregiver Respite Care: In-Home: services which offer temporary- substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes personal care- homemaker- and other in-home respite. (NAPIS_5_2010) 8. Home and Community Based Services (HCBS) Kinship Care Services€¢ HCBS Kinship Caregiver Group:  Activities provided on behalf of kinship caregivers and kinship care receivers to support their continued independence and well-being9. Home and Community Based Services (HCBS) Nutrition and Wellness Programs â€¢ HCBS Nutrition/Wellness: Congregate Meals: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. &quote; (NAPIS_5_2010)â€¢ HCBS Nutrition/Wellness: Home Delivered Meals: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. (NAPIS_5_2010) May include assistive technology for dining. (DAS) HCBS Nutrition/Wellness: Nutrition Counseling€¢ HCBS Nutrition/Wellness: Health Promotion and Disease Prevention Group10. Home and Community Based Services (HCBS) Case Management.  Assistance either in the form of access or care coordination in circumstances where the older person or caregiver is experiencing diminished functioning capacities- personal conditions- or other characteristics which require the provision of services by a formal service provider and/or family caregivers. Activities of case management include such practices as assessing needs- developing care plans- authorizing and coordinating services among providers- and providing follow-up and reassessment- as required &quote; (NAPIS_5_2010)11. Other Home and Community Based Services (HCBS).  HCBS Information and Assistance: A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable- establishes adequate follow-up procedures. Internet web site; hits& ; are to be counted only if information is requested and supplied. Quote; (NAPIS_5_2010) HCBS Telephone Reassurance: Interaction with individuals by telephone to reduce social isolation- provide support and ensure health and safety. (DAS) HCBS Home Modification/Home Repair: Provision of housing improvement services designed to promote the safety and well-being of adults in their residences- to improve internal and external accessibility- to reduce the risk of injury- and to facilitate in general the ability of older individuals to remain at home. May also include the purchase and installation of assistive technology or devices such as locks- smoke detectors- tub rails- improved lighting- etc. For Kinship Care- items could include but are not limited to safety electrical plugs- child safety gates- and window/drawer safety latches.(DAS) HCBS Transportation (DHS Unified): Provision of DHS Unified Transportation as a means of transporting clients

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| from one location to another. Does not include any other activity. (DAS)12. Long-term Care Ombudsman (LTCO)Provision of services that protect and improve the quality of care and quality of life for residents of long-term care facilities through advocacy for and on behalf of residents and through the promotion of community involvement in long-term care facilities13. Alzheimer Programs& Personal care for dependent elders in a supervised- protective- and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically include social and recreational activities- training- and counseling...&quote; (NAPIS_ 5_2010) 14. Chronic Disease Self-Management Program (CDSMP)A Stanford University evidence-based program facilitated by non-health professionals to improve the skills needed to manage day-to-day problems with chronic disease. Skills taught include appropriate exercise- communication- nutrition and pain management techniques. (DAS)15. Other Services- Programs- or Grant Funded Projects€¢ Medicare Improvements for Patients and Providers Act (MIPPA): This act- signed into law on July 15- 2008- encompasses significant changes and opportunities for Medicare beneficiaries- particularly those who are low-income. A Care Transitions: Created by Section 3026 of the Affordable Care Act- the Community-Based Care Transition Program (CCTP) provides funding to test models for improving care transitions for high-risk Medicare patients by using services to manage patients transitions from acute-care hospitals with high readmission rates to another setting- such as a long-term care facility or the patients home |
| Information and Referral/ Assistance - The provision of information- assessing the needs of individuals and referring them to appropriate services- advocacy- crisis intervention and follow up- as defined by the Alliance for Information and Referral Systems (AIRS). Short Term Crisis Intervention - Short-term crisis intervention is used to prevent unnecessary institutionalization- whether that is short-term hospitalization or long-term placement- and to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It usually involves intensive supports over a period of a few days. Benefits Counseling - Benefits counseling involves counseling individuals about public benefits- assisting in applying for benefits- and offering guidance regarding appeals for denied applications. Options Counseling - Options Counseling is a person-centered- interactive- decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences- strengths- and values. Planning for Future LTC Needs - The process of planning for ones€™s future long term care needs. For ADRCs- this may involve the provision of information- options counseling and resources about retirement planning- financial planning- LTC insurance- and reverse mortgages. SHIP Counseling - The State Health Insurance Assistance Program- or SHIP- is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. Peer Counseling - Centers for Independent Living offer peer counseling as a core service-- individuals with disabilities serve as role models to peers- providing information and support- and facilitate decision making. Adult Protective Services - Adult Protective Services (APS) strive to insure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected- are unable to take care of themselves or protect themselves from harm- and have no one to assist them. In most states- APS caseworkers are the first responders to reports of abuse- neglect- and exploitation of vulnerable adults. Independent Living Skills Training - Centers for Independent Living offer skills training as a core service - training activity- focusing development of practical skills people with disabilities need to achieve or increase independence. Advocacy - Centers for Independent Living offer advocacy as a core service utilizing a process that emphasizes consumer control and self-reliance. An array of approaches aimed at assisting persons with disabilities to take charge or their life choices- act on their own behalf- and overcome situations that reduce the potential for independence. The Alliance for Information and Referral Systems defines advocacy as a key part of Information and Referral- to ensure that people receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. Caregiver Support Services - education- information- support- counseling- respite- training- and other types of supports (usually provided on a short-term basis or intermittently) provided to family caregivers and other informal caregivers who provide support for older adults or people with disabilities. Prevention- Health Promotion- or Risk Reduction Programs â€" programs |

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| that aim to reduce risk of disease- prevent disease and its negative consequences- and enable individuals to increase their control over and improve their health. Employment Services or Service Coordination - activities provided to assist individuals in securing employment or acquiring learning skills that promote opportunities for employment. Housing Services or Service Coordination - assistance with locating and securing appropriate- affordable- and accessible housing in a variety of community-based settings depending on the level of need. Assistive Technology pieces of equipment and other items or installations that are used to increase- maintain- or improve functional capabilities of individuals with disabilities. Home Modification Services - retrofits or adjustments to existing homes that are undertaken to improve physical accessibility for older adults and people with disabilities. These can take a variety of forms depending on the level of investment and the scope of the improvement and address any number of obstacles to independent living. Home modifications range from simple improvements such as adding non-slip strips to bathroom floors or other smooth surfaces- improving lighting- providing telephones with large numbers and letters- and installing grab bars and lever door handles. More complex (and expensive) modifications include- but are not limited to- the installation of ramps- chair lifts- stair glides- widened doorways- roll-in showers- and lowered countertops. |
| Kupuna Care Title III Programs |
| Nursing facility costs.  Community based waiver services in certified care and foster homes for adults. Home delivered meals.   In home supports for individuals living in their own home or with others and at risk for nursing facility admission; partially covered by Hawaii's Medicaid Managed Care model. Community based supports funded by State funds (Kupuna Care program). |
| Home-delivered meals Personal Care Homemaker Chore Adult Day Care Transportation Financial Assistance Medical Food Stamp Community Services for Developmentally Disabled Vocational Rehabilitation for the Blind Public Housing |
| ABD services are provided through two Managed Care Organizations that utilize a medical model of service provision. This leaves a huge gap in the; social; services that are often quite warranted in order to help the ABD population improve or maintain functional levels. Sometimes the ABD population is too; poor; to receive OAA-funded HCBS- but not; sick; enough to receive in-home supports and services through the Managed Care Organizations.DD/MR services are provided through a participant-directed model. |
| aged and disabled waiver, respite nutrition  meals, case management adult protection nursing home and assisted living ombudsman homemaker |
| State Senior Services Act- Older American's Act- and Medicaid |
| #NAME? |
| Medicaid Waiver HCBS -Illinois Community Care Program: Comprehensive Care Coordination In Home Care Adult Day Services Emergency Home Response Money Management |
| Medicaid Waiver for DD population Medicaid Waiver for 60 years of age and older Medicaid Waiver for people with disabilities Medicaid Waiver for Medically Fragile/Tech Dependent Children Medicaid Waiver Program children with DD support Medicaid Waiver Program for children with DD residential Medicaid Waiver for Persons with Brain Injury Supportive Living Facility waiver Cash Counseling Program - this is not in our area limited areas in IL Money Follows the Person Choices for Care Institutional: ICFICF/MR Inpatient Psych. Service for individuals under age 21Services for individuals 65 and older in an institution for mental illness Skilled Care Nursing Facilities |
| CHOICE-  Home and Community Based Services funding provided by Indiana for individuals who are at risk of institutional placement. |
| In the State of Indiana- the Area Agencies on Aging / ADRC's are the single points of entry to LTSS services. ADRC staff provide options counseling and eligibility screening for LTSS. Funding sources for LTSS include: Medicaid Waiver- CHOICE (state funded)- SSBG and Title 3 programs. |
| CHOICE |
| The CHOICE (Community and Home Options to Institutional Care for the Elderly and Disabled) Program |

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| is a resource that eligible individuals are using to receive support services in their homes. Services provided may include case management- transportation- attendant care- home delivered meals- homemaker services- various therapies provided in the home- respite care- access to adult day programs in the community- medical supplies and other services necessary to prevent residential placement into nursing homes- group homes- state hospitals and other large group living facilities.  The program serves those who are 60 years of age or older and persons with disabilities of all ages who are eligible due to long term or lifelong limitations such as dependence on others to bathe- dress- eat- or go to the bathroom; limitations in ability to express personal needs and/or understand the communication of others; limitations in learning and maintaining self-care- communication- social and/or domestic skills; limitations in the ability to move purposefully between environments; and limitations in the ability to make decisions- show acceptable judgment- and/or recognize the consequences of ones€™s actions. The program is available regardless of income- but there is a basic fee or cost share for services based on a sliding fee scale. |
| CHOICE |
| Aged and Disabled Waiver Traumatic Brain Injury Waiver CHOICE in-home servicesSSBG in-home services Title III family caregiver services |
| CHOICE |
| CHOICE- SSBG- TITLE-3- TITLE-3D- TITLE-3E- HCBS WAIVERS- UNITED WAY- LOCAL GRANTS |
| Medicaid state plan Medicaid waivers CHOICE - state funding HCBSOlder Americans Act Social Service Block grant Transportation assistance for city transit systems VA Medicare Township Trustee |
| Aged and Disabled and Traumatic Brain Injury Medicaid Waivers. CHOICETIII programs Social Services Block Grant |
| TIII- TIIIE- SSBG- CHOICE AND MEDICAID WAIVER FUNDING |
| CHOICE? |
| CHOICESSBG Title III Title III-E |
| The Options Counselors assist clients in understanding the publicly funded LTSS services as well as assist them in completing the Medicaid and/or the waiver applications for home and community based services. Options Counselors do not determine eligibility for these publicly funded programs. |
| Senior Care Act Sedgwick County In-home Program |
| Senior Care Services- Older Americans Act funded services- Money Follows the Person- Home Health services- Community Transition Opportunities |
| HCBS (Home and Community Based Services) waivers of Physically Disabled- Traumatic Brain Injury- Frail Elderly- that the ADRC focuses on.  There are other waivers that the ADRC does not work with. Senior Care Act services--State funded in home services for those over 60 based on sliding fee scale. Older American's Act services-funded through federal Older American's Act dollars. |
| These services include the HCBS Medicaid waiver programs including FE- PD and TBI that the ADRC currently assesses functional eligibility for.  In addition- for individuals over the age of 60- the state funds a program for in-home assistance called Senior Care Act that is based on a client's functional eligibility and copay determined by income and asset information. |
| Older Americans Act and Senior Care Act |
| Senior Care Act and Older American Act |
| State funded Senior Care Act Program. This is a co-pay program based on the customer's income and assets. |
| Frail Elderly Physically Disabled Traumatic Brain Injury ID/DD Autism Senior Care Act Older Americans Act Case Management Durable Medical Equipment Advocacy Information/Referral In-home services Legal Transportation Nutrition |
| Homecare services for Home making- personal care- respite- escort to Dr.- Home Repair. Personal Care Attendant Services Adult Day Care Services Home and Community Based Waiver Services Michelle P |

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| Waivers Waivers ABI Waivers TBI Trust Funds Hart Supportive Living Disease Prevention and Health Promotion Services |

Program Name: Adult Day Care Program/ Alzheimer Respite. Description of Services: Provides a limited amount of funding to assist with paying for adult day care and Alzheimer respite services. Eligibility: Applicants must meet one of the following criteria:  Be age 60 or older- physically disabled or frail as a result of a medical condition- and need supervision/assistance during the day;  Be age 60 or older- mentally confused- and need supervision to prevent injury and assure proper nutrition/medication use;  Be age 60 or older and need individualized attention and social structure because of emotional or social needs;  Be any age with a diagnosis of Alzheimer disease or related dementia. Documentation Needed: Proof of age and income. Cost: Fees are based on income using a sliding fee scale. Extraordinary medical expenses may be considered. Program Name: Bluegrass Help at Home Registry. Description of Services: The Bluegrass Help-at-Home Registry is an online resource that connects people who need in-home assistance with people who want to provide those services (usually for a fee). The searchable directory can be used for services such as personal care- housekeeping- respite/sitting- escort/transportation- shopping- meal preparation- lawn care- home repair- live-in help- and other activities. Eligibility: Must live in or want to work in the Bluegrass Region. Documentation Needed: Service providers must agree to a criminal background check through the Administrative Offices of the Courts. Cost: Service providers must pay a fee for a criminal background check. Program Name: Consumer Directed Option/ Home Community Based Waiver. Description of Services: The Consumer Directed Option (CDO) allows people who are eligible for Medicaid Waiver services to choose their own providers for nonmedical waiver services. Services (based on need) may include homemaking- personal care- respite- attendant care- minor home adaptation- and medical supplies. The Bluegrass AAAIL provides assessment and Support Broker services for people in the Home Community Based (HCB) Waiver. Eligibility: 1. Must be elderly or disabled and meet nursing facility level of care. 2. Must apply for and meet special financial eligibility requirements to qualify for Medicaid. Documentation Needed: Applicants must have a physician's recommendation that- without services- placement in a Nursing Facility or Intermediate Care Facility would be appropriate. Must provide financial and other documentation required to apply for Medicaid. Cost: Participants may have a monthly patient liability- based on their income. Patient liabilities are determined by the local Department of Community Based Services office as part of the Medicaid application process. Program Name: Kentucky Family Caregiver Program. Description of Services: Provides supportive services to grandparents who are the primary caregiver of a grandchild who is 18 or younger. Services include:  Financial assistance for the purchase of clothing- respite assistance- educational supplies or assistance- medical and dental services- legal services- and other authorized expenses;  Information and assistance;  Counseling and information about support groups and caregiver trainings. Eligibility:1. The child's parents may not live in the home. 2. Gross household income cannot exceed 150% of the federal poverty level. 3. The grandparent cannot receive state Kinship Care for caring for the grandchild. 4. The grandparent must meet the following requirements:  Be a Kentucky resident;  Be related to the grandchild by blood- through marriage or adoption; and  Be the child's primary caregiver. Documentation Needed: Must complete an application and provide proof of income. Program Name: Kentucky State Homecare Program. Description of Services: Provides the frail elderly who have functional disabilities or chronic health/social problems with basic services. Care plans are designed to help participants remain in the community and prevent early or unnecessary institutionalization. Services (based on need) may include:  Homemaking; Personal care; Home delivered meals; Respite care; Escort to medical appointments or other essential services; Chore; Minor home repair. Eligibility:  Must be 60 or older and determined eligible by a qualified case manager. Individuals must need assistance in at least two Activities of Daily Living (such as eating- bathing- dressing- toileting and getting in and out of bed)- or three Instrumental Activities of Daily Living (including meal preparation- laundry- housekeeping- and grocery shopping). They may also have a combination of deficiencies to be eligible for program services. Documentation Needed: Proof of age and income. Cost: Fees are based on income using a sliding fee scale. Extraordinary medical expenses may be considered. Program Name: National Family Caregiver Support Program. Description of Services: Provides supports

for family caregivers- including: Funding for respite care; Funding for supplemental services- such as equipment or supplies- to help with caregiving; Information and assistance- Trainings- and Other supportive services for caregivers. Eligibility: The program serves: Caregivers of any age who care for a family member aged 60 or older; Caregivers of any age who care for a family member aged 55 or older with a diagnosis of Alzheimer Disease-related dementia; Grandparents or other relatives at least 55 years old who are the primary caregivers for children aged 18 or younger. There are no income restrictions and no income or asset testing. Documentation Needed: Must complete an application and caregiver self-assessment. Program Name: Nutrition Services. Description of Services: The Nutrition Services Program for older adults includes (1) congregate meals that are served in area Senior Centers and nutrition sites- and (2) home delivered meals for people who are homebound. Eligibility for Congregate Meals: An individual must: Be aged 60 or older- Be the spouse of an individual aged 60 or older- or Have a disability and live at home with an eligible older individual. Eligibility for Home Delivered Meals: An individual must: Be homebound due to illness or disability; Be aged 60 or older- the spouse of an individual aged 60 or older- or have a disability and live at home with an eligible older individual; Be unable to attend a congregate site because of illness or an incapacitating disability; and Not have a person in the home able to prepare a nutritious meal on a regular basis. Documentation Needed: Verification of age. Cost: There is no fee but donations are encouraged. Program Name: Senior Center Services. Description of Services: Local senior centers provide: Supportive services; Social activities Information and assistance; Health promotion- recreation and education programs; Transportation; Advocacy; Congregate meals; Home delivered meals; In-home supports (personal care- homemaking- respite- chore); Escort; Friendly visiting; Telephone reassurance; and many other services. Eligibility: Participants must be at least 60 years old or be the adult disabled dependent of a senior. Documentation Needed: Some activities require advance registration. Cost: Most activities are free- but some may require a fee. Donations are accepted. Program Name: Senior Community Services Employment Program (SCSEP). Description of Services: SCSEP is a community service and work-based training program for older workers. The program provides subsidized-service-based training for low-income individuals 55 or older who are unemployed and have poor employment prospects. Participants work up to 20 hours per week in community service activities for minimum wage. The ultimate goal is to help participants transition into unsubsidized positions in the public or private sectors. Eligibility: Participants must: Be at least 55 years old- Be unemployed- Be a resident of the Bluegrass Region- and Have a family income of no more than 125% of the federal poverty level. Program Name: Legal Assistance. Description of Services: Legal Aid Services provide leadership for improving the quality and quantity of legal and advocacy assistance as a means for ensuring a comprehensive elder rights system. Legal Aid Services Assistance is provided district-wide by Legal Aid of the Bluegrass and the Access to Justice Foundation. They provide free civil legal advice- assistance- and referrals for older Kentuckians on issues such as: Medicare; Medicaid; Prescription Drug Assistance; Consumer Issues; Family Law; Power of Attorney; Guardianship; Housing and Property; Estate Planning; Debt Collection; and Living Wills. No assistance is provided to individuals seeking advice and consult in matters of criminal law. Eligibility: Legal Services Assistance recipients (or their caregivers) must be at least 60 years of age. There are no income restrictions- however many services are targeted at low and moderate income individuals. Documentation Needed: Depends on service provided. Cost: There are no charges for services provided with federal Title III funds. Contributions are strongly recommended but not required; they are accepted anonymously to ensure equal treatment. Program Name: State Health Insurance Program. Description of Services: The Kentucky State Health Insurance Assistance Program (SHIP) provides information- counseling and assistance to seniors and disabled individuals- their family members and caregivers. Trained counselors can help eligible individuals with: Understanding Medicare and/or Medicaid coverage and supplemental insurance; Understanding and comparing supplemental policies and plans; Filling out prescription drug discount program applications; and Applying for public benefits. Eligibility: Must meet one of the following criteria: Be at least 60 years old- Be a disabled individual with Medicare- or Be a family member or caregiver for a senior or disabled individual with Medicare. Documentation Needed: Depends on the type of assistance needed. Cost: None. Program Name: Nursing

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| Home Ombudsman Agency of the Bluegrass. Description of Services: Ombudsman Services are funded through the Nursing Home Ombudsman Agency of the Bluegrass. This agency provides services to institutionalized elderly throughout the Bluegrass Region. Every nursing home and family care home in the Bluegrass area has a local Ombudsman who serves as an advocate for the rights of the residents and helps to resolve problems. Each nursing home resident is visited at least once a month. The Ombudsman Program also provides training and public education in Elder Abuse Prevention designed to alleviate situations of abuse- neglect- self neglect and exploitation among older persons in family and personal care homes. The Ombudsman Agency:  Provides regular friendly visitors to residents of long-term care facilities  Protects the rights of citizens  Identifies- investigates- and works to resolve resident concerns  Empowers residents and families to make informed choices  Monitors and works to enact laws protecting older Kentuckians Eligibility: Ombudsman Services are available to any individual district-wide who is a resident of a long-term care facility- a family member- friend- or concerned party- and the community at-large who acknowledges the need for and the right to quality care in long-term care facilities. Cost: There are no fees or charges associated with the services- although donations are accepted. |
| Adult Day Home care Kentucky Caregiver for Grandparents Participant Centered Attendant Care Program |
| Medicaid- food stamps- Medicaid Waiver programs |
| We don't have funding solely by state or county |
| Various Medicaid Waiver program In-Home Services Adult Day Care Services |
| HCBW- Home and Community Based Waiver LIS-Low Income Subsidy MSP-Medicare Savings Program SNAP |
| We are not a state agency.  The state agency would have to answer. |
| Long Term Personal Care Services- Community Choices Waiver- Adult Day Health Care- New Opportunities Waiver |
| Medicaid Food Stamps Food Boxes Title III Services |
| The office work together to pool resources in meeting the needs requested |
| See State of Maine report |
| This information is not available at the local level. |
| Maine Care for LTC- Medicare Saving Program; Supplemental Nutrition Assistance- Low Cost Drugs. |
| In Home Aid Services Senior Care National Family Caregiver Support Services Waivers |
| Medicaid Waivers Senior  Care Medical Assistance Personal Care In-Home Aid Service |
| Medical Assistance- Food Stamps- Temporary Cash Assistance. |
| Food Stamps- Group Senior Housing Subsidy- National Family Caregiver Program- IIB in-home services- IHAS- MAPC- Energy Assistance- Prescription Drug Assistance |
| Older Adult Waiver Living at Home Waiver Medical Day Care Waiver Money Follows the Person Senior Care |
| Medicaid Waiver- LAH Waiver- Money Follow the Person- Senior Care- MOW- National Family Caregivers Support Program. |
| LTC program that has as its goal to keep clients in the least restrictive environment.  The program provides care management and some services to individuals who eligible.   (State /county funded.)IHAS Program that gives persona care/chores and respite to eligible clients  (State Funded)Senior Center Plus  Program that provides care for frail elderly and disabled clients in the Senior Center setting  (fee for Service)MAPCSP  Personal Care assistance for eligible Medicaid recipients in Anne Arundel County. Federal/State funded) |
| Senior Care - provides supportive services (adult day care- in-home care- medical supplies- emergency response system and medications) to persons age 65 and older to remain in their homes as long as possible. Senior Centers - 14 sites in Baltimore City; provides social- recreational- educational and health driven services and activities  Transportation - Taxi-Card/Taxi Access - cab door to door mobility services |

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| Guardianship - court appointed guardian of person; provides life management services for persons age 65 and older who have been adjudicated disabled by the Circuit Court. Footnote: Medical Assistance Personal Care 50% State funded Medicaid Waiver for Older Adults Money Follows the Person |
| Maryland Department of Aging Cecil County Senior Services and Community Transit (AAA)Maryland Access Point (MAP)- under AAA Cecil County Health Department- AERS- Core Service- DDA Cecil County Housing Authority - Section 8Cecil County Department of Social Service: Energy Assistance- Medicaid Application- Food Stamps- IHAS Employed Individuals with Disabilities Program (EID)Maryland Primary Adult Care (PAC) Program Maryland Energy Assistance Program (Electric Universal Service Program)Medical Assistance Medicare Part D (Low-Income Subsidy)Medicaid Waiver for Older Adults Qualified Medical Beneficiary Program Special Low Income Medicare Beneficiary Program Senior Care Program SNAP (Food Stamp Program)State of MD Drug Assistance Program Supplemental Security Income State of MD Homeowners Tax Credit Program State of MD Renters Tax Credit Program60+ Legal Aid Program Senior Housing Subsidy Program Ombudsman Services Program Maryland Caregiver Program State Health Insurance Program (SHIP)Senior Medicare Patrol (SMP)Veterans Programs |
| Medicaid HCBS Waivers - Waiver for Older Adults (50+ years); Living at Home Waiver (18-64 years); TBI Waiver; DDA Waivers; Medical Adult Day Care Waiver Medical Assistance Personal Care Program - any age; must be on Medicaid and meet ADL/IADL requirement Medicaid Programs - Medicaid- SNAP- TAMF- etc. Title II B and ESenior Care Program - state-funded- for individuals 65+ who meet functional and income/asset eligibility Senior Assisted Living Group Home Subsidy - state-funded- for individuals 62+ who are currently living in a small ALF setting and meet income/asset eligibility Attendant Care Program - 18-64 year; person must meet physical disability and income eligibility; self-directed personal care services n Home Aide Services  - administered by the Department of Social Services; must meet functional and income eligibility Home Delivered Meals |
| Energy Assistance Homeowners/Renters Tax Credit Forms |
| Autism Waiver Service Coordination Provides service coordination to children diagnosed with severe autism- ages birth - 21 years- who are currently enrolled in the Autism Waiver program. Individual and Family Support Monitors funding provided by the State of Maryland's Developmental Disabilities Administration (DDA) for family and individual support services for individuals with developmental disabilities. Resource Coordination Assists individuals with developmental disabilities who receive funding from the Developmental Disabilities Administration (DDA) in obtaining the best quality and most appropriate services and supports with available resources within the community. Resource Coordinators provide case management and advocate for individuals receiving services. Respite Care Provides occasional- temporary relief to individuals and families who are giving full-time care to children- adults with disabilities- or seniors. Care is provided by trained- certified care workers in the family's home or in the care worker's home. Transitioning Youth with Disabilities Assists students with developmental disabilities in the process of exiting from the school system- and their families with transitioning into adult services for ongoing supports through the Developmental Disabilities Administration (DDA). Services include adult vocational training- day habilitation- or supported employment services. Medical Assistance Waiver for Older Adults A program to enable older adults to remain in a community setting even though their age or disability might warrant placement in a long-term care facility (nursing home). MAW allows services that are typically covered by Medicaid in a long term care facility to be provided to eligible persons in their own homes or in assisted living facilities. Services provided may include personal care- respite care- home delivered meals- assisted living services- family or consumer training- personal emergency response systems- dietitian/nutritionist services- assistive devices- environmental adaptations and assessments and behavior consultation services. Case management is provided by local Area Agency on Aging (AAA).Long Term Care Ombudsman Program A program of advocates for residents living in nursing homes and licensed assisted living facilities- including elderly group homes. The program has a large number of trained volunteers who regularly visit long-term care facilities- monitor conditions and care- and provide a voice for those unable to speak for themselves. Ombudsman help residents and their |

| **52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county** |
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| families understand and exercise their rights guaranteed by federal and state law. Adult Evaluation and Review Services provides evaluation and assistance to seniors and adults with disabilities who are at risk of institutionalization. AERS staff conduct comprehensive evaluations to identify available services to help individuals remain in the community- or in the least restrictive environment- while functioning at the highest possible level of independence and personal well- being. The evaluation may be conducted in the home setting or the individual's current location. Upon completion of the evaluation- the multidisciplinary team develops a plan of care that identifies services needed to help the person remain at home or in the least restrictive environment. Home Care/In Home Aide Services provides self-care services to frail seniors and adults with disabilities to help them remain in their own homes. The goal is to prevent or reduce the length of institutionalization- and help relieve caregivers of some of their responsibilities of care for disabled family members. Social Services to Adults provides short-term case management- and seeks to enable maximum client self-sufficiency in the community and to reduce inappropriate institutionalization. SSTA case management is geared to mitigating those factors that may lead to abuse- neglect- self-neglect and/or exploitation. Often the case management is related to a specific need such as personal care- or the need for assessment to determine a plan of care. Senior Nutrition Program provides meals in congregate settings where activities and services for seniors are available; nutrition education- screening counseling are also available. The program also serves as a central contact for home delivered meals- referring seniors to Meals on Wheels that serve their addresses. Meals are nutritious and suitable for persons with diabetes- heart disease and hypertension because they meet federal standards that include each meal providing at least 1/3 of the recommended dietary allowances for older adults and complying with the Dietary Guidelines for Americans. Kosher- Chinese- Korean and Vietnamese meals and programming targeted to these ethnic groups are available at certain sites. Senior Nutrition Hotline: 240-777-1100: Available Wednesday mornings from 9:00-11:00 a.m. Offers reliable diet and nutrition information to Montgomery County Seniors. Adult Foster Care Unit provides supervised housing and assistance to disabled adults- using family homes and small assisted living homes in the community. Case management is provided- as well as subsidy when funds are available. Adult Public Guardianship provides surrogate decision making for disabled adults adjudicated as incapacitated by the Circuit Court- and in need of the service. The program provides case management under the direction of the court and is only considered when there are no other alternatives. Senior Mental Health Program Outreach  mental health services for seniors who cannot or will not go to office-based services; mental health consultation to assisted living providers- senior center directors- Housing Opportunities Commission resident counselors; education to the public about mental health issues; drop-in groups at senior centers; senior mental health education and consultation to DHHS staff. Senior Assisted Living Group Home Subsidy pays a portion of the cost for clients to live in licensed senior group homes in Montgomery County. |
| Senior Care- provides an array of services for those 65 and older who are at risk for nursing home placement. Older Adults Waiver- provides assisted living or in-home services for individuals 50 and older that medically meet a nursing home level of care. Home Delivered Meals- provides meals for frail elderly adults. Assisted Living Subsidy- provides financial assistance to assisted living residents. Health Promotion- provides educational programs. Information Assistance- provides information- assistance- and referral services. SSTA- Social Services to Adults administered through DSS. In-Home Aid Services- provides light chore services for elderly lacking a support system. National Family Caregivers- provides information- assistance- support- training- and respite. |
| Options Counseling |
| Options Program |
| see # 42 |
| State Funded Home Care State MA Traumatic Head Injury State Funded DDS State Funded DMH |
| Adult Family Care:  consumers can have someone move in to take care of them or they can move in with someone Community CHOICES:  Nursing facility eligible consumers receive services based on need Consumer directed care:  state home care program where consumers can hire their own worker Elder care |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| advice Enhanced community options program:  nursing home eligible consumer not on Mass Health can receive service level ~ $750/month Group Adult Foster Care:  consumers receive daily PC Home and community based waiver:  nursing facility elders receive services based on need Family caregiver support Money management program PACEPCA program SCO State Home care Supportive living sites options program |
| Anything available to consumer including ASAP services such as Community Choices Program and Enhanced Community Options Program- Home Care Basic and Home Care Basic Waiver Programs- PCA program- PACE- SCO- AFC- GAFC. |
| State Home Care program that provides subsidized Home care services to eligible elders age 60 and older. Options Counseling provides education- counseling and linkages to services for disables; 18 and over and elders. |
| Frail Elder Waiver- Money Follows the Person |
| Home and Community Based Waiver/Community Choices Enahnced Community Option Program Home Care Basic Non Waiver/Consumer Directed Care Service Option Adult Family Care Group Adult Foster Care Personal Care Attendant Program Senior Care Options Program |
| Office of Services to the Aging/Older Americans Act programs; Medicaid Home Help; MI Choice Medicaid Waiver; PACE; VA |
| Waiver Programs Nursing Facilities Home Help CMH Services |
| About 70% of Michigan's Skilled Nursing Facility residents rely on the Medicaid entitlement to pay for their stay. Michigan has long-running home and community-based waivers which support additional persons who meet a SNF level of care and Medicaid financial requirements who wish to age in place- or transition from a SNF to home- or to a licensed setting. |
| Same as the SLL description and the report was attached. |
| Not applicable for the website. |
| http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_144888.pdfThis is a detailed description of a report provided to the department explaining the long term services and supports across Minnesota. |
| LIEAP--Low Income Energy Assistance program -- helps individuals receive financial with their heating bills CSFP -- commodity supplemental food program -for those 60 and older or some WIC children -- qualify income wise to receive supplemental    box of food monthly SSA LIS extra help for their Rx costs- reducing their costs for copays at the pharmacy- have to be income eligible and resource eligible- can reduce costs of their premiums and deductibles. SNAP -- Supplemental Nutrition Assistance Program- only income eligible HOMEOWNER/RENTER TAX CREDIT -- have to be 62 yrs of age- and has an income eligibility and have to reside in their own home or Assisted Living or Long Term Care Facility COUNTY PROPERTY TAX ASSISTANCE PROGRAM -- income eligibility and resources for reducing ones property taxes |
| Elderly Tax Credit- Big Sky RX |
| Most public programs but there are several foundations as well.  Neighborworks- Food Bank- Set Free Minorities- Inter-faith Alliance- City County Health Department- City County Health Care Clinic- Center for Mental Health- Area VIII Agency on Aging. |
| Lyon County Aging and Disability Resource Center (ADRC) Site provides assistance with accessing the following LTSS programs so individuals are able to continue living independently or assistance with choosing and paying for a Long Term Care Facility:  Community Options Program for the Elderly (COPE); Assisted Living (AL) Waiver- Home and Community Based Waiver (CHIP)- Waiver for the Elderly in Adult Residential Care (WEARC).   Additionally- Lyon County Human Services provides Case Management- transportation- 3 nutrition sites- home delivered meals- and homemaking services. |
| Assisted Living Waiver- CHIP- Congregant Meals- COPE- Institutional Medicaid- Medicaid- Medicare- Meals on Wheels- State Independent Living- State Personal Assistance Services- Title III- title XX Homemaker- WEARC Waiver- Adult Day Program- DME- Guardianship- Home Care Agency- Housing- |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Housing-Rural- PERS- Respite Care- Senior Center- SNAP- Transportation- Disability RX- Senior RX- SHIP- Utility Assistance |
| HCBS (CHIP)Homemaker Services (Title XX)Assisted Living (AL) Waiver COPE (Community Options Program for the Elderly)Disability Services Disability Rx WEARC (Waiver for the elderly in adult residential care)Homemaker (WC)Case Management (WC)Adult Day Care (WC)Geriatric Health and Wellness Services (Visiting Nurse/medication management - WC)Representative Payee (WC)Home Delivered Meals/Congregate Meals (WC)ADRC (WC) |
| Clients have multiple options as to where to apply- thus- tracking is often challenging as systems don't seem to connect easily.  There is participant directed services found mostly in the waiver programs- however- there is some consumer choice in state plan services. While choice is available- finding providers to provide services at that given rate is challenging given the rural nature of Belknap County.  Some of the towns around the lake are so poorly undeserved by providers- even for the insured. Publicly funding programs remain fragmented- however there is a lot of discussion around no-wrong-door- thus allowing for clients to be served more effectively and efficiently. |
| We have three waivers: Choices for Independence HBCB LTC; Acquired Brain Injury and Developmentally Disabled and nursing home services. |
| Publicly funded LTSS services include HCBC- DD and TBI waivers for Medicaid.  Each program provides case management to eligible individuals- and services/supports are coordinated based on the needs of the consumer.  Differences occur in each waiver based on funding and need. |
| New Hampshire is committed to providing home and community based services that promote independence- safety and dignity. Choices for Independence is a Medicaid- funded program that supports choices for adults who meet both financial and medical requirements. |
| JACC- SWR- Homemaker |
| Older Americans Act; Jersey Assistance for Community Caregiving |
| JACC |
| Jersey Assistance for the Community Caregiver (JACC) |
| Global Options- JACC (Jersey Assistance Community Caregiving)- NJ Care- PACE |
| State Medicaid plan services: Meals- transportation-  certified home health- caregiver support- home modification- nursing home- medical supplies- visiting nurse-m adult day care etc. |
| Jersey Assistance for Long Term Care (JACC)Statewide Respite Program Adult Day Services for persons with Alzheimer Disease or Related Disorder Personal Assistance Service Program (PASP)  assistance to adults with disabilities who are employed- involved in community work or attend school. Older American Act Title IIIB Services i.e. Transportation- Meals on Wheels. Personal Assistance |
| GOJACCPACEMFP Congregate  Housing Statewide Respite |
| GO- JACC- Respite- MCMAP (Middlesex County Multi Assistance Program)- Senior Meal Program |
| JACC- CARES- Statewide Respite and local community grants. Home Energy and Weatherization Programs PAAD Medicaid |
| We provide Care Management under the Global Options Medicaid Waver program coordinating LTSS Program for the consumer. JACC is a non-Medicaid LTSS program. The State Respite Program provides further LTSS program. |
| Waivers- PCO- nursing Homes- PACE |
| Nursing Home Transition Diversion Waiver Traumatic Brain Injury Waiver Medicaid Personal Care Expanded In Home Services for the Elderly (EISEP)Caregiver Respite (Title IIIE) |
| For Monroe County- we have: Food Stamps- Public Assistance (TANF and Safety Net)- Medicaid- Chronic Care Medicaid- Transportation- New York State for the Elderly funding- Administration on Community Living/AOA funding- waiver programs- HEAP- Nutrition- Medicaid Savings Program- Senior Medicare Patrol- HIICAP/SHIP- RSVP- EPIC- Senior Companion- Kinship Care (Kinship Navigator)- Senior Community Services Employment Program (Title V)- EISEP and Ancillary Services- Supplemental |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Security Income- SSD- HUD/Section 8 Housing- Home Delivered Meals- Social Adult Day and Medical Day Services- Legal Services- Certified Home Health Aid Program- Ombudsman- Personal Care and Chore Services- Nutrition Counseling- et. all |
| EISEP |
| SULLIVAN NYCONNECTS (ADRC)Congregate Meals (Title III C-1)Homebound Meals (Title III C-2)Nutrition Counseling (CSI)Caregiver Resource Center (CRC and Title III-E)Medicare Savings Program (MSP)Low Income Subsidy (LIS) Extra Help Supplemental Nutrition and Assistance Program (SNAP)Home Energy Assistance Program (HEAP)Long Term Home Health Care Program Personal Care Consumer Directed Personal Assistance Children with Special Needs |
| Medicaid Medicare SNAPHEAPHUD Home delivered meals transportation meal sites Medicare savings program |
| Weatherization- Medicare Saving Program- Snap- Heap- Cash Assistance- MA- Tax relief- Home Delivered Meals- Eisep- Epic- SSI- LIS |
| The Ashe County CRC is housed at Ashe Services for Aging which include the Senior Center. At the Senior Center- we hold the SHIIP Program along with LIS support- Transportation Shuttle program along with many others. We also house the Adult Day Care- the Congregate Program- Home Delivered Meals- Independent Living apartments that are income based- The Ashe Assisted Living and Memory Care- The CAP DA Program- In-home Aide Program- and more. |
| We assist with people signing up for Medicare- Extra Help for the costs of Prescription Drugs- Part D Plans- CAP services and Money Follows the Person. The Department of Social Services handle applications for Medicaid. |
| LTSS for older adults and adults with disabilities in Wake County/NC include: Information and Assistance Options Counseling Transportation Elderly and Disabled Transportation Assistance Program (EDTAP)Accessible Raleigh Transportation (ART) Program Travel Training for Adults with Disabilities Housing and Home Repair Services Energy Assistance Food Assistance At-Risk Case Management Individual and Family Adjustment Services Respite- In-Home and Group Family Caregiver Support Peer Mentoring for Adults with Disabilities Health Promotion/Disease Prevention Legal Services In-Home Aides Personal Care Services CAP-DAPACE (hopefully to open soon in our area)Congregate Nutrition Home Delivered Meals Senior Centers Adult Day Care Adult Day Health State-County Special Assistance for Adults State-County Special Assistance In-Home Adult Placement Services Medicare Savings Program Long-Term Care Medicaid Private Living Assistance Medicaid Adult Care Homes Family Care Homes Skilled Nursing Facilities Money Follows the Person Adult Foster Care Adult Protective Services Adult Guardianship Services Hospice and Palliative Care Services Vocational Rehabilitation Vocational Rehabilitation--Independent Living Services Veterans Services Adjustment Services for the Blind and Visually Impaired Medical Eye Care Program LTSS specifically for individuals with I/DD include: Community Guide Developmental Therapy Personal Assistance Vocational/Day Activity Services (Supported Employment- Adult Developmental/Vocational Program- Leisure Services- Supported Retirement)Residential Services (ICF-MR group homes- group living for adults- alternative family living-supported living)State Developmental Centers NC Innovations (Medicaid waiver program)NC START (Systemic-Therapeutic Assessment-Respite and Treatment for adults with I/DD age 18 and over with complex behavioral or MH needs)LTSS specifically for individuals with MH or SA needs include: Assertive Community Treatment Crisis Assessment and Stabilization and Crisis Residential Services Integrated Dual-Diagnosis Treatment Outpatient Therapy Drop-In Center Psychosocial Rehabilitation Substance Abuse Detoxification Substance Abuse Intensive Outpatient Treatment Substance Abuse Residential Services Wellness Management and Recovery for individuals with serious mental illness State psychiatric hospitals |
| Care Coordination Programs: Programs are designed to provide home and community based services to consumers so that they may remain safely in their home.  Caregiver Support: Funding source Older Americans Act Senior Community Services: Funding source State Block Grant Comcare HSL: Funding |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| source county levy dollars |
| HEAP- Food Stamps |
| Waiver Programs Money follows the person programs |
| PASSPORT Home Choice Ohio Benefits Bank MIPPA Long Term Care Consults Caregiver Support OAA |
| Medicaid Home Health Kinship Navigator |
| Assisted Living Medicaid Waiver Program    Caregiver Support    Choices Medicaid Waiver Program Long-term Care Consultations    Office of the State Long-term Care Ombudsman    Older Americans Act PACE   PASSPORT Medicaid Waiver Program    Senior Services Property Tax Levies |
| The LTSS publicly funded that are managed and administered at the local level  by AAA 3 are PASSPORT- Waiver -Assisted Living Waiver- Home First- State Block funded Care Coordination Program -Home delivered Meals- Senior Dinning Program- Congregate Meals - Senior Farmers Market Nutrition Program - Senior Emergency Home repair- Alzheimer Respite and Find A Ride. Local and State Ombudsman is support by state  awards of SLTC funds-NF bed fees -Federal VII and Elder Abuse /Transition Funds. Local Council on Aging throughout the Area Agency on Aging 3 service are supported by local levies and United Way funds. These funds support Outreach- Information and Referral- Transportation- Minor Chore- Elderly Day Care and Homemaking at the local level. |
| No programs solely funded by state or county. |
| No programs are solely funded by state or county. |
| SNAP- Weatherization- Rural Development Loans- Utility Assistance |
| No programs solely funded by state or county |
| In Oregon- LTSS programs include Nursing Facilities (Institutions)- Assisted Living Facilities- Residential Care Facilities- Adult Foster Homes- Relative Adult Foster Homes- and In-home Services. |
| Developmental Disability Waiver Mental Health Services Oregon Project Independence Family Caregiver Program |
| Waivers and Act 150 |
| Aging Waiver - Provides long-term care services to qualified older Pennsylvanians living in their homes and communities. AIDS Waiver - Provides home and community based services to eligible persons age 21 or older who have symptomatic HIV Disease or AIDS. Attendant Care / Act 150 - Information for mentally-alert Pennsylvanians with physical disabilities. COMMCARE Waiver - Home and community-based program developed for individuals who experience a medically determinable diagnosis of traumatic brain injury. Consolidated Waiver for Individuals with Intellectual Disabilities - Provides services to eligible persons with intellectual disabilities so that they can remain in the community. Independence Waiver - Provides services to persons with physical disabilities to allow them to live in the community and remain as independent as possible. Infant- Toddlers- and Families Waiver - Provides services to children from birth to age three in need of Early Intervention services who would otherwise require the level of care provided in an Intermediate Care Facility (ICF). LIFE (Living Independence for the Elderly) - Managed care program for frail- elderly recipients who have been determined to need & quot; nursing facility level of care & quot; but wish to remain in their home and community as long as possible. OBRA Waiver - Provides services to persons with severe developmental physical disabilities- such as cerebral palsy- epilepsy or similar conditions. Person/Family Directed Support Waiver - Provides services to eligible persons with mental retardation so that they can remain in the community. |
| Act 150Aging Waive Attendant Care COMMCARE Independence OBRALIFE Community |
| Act 150 - Over 60 and Under 60OBRAIndependence Waiver Agency with Choice MFP CommCare AIDS Waiver Attendant Care Waiver Autism Waiver Consolidated Waiver for Individuals with MR |
| Act-150Attendant Care Independence Commcare OBRA Autism |
| Act 150AgingMR/ID Options |
| Aging Waiver- Act 150- PFDS Waiver- Consolidated Waiver- Family Caregiver Support- OBRA waiver- |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Independence Waiver- Attendant Care waiver- COMM Care waiver |
| Waivers and Act 150 |
| Waivers and Act 150 |
| PDA Waiver Attendant Care Comm Care Independence Act 150Consolidated Waiver for Individuals with Intellectual Disabilities Infant- Toddlers- and Families Waiver Person/Family Directed Support Waiver Available in the state- but no current county participants in the: AIDS  Waiver LIFE |
| Attendant Care Waiver- COMMCARE Waiver- Independence Waiver- OBRA Waiver- 0192 (AIDS) Waiver- Aging Waiver- and Act 150 Attendant Care Program. |
| HCBS Medicaid Waivers including: Aging- autism- independence- attendant care- Act 150- etc. |
| PDA Waiver- Independence Waiver- CommCare Waiver- Attendant Care Waiver- OBRA Waiver- Options- Act 150 |
| Aging Waiver Act 150OptionsFamily Care Giver Support |
| Aging Waiver Act 150Independent Waiver |
| Waivers and Act 150 program. |
| CommCare Waiver- Aging Waiver- ACt 150- Attendant Care Waiver- Independence Waiver- MR Waiver- OBRA Waiver- Options Services |
| Independence Waivers; Act 150. |
| Over 60RespiteEPSDTOBRACOMMCAREIndependenceAct 150AutismHIVAs earlier listed we provide most of the waivers available in Pennsylvania. |
| List waivers and Act 150 |
| Waivers and Act 150 |
| Waivers and Act 150 |
| Aging Waiver- COMMCARE Waiver- Attendant Care Waiver- Independence Waiver- OBRA Waiver- Act 150 Program- HCBS thru AAA Block Grant Funding- LIFE/LTCCAP (PACE) Program- AIDS Waiver. |
| Aging Waiver - Provides long-term care services to qualified older Pennsylvanians living in their homes and communities. AIDS Waiver - Provides home and community based services to eligible persons age 21 or older who have symptomatic HIV Disease or AIDS. Attendant Care / Act 150 - Information for mentally-alert Pennsylvanians with physical disabilities. COMMCARE Waiver - Home and community-based program developed for individuals who experience a medically determinable diagnosis of traumatic brain injury. Consolidated Waiver for Individuals with Intellectual Disabilities - Provides services to eligible persons with intellectual disabilities so that they can remain in the community. Independence Waiver - Provides services to persons with physical disabilities to allow them to live in the community and remain as independent as possible. Infant- Toddlers- and Families Waiver - Provides services to children from birth to age three in need of Early Intervention services who would otherwise require the level of care provided in an Intermediate Care Facility (ICF). LIFE (Living Independence for the Elderly) - Managed care program for frail- elderly recipients who have been determined to need &quot; nursing facility level of care&quot; but wish to remain in their home and and community as long as possible. OBRA Waiver - Provides services to persons with severe developmental physical disabilities- such as cerebral palsy- epilepsy or similar conditions. Person/Family Directed Support Waiver - Provides services to eligible persons with mental retardation so that they can remain in the community. |
| Waivers and Act 150 |
| Waivers and Act 150 |
| Waiver and Act 150 |
| PA HCBS Medicaid Waivers and Act 150PA Lottery-funded services ,State-funded human services programs |
| Independence Waiver Obra  Waiver CommCare  Waiver Attendent Care Waiver Aging WaiverACT 150 |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Waivers and Act 150 |
| Waivers and Act 150 |
| Not Known |
| Consolidated Waiver (ID)Person/Family Directed Services Waiver (ID)Attendant Care Waiver (Under 60 Physical Disability)Act 150 (Under 60 Physical Disability)Options (60+)Life Programs (55+)Aging Waiver (60+)Independence Waiver (Under 60 Physical Disability)COMCARE Waiver (TBI)AIDS Waiver HSDF Homemaking Services (18-59) |
| Waiver Act 150 |
| Waivers and ACT 150 |
| Waivers and Act 150 |
| Options Care Management Home Community Services Guardenship Family Caregiver Support Program PDA Waiver OBRA Independence MA Waiver Act 150PFDS Waiver Consolidated Waiver |
| Aging Waiver Program- Act 150- CSPPPD Waivers- Attendant Care Waiver- |
| The following LTSS services are provided in Rhode Island. The description of the services is as follows: Waivers Core Community Svcs -- Community Services are provided as needed to clients and caregivers- such as: regional POINT services at nine locations across Rhode Island and SHIP services provided at six locations across Rhode Island. Case management agencies are also included within the core community services in Rhode Island.  Through case management services- clients receive an assessment of their needs. A case manager develops a plan of care which includes options for community-based services. The case manager will assist in securing needed services- monitor the care plan- and offer training and support for family caregivers. Clients with limited incomes and scarce cash resources may qualify for free or reduced-cost home care services. There are seven case management agencies strategically located across Rhode Island. THE POINT also refers clients to adult day care centers- where seniors and adults with disabilities are able to have a meal and perform activities- while being supervised by trained and qualified staff. These DEA licensed centers provide frail and functionally-challenged adults (including those with Alzheimer disease and related dementia) with care and supervision in a safe environment. Services include therapeutic-recreation and health services- and respite for caregivers. There are 19 adult day centers in Rhode Island. DEA Assisted Living -- DEA distributes assisted living waivers- which are paid for by Medicaid. Placement into any facility is done by an intake process performed by THE POINT staff.  Once a referral is determined and given to DEA- they assign the case to a case management agency- who in turn places the client into the appropriate assisted living setting. Preventative Community Svcs. DEA offers preventive services to seniors at no cost under the ACA- in partnership with the Rhode Island Department of Human Services and the Rhode Island Department of Health.  Preventative services are a defined pattern of nursing and medical care that focuses on disease prevention and health maintenance. It includes early diagnosis of a disease- discovery and identification of people at risk for developing specific problems- counseling- and other necessary measures of intervention to avert a health issue. Screening tests- health education- and immunization programs are common examples of preventative care in Rhode Island (e.g. the Living Well Program- a Chronic Disease Self-Management program which is a partnership between DEA- Department of Health and THE POINT at United Way of Rhode Island. RI Housing Assisted Living -- Rhode Island Housing oversees the management of 20-000 apartments for low-income seniors- families and persons with disabilities. Approximately 15-000 of these apartments are in Section 8 status. In this category- 30 percent of a tenants income is used to pay rent. The remaining 5-000 apartments qualify for a variety of subsidies which keep the rents affordable to low-income households. Shared Living-- Shared Living is a form of self-directed care in which a person who is eligible for Medicaid long-term care- and who cannot live independently- can choose to live in a caregivers' home.  The Shared Living caregiver is responsible for providing a home-like environment to the beneficiary- as well as personal care- meals- transportation- and other individual needs which include helping with laundry- shopping or paying bills.  One of the benefits of the Shared Living program is that a person can age in place that is- stay in one stable setting as their health needs change. Hab Community Svcs/ Hab Group Home -- The Hab services and group homes provide both |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| individual one-on-one living assistance- as well as shared group experiences to individuals with disabilities for the enhancement of their social skills and other needs. Other LTSS Programs Assisted Living Facilities - - Rhode Island defines an assisted living residence as any facility that provides lodging- meals and personal assistance- including help with the activities of daily living- medication management and monitoring of resident health and safety for two or more adults. Assisted living residences can be identified by any name- such as a sheltered care home or a board and care residence- as long as they meet the established definition for assisted living. In RI- there are 37 assisted living facilities. Group Homes â€" Rhode Island offers group home services to Rhode Islanders with disabilities- including those with intellectual disabilities. A group home in Rhode Island is defined as a small supervised residential facility- as it is for the mentally ill or wards of the state- where residents typically participate in daily tasks and are often free to come and go on a voluntary basis. ICF/MR Private -- Programs for individuals with intellectual disabilities- managed independently by either private not-for-profits- or independent organizations. The clients may be covered by Medicaid- Medicare- or a private insurance carrier. ICF/MR Public â€" Programs managed by the Rhode Island Department of Human Services mainly for individuals with intellectual disabilities. Medicaid typically covers the cost of clients in these facilities. RICLAS -- As one of the first community providers of service to people with developmental disabilities in Rhode Island- Rhode Island Community Living and Supports (RICLAS) has over 25 years of experience in providing a network of supports tailored to individual needs. RICLAS is licensed by the State of Rhode Island as a provider of services. RICLAS follows all applicable state laws and regulations- and receives oversight by the Office of Facilities and Program Standards and Licensure within the Department of Behavioral Healthcare- Developmental Disabilities and Hospitals. The standards set by the Division of Developmental Disabilities (DDD) form the framework of the service system and are fully described under rules and regulations. RICLAS supports adult men and women in a variety of homes- apartments- and day support services throughout the state. Trained and experienced staff advocates for individual rights- promotes opportunities- and helps people develop competencies in both residential and work activity settings. PACE -- PACE Organization of Rhode Island serves as a catalyst for change in the Long Term Care industry. The program provides the right care- at the right time- in the right setting for participants. The PACE model of care is unique because of its use of an interdisciplinary team. Team members meet daily to discuss the needs of clients. These meetings allow open communication of issues so that team members can resolve problems promptly- avert serious medical concerns and plan for changes that will best address the needs of clients. The team includes: a medical director and nurse practitioner- nursing staff- social work staff- certified nursing assistance staff- transportation- activities staff- nutritionist services- and rehabilitation staff. Connect Care Choice -- In Rhode Island Connect Care Choice is managed by the Rhode Island Department of Human Services. CCC is a health care option for adults who have Medical Assistance coverage and are 21 years of age or older. The goal of Connect Care Choice is to improve access to primary care- help coordinate health care needs- and link clients to support services within the community. |
| We have Long-Term Care Services administered by Medicaid. This includes the Home-Based Waiver Services Program administered by the Medicaid Program. |
| There are two (2) publicly funded LTSS services in SC for seniors and people with disability. The first is the SC Department of Health and Human Services HCBS Waiver Program called Community Long Term Care (CLTC). CLTC offers an array of services from age 65 and older- physical disability- brain injury- HIV/AIDS and PDD. The applications for these services can be found on-line- at the local Medicaid office- from the Aging- Disability and Transportation Resource Center (ADTRC) and/or through other providers of services. Each waiver program has so many slots or clients they can serve. The waiting list is currently a statewide waiting list and it can take up to 3-6 months to get a slot after the client has met financial and level of care requirements. The other LTSS service is funded through the Older Americans Act and state funded services administered by the State Unit on Aging- The Lieutenant Governor's Office on Aging (LGOA)- managed by the AAA/ADTRC and provided by local service providers. The services they provide are congregate and home delivered meals- transportation- home care and evidence based programs. Funding for these programs is limited and most services typically have a waiting list. |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| CLTC |
| We assist clients in filling out Extra Help for Medicare benefits and LIS- QMB- SLMB- and Food Stamp applications. |
| State LTSS Services include Nutrition (Meals and Nutritional Supplements)- Personal Care- Nursing Services- Homemaker Services- Assistive Devices- Emergency Response System- Specialized Medical Supplies- Specialized Medical Equipment- Tele health- Caregiver Services (Respite)- Adult Day Services. |
| Tennessee's CHOICES program provides the elderly (65 years of age and older) adults with physical disabilities (21 years of age and older) who are eligible for TennCare with needed long term services and supports in the home/community setting or nursing home which help meet both the medical and non-medical need of people with a chronic illness- physical disability and intellectual disability who cannot care for themselves for long periods of time. Long-term care can be provided at home- in the community- in assisted living or in nursing homes. |
| State funded OPTIONS for Community Living |
| Title III homemaker and home delivered meals OPTIONS (state funded) homemaker- home delivered meals- personal care Family Caregiver homemaker- home delivered meals- respite care |
| State Funded Options Homemaker Program State Funded Options Personal Care Program State Funded Options Home Delivered Meals Program |
| Choices - TennCare- Medicaid Waiver Older Americans Act Services (Nutrition- Personal Care-Homemaker)National Family Caregiver Program Options for Community Living Program |
| Options for Community Living Wal-Mart Foundation |
| You can get long-term care services through the state if you have Medicaid. If you don't have Medicaid-you can apply for it by using the Application for Assistance in Texas . The Texas Health and Human Services Commission will decide if you are able to get Medicaid. A State case worker will determine functional eligibility. |
| Medicare Savings Program- Community Attendant Services- Extra Help- SNAP- Medicaid Buy In- etc. |
| Several Medicaid Waivers Older Americans Act Rehabilitation Act Dept. Of Education |
| DADS administers all waiver (HCS- CLASS- DBMD- TXHML) SDHS has MDCP and other kids programs. DADS has breakdown of how many & quote; slots& quote; are in use and number of individuals' on interest list for each. |
| Community-Based Alternatives (CBA) waiver: This waiver is a home and community-based services waiver that provides services so that people do not have to live in a nursing home or intermediate care facility. In some cases- enrolling in this program also means enrolling in the STAR+PLUS managed care program. The CBA waiver covers people with disabilities as well as older adults. STAR+PLUS Program:This is a managed care program serving people with mental and physical disabilities and older adults who need long-term care. Participants in this program choose a health plan from the options available in their counties- and Medicaid helps pay for services from these providers. Many support services can be provided in the home- helping people avoid moving into institutions. Enrollment in the STAR+PLUS program is mandatory for people who live in certain areas and receive Medicaid. These people include those with mental or physical disabilities- and all people who receive SSI- and all those who qualify for Community-Based Alternative (CBA) services. The main feature of STAR+PLUS is support coordination-so clients have to work with state Medicaid agencies and their local health care providers to determine which services will be available to them. Community Living Assistance and Support Services (CLASS):This waiver is the complement to the CBA waiver for people with physical and intellectual disabilities who need lower level of care. It provides services for people who dont want to move into an intermediate care facility- but who also need long-term care. Consolidated waiver program: This waiver is supposed to offer services from many other waivers- including the CBA and CLASS waivers- Home and Community Services- and Children's program- to people who live in certain areas. Multiple Disabilities waiver: This waiver serves people who are deaf and blind who also have at least one other disability. In order to be eligible- the person with the disability must receive services in the community. Home and |

**52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county**

Community-Based Services (HCS) Program: This service provides care for people with intellectual and developmental disabilities of all ages who want to live at home rather than in institutions. The services are available statewide- but you might have to wait until a waiver slot becomes available. Medically Dependent Children Program (MDCP):This program provides in-home services to children with disabilities. Texas Home Living Program: This program serves people with intellectual and developmental disabilities who need support to live independently in their homes. It provides a wide array of services. Integrated Care Management Program (ICS) for SSI and related: This program is like the STAR+PLUS program- but is available in different areas. This program provides both immediate care and long-term care services- and full Medicaid benefits. It is supposed to support people to live in their own homes by making services available to them outside of institutions. This program is mandatory for people with disabilities who use Medicaid- are over the 21- and receive SSI. It is optional for people under 21.Adult Foster Care (AFC)Adult Foster Care (AFC) provides a 24-hour living arrangement with supervision in an adult foster home for persons who- because of physical- mental- or emotional limitations- are unable to continue independent functioning in their own homes. Community Attendant Services (CAS)Community Attendant Services (CAS) is a non-technical- non-skilled service providing in-home attendant services to individuals with an approved medical need for assistance with personal care tasks. CAS is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner statement of medical need. Client Managed Personal Attendant Services (CMPAS)Under the CMPAS program- DADS contracts with licensed agencies to provide personal assistance services to individuals with physical disabilities who are mentally and emotionally competent and able to supervise their attendant or who have someone who can supervise the attendant for them. Individuals' interview- select- train- supervise- and release their personal assistants. Licensed Personal Assistance Services agencies determine eligibility and the amount of care needed- develop a pool of potential personal assistants- and provide emergency back-up personal assistants. Day Activity and Health Services (DAHS)Day Activity and Health Services (DAHS) facilities provide daytime services Monday through Friday to individuals residing in the community in order to provide an alternative to placement in nursing homes or other institutions. Services are designed to address the physical- mental- medical- and social needs of individuals. Emergency Response Services (ERS)Emergency Response Services (ERS) are provided through an electronic monitoring system used by functionally impaired adults who live alone or who are socially isolated in the community. In an emergency- the individual can press a call button to signal for help. The electronic monitoring system- which has a 24-hour- seven-day-a-week monitoring capability-helps to ensure that the appropriate person or service agency responds to an alarm call from an individual. Family Care (FC) Services Family Care (FC) is a non-skilled- non-technical attendant care service available to eligible adults who are functionally limited in performing activities of daily living. Home Delivered Meals Services (HDM)The Home Delivered Meals program provides a nutritious meal delivered to the individuals home to ensure he or she gets at least one healthy meal per day. In-Home and Family Support Program (IHFSP) Direct grant benefits to individuals with physical disabilities and/or their families. Eligible individuals are empowered to choose and purchase services that help them to remain in their own home. Medically Dependent Children Program (MDCP)The Medically Dependent Children Program (MDCP) provides a variety of services to support families caring for children who are medically dependent-and to encourage de-institutionalization of children in nursing facilities. Primary Home Care (PHC)Primary Home Care (PHC) is a non-technical- non-skilled service providing in-home attendant services to individuals with an approved medical need for assistance with personal care tasks. PHC is available to eligible adults whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioners' statement of medical need. Residential Care (RC)The Residential Care (RC) program provides services to eligible adults who require access to care on a 24-hour basis but do not require daily nursing intervention. Services include- but are not limited to: personal care- home management- escort- 24-hour supervision- social and recreational activities- and transportation. Services provided under the RC program are delivered through one of two arrangements: residential care and emergency care.---Residential Care is a 24-hour living arrangement in which the individual pays room and

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| board and keeps a monthly allowance for personal and medical expenses. The remainder of his income is contributed to the total cost of his care.---Emergency Care is a living arrangement that provides services to eligible individuals while case managers seek a permanent care arrangement. Emergency care individuals do not contribute toward the cost of their care. Special Services to Persons with Disabilities (SSPD)Special Services to Persons with Disabilities (SSPD) include services provided to community individuals in a variety of settings. These services are designed to assist individuals in developing the skills needed to remain in the community as independently as possible. Area Agencies on Aging Access Assistance Services Access and assistance services provided by AAAs (directly- through contracts or vendor agreements- and community referrals) help individuals who are older- family members and other caregivers receive the information needed to locate and access community services- public and private- and formal and informal. Area Agencies on Aging Caregiver Support Services The Older Americans Act- National Family Caregiver Support Program (NFCSP) provides critical support needed by families to assist them in maintaining their caregiver roles. Under this program- informal caregivers are defined as individuals caring for family members- or others- age 60 or older grandparents- or other relative- age 55 or older caring for a relative children) age 18 or younger; and individuals caring for persons of any age- with Alzheimer disease and related disorders with neurological and organic brain dysfunction. Area Agencies on Aging In-Home Support Services Area Agencies on Aging (AAA)- provide in-home services (through contract- vendor agreement- and community referral) to individuals who are older to allow the individual to remain safely in their home. These services support a comprehensive- coordinated community-based system that results in a continuum of support. OAA funds are used to support and promote resources in the community to assure the provision of a full-range of coordinated and accessible services. Area Agencies on Aging Nutrition Services Area Agencies on Aging (AAA)- and the service providers with which they establish contracts or vendor agreements- support a statewide system of nutrition services. These services include congregate meals- home delivered meals- nutrition education- nutrition counseling and nutrition consultation .Local Authorities General Revenue Service The Local Authority (LA) serves as the point of entry for publicly funded IDD programs whether publicly or privately operated. In addition- LAs provide or contract to provide an array of services for persons in the IDD priority population with general revenue funds. Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) Program The Intermediate Care Facility for Individuals with an Intellectual Disability or a Related Condition (ICF/IID) Program provides residential and habilitation services to people with a diagnosis of intellectual disability or a related condition. State Supported Living Centers There are 13 state supported living centers that provide 24-hour/day residential- treatment and training services for persons with a diagnosis of an intellectual disability. Each facility is certified as an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)- a Medicaid-funded federal/state service program. Guardianship is a legal method to protect individuals' well-being when they cannot protect themselves. A guardian is a court-appointed person or entity who makes decisions on behalf of an incapacitated person. Chapter 13 of the Probate Code defines the purpose- laws- and responsibilities of a Guardian. Promoting Independence an individual is a Medicaid recipient in a Texas nursing facility- he or she can request services in his or her own community under the &quote; Money Follows the Person &quote; Program without being placed on a waiver interest list. |
| HCS Waiver Program Texas Home Living a 1915c Waiver that does not include medical or residential services Community Based Alternatives CLASS Personal Attendant Services |
| In Region 10 the following publicly funded LTSS services are: CCAD- STAR+PLUS Waiver- CMPAS- IHFSP- MDCP- CLASS- SSI- QMB- SLMB- QI- ADWI- MBI- |
| Food Stamps (SNAPS)- Public Housing (PHA)- Utility Assistance- Prescription Assistance Programs (LIS)- Medicare part D- Prescription Discount Programs- |
| We have the Social Security Office that individuals can go directly- receive assistance/directions for applying.  Many individuals that come through ADRC are advised that assistance can also be received through Local Triple A- Dept. Of Human Services-  and Life Run Agencies. |
| regional homemaker- respite- transportation- nutrition- residential repair- income support and health |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| maintenance services through the area agency on aging for older adults state in-home services through the Texas Department of Aging and Disability Services for older and disabled persons with low incomes and limited resources community-based services for persons with mental illness through the local mental health authorities community-based services for persons with intellectual and developmental disabilities through the local authorities vocational rehab and independent living services through the Texas Department of Assistive and Rehabilitative Services independent living advocacy and skills training through the independent living centers- funded by the Texas Department of Assistive and Rehabilitative Services and the U.S. Department of Education |
| In Home and Family Support Program provides persons with physical disabilities a cash grant to purchase medically necessary approved items that will allow the person to live independently or a family member to remain in their family arrangement. Community Based Alternatives program provides home and community based services to people 21 and older as a cost effective alternative to a nursing home. Medicare Savings Program assists individuals that meet the income guidelines and have Medicare by paying for their Part B premium costs. Extra Help assists individuals that meet the income guidelines by paying for the Part D premium and assisting in the payment of the drugs that the individual takes. |
| Ability First is a resource site to assist individuals with Independent Living Goals. |
| Aging Services- Independent Living- |
| Alternatives program |
| Home Community Based Alternatives |
| Services include case management- adult day programs- caregiver support- residential care homes- assisted living- and skilled nursing facilities. |
| Developmental Disabilities Services Program Medicaid for Working People with Disabilities |
| Caregiver Respite programs Dementia Respite Veterans Independence Project funding Moderate Needs Group Program for Homemaking |
| Choices for Care- Money follows the person- Attendant Services Program- Adult Day- Home Health- AAA... |
| Vermont has a vast array of programs for people with disabilities. We pride ourselves on making sure that people have choices to stay as independent as possible some of our programs are as followed: The Attendant Services Program that supports independent living for adults with disabilities who need physical assistance with daily activities.. Program participant hire- train- supervise- and schedule their personal care attendant or attendants. Children's Personal Care Services (CPCS) is a state plan Medicaid program available to children under the age of 21- with a significant disability or health condition that substantially impacts care giving needs and/or the development or self-care needs. The goal of CPCS is to provide supplemental assistance with self-care and activities of daily living to Medicaid eligible children with significant disabilities or health conditions in the home and in the community. This support is meant to supplement- not replace- parental roles Choices for Care is a Medicaid-funded- long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home- in an enhanced residential care setting or in a nursing facility. Developmental disability services assist children- adolescent- and adults who have a developmental disability to live- attend school- work- and recreate in their communities |
| EDCD wavier- PACE program. |
| Medicaid Waiver- Nutrition- Adult Day Program- Nursing Case Management- Senior Adult Mental Health- Money Management- Legal Services- Assisted Transportation Services |
| Adult Day Care, Care Coordination, Care Coordination for Elderly Virginians (CCEVP)Checking Chore Chronic Disease Self-Management (CDSMP) and Diabetes Self-Management Communication- Referral- Information and Assistance (CRIA)Community Living Program (CLP)Congregate Nutrition Disease Prevention and Health Promotion Elder Abuse Prevention Emergency Employment - Title III Employment - Title VFan Care and Summer Cooling Guardianship Health Education and Screening Home Delivered Nutrition Home Health Homemaker I. D. Discount Legal Assistance Local Contact Agency (LCA) Staff |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Information for Money Follows the Person (MFP)Long-Term Care Coordinating Activities long-Term Care Ombudsman Medication Management Money Management Options Counseling Personal Care Preparation and Administration of the Area Plan Public Information / Education Residential Repair and Renovation Respite Care Senior Farmers' Market Nutrition Program (SFMNP) Socialization and Recreation Transportation Virginia Insurance Counseling and Assistance Program (VICAP)Volunteer Adult Protective Services intellectual Disability (ID) waiver Day Support waiver Individual and Family Developmental Disabilities Support waiver (IFDDS waiver)Elderly or Disabled with Consumer Direction waiver Technology Assisted (Tech) waiver |
| Our agency has Adult Daycare- Home Care- Personal Care- Transportation- Local Long-Term Care Ombudsman- Home Delivered Meals- Congregate Meals- Checking Service- Emergency Response System- Emergency Food Bank- Case Management- Senior ID cards- Elder Abuse- Legal Assistance- Caregiver Support (Respite- Access Assistance- Supplemental Services)- VICAP- Information and Assistance. |
| Medicaid long term care waivers such as the Elderly and Disabled Waiver including consumer-directed-home delivered meals- homemaker- companion- respite- adult day health care- congregate nutrition-personal emergency response system- Program of All-inclusive Care for the Elderly (PACE)- options counseling- transportation. |
| OAA programs- Medicaid and SNAP |
| Medicaid- SNAP- EDCD Waivers- Fuel Assistance- Cooling Assistance- Weatherization- Auxiliary Grants- Housing Assistance |
| Medicaid waiver services Respite Grant Companion service Adult Day Health Care grants Caregiver support and counseling PACESHIPSNAP Home-delivered Meals Centers for Independent Living Grants for Assisted Living MFP Medical Transportation (Medicaid and New Freedom Grants)Rehab services Home modifications Assistive Technology Services to Blind and Visually Impaired Services for People who are Deaf or Hard of Hearing: Technology Assistance Program (TAP) Virginia Relay |
| OAA funded Home-delivered meals OAA funded personal care- homemaker and chore services OAA State funded Respite Svcs. OAA funded transportation (for medical appts.)OAA and State funded Case Management OAA and State funded Home repairs |
| Care Coordination for Elderly Virginians 1Care Coordination for Elderly Virginians 2Care Transitions Congregate Nutrition Disease Prevention/Health Promotion Emergency Home Delivered Nutrition III-E Adult Day Care – Respite III-E Info Referral/Assistance - AAIII-E Other - SSIII-E Personal Care – Respite III-E Transportation – AA Information and Referral/Assistance Local AAA Local Contact Agency MDS 3.0Options Counseling Personal Care S.O.S. Referrals S.O.S. Service Implementations Socialization/Recreation Transportation Virginia Insurance Counseling and Assistance Program |
| Senior Citizens Services Act Family Caregiver Support Kinship Caregiver Support Kinship Navigator OAA Services |
| The publicly funded LTSS services in Northwest Regional Council's service area (Whatcom- Skagit- San Juan- and Island Counties) include: Medicaid Medicare Nursing Facilities Assisted Living Facilities Adult Family Home Home and Community Based Services Money Follows the Person (MFP)Home Health Services Housing Transportation  Adult Protective Services Long Term Care Ombudsman Case Management Care Transitions Medicaid Personal Care (MPC)Community Options Program Entry System (COPES)Family Caregiver Support Program/Respite Services Aging and Disability Resource Centers/Senior Information and Assistance Personal Care Adult Day Services Skilled Nursing Congregate and Home Delivered Meals Individual Education and Training Personal Emergency Response Devices Medical Equipment and Supplies Home Modifications |
| Family Caregiver Support Program Chronic Disease Self-Management Care Transitions Lifespan Respite Kinship Caregivers Military Services Navigator Title XIX Case Management Medicaid Personal Care |
| Medicaid Personal Care COPES Family Caregiver Program Services (housekeeping and errands- Respite-DME- home evals- counselling- support groups- training)Home delivered and congregate meals (OAA-SCSA- title dollars)transportation (OAA- SCSA- title dollars) Footcare (SCSA)Oral Health clinics (SCSA) |

| 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county |
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| Medicaid personal care program Lighthouse Fair |
| Lighthouse- FAIR- Medicaid Personal Care and Hospice Programs- Aged Disabled Waiver- TBI Waiver- I/DD Waiver |
| Lighthouse- FAIR- Medicaid Personal Care and Hospice Programs- Aged Disabled Wavier- TBI Waiver- I/DD Waiver |
| Medicaid personal care program Light house FAIR |
| Lighthouse- FAIR- Medicaid Personal Care and Hospice Programs- Aged Disabled Waiver- TBI Waiver- I/DD Waiver |
| Lighthouse- FAIR- Medicaid Personal Care and Hospice Programs- Aged Disabled Waiver- TBI Waiver- I/DD Waiver |
| Lighthouse- FAIR- Medicaid Personal Care and Hospice Programs- Aged and Disabled Waiver- TBI Waiver- I/DD Waiver |
| Lighthouse-State funded program that provides in home care to clients 60 and over who do not received ADW services FAIR-State funded program that provides services (respite) to caregivers of Alzheimer and related dementia clients. LIFE-Legislative Initiative Funds for the Elderly.  Every senior center receives money they can use as want- i.e. Lighthouse- FAIR- Meals Aged and Disabled Waiver-Medicaid funded (Federal and State) program for in home care for citizens over 60 and the disabled. TBI Waiver-Medicaid funded (Federal and State) programs for care of those with traumatic brain injury IDD Waiver-Medicaid funded (Federal and State) program for those with developmental disabilities Medicaid Personal Care-Medicaid funded (Federal and State) programs for in home care for those who have traditional Medicaid. |
| Family Care - MCOIRIS - Self Directed Support Program Legacy Waiver Counties |
| Family Care IRISCOPCIP Family Care Partnership PACE |
| Family Care is a managed care program that provides long term care supports for those that meet both functional and financial eligibility.  The care team includes the member- his/her family or natural supports- a care manager and nurse from the managed care organization. RIS is a self-directed care program in which the member is given a budget and sets up his/her own care plan with the aid of a consultant. Community Options Program is administered by the local Human Service Dept. in Kewaunee county with funding from the state DHS department. Person Care programs are funded through Medicaid. |
| Family Care IRIS |
| Legacy Waiver in ADRC of the Northwood IRIS Family Care |
| Cip 1A- Cip1B Cop Cop-W- CCS-CSP Crisis Program- Family Care- IRIS- CIPII- CRS-Brain Trauma Waiver Partnership- Pace- Katie Beckett- Alzheimer and Family Care Givers Support |
| 85.21 Transportation- Adult Daycare- Long Term Care Waivers- Nutrition program for disabled under age 60 |
| In our region:  Family Care- IRIS- institutional care |
| Energy assistance-Section 8 vouchers- Senior Care prescription assistance- subsidized housing |
| Family Care- Partnership- IRIS- National Family Caregiver Support Program- Alzheimer Family Caregiver Support Program- Supportive Home Care |
| Family Care through CMOs and IRIS |
| Family Care IRIS |
| The Personal Care Program provides services that  are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. Congregate Meal Program provides congregate services such as meals served in a common dining room- locations in your community where you can join other seniors for a nutritious meal served in a relaxed and friendly atmosphere. The Home Delivered Meal Program is for people age 60 or older who are homebound due to health reasons- and physically or emotionally unable to travel for a meal with others. It is for those who are unable to obtain food and prepare nutritious meals for themselves on a daily basis. Meals are delivered by sensitive- caring persons- many of them volunteers- who are concerned with the |

## 52 (b). Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county

well-being of each participant. The National Family Caregiver Support Program maintains and improves the ability of the caregiver in the home by coordinating formal and informal support services. The intent of this program is to provide information- support and assistance to family caregivers who are caring for a person 60 or over. The Alzheimer's Family Caregiver Support Program is available to help families caring for a loved one who has been diagnosed with Dementia. The AFCSP provides services and funding for Alzheimer's patients and their caregivers. The purpose of the program is to provide opportunities to maintain persons with dementia in community placement. Eligible individuals can receive a small grant annually to help pay for needed services and supplies. A Dementia Care Specialist is available to help guide you in making a decision to enroll in the program- or to provide you with a consultation to learn more about dementia- resources and support available throughout Jefferson County. Transportation - The Human Services Volunteer Driver Program is intended to provide Driver/Escort Services to the elderly and persons with disabilities to get to medical appointments. This program is only available to those individuals who have no other means of transportation. Elder Benefit Specialists help the elderly who are encountering problems with private or government benefit programs. They are highly knowledgeable in the following areas: Medicare- Food Share- Social Security Disability- Supplemental Security Income (SSI)- Senior Care and Medical Assistance. Benefit Specialists are trained and guided by attorneys who specialize in elder and disability benefits law. They are often called &quote; the red tape cutters &quote;- and their mission is to help people figure out what benefits they are entitled to and what they must do to receive them. Publicly Funded Long Term Care Programs: Family Care and Partnership are Wisconsin's flexible health and long-term managed care programs. Family Care provides a full range of long-term care services. Partnership- adds medical care to the long-term support services in Family Care. IRIS is a Wisconsin program where consumers self-direct their publicly funded community-based- long-term care supports and services. PACE is not offered in Jefferson County at this time.

Only Medicaid except for some small federal Aging programs. Every funding source has been folded into the Medicaid Waivers.

Family Care Partnership IRISPACESAIL All are LTC Medicaid waivers. IRIS is a self-directed option and the only one besides SAIL which is considered a &quote; fee for service & quote; program.

Food Share Energy Assistance

Family Care IRIS

Family Care IRIS

SSI/SSDI Eligibility HIRSP Medicare Supplement MAPP Medicare Advantage Plans Medicare Coverage Medicare Part DQMB/SLMB/SLMB +Title III-C Home-Delivered Meals Title III-C-Congregate Dining Program Title III-B Volunteer Driver Program Family Care IRIS Alzheimer's Family Caregiver Support Program National Family Caregiver Support Program Community Options Program (COP)

Family Care- IRIS

Family Care/IRISIIIB/IIIEAFCSP

## 55 (d). For which of the following populations is the functional assessment used?

### Specify Other

All qualified- not dependent on diagnosis

Everyone that meets eligibility

Age 60+

Aged 60 and older

Aged 60 and over. Often individuals also have physical disabilities; DD- Brain Injury- HIV; AIDS- medical fragility- and; or mental illness.

Age 60+

| 55 (d). For which of the following populations is the functional assessment used? |
|---|
| **Specify Other** |
| 60 and up |
| 60-64 for Senior Care Act and Older Americans Act |
| Age 60 and older |
| Not applicable - we do not use a functional assessment |
| See State of Maine report |
| Addictions |
| Disability not described above and; or younger than 65 with a disability |
| The DD population uses its own assessment tool. Not sure about Brain Injury and Autism |
| Functional assessments are used as needed regardless of the population; a person fits within. |
| All disabilities |
| All disabilities. |
| All assessments are self-assessments with ILC Peer Guides because we are and ILC. |
| Age 60 and older |
| Age 60 and older |
| Age 60 and up |
| Age 60 and older |
| Aged 60+ and older |
| family caregiver |
| 60 and older |
| We use the same tool for all parties at present |
| Under 65 and disabled |
| none |
| Alzheimer dementia |
| MFP |
| All Choices for Care waiver programs and caregiver respite programs |
| 60 and older |
| 60+ |
| Individuals 60-64 |
| Aged 60 and older |
| aged 60 and older |
| Mental illness when dual diagnosis |
| any customer who is in a dual service group aged or disabled plus above |
| adults with a diagnosed disability currently receiving benefits for that disability or have applied |
| HIV; AIDS if consumer becomes disabled; mental health as a co-morbidity |
| Under age 60 only |

| 56 (a). Is your organization involved in planning for your state's Exchange? |
|---|
| **If yes, please describe your organization's role** |
| Collaborator |
| Arkansas is a state partnership state with the federally facilitated exchange so we are working on the implementation of that for october 1- 2013. |
| We have had some initial conversations and awaiting the rfp for it to become a navigator. |
| Working with the exchange to become navigaters |
| We are looking at the potential of applying to be navigators. Even if we are not- we are planning for the exchange by educating our i r and ship staff and volunteers about the exchange and the expansion in medicaid eligibility so that we can assist consumers who contact us. |
| Ship counselors- ckf site |
| Sharing expertise and experience with statewide consortia |
| ADRC working to partner with local extension offices |
| State is in planning stages |
| Attending organizational; planning meetings. |
| Provider |
| We are considering becoming a navigator |
| Attending meetings with partner agencies who will have a key role. |
| On local planning committee |
| Planning an affordable care act panel discussion sponsored by the health department and in collaboration with the health department- upper bay counseling and support services- union hospital- Cecil county public libraries and the local management board |
| Our county hd was awarded a connector grant for the 3 lower counties on the eastern shore of maryland |
| Ma has an exchange |
| We have an exchange |
| The commonwealth of Massachusetts has mandatory universal health care |
| Ma has universal health care |
| Ma has had mandatory universal health care since 2006. |
| State of Massachusetts has an exchange |
| It is already developed in ma |
| Ma already has an exchange |
| Commonwealth of Massachusetts has mandatory universal health care |
| Mass health |
| Ma has universal healthcare |
| Mass. Has an exchange |
| State of ma |
| Mass health in mass |
| Commonwealth of Massachusetts has mandatory universal health care |
| Ma has a universal healthcare since 2008. |
| Mass has mandatory health care |
| Ma has an exchange |
| Commonwealth of Massachusetts has mandatory universal health care |
| Commonwealth of Massachusetts has mandatory universal health care |

| 56 (a). Is your organization involved in planning for your state's Exchange? |
| --- |
| **If yes, please describe your organization's role** |
| Commonwealth of Massachusetts has mandatory universal health care |
| Ma already has exchange in use. |
| Mass already has an exchange |
| Massachusetts |
| Unsure of agency's role in the state's exchange at this time. |
| The area agency on aging and the blue water center for independent living are working closely on the aca developments. |
| As indicated ADRC state level staff have been redeployed to help get this up and running for the state. |
| Minnesota ADRC staff has been temporarily redeployed to work on the exchange. The sll staff may become navigators and ipas. |
| Sit on subcommittee |
| Lyon county human services will partner with the state to provide assistance to individuals wanting to sign up for the exchanges |
| Provide public comment |
| Currently participating in workgroups- however- this is in early stages |
| Insurance exchange strategy implementation meetings |
| None at this time |
| Please see answer provided under Sullivan county service link response |
| In collaboration with other agencies working on rfp |
| Service link is the state health insurance program -- as part of the service link network which has a service link adrc hub established in every county of the state and linked via the service link network- refer 7 an existing warm transfer set up and key local partners we see ourselves as obvious local hubs for overseeing and training and potentially housing health exchange navigators. |
| Ashe services for aging senior center is also the shiip site and have agreed to be the health insurance exchange for ashe county. |
| Conversations are just taking place at the NCAAA meeting this month to learn more about the exchange and what the role of crc&#39;s and aaa&#39;s will be. |
| We are in the process of submitting a letter of intent |
| Apprise training to prepare for increased calls |
| On several advisory boards and looking into the navigator piece |
| Advisory capacity |
| If Texas opts out of exchange ADRCs will work with federal exchange ill contract |
| We are currently researching the possibility of applying to be participants. |
| Educator |
| Very small role; advisory; capacity on the green mtn. Care board advisory committee |
| Participate in local strategy and input sessions.  Also applied to become an HBE  navigator agency. |
| Lacrosse county human services is the governing body and they are working with IM to develop the process |
| Economic support |

| 56 (b) .Is your state/site examining ways to align functional eligibility determination for publicly funded LTSS with Medicaid financial eligibility determination carried out through the Exchange website? |
| --- |

| If yes, please specify |
| --- |
| The state is looking to streamline. |
| The state is trying to develop a system where we can share information; streamline process to give us access to EMS and track Medicaid applications |
| Only discussion and planning at this point |
| Our state is in the planning stages |
| Planning committee |
| MA has universal health care |
| Already developed in MA |
| MA has Universal Healthcare |
| State of MA |
| We are working hand in hand to figure it out |
| MA has had universal healthcare since 2008 |
| See above |
| Commonwealth of Massachusetts has mandatory Universal Health Care |
| Massachusetts |
| This is likely to be in place sometime late 2014- July or later |
| The state is planning to do this but not on 1;1;14.  Likely July or sometime thereafter. |
| Training to staff |
| Balanced Incentive Program |
| RFPs have been requested in VA.  We have signed letters of intent to participate. |

| 57 (a).  Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions. |
| --- |
| **Yes, the following are reimbursed under FFP.** |
| Medicaid Waiver |
| Medicaid Waiver |
| ADRC Staff Salary and Fringe |
| SEP-Options for Long Term Care |
| ARCH- Options Counseling- Older Americans Act programs |
| Intake; Screening- Medicaid Benefits Counselors (eligibility assistance) and Medicaid Waiver Specialists (program management) |
| Options Counseling and Assessment |
| Functional Assessment Instrument |
| Medicaid |
| case management |
| MFP |
| For administrative expenses incurred in the course of administering Title XIX and Title IV-E of the Social Security Act. |
| HCB Waiver |
| All Medicaid Services |
| Choices Program- Home Care Waiver |
| Waiver services |
| Medicaid Waiver |

| **57 (a).  Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions.** |
|---|
| **Yes, the following are reimbursed under FFP.** |
| Waiver services |
| Medicaid Waiver |
| The SLL will begin doing the PASRR function effective 10;1;14 and through this work the SLL will receive FFP- contingent on CMS approval. |
| Medicaid Minutes |
| Work with clients new to Medicaid program |
| New Medicaid applications |
| Assessment and counseling |
| Local Contact Agency- Child Support |
| Medicaid programs |
| RSVP- Caregiver Support- Home Delivered Meals- |
| Adult Protective Services worker- Case Manager- Eligibility Specialist |
| Applications for Medicaid |
| ADRC Activities and Nursing Home; ICF MR Relocation Activities |
| Information and Assistance with regard to Medicaid |
| Any time and work involved in MA functions or screening for MA related services or supports.  Care Coordination and Quality Improvement Activities -  long term care functional screen administration- long term care functional screen other-Adrc staff training related to MA |
| Outreach and facilitating applications- services coordination- functional screen admin- updates- training |
| Medicaid intake; Scheduling |
| Long Term Care Functional Screening- Disability Applications etc. |
| MA related activities and NH relocation |


| **57 (b). Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions** |
|---|
| **Yes, the following functions are reimbursed under FMAP** |
| Medicaid Waiver |
| ED Medicaid Waiver |
| Medicaid Waiver Programs |
| CT Homecare Program and Money follows the Person |
| Medicaid Waiver Admin. |
| Options Counseling and Assessment |
| HCB Waivers |
| Medical Assistance Personal Care |
| Personal Care Management Program |
| case management- long term care facility approvals- LTSS services- Personal Care Attendant Program |
| Adult Day Health |
| currently FMAP funding does provide funding for options counseling |
| I ; A- OC |
| Medicaid Administration |

| 57 (b). Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions |
|---|
| **Yes, the following functions are reimbursed under FMAP** |
| PASSPORT- Assisted Living Waiver- Choices Waiver. |
| Screening-Assessment and Case Management |
| Adult Protective Services worker- Case Manager- Eligibility Specialist |
| Link Coordinator- Outreach ; education- Options Counseling |
| LINK Coordinator; outreach and education; options counseling |
| Link Coordinator and Outreach ; Education |
| Link Coordinator- Outreach and Education- Options |
| Link Coordinator- Outreach ; Education- Options Counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| Link coordinator- Outreach ; Education- Options Counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| LINK Coordinator- Outreach ; Education- Options Counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| LINK Coordinator- Outreach ; education- Options Counseling |
| Link Coordinator-Outreach and Education-Options Counseling. |
| LINK Coordinator- Outreach and education- and Options Counseling |
| Link Coordinator- Outreach- Education- Options Counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| Link Coordinator Outreach ; Education- Options Counseling |
| Link Coordinator- Outreach; education- Options Counseling. |
| Link Coordinator- Outreach ; education- Options Counseling |
| Link Coordinator- Outreach ; education- Options Counseling |
| Link Coordinator- outreach and education |
| Link Coordinator- Outreach ; Education |
| Link Coordinator- Outreach- Education- Options Counseling |
| Link Coordinator- Outreach ; education- Options Counseling |
| Link Coordinator- Outreach and education- Options Counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| LINK Coordinator- outreach and education |
| Link Coordinator- Outreach ; Education- Options Counseling |
| LINK Coordinator- Outreach ; Education- and Options counseling |
| Link Coordinator- Outreach ; Education- Options Counseling |
| Link Coordinator- Outreach ; education- Options Counseling |
| Link Coordinator- Outreach and Education- Options Counseling |
| Link Coordinator- Outreach and education- options counseling |
| LINK Coordinator - outreach; education- Options Counseling. |
| Link Coordinator- Outreach and education- Options Counseling |
| Link Coordinator- Outreach; Education- Options Counseling. |
| Link Coordinator- outreach ; education- Options counseling |
| We bill Medicaid for services we provide under the Medicaid Waiver program. |

| 57 (b). Are any of your organization's functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions |
|---|
| **Yes, the following functions are reimbursed under FMAP** |
| Personal Care- Adult Day Healthcare |
| Admin Claiming and Medicaid Transportation |
| Enrollment and counseling of MA funded programs |
| Eligibility determination |
| any work involving MA |
| 100 % Time Reporting |
| I and A- assessment- ADRC activities |

# Section D. Organization Characteristics

## 61a. What organizations comprise the core operating organizations?

**Specify Other**

| |
|---|
| Community Action |
| Easter Seals- Public Health- Home Health- Hospice- Human Resources |
| Medicare SHIP office |
| Pima County ADRC: PCOA- DIRECT- AHCCCS & ALTCS- DES & DDD- CPSA- Southern AZ VA- AZ Veterans Services- Pima County Public Fiduciary- Evercare Select- Mercy Care Plan- DES & APS- Sonoran UCEDD |
| Hospital Social Workers- DDD |
| APS- IHSS- MSSP- Linkages- SOAR-Ombudsman |
| County Organized Health Plan (Medi-Cal) |
| Single Entry Point for Medicaid Waivers |
| Human Services |
| APS |
| Senior Centers |
| Access Agency - Connecticut Community Care- Inc. |
| Home Healthcare- GA Cares-Medicare Insurance counseling- Adult Protective Services |
| DFCS- AAA Subcontractors |
| Hospital: Maui Memorial Medical Center; Public Health Nursing; Adult Protective Services |
| Dept. of Rehabilitation Services |
| Community Action Agency |
| Energy Assistance & Weatherization |
| SHIP |
| DCF |
| Extension service- consumers |
| Contracted Service Providers |
| Transportation Providers |
| Statewide care coordination for home & community based LTSS. |
| Department of Social Services; Local Health Department |
| Lifestyles of Southern Maryland |
| Department of Health |
| DSS- Non-Profits |
| Department of Social Services and Local Health Department |
| Dept. of Social Services- Mental Health Authority |
| DSS |
| Department of Health |
| Holly Communities- Neighborhood Service Center- St. Vincent DePaul-United Needs and Abilities (formally Epilepsy Assoc.) Choptank Electric Co-op- Women in Need- St. Joseph House |
| Aging Services Access Point |

## 61a. What organizations comprise the core operating organizations?

**Specify Other**

| |
|---|
| MassHealth Personal Care Management |
| ASAP & AAA |
| ESPNS; NSCC; Consumers; Seniors |
| Workforce development |
| Old Colony Elder Services is a Aging Services Access Point (ASAP). Bristol Elder Services- Coastline |

| |
|---|
| Elderly Services and South Shore Elder Services are AAAs and ASAPs. |
| Ombudsman Services |
| LTSS Provider Organizations |
| The ADRC of the Thumb is comprised of 59 organizations- businesses and individuals across three counties. |
| Various types of providers that meet the inclusion & exclusion criteria of the website. |
| County based LTCC Units |
| Food Banks |
| Non-profit organization for aging and disability services |
| Specify Other: Senior Social Services |
| Public Health |
| Monadnock ServiceLink ADRC; Monadnock Collaborative- 501(c)3; Regional Hospital (Cheshire Medical Center & Dartmouth Hitchcock Keene); Institute on Disability & IHPP; Keene State College; Monadnock Volunteer Center & RSVP Program |
| Protective services-APS |
| Health & Human Services |
| Health Dept |
| Local DSS |
| The Department of Social Services Adult Service Department is a COE for the Ashe County CRC. |
| Department of Social Services |
| Council on Aging- Department on Aging- Center for Independent Living |
| Geriatric care management agency; Hospice and Palliative Care organization; organization which trains and matches volunteers with older adults and adults with disabilities for transportation- caregiver support-friendly visiting & telecare- and chore services |
| Hospitals- NFs- Public Health |
| Beaver County Behavioral Health (MHMR) |
| UDS |
| Center for Community Resources |
| Living Unlimited- Goodwill- PA Housing Authorities |
| CILs |
| County Transportation |
| Coordinated Services |
| Employment One-Stop- County Substance Abuse Agency- United Way |
| Rhode Island Department of Human Services funding |
| Department of Human Services- Division of Developmental Disabilities |

| 61a. What organizations comprise the core operating organizations? |
|---|
| **Specify Other** |
| DHS |
| Local Authority |
| ECI- & DADS Regional Services |
| Gateway to Care |
| MHMR |
| DWS- Senior Centers |
| Vermont Brain Injury Association- Green Mountain Self Advocates and Vermont Family Network |
| Department of Social Services |
| Community action agency |
| Local Departments of Social Services |
| Department of Social Services |

| |
|---|
| ProjectHomes - Housing rehab agency |
| Catholic Charities- Community-Minded Enterprises- Lutheran Community Services |
| APS- Children's Waiver program |
| DHS - Office of Resource Center Development |
| Tribal |

| **63a. With which organizations do LOCAL ADRC have a partnership and what is the strength of the relationship?** |
|---|
| **Specify Other** |
| **State Departments (with cabinet-level secretaries)** |
| 211- VBCIL- TBIA-GRN MTN family- other AAAS |
| Aging |
| CCO |
| Centers for Independent Living |
| Department of Behavioral Healthcare- Developmental Disabilities and Hospitals (BHDDH) |
| Department of Commerce |
| Department of Elder Affairs |
| Department of Insurance-SHIIP |
| Department of Public Welfare |
| Developmental Disabilities Council |
| DOAS |
| EOEA |
| Executive Office of Elder Affairs |
| Executive Office of Elder Affairs |
| Holly Community Inc.- |
| Montana Independent Living Program |
| **63a. With which organizations do LOCAL ADRC have a partnership and what is the strength of the relationship?** |
| Office of Vocational Rehabilitation |
| Ohio Department of Aging |
| Ohio's Benefit Bank |
| PA Dept of Aging |
| Partnership Carson City- City of Carson- multiple community partners |
| Take Me Home WV-MFP |
| Texas Medical Foundation |
| TN Dept. of Commerce & Ins. |
| UCONN Health Center |
| WI Dept of Health Services |
| **State Agencies (located within state departments)** |
| APPRISE |
| Board of Ed Services for the Blind- Bureau of Rehab services- Oak Hill & NEAT Project |
| DADS Regional Services |
| Department of Rehabilitation |
| Dept of Health Public Health Nursing |
| DHS - Office of Resource Center Development |
| Division of Services for the Blind |
| Mass Rehab Commission |
| Medicare Information Office |

| OVR |
|---|
| Public Welfare |
| PVR (MRC in MA) for CL services including IL |
| Senior Law |
| SHIBA (Statewide Health Insurance Benefits Advisors) |
| SHIP program |
| TRIAD & Home to Home Foundation |
| Wisconsin Bureau on Aging and Disability Resources |
| **Local Government Agencies** |
| Apprise- Ombudsman Program- RSVP- SCSEP- Community Action. |
| Area Agency on Aging- Capital Area Community Services- MPRO- Dept of Human Services- Nursing Homes- Center for Independent Living- Hospitals- Community College- |
| Behavioral Health |
| Bureau of Elderly and Adult Services |
| Center for Independent Living; Developmental disabilities |
| CIL |
| CIL |
| CIL - Society for Equal Access |
| County commissioners of our 11 counties |
| County Community Services (ADRC of Linn County) |

| **63a. With which organizations do LOCAL ADRC have a partnership and what is the strength of the relationship?** |
|---|
| County Department of Human Services and several of its Divisions including: Office of Mental Health- Division of Children and Family Services (Adult Protective)- Division of Financial Assistance (Housing- Medicaid- Food stamps)- Youth Bureau (Intergenerational Programming) |
| County Elderly Activities Division: Nutrition Program- Coordinated Services for the Elderly- Senior Employment |
| County Health & Human Services |
| County Mental Health Dept. |
| County Substance Abuse Agency |
| County Veteran Service Commissions |
| Department of Disability and Aging Services |
| Holly Community Inc. |
| Includes a wide variety of Aging & Disability Organizations |
| Independent living |
| Legal Aid |
| Mental Health    Intellectual Disabilities  Coordinated Services    Drug & Alcohol |
| San Antonio Coalition for Veterans |
| School Systems in Central- MA |
| Senior centers |
| SHIBA |
| Transportation |
| Veterans Office |
| **Federal Agencies** |
| Administration on Community Living (through contracts from New York State Office of the Aging) |
| CNCS |
| Congressman Tom Marino Office |
| Inter-tribal council of NV |
| Local Senior Service Agencies |

| |
|---|
| Local Tribal Agency |
| Medicaid Transportation - Provide directly |
| Social Security Administration |
| Social Security Administration |
| SSA Admin |
| **Organizations providing Direct Services** |
| 14 Senior Centers- City Reach- 1 Home Health Agency and Host of other Local organizations |
| Adult Day Care & Day Health Programs- Hospice- PACE |
| Beaver LIFE |
| Blind Assoc. |
| Buffalo River Services |
| Caresource |
| Community Action- Inc. |
| **63a. With which organizations do LOCAL ADRC have a partnership and what is the strength of the relationship?** |
| Community Care of Wake and Johnston Counties |
| Department of the Blind |
| Disability Partner - Holly Community Inc. |
| Employment One Stop |
| Employment program |
| Hospice of the Foothills- Community Center & Congregate Meals- Alta Regional- & Domestic Violence Coalition |
| Laurel Legal- Home &amp; Community Services- Thorne Group- Seniors Helpers. |
| MA Association for the Blind and Regional Transit Authorities |
| MMAP |
| physician practice |
| San Francisco Transitional Care Program |
| Senior Companion |
| Summit Independent Living |
| Transition Connections and Interim Health Care |
| Veterans Hospital- Wilkes Barre PA |
| West Branch Drug & Alcohol |
| **Advocacy/Referral Organizations** |
| AARP- Aloha Independent Living Hawaii- Alu Like- American Heart Association- Dept of Veterans Affairs CBOC- Disability Rights Hawaii- Hawaii disability Rights Center- Food Basket- Office of Economic Opportunity- Hawaii Island Adult Care- Hawaii Island Rural Health Association- Hawaii State council on Developmental Disabilities- Hospice of Hilo- Parkinson's Support Group- Project Dana- Services For Seniors- Special Olympics Hawaii- Full Life Inc.- UHH College of Pharmacy- Legal Aid Society |
| Alcoholic Anonymous |
| Disability Rights VT |
| Elder Justice Coalition West Central Ohio |
| Inglis- JEVS and Homemakers Services of the Metropolitan Area |
| Lifestyles of S. Maryland |
| Long Term Care Ombudsman |
| LTC Ombudsman |
| Meals on Wheels |
| Monroe County Legal Assistance Center |
| Nursing Facilities |
| Ombudsman Program |
| Operation Able and Shine counselors |
| Red Cross |

| Self Determination Housing Project of PA    Way Out |
|---|
| Self-Advocates Becoming Empowered |
| Senior Centers |
| Single Entry Point |
| Wide Variety of Organizations and Services. Community and State Universities; Private Colleges. |

| **63b. What is the type of partnership agreement?** |
|---|
| **Specify Other** |
| **State Departments (with cabinet-level secretaries)** |
| **Health** |
| MAP site is under the Health Department |
| **Human Services** |
| ADRC is part of Human Services |
| ADRC Partnership Agreements |
| Housed within |
| Oversight through Aging |
| Parent department |
| **Other** |
| Medicinal equipment providers |
| **State Agencies (located within state departments)** |
| **Aging** |
| ADRC statewide advisory board |
| Current agency |
| HCS Office |
| Located within - Aging oversees ADRC |
| Oversees local ADRC |
| Oversight |
| Partnership Agreements |
| The State Unit on Aging administers the ADRC |
| This is a Department in Ohio-see above |
| **Developmental Disabilities** |
| ADRC statewide advisory board |
| In the process of applying to be a case management provider for Supports for Community Living Waiver |
| Part of CSB combined agency |
| **Acquired or Late-Onset Disabilities** |
| ADRC statewide advisory board |
| Disability Rights of Washington State (Protection & Advocacy) |
| Part of Division of Aging and Adult Services |
| Partnership Agreement |
| **Mental Health** |
| ADRC statewide advisory board |
| Both are divisions within DSS |
| Director severs on Board |
| Part of CSB combined agency |
| Ashe County CRC needs to update the MOU due to Daymark becoming the local mental health provider. |
| **Medicaid** |
| Both are Divisions within DSS |
| Provider for Support Broker and Financial Management Services for Medicaid Waivers. |

## 63b. What is the type of partnership agreement?

**Specify Other**

We are a vendor for PCA Services

**Housing**

Involved with housing issues and participate on workgroups

Part of CSB combined agency

Self Determination Housing

We have contracts for Supportive Housing Sites

**Education**

Internships & Placements

Special project using students for social work area.

Working towards a formal MOU

**Other**

Adult Protective Services

Internships

**Local Government Agencies**

**Area Agency on Aging**

(self)

AAA is ADRC

AAA is ADRC

ACMS is the local AAAD

ADRC administering agency

ADRC is a function of the ATRC AAA

ADRC is a program located within the AAA

ADRC is the AAA

ADRC is the AAA

Aging & Community Services is the AAA that covers Bartholomew- Brown- Decatur- Jackson- and Jennings Counties for Indiana.  All AAAs in Indiana are also designated as ADRCs.

ARCH housed within AAA

As part of the State level MOU

CENLA AAA

Combined as one unit

Agency on Aging

MAP is the local Area Agency on Aging

Mercer ADRC is the AAA

Minuteman is a AAA

NIAAA is the AAA

Our ADRC and AAA are fully integrated

Oversight

Part of AAA

Self

The AAA is at the center of ADRC operations in the county

The AAAD is the designated ADRC for our 13 county catchment area.

The ADRC is part of the AAA

The ADRC is the AAA

The ADRC is the AAA

The SLL is managed by the AAA

This ADRC is also Area 7 Agency on Aging and Disability

This Agency is a AAA

| 63b. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| This is our organization |
| We are AAA |
| We are AAA |
| We are AAA & ADRC |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA |
| We are the AAA. |
| We are the AAA. |
| We are the Agency |
| We are the Area Agency on Aging |
| We are the local AAA |
| We are the Local Area Agency on Aging for Area 1 |
| Within Human Svc & Health Dept- One Supervisor for ADRC & Aging Services |
| **County Health Department** |
| ADRC is located in public health department |
| Boston Public Health Commission |
| Consensus Agreement |
| Heath Dept is by town and city in MA |
| Lead agency |
| On ADRC Advisory Committee. In process of developing MOU for more formalized partnership for cross-training- warm hand-off |
| Part of the same organizational unit |
| same department- same director |
| **County Medicaid Office** |
| Benefits Counseling staff comes to ADRC organizations monthly to train staff and work with consumers. |
| County Dept of Social Services |
| Covered under State contract |
| same department- same director |
| section of our department |
| We are the Medicaid office |
| **County Department on Aging** |
| ACMS serves as County Office on Aging |
| ADRC is a program under Harford County Office on Aging |
| aging unit is part of ADRC |
| City Dept on Aging |
| Lead Agency |
| one combined agency |
| Our Aging Services are by town and city- not county in MA |
| section of our department |
| The AAA is located within the county aging services agency |

| 63b. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| The Ashe County CRC is housed at Ashe Services for Aging- Inc. |
| This Agency is a AAA & Dept of Aging |
| We are both ADRC and Aging unit |
| **Country Department on Disability** |
| aging and disability services are combined in the county |
| Our Dept on Disability is by town and city in MA |
| This Agency is a AAA & Dept of Aging that merged with the County Dept of Disabilities |
| We are both ADRC and DD unit |
| **County Housing Office** |
| Housing Authorities are by city and town in MA |
| Located in the same County Department |
| Reno Housing Authority |
| There is no County Housing Office |
| **Library** |
| The AAAD has a LOA & rents space for an outreach office from the Dickson county library. |
| **Other** |
| Service provider |
| **Federal Agencies** |
| **Local Veterans Administration** |
| Partnership Agreement |
| Provider Agreement |
| VA rep holds monthly benefits meetings at VPAS' corporate office |
| VIP program |
| **Local Indian Health Service** |
| No Indian Health Services in the County |
| **Other** |
| Medicaid Transportation - Provide directly |
| Partnership Agreement |
| **Organizations Providing Direct Services** |
| **211 or Other Call Center** |
| Boston Elder Info joint program |
| Draft Statement of Understanding |
| I am the 211 data entry manager of the Ashe County 211 service |
| Partnership Agreement |
| Specify Other: posting of our info online |
| Program of Northwest IN Comm Action |
| Referrals to 211 |
| The 211 System has not been a large component of the county |
| The county operates its own 3-1-1 service |
| We were the 211 for our area until Dec 31- 2012 |
| **Community Health Center** |
| On ADRC Advisory Committee. In process of developing MOU for more formalized partnership for cross-training- warm hand-offs. |
| Referrals to health centers |
| The county funds health clinics for people without insurance. |
| **Community Mental Health Clinic** |
| Part of CSB combined agency |

| 63b. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| Part of same organizational unit |
| Section of our department |
| **Deaf Service Center** |
| No deaf service center nearby |
| **Hospital/Medical Center** |
| Care Transitions |
| CCTP |
| Coalition Charter Agreement |
| Geriatric Support Service Coordinators for Commonwealth Care Alliance SCO members served at Boston Medical Center |
| In planning stages for Care Transitions |
| One local hospital developed a policy statement for VPAS to provide Care Transitions with hospital's patients |
| Referrals made |
| The ADRC has LOA's with three hospitals for Care transition services. |
| Transitions programs |
| **School for the Blind** |
| No school for blind in Cecil county |
| No School for the Blind in the County |
| **School for the Deaf** |
| No school for deaf in Cecil county |
| No School for the Deaf in the County |
| **The ARC** |
| Via CSB |
| **United Way** |
| Agency is yearly contributor |
| This is limited though to just some AAA offices. |
| United Way is the 211 agency previously listed |
| **Vocational/Rehabilitation Services** |
| Advisory Council |
| Via CSB |
| **Other** |
| Advisory Council |
| On ADRC Advisory Committee. In process of developing MOU for more formalized partnership for cross-training- warm hand-offs. |
| **Advocacy/Referral Organizations** |
| **AIDS Coalition** |
| As needed basis |
| No AIDS Coalition known |
| No relationship |
| Not a large organization in the County |
| Referral |
| **Alzheimer's Association** |
| ADRD Grant |
| As needed basis |
| Partnership Agreement |
| Referral |

| 63b. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| Service Provider |
| Support groups |
| **American Council for the Blind** |
| No known affiliation |
| **Autism Society State/Regional Chapter** |
| Health Department Core Services- DDA |
| No relationship |
| **Brain Injury Association State/Regional Chapter** |
| As needed basis |
| Long Term Care: Union Hospital Adult Daycare |
| Referral |
| **Centers for Independent Living** |
| ADRC partner agency |
| Chair of ADRC Board |
| Draft MOU in process |
| HCI is our disability partner for MAP |
| Organization is a Center for Independent Living |
| Part of Pioneer Valley ADRC |
| Partnership Agreement |
| Perform options counseling |
| Referral |
| We do not have an active CIL in our service area |
| **Easter Seals** |
| As needed basis |
| Currently working on an MOU with an Easter Seals program- Care Project |
| Newsletter |
| No Easter Seals in Cecil County (in Delaware)- working on relationship. |
| Referral |
| **Epilepsy Foundation State/Regional Chapter** |
| No information on this |
| No relationship |
| Referral |
| **National Association of Mental Illness State/Regional Chapter** |
| Member of ADRC Board |
| Referral |
| Referrals |
| Via CSB |
| **National Autism Association State/Regional Chapter** |
| No relationship |
| **National Multiple Sclerosis Society State/Regional Chapter** |
| No relationship |
| Referral |
| Referrals |
| **State Association for the Deaf** |
| No relationship |
| **United Cerebral Palsy** |
| Core Partner |

| 63b. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| Fiscal intermediary |
| Fiscal intermediary for PCA program |
| No relationship |
| Serve as a fiscal intermediary for two programs we run |
| They are a PCA vendor for many consumers |
| **Other** |
| Co-located within the AAA |
| Senior Centers |

| 66. Is your organization paid on a fee for service or per unit basis for performing any of the following services for a client? |
|---|
| **Specify Other** |
| Aging waiver enrollment services, Nursing home transition services |
| Medicaid waiver and Money Follows the Person is paid on a Fee-for-service basis but it is under the Long Term Care Division of the Department as opposed to the ADRC Division |
| We have begun offering technical assistance ADA assessments for fees |
| Paid contract amount not fee |
| Dee ADRC report |
| Marketing |
| Guardian Court Ordered Fees |
| Personal Care, Respite, ADB, Case Management |
| Case management |
| Care management |
| PCA |
| PAR |
| Waiver case management |
| Options Counseling services is funded by Massachusetts General Law Chapter 211 |
| Care management |
| CCTP Program |
| MDS Section Q |
| MGL 211 Funds for OC |
| PSS |
| Protective Services, Care management, Personal Care Attendant, Senior Care Options and Family Caregiver Support |
| Cost reimbursement |
| Reverse Mortgage Counseling |
| Case management |
| Lump sum based on previous work |
| Choices CM, home care purchase of services, ECOP CM |
| Homebound meals and dining site meals |
| Family caregivers, Memory Care, and Wellness Services, RDAD |
| Older Americans Act Funds Federal |

| 67. What is the source of the fee for service or per unit payments? |
|---|
| **Specify Other** |
| State department of public welfare |
| MFP Grant through BMS |
| MFP Grant through BMS |
| MFP Grant through BMS |
| VD-HCBS |
| Section Q |
| Older American Act |
| CA Community Transition Demonstration Project |
| Guardian Client Estates |
| Veterans |
| VD-HCBS |
| MFP Grant |
| CMS Grant |
| MFP Grant |
| MFP Grant |
| Veterans Independence Project |
| NCOA |
| FSSA SNAP |
| Title III – MFP |
| CMS |
| Care Transition Program, CMS |
| MDS Section Q |
| Federal dollars |
| Senior Center Plus |
| Federal Medicaid and State GPR |
| Some clients pay for services |
| DHHS and NCOA |
| Medicaid state funded for presumptive enrollments |
| Dually eligible for Medicaid/Medicare |
| Older Americans Act and Medicaid Administrative Claims |
| 100% Time Reporting |
| MFP Grant |
| Energy Assistance Program (EAP formally LIHEA) |
| AoA Grant |
| Participant donations |
| University of Washington |
| Federal funds |

**69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.**

Since being designated as an ADRC the ATRC-AAA has been more effective as no-wrong door agency. Having a central; R Coordinator has resulted in consumers being more thoroughly screened for all services for which they might be eligible. The quality of consumer care from first contact to enrollment in multiple programs has increased. The area that the ADRC covers is primary rural with a majority of the population being minority and a great percentage of the population being below the poverty limit. We as an ADRC are reaching out and interacting with the different areas within the region more effectively and frequently than in the past.

1. Our numbers reflex only incoming calls to; R - we have other departments such as SHIP- Senior RX- SCSEP- Ombudsman which calls are directed to each department.

The South Central Alabama Aging and Disability One-Stop Center is currently working on formal partnerships with the Pike County Public Health Department (pilot MOU/hopeful to spread to all PHD's) and the STAR Program under the Alabama Department of Rehabilitation Services (which will be partnering also with the local Care Project- medical supply reutilization). We still have a partnership with 211- but it's only moderately functional because 211 is decentralized.

SARCOA is organized and developed through local partnerships and funding. SARCOA did not receive a federal or state ADRC grant during this reporting period. The Care Transition Program did not begin until April 2013 therefore there is no current data to report for the previous 6 months. The ;R/A department does collect consumer demographics however items such as disability is not available based on age ranges. Question 74 The budget listed for Title II is for Title III.

We became an ADRC in October 2012. Our funding for the ADRC in Alabama is very limited. We have implemented new ways in West Alabama to train staff so they can field the numerous and various calls received. Our new designation of ADRC has created more visibility in our community. We were able to create a in depth directory of services to distribute to the public for reference. Which has opened the door for more professionals- agencies- caregivers and clients to find out about our local services. As well as open the eyes to the AIRS I/R-Aging specialist on how to get the whole picture of all services that the client may be in need of and qualify for (example- food stamps- LIHEAP- LIS- etc.)However- our state network as a whole does not currently receive funds for LTSS or care management models. So many of the questions asked on this survey were difficult to answer as we were not sure how to answer.

ADRC staff seen an increase from the consumers we serve are getting more services provided to them that they did not know that was available for them. We are still working on outreach to all of our communities we serve.

Some of the answers were left blank as a result of our inability to collect this data. Alaska is struggling in its effort to obtain a reliable data collection system for the four VERY different ADRCs.

The MOA ADRC has been in existence since 2008. Prior to that time the MOA did not have a focused program area for seniors and persons with disabilities. Since the inception of the ADRC- the public health department has increased its visibility in serving this population of Anchorage and has the strong backing of the department. The ADRC continues to carve out its place in the service arena in Anchorage. Primary services include ;R; Short-term service coordination and Options Counseling with short-term service coordination being the primary. On-going development at the state level include designation of the ADRC to screen for Medicaid waiver eligibility. At the local level- this next grant year the ADRC grant and the Medicare Counseling Office grant have been combined to create greater coordination and sharing of resources in the two programs. Current staffing has been stagnant for about 3 years with 1.75 FTE employed by the Municipality through grant funds; .5FTE under contract at local senior center and a program manager that oversees the program paid through Municipal operation funds. Currently 3 staff are certified through AIRS. Staffing remains a challenge in pursuing and completing the goals of the project. As the volume of contacts increases due to greater visibility- current staffing is reaching capacity. Local funds are not available at this time. The MOA ADRC is working closely with the staff to

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

assess need and potential funding sources. Regarding the survey--please note the following challenges: Section B-the current data base used by the MOA ADRC does not separate out persons over 60 and under 60 in regards to type of disabilities.  These figures are an average based on the percentage of those over 60 and under 60. The number of referrals is a total--many consumers may have received more than one referral.  Unable to differentiate ages for options counseling.  The majority of our consumers seeking options counseling are over the age of 60 or caring for someone over 60. Section C--the local ADRC does not capture this information and defers to the state to report on this information.  Currently the number of ADRC clients that are referred to public LTSS is not tracked at the local ADRC.  The data base that is currently being used is unable to do this and the local ADRC is looking into alternative ways to track for next FY.  In addition- the ADRC is not linked with public LTSS systems in a way that this information would be readily accessible.  There are plans to develop this in the future.

As noted earlier- the data base used by SAIL does not currently collect numbers of individuals for many of the questions asked. Instead- the data base collects hours of service. This is an issue that our state grant administrators are aware of and we are working to resolve. Also- the Care Transitions program has not been utilized during this reporting period by our local hospital. The form provided would not allow 0 to be entered/saved.

There is limited computer access for consumers in the counties we serve- particularly in consideration of the population served. Caregivers or case managers may be invaluable tools in accessing this resource. Budget figures do not include DDD and Medicaid.

Regarding #82 and #83- none were noted. Regarding question 48: frequency of follow up depends on the reason for contact. Staff FTE includes the AAA and the CIL. Medicaid staff are included at the state level. No additional comments.

Please note that on questions 85 and 86 there has not been an increase or decrease noted. Regarding question 48: Depends on request. Budget and Staffing reflects AAA and the Cil for Yuma and La Paz Counties; the CIL for Mohave County data was not available. Budget does not include DDD and Medicaid. Note: This ADRC is ; AZ Links Western Arizona; and consists of three counties: Mohave- Yuma and La Paz.

Section B Populations questions 14-21 is for PCOA (AAA) only questions 27-40 care transitions is only PCOA question 40: the standardized OC tools are not used by Medicaid; Medicaid does offer Question 52: depends on service 65 - do not know 71 - do not know 74: AAA and CIL are non-profit- DDD and ALTCS/Medicaid are state agencies Budget figures do not include DDD and Medicaid.

Budget figures do not include DDD and Medicaid.

The answer to question 85 no change. Quote;  Reporting requirements like this multipart one make one question whether being an ADRC without any additional funding is a viable option. Budget and staff do not include DDD and Medicaid. Question 48 - 51: ;not consistent- depends on issue; Question 15: did not collect this information

AIS has partnered with 13 hospitals in San Diego County to provide care transitions.  AIS is one of the 8 Counties that will be participating in the Dual Eligible Demonstration in California (Cal Misconnect) and has partnered with 4 health plans to provide coordinated care for seniors who receive Medical and Medicare benefits.

In 2008 Cal Optima received a 3- year ADRC development grant.  Cal Optima partnered with the Office on Aging (OoA) and Dayle McIntosh Center (DMC) to develop the Aging Disability Resource Connection of Orange County.  Since the launch of the ADRC- the agencies have developed close working relationships. Below summarizes some of our ADRC activities: Website The most significant accomplishment was development of the ADRC website at www.adrcoc.org Hosted and maintained by OoAo Content updates drafted by Cal Optimao Update SLA is 2 weeks; however- typically takes over a month€¢ Free access to consumers and providers€¢ Includes a robust directory o Same directory used by OoA ;A/R staff, OoA adds listings and updates (though broad-based updates not completed in recent years)o Hosted by RTM under contract with OoA  RFP anticipated within year as contract due to expire

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

ï,§ Cost of changes vary by complexity CL tools added o Search for organizations with staff who speak other languages Feature allows main site and directory listings to be translated into other languages. Education ADRC and its partners have collaborated on various education initiatives such as Disability Rights Workshop- Roundtable on Services for Children with Special Needs and on-going Snack Learns to enhance providers knowledge of community programs and benefits including application processes and eligibility requirements 2011 and 12: 11 Snack Learns over 400 unduplicated attendees 2013: 4 sessions held or scheduled ï,§ 1/29: Gizmos and Gadgets (Assistive Devices and Technology) 4/30: CBAS (approximately 100 people registered),§ 7/30: Benefits and Programs for non-citizens (lawful and undocumented)ï,§ 10/30: Behavioral Health Programs in OC (e.g.- OCHCA/MH- Reconnect-Duals)Information Referral- Options Counseling  OoA is primary contact for ;A/R and Options Counseling€¢ DMC provides ;A/R and Options Counseling for consumers with disabilities€¢ DHCS is expected to apply for ACA funding for new options counseling grants available to ADRCs in Duals counties. Transitions DMC is Money Follows the Person grantee under the California Community Transitions program and Local Contact Agency for SNF referrals for residents interesting in transitioning home. o Cal Optima Long Term Care department and DMC meet quarterly to discuss transitions in progress- address issues- if any- and other opportunities for collaboration (e.g.- earlier this month- Cal Optima hosted an education event for clinicians on alternatives to institutionalized care.  DMC presented on the California Community Transitions program- along with presenters on Community-Based Adult Services (formerly adult day health care) and in-home supportive services. A Cal Optima completed 2 CTI pilots and is launching expansion 2010/11Volunteer model piloted with Mission Hospital o 2011/12 OneCare pilot with Cal Optima RN/SW coach at 3 select hospitals 2012/13 Cal Optima Quality Improvement Program launched in April to further leverage the ADRC pilots MOUs ADRC initiative increased collaboration- but MOUs did not significantly change how programs operated internally- nor how they worked with other community providers. Other Cal Optima sought input from OoA and DMC in developing its initial response to the California's Department of Health Care Service's Request for Solution with respect to the duals demonstration.  Orange County was one of 8 counties selected to participate in California's program; Cal Optima- as the county's Medi-Cal plan is OCs participating plan. DMC has regularly attended recurring stakeholder meetings and has provided American Sign language interpreters- where needed by attendees. CalOptima and OoA collaborated on a tool for adult day health care staff and other health care providers to identify community resources to be used in the event ADHC was terminated.  This tool also gave providers information about agencies with staff fluent languages other than English to assist in identifying culturally and linguistically appropriate resources.

Successes' Formal Consensus Agreement with critical path way providers of Improved call center triage protocol Developed Universal At-Risk Definition- used by organizations in Consensus Agreement Improved screening tools- revised to more accurately assess client risk in facilitating referrals to care management to Expanded integrated intake system within the call center i.e.- application supports-eligibility screening. o Developed a Universal Referral form to streamline referral among partner agencie so ADRC collaboration with Partners- Critical Pathway Providers and Stakeholders has lead to increased cooperation when responding to at-risk_ consumers as evident expedited access to nutrition programs-care management and IHSS support. Implementation of option counseling and short term care coordination Protocol so Expanded online LTC service resource for consumer so The ADRC ability to serve the needs of people of all ages with disabilities increased by consolidating resources maintained by the ILC and Office on Aging. Produced a Provider Resource Guide Development of Stakeholder and Leadership Advisory Groups to guide ADRC Priorities Established regular meetings and communication with key stakeholder Produced o Cross Training of AAA and ILC staffs to improve option counseling skill set Implementation of Care Transition Intervention Coleman Model Formal CTI MOU with Riverside County Regional Medical Center (RCRMC)o ILC Nursing Facility to Home Transitions ADRC branding with the use of the generic ADRC Logo ADRC  has collaborated with two non-profit agencies to produce a Resource magazine that highlights assistive devices and technologies to present to individuals with physical- cognitive and sensory limitation options for independence Developed strong

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

relationship with senior housing managers- social workers and administrators of skilled nursing facilities. Educated those organizations as to ADRC LTC services that can be provided ADRC grant award for PACE expansion to Riverside County's Development of new CTI Partner - IEHP Barriers' Budget cuts to ADRC baseline and County funding; ADRC staff furlough and mandatory Friday closure State budget constraints and the current economic environment have lead to reduced resources- decrease in charitable contributions- and increase service demands on community providers and stakeholders. o Turnover of Partner Organizational leaders resulting in restarting system change negotiations Reduction of Medical Waiver programs for the frail consumers' Elimination of Linkages and ADHC as State Options Some seniors and people with disabilities are unable to remain in the community or transition to community living because affordable and accessible housing is scarce Some seniors and people with disabilities have been unable to obtain accessible and affordable transportation due to funding cuts and reductions in routes and voucher availability The ADRCs phone system and Data management systems are not currently integrated; this makes verification and consistency in data collection and reporting more complicated. Lessons-learned: o Fiscal challenges and revenue insufficiencies have implications on effecting change of organization infrastructure and its related service delivery systems. Partners tend to turn the focus- efforts and resources inward during fiscal crisis Using ADRC partnerships to leverage programs and services is essential in meeting the LTC needs of expanding target populations; especially during difficult economical time's Begin communication about the ADRC initiative early Critical Pathway Providers to garner support for streamlining consumer access. o Establishing MOUs with external partners is a significant challenge and takes longer than anticipated; however- once MOUs are established- they prove to be effective in preserving partnership agreements over time and through organizational change. o It is essential to meet with Executive level and Supervisorial level staff when forming a systemic change and partnerships.  The evolution of the ADRC is makes data collection a moving target of sorts.  As data is being collected- changes to required and desired data elements are occurring.

Alamosa is a small ADRC providing ARCH services through the AAA.  We are not what is classified as a fully-functioning ADRC as we do not work with Medicaid or have access to Medicaid services or waivers or anything of that sort so we are not able to answer all questions of the survey.  In regards to the survey- most of the questions- we believe- are geared towards bigger ADRCs that incorporate all aspects of what an ADRC is supposed to be.  It was difficult for us to answer some of the questions because we are so small and do not collect the data as it is requested on this survey- but will change our methods to fit the criteria the survey is asking so that we will better be able to complete the survey more appropriately.

The amount of providers has stayed the same in our area- however- some providers have changed or modified their services. We have acquired another homemaking and personal care service provider after one of our HHA stopped doing unskilled services. Thus- the amount of service providers has remained the same. ARCH/ARDC has been a big asset for our rural communities and helping clients to connect to services. Assisting clients in their own settings and being able to network between agencies on behalf of clients has helped get clients services more expediently. Information and referrals through ARCH/ARDC has also helped bridge the connection and knowledge base of agencies and streamlines efforts to service the adult population in our region. ARCH/ARDC also helps strengthen the relationships between agencies.

The Northeastern Colorado ARCH is small and have struggles because of sustainability.  The 16 Area Agencies on Aging did apply for and receive a grant from the Colorado Health Foundation for the next 2 years- and also to do a study on how to remain sustainable.  Some of the questions did not apply.  Would of like more options.

We are still new and have had 6 months of activity- so some questions do not apply just yet.     We are hosting an AIRS training in Durango- Colorado on May 24- 2013.

Being a newly formed ADRC in eastern CT- there has been significant collaboration between Partners (Disabilities Network of Eastern CT and Senior Resources Area on Aging).  As we work together- there will be an increasing amount of assistance provided to the consumers in our community.  We look forward to making a positive difference.

| 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results. |
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| ADRC produces collaboration between agencies that provide services for older adults. With the ADRC being the one stop resource center- consumers are reporting that they are connected with services much faster. **Question #85 - As a result of re-balancing of Medicaid dollar- resources that would have been available in the community have been allocated to individuals in skilled nursing facilities transitioning home. Because of that- some Medicaid waiver programs have been closed to people in the community. |
| With the ADRC funding- Counselors are able to help clients live longer in the community rather than being institutionalized. Clients are being helped to maintain adequate affordable housing- tap into benefits- utilize resources in the service area- caregivers are receiving necessary respite services- clients are able to transition from being incarcerated to the community- employment etc. |
| The ADRC in Delaware is unique because we are both the SUA and AAA. Some of the data that is requested in this report will be provided only in the State Level Report. In addition- the questions surrounding the Care Transitions were for a Formal Program and currently Delaware operates an Informal Program. However- we do have statistical data that we would be happy to provide if requested. All of the budgetary requests at the local level are provided in the State level report. |
| The CSRA services a 14 county community area providing Assess- Answers- Action and Advocacy. |
| Care Transition Program is a 30 day intervention and was started December 2012. Money Follows the Person Program is gaining momentum and set goals were reached in February for the years. We have met and exceeded goals for program but are continuing to move forward.. |
| The Middle Georgia ADRC is funded through ACL/AoA- State of Georgia- CMS (SHIP- Medicaid Waiver and Money Follows Person)- local and in kind support. The Middle Georgia ADRC does not receive fee-for service at this time- current funding that supports the ADRC excluding direct client service dollars is administrative funding. |
| The ADRC Specialist has worked to promote partnerships with LTSS or HCBS providers in the region. |
| Regarding question #29. I was not able to include the fourth hospital with whom our agency provides Care Transitions services: West Georgia Health System: two individuals. |
| The ADRC is an extremely important part of our agency. We believe the future of services to our growing aging and disabled population will be through the ADRC. Because of the sheer numbers the nation's economic situation- services to those populations must change from the traditional model of service provision (eg. directly providing support services vs. referral to other agencies with only those in the absolute greatest need being provided supportive services by the AAA's contractors. |
| The ECIAAA is completing this survey from the point of view of what were able to learn through the implementation ADRC Pilot with Starting Point- ADRC/Macon County Health Department. The ADRC Pilot ended September 30- 2012. By testing successful service delivery designs by Starting Point ADRC- ECIAAA was able to launch designated Coordinated Points of Entry (CPoEs) in FY 2011. Twelve designed CPoEs provide coverage to ECIAAA's entire Planning Service Area (16 counties). During FY 2011- we established the following award standards for each CPoE:1. Minimum of 7 hour coverage;2. AIRS Certified Staff requirement;3. ESP Data Resource Access;4. Warm transfer telephone capabilities;5. Memoranda of Understanding with Centers of Independent Living;6. Live staff answering the phone;7. Collaboration with other Aging Disability Stakeholders;8. Establishment of the Aging Disability Resource Network;9. Established Consumer direction in OAA programs;9. ECIAAA has provided training on person-centered care planning; options-counseling; motivational interviewing. ECIAAA is working towards converting the CPoE concept already implemented in PSA 05 to the next level - to a fully functioning Aging Disability Resource Center and Network in our 16-county area. ECIAAA- under special funding through IDOA- will be pilot-testing Options Counseling services in accordance with the ACL Draft Standards during FY 2013. |
| With the available resources the NE IL AoA is able to provide information and referral. The partners in our region consist of 6 CCUs and 4 CILs. The latter of which we have MOUs with. After the recent Options Counseling training some of these agencies may be poised to pilot Options Counseling service. |
| The Western Illinois Area Agency on Aging continues to expand its Aging and Disability Resource |

| 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results. |
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| Network- working together with its partners for cross training and a universal referral system. WIAAA did was not funded for Options Counseling in the past but plans to do Options Counseling on a limited basis in 2014. We have developed a good working relationship with our multiple partners and work closely with them through our regional committee meetings. |
| Aging In-Home Services launched a formal Medicare funded Care Transitions program in March 2013 within the ADRC. The data in the Care Transitions section reflects referrals received March 2013. Once the formal program is fully operational- it will include 11 hospitals. Data supplied on previous SART reports pertained to a pilot Care Transitions program that included one hospital. The services available to clients at the first point of contact have vastly improved since the development of the ADRC. In addition to Options Counseling by phone or in person- face to face (in-home) assessments are now available to individuals in need of LTSS Services. The education- training and knowledge of our staff has also increased. Prior to the development of the ADRC- it was not a requirement to have a bachelor degree in the information assistance department. The ADRC is now staffed with certified case managers with a minimum of a bachelor degree. |
| We are an Area Agency on Aging that also became an ADRC. |
| The ADRC funding and resources provided with technical assistance has greatly enhanced our capacity to better meet LTSS needs and person centered is more focused and understood. |
| We have reached out to other organizations to partner.  It often does not get formalized because of HIPAA or other issues.  As the ADRC- we still struggle with serving individuals with disabilities other than the typical AAA clients.  Other agencies do not seem to want to work with us in a comprehensive disability capacity.  Hopefully as things move forward- we can integrate more with the other agencies to strengthen the &duotone stop shop; idea for anyone with any disability without those agencies feeling threatened. |
| Becoming an ADRC has helped to expand our availability to help those in our area.  We are doing more outreach and more persons in need are aware of our existence. |
| Our need in the community is great and our resources are extremely limited. |
| The ADRC has and is playing a pivotal role in assisting our community.  We are gradually raising awareness of our existence and developing community partners.  We are now working directly with the hospitals and hope to have staff onsite. |
| Our agency has worked with the other ADRC in the state of Iowa and the State Unit on Aging in actively development of tools; policies and procedures- and trainings for the ADRC staff.  Our agency partnered with local hospitals in an informal care transitions pilot program for 18 months with no funding for Options Counseling activities.  Our informal care transitions pilot program is a social service based model with the Options Counselor meeting with the patients- co-learner and family members to identify needs and resources and to provide them information- assistance and referrals for services post discharge. Options Counselors provided person-directed interactive decision support in deliberating patient€™s preferences- strengths- and values for long term support and services- so they understood what assistance is available and what home and community based services would help the patient to successfully transition home from the hospital or from a skilled nursing facility. |
| The ADRC has been active with the development of State OC training protocols- development of State OC forms- tools and procedures. The functioning ADRC's in the State have an extensive level of cooperative spirit- partnership and investment in building the ADRC system. |
| We do not feel that there has been an increase or decrease in providers or quality of service. |
| ADRC has been the glue that has kept the overly aggressive Managed Care Medicaid program (KanCare) together. Medicaid case management has rapidly declined in quality.  Many clients do not know who their case manager(s) are.  Telephone systems are automated at each MCO and there is no ready access to a case manager. The ADRC is still the organization that has the reputation of the personal touch. While KDADS has begun to adjust the state MIS and a large amount of information can be put into the system reporting of statistics is marginal. |

| **69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.** |
|---|
| Question 15---data is entered into KAMIS and KDADS web applications and the local level ADRC is not able to pull data specific to requested information for this question. |
| If the state allowed us to be a fully functioning (including marketing- quality assurance) ADRC- we could address quality assurance issues- marketing--in general- a more robust service. |
| We do our best. The staffing includes programs not directly associated with the ADRC.  Front line staff include OKEP staff- Housing Staff- Case Managers for SCA and OAA- Nutrition supervision staff. |
| question #85 - Unknown - to be determined |
| The Kansas Department on Aging and Disability Services has been very helpful in the implementation of the ADRC services in our area. Their staff are easily accessible and always willing to assist with ADRC concerns. Since 1997- the statewide AAA's coordinated the Frail Elderly waiver to a high level of quality service. We have been able to enrich the new waivers we serve (PD and TBI) under the ADRC- and this has resulted in an increased quality of service to this population. Our ADRC launched a bi-state Transitions in Care Program with the Kansas City Quality Improvement Consortium. We have been assigned 2 hospitals in our service area and are expecting referrals to start May 2013. |
| I have worked here in the Aging Program over 24 years.  I feel that with the ADRC concept- staff are able to see a broader view of assisting people.  ADRC staff are able to build the resource directory and be knowledgeable about the services.  Also the ADRC staff are able to be utilized for marketing the program. ADRC staff are able to be a resource for case managers to go to without calling around to find resources in all the counties that we service.  This funding allows for ADRC staff to spend their time assisting people with finding resources- counseling and follow up. ADRC staff provide more resources for those waiting on waiting list for services.  The ADRC staff assist with a lot of the callers that just need assistance and may not need a direct services.  This frees up the case managers time immensely so they can assist - assess and case manage more needy vulnerable clients that are in the home receiving in home services. |
| We have not realized a change in the LTSS providers- structure or availability of services and funding as a result of ADRC.   The ADRC has had an impact on our outreach and availability of access for the community- but as had no impact on provider size- availability of services and funding. |
| ADRC has added to the quality improvement of access to long term care- however- as anecdotally reported by callers or recipients of long term care/waiver providers that are reimbursed by Medicaid quality of those services has declined in proportionately to the lowered reimbursement rate and reduction in hours provided to the client. |
| We are proud to be a part of the system. |
| Orleans ADRC has an Options Counselor who provides transition support/coordination for individuals moving out of Nursing Homes. This position is funded by a Money Follows the Person Supplement grant contract between us and office of Aging and Adult Services. Approximately- 90 have completed applications and 10 have transitioned to the community- over the past year. |
| Information regarding enrollment into LTSS and HCBS or employment of these providers in the state of Maine is not available at the local level. |
| Spectrum Generations is a leader in the current and future successes in the six counties of central Maine's citizens aging in place.  We strive to develop both private and public resources- coupled with strong partnerships to meet the needs of the people who are aging- disabled or caregiving. Increased- dependable funding is critical to delivering services with continued service quality.  Service demands are growing and will continue to grow since demographics show Maine is and will continue to be- one of the oldest states in the country.   Maine is also a very rural and economically challenged state.  These factors tend to limit services and opportunities for consumers- making the AAA/ADRC work even more important. Unfortunately- sequestration has resulted in significant cuts in services to consumers.  Their impact includes staffing reductions which will result in: a€¢ An estimated 71 fewer caregivers receiving the support and counseling they need to keep their loved one at home- aging in place; a€¢ An estimated 2-200 fewer people will receive ADRC Counseling that would have provided them with information and referral |

**69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.**

assistance with issues concerning health insurance counseling and prevention of Medicare and Medicaid fraud€¢ An estimated 6 fewer Health and Wellness trainings will be held- eliminating this service for approximately 40 people€¢ Meals on Wheels will only be delivered once per week (1 hot meal and 4 frozen meals) instead of the 2 deliveries per week that has included health and safety checks€¢ 4-200 Meals on Wheels will be cut from shut-ins who rely on a daily meal to maintain health. A Meals on Wheels wait list will be implemented and number of meals capped€¢ 17-800 community dining meals will no longer be available to seniors seeking a balanced meal and social contact; and a€¢ 5% reduction each in Legal Services for the Elderly contract and transportation funding€¢ Three community centers hours were shorted to operate only 4 hours daily and one was reduced to three days per week€¢ Community dining was eliminated at one site We are very concerned with the lack of reauthorization of the OAA. Our AAA/ADRC resources- networks and trusted- quality community services can make significant positive impacts on the successful implementation of the ACA. Older and disabled adults and their caregivers depend on our AAA/ADRC services and options from Spectrum Generations- based on a foundation of core OAA support. In summary- our AAA/ADRC services are critical in central Maine. We are energized to seek new business opportunities in anticipation of a changing horizon- melding traditional social services with medical options. We need strong core funding to make this possible in this challenging environment. We also need doors opened on the state and national level that allow utilization of the wealth of resources and network strength that currently exists with the AAA/ADRC- allowing consumers€™ needs to be flexibly and efficiently met.

There has been no real change seen in the number of providers available or in their quality

The decrease is not actually quality- but quantity. The actual quality decrease comes from the plethora of residential staffing agencies working in the home and community based services. More often than not- their services are not up to standards. The Charles County Office on Aging is part of Charles County Government. We have always had a very comprehensive; A component. No matter what a person's job title is- all staff answer phones and address any issues that the caller has. Although we now have a toll free number for our ADRC- calls continue to come into our office on all lines. We have seen a growth in our aging population while at the same time experiencing a cut in funding for services. There is growth in resources for Medicaid eligible individuals through rebalancing initiatives- but for those individuals just above those limits we have little to offer except ;person-centered; counseling on how they might try and make their resources stretch or use informal supports to help them. We feel the most value in being an ADRC would be to have an intake database that can be shared by all partners. That way all in the information is readily available and everyone can see what referrals have been made- what actions were taken- what follow-up has been done- etc. We could also pull statistics for our reports from this database. All; A functions need to be brought under the ADRC and there needs to be one comprehensive means of collecting and reporting data. The Maryland Department on Aging has been very forward thinking in its approach to get on board with rebalancing initiatives- but is lacking in providing guidance and standards for the individual counties acting as ADRC's.

During the six month period (October 2012 -March 2013) Frederick County Department of Aging has served 3-409 unduplicated clients- providing 18-730 Units of Service. We have recently created a Client Satisfaction Survey and will begin implementation shortly.

The Harford County ADRC is facing the same challenge that all Maryland ADRC's are facing in terms of increased demand for services- growing mandates- shrinking budgets and insufficient supports for growing staffing to meet these needs. Full efficiency of the ADRC programs/initiatives cannot be realized without adequate staffing and the growth of local services and resources to meet specific consumer's needs.

MAC INC. serves a four-county population that is rural and economically disadvantaged. We are constantly looking for funding sources. The agency does a ;lot with a little. Quote;

Baltimore City MAP continues to create and expand partnerships- provide staff training and update the MAP website as part of the process in becoming a fully functioning ADRC. The lack of adequate staffing is a major concern and impacts expanded service delivery.

| **69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.** |
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| MAP Cecil County received a grant from the Maryland Department of Aging in July 2012. Since the inception of the grant- an Aging and Disability Resource Manager and Information Referral Specialist was hired- an MOU will be established with a Community Independent Living center (co-location at the new MAP Center)- a new technology room with over $10-000.00 of assistive technology was finalized- and an Interagency Subcommittee was set up. Plans are being made for hearing screening- Medicare Open Enrollment- and event outreach throughout the County. |
| NOTE: Question 72 does not save the response. Response is Not Sure. |
| This is a hard survey for us to answer in Montgomery County. As described earlier- the county incorporated most core health- human and social services under one Department of Health and Human Services in 1996. That restructuring included the integration of senior and disability services into one agency. Thus- many of the goals of the national ADRC effort were fulfilled here many years ago. We do not claim to have achieved perfect integration of services. In fact- the department continues to devote major human and financial resources to further develop business processes and I.T. systems designed to support these goals. In a department with 1600 employees- a $250 million operating budget- and ambitious integration goals of its own- the small ADRC grants from the State can have only a limited impact. |
| Queen Anne's County is not fully functioning as an ADRC (MAP). There is no standardized tracking system to collect data in place at this time. Information provided in this survey are estimates based on data that has been entered into the AIM system. |
| Our Agency utilizes the AIM (Aging Information Management) for our electronic resource database. We are not able to capture a great deal of information asked on these reports in specific categories. We are also very limited to having 3 ;A/;R staff who serve our three counties and we have a large volume of calls/contacts. Not all consumers have a detailed intakes completed on their behalf unless we see the need to follow up for Case Management. It also takes a great deal of time to enter the data that we do collect into the AIM system and have to manually hand count the information you are requesting. |
| Question 13: Due to geography and population there is a limited number of services available and for most services no choice. Private pay services do offer choice of nursing care and home services. Most public funded services only have one provider. Many services offered in the Eastern part of state are not here for example: Transitional housing- SCO's- Adult foster in subsidized housing- supportive housing.....Question 15: Our data base does not allow us to separate age and disability Question 39: We do no track the information requested. Question 80: Very small agency. Most staff are cross trained to multiple jobs from Peer Counseling- Advocacy to benefit counseling etc. |
| Question 84 and Question 85 - No change |
| Q. 6: Percentages were obtained from a report by Barnstable County and consists of data for Barnstable County only. It does not include Dukes County or Nantucket County that are also in our service area. These percentages are 2011 estimates. 10: Answer is based on report by Barnstable County with estimated data for 2011 and consists of data for Barnstable County only. It does not include Dukes County or Nantucket County that are also in our service area. Q. 14: Data does not include consumers who needed information referral services'. 15: Data do not include consumers who needed information and referral services. Data is listed as under age 60- but includes all ages including those over 60. Intellectual and developmental disabilities are included with cognitive. The rest of the fields are left blank because we do not collect this information. 21: We do not collect this data. 38: We do not collect this data. 39: This question will be answered by the state. 41 45: Our ADRC partner is answering these questions'. 52: Last contact varies upon the needs and goals of the consumer. 54: We do not have warm transfer capabilities'. 58 60: This question will be answered by our ADRC partner. 64: This question will be answered by our ADRC partner. 74. This question will be answered by our ADRC partner. 80: We have a small staff. All advocates perform the services. I was instructed to put 1 FTE in each category. 82 83: We are not paid on a fee-for-service or per-unit basis. Note: This is a frustrating report to complete because it doesn't fit our circumstances. |

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

Section B questions 15- 19- 18 and 20 we are unable to answer. Central MA Agency on Aging does not collect information on a consumer's disability- age or income. The only direct service we provide is Information and Referral and the information collected is whatever the consumer would like to share with the call taker. Section C. Central MA Agency on Aging does not provide Care Transitions or Options Counseling. Also in question 38 consumers are referred to multiple private and public providers when they contact the agency. Section D Question 74: Central MA Agency on Aging is the Area Agency on Aging for Central Massachusetts. In this question we recorded all Title III funds that come into our office. Some of these funds are granted to our ADRC partners. Question 79In MA there are no County Offices so for the portion of the survey to record partnerships we answered by using local state and federal sites instead of county offices. Health and Human Services is one agency in the state of MA. The Executive Office of Elder Affairs- the State Unit on Aging- is under HHS. For our partnerships we are more closely partnered with the Executive Office of Elder Affairs and that is who we hold a contract with.

Question 28- Includes Coleman numbers only not case management numbers Question 31- all participants have Medicare the program does not track whether or not consumer has another insurance Questions 32 and 33- Referrals are made but program does not track this information Questions 84 and 85- Berkshire County is geographically large which makes it very hard to service all areas.  In Berkshire County there are a limited amount of providers willing to service all areas.  There are also provider availability issues and staff turnover is high which results in a lack of care or inconsistent care for some consumers.

Comments: Section B- question 10-re:under insured only includes numbers for Barnstable County (does not include Dukes/Nantucket)Section B- question 15-did not have breakdown on data below 60- over 60- all data entered under over 60 category. 1733 calls total-78 on under 60Section C- question 46 track referrals made to; consumer  type- should read for answer provided for Section D- question 74- reads AOA Title II grant funds- typo- should read Title III funds? Response is for Title III funds.

Question 38 - our referrals are categorized as the following: housing and housing/information - 27public benefits - 21long term planning - 28general information - 19discharge planning - 15services - 30Questions 39- 41-44 - EOEA will respond directly to ACL/Lewin

The ADRC has allowed us to empower consumers to a greater degree.  The Independent Living philosophy- that consumers have the right to succeed or fail in the community- has informed our work in long term care facilities and the community. For any questions that refer to; county; level of government- we have used the city level.  Massachusetts does not have a county-based system. For the budget- we have noted our portion of ADRC funding although we are not the direct grantee. For questions 14 and 15 our data are included with Boston Elder INFO/Boston Senior Home Care which serves as our Information and Referral department. Data for questions 39- 41- 42- 43- 64 will be provided by the State.

Please find further clarification/comments below on specific questions from FCHCC.Questions:3. FCHCC identifies all of the; radio buttons; best describe the reason why FCHCC became a part of the Pioneer Valley ADRC.6. Percentages are from American Community Services (ACS) 5 year estimate from 2007-11 for 60+ population.  The numbers listed are only for Franklin County (26 towns) the additional 4 towns covered by FCHCC are in Worcester County.  That percentage is 3.1%.7. Percentages are from ACS 5 year estimate from 2007-11 for 60+ population.  The numbers listed are only for Franklin County (26 towns) the additional 4 towns covered by FCHCC are in Worcester County.  Those percentages are for Caucasian/White: 95%; Black or African American: 1.6%; American Indian or Alaska Native: .1%; Asian: 1.8%; and Nation Hawaiian or Other Pacific Islander: 0%.14. This number is based on unduplicated consumers.15. The numbers listed under the current consumer under 60 and over 60 are based on unduplicated consumers.  Please note that a consumer could have more than one of the disabilities/impairments listed and those numbers cannot be identified.  For the low income and limited English proficiency those numbers are not tracked specifically.27. FCHCC provides Care Transitions (CT) to all those who live in the 30 towns FCHCC covers.  Despite our efforts- FCHCC has not received any evidence-based CT intervention referrals.  FCHCC continues to work with our local hospitals-physician groups- nursing facilities and visiting nurse associations regarding CT referrals.  FCHCC has developed a universal referral form for formal referral sources ease.  FCHCC will begin a pilot project in

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the near future with one our nursing facilities. FCHCC receives many other requests from our local hospitals- physician groups- nursing facilities and visiting nurse associations.28-33. FCHCC has no data to report at this time.34. The marketing plan is general- agency not ADRC specific.38. FCHCC does not track the referrals made to outside agencies specific to those listed. 39. EOEA to provide answer.41-44. EOEA to provide answer.48. Basic demographics are accessable.49. It depends on the type of request made by the consumer. There may be times that there is follow-up required and other times there is not.50. Again how many times follow up is completed depends on the request made be the consumer. It could be multiple times or just once.51- 52. The timing of the first and last follow up again depends on the consumer's type of request. 53. This depends on if the consumers has given permission to share this information. 64. EOEA to provide answer.74. FCHCC checked off Administration of Aging Title II Grant. This was checked thinking it was meant to be TIII. If it is not TIII please disregard. In regards to the specific funding and total budget- the funds come to the State from the Federal government which is then distributed to the PVADRC (GSSS oversees the distribution of funds). GSSS then distributes the funding to the AAA's and ILC. 77. PVADRC consists of: 4 ASAP/AAA's and 1 ILC. Our meetings include the core group however- there many other interactions with other community service organizations e.g. VA- DDS- Alzheimer's Association- etc. depending on type of needs being identified. 80. FCHCC has staff trained in CT. 84. FCHCC reports no change.

Management at Greater Lynn Senior Services found the request for complete fiscal information burdensome and not helpful in determining if ADRCGNS- Inc. is serving all populations- all ages and all economic levels in a consumer directed approach. Some of the questions regarding Home Care Consumers were also irrelevant in evaluating the success of our ADRCGNS- Inc. and/or GLSS' role in the ADRCGNS- Inc. which is so much more than traditional home care programs.

Continued need for affordable housing options Need for additional waivers to assist with service options for discharges back to the community

Without the user of the products/services being the evaluator- chooser- engager- then there is no long term hope for change. We have seen that once the user- consumer- senior- person wants something and then chooses it- only then might it become a habit or recurring solution for a healthy life. The paradigm shifts going on within our ADRC over the past decade have further validated in our minds the above principle- and we are committed to making those changes within our organizations and our communities and our service provision- on a local level. If the consumer is not benefiting- then we do not want to do it€¦and to determine if the consumer is benefiting- as the IL world has taught us- nothing about me without me.

Question #14. Minuteman does not extract this data Question #31. Minuteman does not collect this data Question #32. Direct enrollment is not part of the Coleman model Question #33. Minuteman does not track this information Question #38. Minuteman does not track this information Question #46. Please note that we do not use a link- we access with a login

This survey was unreasonably difficult to complete and it was way too long. The parameters were unclear- the terminology unclear and inconsistent . Throughout the completion- we were instructed to include items that do not reflect how we do business. As an agency that has been providing services to elders for 39 years- the implication that the number of people we serve is the result of the ADRC is inaccurate. Repetition of information that is identical for all organizations in this state further wastes valuable staff time. In Massachusetts- Health Human Services is 1 Cabinet Agency- not 2. it would have been helpful if this 'survey' had provided definitions as they apply to this document process. LTSS- for instance- is not defined so we are not clear exactly what programs and functions were expected to be included. we did our best to answer questions that left a lot of room for interpretation.

Without the user of the products/services being the evaluator- chooser- engager- then there is no long term hope for change. We have seen that once the user- consumer- senior- person wants something and then chooses it- only then might it become a habit or recurring solution for a healthy life. The paradigm shifts going on within our ADRC over the past decade have further validated in our minds the above principle- and we are committed to making those changes within our organizations and our communities

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and our service provision- on a local level. If the consumer is not benefitting- then we do not want to do it€¦and to determine if the consumer is benefitting- as the IL world has taught us- nothing about me without me.

Without the user of the products/services being the evaluator- chooser- engager- then there is no long term hope for change. We have seen that once the user- consumer- senior- person wants something and then chooses it- only then might it become a habit or recurring solution for a healthy life. The paradigm shifts going on within our ADRC over the past decade have further validated in our minds the above principle- and we are committed to making those changes within our organizations and our communities and our service provision- on a local level. If the consumer is not benefiting- then we do not want to do it€¦and to determine if the consumer is benefiting- as the IL world has taught us- nothing about me without me.

Somerville Cambridge Elder Services is a lead CBO for the Mystic Valley Basin Care Transitions Collaborative and due to the fee for service funding model through Medicare it is had to establish our revenues for that program accurately at this time- as our project launched December 2012 and billing has a lag-time.

This document and the information it gathers is not conducive to the Independent Living Centers. it measures many things that our date system does not.

I am including all my comments below about specific questions: .Question 10: We are in Massachusetts and have mandated health insurance- so only a very small percentage of the population is without health insurance. According to a report by the Blue Cross Massachusetts Foundation- only 3.9% of the Commonwealth's under-65 population was uninsured from 2008 to 2010. The towns with the highest uninsured are not located within Springwell's catchment area- so our uninsured population is under 2%.
.
.Question 12: I had a hard time showing where changes occurred as only offered 3 choices (no- limited- adequate). It would have been easier to answer these questions more specifically using a rating system (i.e.: from 1 to 5â€¦) With both Language Barriers and Cultural barriers- while they are sometimes barriers to LTSS- the situation has improved in the ability to overcome these issues and serve people of diverse language and cultural backgrounds (for example- prior to 2006- we had language skills in our direct case management staff of two languages (English and Russian). In 2013- we have direct case management staff language skills in 12 languages). While this doesn't meet the language needs of all the consumers in our area- it is an improvement and we actively recruit for additional languages to help reduce language barriers.                                                                          .Sexual
Orientation barriers: the situation is improving with increased awareness and training- however this remains a barrier- especially with Nursing Home placements and with some vendor home health workers not being accepting of same sex couples or transgender individuals.
.Housing barriers: while this is ;sometimes a barrier; for both time periods- housing has gotten to be a tougher barrier to overcome during the recent period due to waiting lists and lack of affordable/accessible housing..
.Question 13: Again- I had a hard time showing where changes occurred as only offered 3 choices (no- limited- adequate). Would have been easier to answer using a rating system (i.e.: from 1 to 5â€¦) Also challenging to answer Available/ Avail but inadequate/not available for a broad question example Medicaid waivers in my area there is broad availability for Medicaid waivers for people over 60- however there are extremely limited/inadequate availability for Medicaid waivers for persons under 60 with disabilities. For Personal care services- there is availability- but not necessarily affordability- so often consumers cannot utilize as much personal care as they need as a LTSS..
.Question 15: our process does not track emergent/emergency cases separately- nor is low income coded for R calls or Options Counseling consumers. Springwell works with persons with limited English proficiency- however our computer system does not track this in the; R log.                                    .We also have data that we assisted an additional 24 consumers under 60 with disabilities to transition out of institutional facilities back to the community during the Oct 2012-Mar 2013 time period- but I did not

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have type of disability available for this report..

.Question 32 and 33: As Springwell initially followed the Coleman model for CTI which precludes the CTI Coach from making direct referral to programs and encourages the participant to self-refer- this data has not been tracked. Springwell also has a more innovative transitions model- however I am not including that referral data in this report as it does not appear to match the parameters of these questions on care coordination..

.Question 38: Springwell practice is to provide referrals and resource lists to all Options Counseling consumers. Massachusetts has a wealth of state/federal-subsidized programs including volunteer and nutrition programs that do not require financial eligibility so these are shared with all OC consumers. The resources sheets also include private-pay agencies and organizations. .

.Question 39: Intentionally left blank as the Commonwealth of Massachusetts will be providing the data for this question for the Metro Boston ADRC..

.Question 41 through 44: Intentionally left blank as the Commonwealth of Massachusetts will be providing the data and responses for these questions for the Metro Boston ADRC..

.Question 46: the database does track some of the referrals made for consumers- but not all referrals. Our system does not link to Medicaid€™s database- however staff have access through a log-in/password to the Commonwealth€™s Medicaid database..

.Question 64: Intentionally left blank as the Commonwealth of Massachusetts will be providing the data for this question..

.Question 71: We were involved in the past were in Massachusetts- so we already have an active and working state exchange and have had mandated health care for many years. .

.Question 79: In MA- the Executive Office of Health and Human Services is the parent agency to sixteen agencies- including the Dept. of Elder Affairs- Massachusetts Rehabilitation Commission- MassHealth (Medicaid). Springwell has contracts with and receives funding these agencies. Area Agency on Aging Springwell IS the local AAA.Re: County agencies the Commonwealth does not organize most of these services on a County-basis- but on Town-basis- so I left these questions blank..

.Question 80: Benefits counseling- however Springwell uses ten trained volunteers- supervised by two full-time VISTA volunteer coordinators- to provide benefits counseling/assistance to consumers.

.Care Transition Services: Springwell has two staff persons (who are Options Counselors) trained to provide the Coleman Model of Care transitions. However- the amount of time dedicated to CTI does not rise to any significant portion of an FTE. If you were using the term care transition services in a broader sense (meaning social workers who work with persons in a SNF/rehab to help them re-enter the community) we have two FTEs doing this work.

.Crisis intervention services: Springwell also has the contract to provide Adult Protective Services for 17 towns. We have ten FTEs working in this program- however I am not sure if that is what you are asking about in this question.

Part B question 12 Access to Dr's office is shameful. Many still cannot give people who use wheelchairs thorough exams. Part B question 15. Not yet available on our new system Question 33 We do not get into hospitals. Folks usually discharged to NH before we know about them. Question 38 we do not yet capture this information. Housing is an ENORMOUS Problem. Accessible- affordable and available. This survey was confusing and entirely too long. Some information is approximate as putting the results of all the different reports is very difficult.

The information being asked for in this survey was not clear. Further- it was difficult to compile accurate data because some of it was not tracked by our organization. Care Transition numbers requested have been given by Elder Services of Worcester as they are the contract holder. Tri-Valley subcontracts with Worcester and its numbers are included in Worcester's. Section B. number 14- the number of older adults served. We are unclear as to how to answer the question because there would be a bit of duplication. We were not able to discern what was being requested.

Please note that responses for question numbers # 39- #41-#42-#43- and #44 will be provided by Executive Office of Elder Affairs.

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ADRC of Southeast Michigan is not currently operational. We are currently in emerging status and anticipate beginning to provide ;A in Summer- 2013.

While all of the specific figures were unavailable for this particular survey- we can say with definite certainty that the quality of service has improved since the development of the ADRC of SWWC. Community organizations have come together as partners to share ideas and work together with the common goal of serving the individuals in our community in a more person centered way providing improved streamlined access to services.  As an emerging ADRC- we are taking this time to develop policies and procedures that will work across the board for all partners within the ADRC of SWWC. We continually strive to meet the benchmarks that will lead us to our goal of a fully functional ADRC. Becoming an ADRC partner raises awareness about what organizations in our community can do to assist the individuals who contact us.  Working together with those ADRC partners opens us a whole new realm of community resources- and in turn helps us to provide a better quality service overall.

We are an emerging ADRC Collaborative that is still in the formative process.  Some of the ADRC Partner agencies provide ADRC Services such as Information and Assistance- Assessment and Options Counseling but we have no ADRC Funding and no joint data collection systems in place at this time.  It was difficult to answer many of the report questions  on behalf of the Collaborative but as we develop more tools such as software for data collection and sharing referrals we will have a system to record that is being served through the ADRC System.

Dear TAE Website- the ADRC of the Thumb is a loosely knit group of 59 providers across three very rural Michigan counties. LTSS service providers in these counties have longstanding and very well-developed existing relationships throughout the continuum of care for all people with emphasis on the older adults and people with disabilities in Huron- Sanilac and Tuscola counties. This ADRC HAS NOT EMERGED. Staff are being trained in Options Counseling and AIRS A certifications obtained. While all are in favor of Michigan's new web-based resource database www.michigan.gov/adrc and the toll-free phone number to access the same- it is an un-natural arrangement for a caller to access the Area Agency 60 miles from where they live and at the same time equally awkward for that caller to reach an AIRS trained professional at a satellite office of the Center for Independent Living. At the same time- as you might suspect in rural America resources are limited and operational funding has not appropriated. There are several competing efforts and programs that work alongside the ADRC initiatives making some question the necessity of the ADRC effort.

ADRC Capital Area is not up and running yet - we are in the emerging/planning phase

We are not a fully functioning ADRC.  We receive no funding from any source for the ADRC.  This is an unfunded state mandate.

This is hard to measure with the database.  We do know there has been an increase in providers in the database as well and the data is continuously updated and enhanced.

We are always open to work with new partners.  Always try to provide as many services as possible for our vulnerable elderly and/or disabled individuals.

This has been an interesting survey- considering we are self-funded as an ADRC.  Three or Four years ago we had a one-year Benefits Checkup grant which gained us the designation ADRC.  Since then no other funding has come to support an ADRC until this year. We have a One year Options Counseling Pilot Grant totaling $11-000.  We hope there will be some REAL ADRC funding coming in the future. Otherwise the next sequester cuts will definitely continue eliminating resources for our seniors and our ADRC designation is at risk.

Area VIII Agency on Aging is a Department of Cascade County Aging Services- and thus must also incorporate county policy along with the federal and state regulations for an ADRC.  The ADRC fits in with Aging Services as we work to expand community knowledge of the vast support services available to our senior clientele and now the disabled clientele as well.  often times these two categories are combined in one individual and it is of a great value to ensure the resources within the community are able to be broad-based and able to handle the varying needs of our community as a whole.

| **69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.** |
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| Area X Agency on Aging is a frontier single county agency with one Indian Reservation. We provide direct services and are the focal point for LTSS. We do informal care plans with other agencies to provide services for our elderly and disabled. |
| East Valley Family Services is a very cooperative ADRC site. We pride ourselves on nurturing current partnerships and consistently seeking new partnerships to better the agency and the services available to our clients. We offer a full scope of services- including assessment- resources and referrals to our clients. We also work very closely with the Family Resource Centers to provide streamlined access to services across the lifespan. |
| LCHS employs one full-time ADRC Specialist who provides ;R- Options Counseling- and Eligibility access.  In comparison to some ADRC sites that are able to provide 40 hours per week of service at one site- LCHS provides services in four (4) different communities.  Lyon County's unique geography requires the ADRC Specialist to spend at least 10% of her time per week traveling to each community- which is approximately 4 hours per week.  The ADRC Specialist averages 5 on-site appointments per day and 1 home visit per week.  Each appointment averages one (1) to two (2) hours. LCHS plays a critical role in a number of collaborative efforts and initiatives designed to increase the effectiveness of advocating for seniors and individuals with disabilities.  These efforts streamline services- provide a one-stop shop- and help those planning for their future to maximize resources.  LCHS Social and Senior Services Divisions will continue working together to provide a one-stop shop for all consumers seeking resources and services.  LCHS will also continue to cultivate partnerships with agencies such as Lyon Sherriff's Office and Elder Protective Services who often refer at-risk individuals- knowing that staff is well-versed in understanding the level of service required for each individual.  LCHS strives to ensure that individual's needs are sufficiently met- allowing them to continue living successfully and independently- and will continue to place all efforts towards helping and advocating for those in need. |
| The staffing numbers are a representation of staff paid for by Monadnock Service Link ADRC through our Service Link contract with NH BEAS- some small private donation assistance- private grant funding that supports the Service Link ADRC work (primarily NH Family Caregiver focus at this point).  The FTE number includes co-location at the CMC/DHK but does not include NH state staff which is co-located at our office on day a week and paid for through separate NH DFA dollars.  It also does not include GSIL FTEs who are co-located with our ADRC.  There are two on-site employees.  It also does not include administrative staff from the Monadnock Collaborative and Cheshire Medical Center that provides in-kind support to the ADRC or the hours of our interns and other regular volunteers and board members.  I think the hybrid ADRC model for streamlining access to services and providing access to information is firmly established in our state. Regarding the questions about increased numbers since the ADRC grant- I wasn't sure which ADRC grant the question referred to.  In general- numbers for Monadnock and Sullivan County Service Link ADRC have remained someone steady over the last three years with some increases and changes and in certain areas.  Statewide there has been a significant focus on how calls and information is documented.  My concern continues to be about getting data that means something relative to data gathered elsewhere rather than increased numbers while clearing showing the need for information and supported options.  Part of our role is to support our partners in providing those options effectively and I'm not always sure we document that effectively. |
| Sullivan County Service Link has a very strong presence as the State Health insurance program and is starting to become a more rounded options counseling program.  The addition of a focus on caregiver assessment and outreach and Veterans Directed Services is making a noticeable difference in this program.  We are building a partnership with Valley Regional Hospital through family caregiver work that we hope to expand into a more formal approach to care transitions work in the next year. |
| Low Medicaid related reimbursement rates are adversely affecting the number of available providers. Managed Medicaid Long Term Care Services will further affect the quality of services in New Jersey. |
| For question 38- this ADRC is not specifically funded for Options Counseling as OCCO provides this service upon conducting the clinical assessment for GO- however- the a number provided consists of programs referred and funded through PEER- JACC- and other APC providers.  A total of 6444 has been |

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| tallied.  Also- included is the number of referrals to OCCO for GO clinical assessments conducted by the ADRC.  However- this ADRC does not administer Medicaid funded services such as GO- food stamps- TAN-F etc.  As per the CWA- approximately 500 cases are carried by Medicaid caseworkers who incorporate these programs. |
| I believe that there are plenty of consumers that are in need of services- but there are barriers that we struggle with in Camden County with current staffing issues that result in wait times (i.e. to get a hold of intake workers at BOSS- to get an appt. for a home visit from Medicaid).  As far as Case Management- there are staffing issues which makes us no longer able to accept new Global Options (non-AL) cases and keeping AL caseloads within a reasonable amount.  Staffing issues also impacts on the length of our JACC waiting- which is currently about 1 year long.*** This report was completed to the best of our ability as some of the data we are unable/do not currently collect.  Some of the numbers may not be completely accurate- but were best estimations.  Anything that was left blank was because of it being not applicable or unknown. |
| The Cumberland County ADRC did not receive any direct grant funds for the implementation of the ADRC; therefore- some questions were left blank as they did not apply to this site. |
| Additional Funds are needed to support current staff and as service need increases additional staff will be required. |
| ADRC Grant money is needed in order to support and expand the purpose and function of the ADRC. |
| First- the Monmouth County ADRC RECEIVES NO ADRC GRANT FUNDING!!!My comments about this survey:   The survey is poorly written.   Many of the questions are ambiguous- e.g. what does;significant; mean? Question #7: Latino/Hispanic origin: __Yes % - __No %.  What does that mean?  Others are slanted for a specific all or nothing response- i.e. significantly increased- significantly decreased- stayed the same.  For many questions- the answer was; Somewhat Increased/Decreased;; I did not respond to these questions.  On the questions dealing with the approximate timing of the first and last follow-up with consumers after initial contact- all the responses were definitive.  There should have been an ;Other; answer where we could explain that contacts depend on the case; you were looking for a one answer fits all. There are other comments my staff and I had and if anyone reads this far- please call me at 732-431-7450 and we will provide them to you. |
| ADRC grants have not been available during the restructuring of the Passaic County AAA while transitioning to the ADRC process.  Future FFP funding will provide the local AAA the resources necessary to effectively and efficiently provide comprehensive service deliveries to the vulnerable populations specifically needing LTSS. |
| Union County has not received any funding to support ADRC staff / activities. However- the application process for Medicaid Waiver Programs has been greatly improved in regard to processing time. |
| The NY Connects Long Term Care Office continues to work cooperatively and collaboratively with other local agencies- county and state agencies to improve the long term care services system in Cayuga County. The NY Connects office is a single point of entry that provides the community with information about availability and access to long term care services and support.  We offer Cayuga County residents assistance with planning for and obtaining cost-effective and appropriate long term care services for themselves- or someone they know or are caring for- regardless of age or income.  We provide a free in-home assessment to assist in developing a care plan based on the client's needs and services available- make referrals to appropriate agencies- pre-screen for Medicaid eligibility and complete PRI screenings for long term placement in a facility in the event the client can no longer safely stay at home. |
| Please note that this survey was completed to the best of our ability at this time with resources available. |
| Need for IR/IA is great. Larger need for funding to support the staff to perform these functions. Every year we are asked to collect more and more data even though our funding continues to decline and the ability to fill vacancies or create positions to fill the need continue to decline. While we have tons of data collected- we are unable to pull the data in the requested fashion as the software was developed far before this report was requested and we have not collected all of the requested information since the infancy of |

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| the program. Requirements have changed throughout (i.e. LEP). |
| We do not have access to much of the information requested |
| We are limited in the services we provide based on decreased funding- increased need- and limited staffing. |
| The ADRC money has allowed us to work effectively together with our DSS and OFD offices.  We hold joint meetings and trainings- consult each other on subject matter that is particular to our offices and share clients in order to get the best services for those clients. It has also supported our continued efforts to provide Enhanced Options Counseling and Options counseling to seniors- and their formal and informal caregivers. |
| Thank you for the opportunity to provide a narrative. Since the creation of Centralina CRC Connector we have been able to expand CRC efforts in Region F. Cabarrus and Mecklenburg CRC's have been operating under the no-wrong door model for years and we were able to take the best practices and lessons learned and expand the CRC philosophy and practices to other counties in our region. The CRC offers a change in the way we as service providers do business. This is a purposeful initiative to better serve older adults and expand and improve services for people with disabilities. We have learned that for years' service providers who worked with older adults operated soloed from service providers who work with people with disabilities. This was a great disadvantage for the consumer. We now know that there is a great benefit in partnering to better work together to serve the community. The CRC offers meaningful working partnerships- training and best practices in customer service and person-centered thinking to improve customer service and ease of access to resources for the consumer. We still have a long way to go with formalizing reporting and data sharing. However- the CRC has made great strides in community partnership and service provision for older adults and people with disabilities. We are developing systems of data collection- but it will take time. Especially with limited resources. Now days with budgets being restricted- it is more important than ever to continue this community effort that has and will continue to expand services and improve the quality of services for older adults and people with disabilities in our community. Since 2004 the CRC has been able to create a more coordinated system of information-assistance and access for older adults and people with disabilities. Efforts have been made to pave the way for enhanced individual consumer choice. Locally- we have made specific strides in the area of hospital collaboration and partnerships. Communication is more open and referrals are being shared more seamlessly within the CRC. Including the NC Options Counseling Certification Process and curriculum with CRC efforts has made a positive impact on agency buy-in as well as providing a more educated and credentialed network of staff for consumers to encounter through their CRC access among agencies. Agencies work well in the local CRC collaborative and we continue to come together for a common purpose- to provide a quality service and access for consumers. |
| As stated previously it has been difficult to provide an accurate picture of the services that we provide in terms of numbers served etc.  The information that was provided was not provided by each of the major agencies who participate- rather it was info that was provided by a few.  Many of the questions were designed for ADRC states rather than our current structure and were very difficult to answer.  It is our hope that we will be able to provide a better picture in the future- should funding sources become available to assist us in this area. |
| The challenging economic environment and the lack of funding has made it difficult to hold together partnerships between the core operating partners. The lack of funding has also made it difficult to encourage agencies in the various counties to expand CRC activity and invest the significant human resources required to make the CRC a reality in their respective communities.  Significant strides were made in Rockingham County to address hospital re-admissions and demonstrate the really positive impact partnerships with home and community based organizations and the supports they provide can have on reducing hospital re-admissions.  This work has temporarily ended due to a lack of funding to underwrite the salary of the staff person who was dedicated to this effort. The establishment of the Area Agency on Aging's as Local Connectors in North Carolina has created greater accountability and a unified system for |

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conducting the work of the CRC across the region and hopefully the state. The AAA provided free of charge access to a web-based Client Referral/Tracking Tool. This is possibly the single most significant occurrence this reporting period due to the increased capacity to realize the vision of providing a stream-lined- no-wrong door approach to information and assistance. The disparity and differences between the aging and disability networks have been difficult to overcome. Without the commitment of the aging network to the CRC concept- it is unlikely that the CRC could exist.

I am using this space to explain responses/lack of responses to specific questions. Section B.15. The number of individuals under 60 with multiple disabilities includes 13-541 people with disabilities served by Adult Economic Services at Wake County Human Services. They do not track according to type of disability. Section B.16.-21. Although our numbers over time indicate increases in the number of people we are serving- we do not know whether we are seeing significant increases or different/more complete ways of tracking. The answers to these questions would vary according to the specific operating organization. Section C.25.-26. Many of our operating organizations work to help seniors and adults with disabilities remain in their own homes for as long as is safely possible. These organizations track their outcomes in different ways. Section C.27.-31. CATCH- the formal care transitions program- launched at the end of January 2013 and gradually was being rolled out to include all the hospitals during this reporting period. Section C.32. This information was not tracked. Section C.35.-36. The Wake CRC developed a standard screening /referral tool to be used before the planned implementation of NCcareLINK- a statewide database and screening/tracking/referral tool. When state budget cuts eliminated funding for the initiative- operating organizations returned to using their own tools. Section C.39. The Wake CRC was one of two sites in NC selected as a pilot site for the development of Options Counseling Standards and Training. The numbers reported include the number of individuals (23) provided Options Counseling by our certified Options Counselors. The numbers also include numbers from one of our operating organizations. Hospice of Wake County and Horizons Palliative Care provided Options Counseling to 2199 individuals they served as part of their LTSS case management. Their Options Counselors are almost all social workers- but they are not certified as Options Counselors. Satisfaction surveys were given to 11 of the 23 individuals provided Options Counseling by our certified counselors. The surveys were returned directly to UNC CARES- evaluator for the OC pilot- and we have not seen results. Section C.55. Each operating organization collects its own performance data. The data is collected for the CRC network twice each year for the SART. Options Counseling data for the CRC has been tracked on an ongoing basis. Section C.66.-70. Comprehensive assessment of eligibility for LTSS can differ according to population group. Section D.79. The partners reported do not include our core operating organizations or their various components. For example- our core operating organization Wake County Human Services includes public health- housing and homeless services- veterans' services- Medicaid services- Senior and Adult Community services- Adult Guardianship- and Adult Protective Services- among others. Section D. 80. The FTE numbers for Options Counseling include numbers for our certified Options Counselors and one of our operating organizations (Hospice of Wake County and Horizons Palliative Care) which provides this service only to the individuals they serve through their LTSS case management services.

The data provided here does not fully capture the work done by the AAA/ADRN. Items left blank may be unanswered due to lack of data. Because of funder demands- we use several different IT systems- not all of which are owned by us- to capture information and not all the information that you've asked about is readily available. Tracking data would be somewhat easier if we knew ahead of time what kind of data you are interested in. It's difficult to piece together 6 months' worth of activity and the questions seem to vary from one reporting period to the next. Thank you.

We have been able to form core partnerships with other funding organizations and have developed a single-point of entry for consumers utilizing 211 and ADRC for all 4 counties in service area. We have shared resources- funding and training opportunities and now have 24/7 crisis intervention available.

The Front Door will play an increasingly vital role- yet the funding has been cut by % in the past 2 years.

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| Re: #84  There has been neither an increase or decrease in the number of LTSS providers. |
| The answer for questions 84 85 is the same- no change. |
| For question 39- NWSDS does not keep formal track of where consumers receive Options Counseling. In addition- since no surveying was done during the six month period- NWSDS is unable to indicate consumer satisfaction. For question 43- NWSDS records the total newly enrolled (not broken down). For October 1- 2012 to March 31- 2013- the total was 192.For questions 84 and 85- NWSDS answer is no change. There was neither an increase or decrease. For the six month reporting period- the ADRC reporting system was not used for one month. For this reason- some of the data is under reported. This is because the other system does not have the same reporting capabilities. |
| The 211 system is being developed in the Region- and this has a very large impact on the development of the LINK. |
| Although ADRC has been operating for a bit now- I believe that we still need to know long-range- medium-range and short-range plans for the ADRC.  I think this would help all counties to better understand their role- the purpose and focus.  I also believe this will help with the Core Partners. |
| I am new to this position and over time more facts will be learned and better statistics can be obtained. The base of Core Partners appear to be excellent and the collaborative partners seem to want to be involved in the Link. |
| The Cambria County Link program is beginning to make its presence known in the community. |
| Many of these questions were hard to answer- as we have been up and going for six months. I feel good that we have been developing many relationships between both County Agencies and Providers. Most of these questions were not ones that I would feel comfortable answering at this point. |
| Our ADRC is a network of core/collaborative partners and we have seen a wonderful support for the program by providers and agencies.  This has led to really good information sharing about services and programs among the members.  The result of this is better quality referrals to services and expedient service provision for consumers and their families. |
| Overall- Col-Mont Link has offered consumers who were unaware of these services info assistance to access these services through partner agencies. The goal is to continue to educate empower these consumers through encouraging better communication between agencies through cross-trainings. |
| We are very proud of the response the Crawford County Link has received from so many organizations- agencies and businesses that serve the populations we are trying to reach. For a small- rural county- we have had great success in recruiting so many Collaborative Partners to our Crawford County Link. One challenge faced by all of our partnering agencies- is time. Our partnering agencies have been very supportive in attending quarterly Cross-Trainings that we have been holding for three ADRC/Link sites in our area. Our partners do express lack of time to regularly attend every other month Collaborative Partner meetings in this county. Core Partners have also expressed time restraints for having their staff become certified AIRS specialists. Many of our Core and Collaborative Partners belong to more than one Link in Pennsylvania and must often choose attending one Link's meetings over the other due to proximity. Our group has been steadily working to become a fully functional ADRC site with assistance from our state and regional program offices. We have also appreciated the good ideas that have been provided by the ADRC-TAE staff via their website. |
| Through the Delaware County LINK we have sponsored very effective training events for staff and participants.  We have held events to enhance outreach and bring resources and assistance to people who may not have otherwise had access to the help.  We have also been able to market these programs.  We have enhanced awareness of the Delaware County LINK and the partner agencies. |
| The Erie County Link- along with its Core Partners and Collaborative Partners is designed to assist consumers with services to retain independence-make connections with organizations that provide needed services and assist consumers with applications to determine funding eligibility. The Erie County Link practices the ;No Wrong Door Policy;. The Core and Collaborative Partners meet monthly and the meetings are well attended. |

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| Franklin County LINK has brought together LTSS providers across our county- has developed a relationship with other community agencies- and provided a forum for resource sharing. |
| Indiana County Link has been growing over the past few years.  We are serving more consumers in both over 60 and under populations and education in the community for elderly and those 18 and over with a disability has been significant.   No person 18 and over with a disability or those 60 and over should be without proper services to maintain them with the great influence ADRC has had in the county.  Access to services is easily obtained in the county. |
| As a Pilot program for Options Counseling- the Lackawanna County LINK to Aging and Disability Resources has had some strong successes and some frustrating impediments over the last six months ( 10/1/2012-3/31/2013). The LINK program itself had to be repositioned to several Agencies/Organizations at higher levels in order to be accepted/adapted as a e; Partner; in the Human Services arena in Lackawanna County. The key areas of Hospitals- Housing- and Transportation had no penetration at all- and had to be addressed on an ASAP basis prior to implementing a formal Outreach/Marketing Plan. The concept of Options Counseling has been extremely well received- but it is just beginning to be embraced and utilized by Collaborative Partners. They are now recognizing the value/benefit of the Option Counselor in the e; No Wrong Door; philosophy- and this will continue to be critical to the success of the program. As far as impediments are concerned- SAMS I R was supposed to be operative by the end of January- 2013- and is still not available as a measurement tool. This has necessitated the utilization of paper tracking vs. electronic monitoring- and this is obviously labor-intensive and not very effective/productive relative to the information needs of a newly implemented program. My final comments center on Outreach. Marketing Plans can include several vehicles- e.g.- Direct Mail- Television Advertising- Interactive ( Internet)- but in most cases they will only produce a ;spike; in new callers over a limited period of time. I believe that over time- Collaborative Agencies/Organizations will grasp the value and utility of Options Counseling relative to our target population of the underserved and uninformed- and they will actively refer potential consumers who are in need of LTSS to an Options Counseling site ( this is happening with a few progressive organizations). In the meantime- I believe that we can become more proactive toward reaching these individuals in need through a e; Retail; approach- i.e. contacting other entities that have a strong and current knowledge of individuals/families who are distressed and in need of Long Term Services and Supports. One example of such a ;Retail; entity would be faith based providers- who have an intimate knowledge of the families that they are serving- and who are anxious to assist their constituencies in any way that they candid would also like to express my appreciation to the LINK Program Management team- and David Drexner in particular. As a pilot program here in Lackawanna County- and accountable for the introduction of Options Counseling to the LINK equation- we received excellent direction and support in navigating some uncharted waters. |
| We have answered the questions on this report as accurately as we can give the time and information we have. |
| I have filled the evaluation to the best of my knowledge.  The ADRC program has only been in existence in Lawrence County for two years.  There has been significant growth on people receiving services.  I am not hundred percent sure though it is due to the fact ADRC is doing its best to educate the public on what is out there or because Lawrence County is a very high rate of elderly population.  Either way the numbers are growing and we are doing our best to let the people know what is available to them. It is definitely a struggle because the program is so new and not exactly sure what is expected of us.  It would be great if Pennsylvania could come up with a better plan on how they want things done.  Having the virtual approach and every county doing things differently it is definitely a struggle. |
| The past six months have been a difficult time for the Lycoming-Clinton LINK.  State Medicaid changes have resulted in limited face to face collaboration and interaction between both Core Partners and Collaborative Partners.  Still- our primary goal remains the same.  We want to maintain the 'no wrong door' approach to Information and Referral.  We have- in concert with other local LINKS- participated in radio advertising and television advertising - to raise awareness of the LINK.  We have billboards throughout our two county area advertising the Core Partners.  We maintain a strong newspaper campaign |

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- once again advertising the Core partners. We have an active 2-1-1 program. We maintain active participation in multiple community organizations (United Way Task Force- Lycoming County Housing Coalition- Lycoming County Governor's Committee on Employment of People with Disabilities- Community Elder Providers meetings) as a way to provide information and education to agencies in the community. We continue to get the word out - explaining what the LINK is- what the LINK does- and how the LINK can help.

While we all share the database- I am given no other significant information from any of the core partners.

We think this has the potential to strengthen partnerships- interagency cooperation- no-wrong door service- greater quality cross-systems training. AIRS certification and Options Counseling training would be excellent additions to enabling the ADRC to increase quality of service to every caller/visitor.

The Pike County LINK to Aging Disability Resource LINK Coordinator is hearing good feedback from the people in the community while participating in Marketing Outreach Events. Aging Adults People with Disabilities- Consumers of Services- Caregiver's- Families- Advocates Human Resource Agencies all agree Pike County LINK to Aging Disability Resources is a much needed service for Families in the Community. To be LINKED to Long-Term Support Services so families can plan for the future Independence.

The Schuylkill Link just started 10/11 and is still not set up yet to serve consumers- but have been making referrals when needed. We are working on a strong collaborative base and getting prepared for options counseling.

The Allegheny Link has been successful in becoming the ;go-to; agency for difficult issues. We have been extremely effective in building collaboration and partnerships across the community. We also value our independent status that allows us to act without regard to loyalty issues. If an agency is performing poorly or if consumers are citing issues with specific programs- we are able to react. We continue to work to strengthen our partnerships and form new ones when strategically appropriate. We work very well with our local SHIP and are planning large community education events around the Health Insurance Marketplace and Medicaid Expansion. Within the past 12 months- our program was evaluated by an internal office. The high-level outcomes are below:- 96% of individuals responding to the Consumer Satisfaction Survey were happy with their overall experience with the Allgheny Link.- 94% of individuals responding to the Consumer Satisfaction Survey were satisfied with the Allegheny Link's ability to help them locate services they needed.- 88% of individuals responding to follow up calls report that they are receiving or in the process of receiving services to fill the need they reported when initially contacting the Allegheny Link as a direct result of Allegheny Link involvement.

Has been a very positive experience and we look forward to further collaboration and cross trainings.

Public awareness is needed to educate the public on where and how they can locate services. The LINK is a vital part of the process. This program has fostered relationships built on the common good for the community. It has allowed services to grow and access much needed advertising to reach consumers they may not have had the chance to do. It promotes the option of community care services for consumers who may be placed in a long term placement. In doing so saving valuable funds. Although long term facilities are on the board- they have educated themselves on how many programs work and thus improving their discharging abilities to the community. Plans are in the process to further reach the public on a monthly basis and more cross training opportunities. The Link provides the following functions:1.) monthly face to face meetings with core and collaborative boards.2.) special outreach projects conducted twice a year providing speakers- info- and vendor contact.3.) marketing- radio announcements ( 70-000 listeners- onsite radio events twice yearly) - ads newspaper readership- about 20-000 and local ads reaching 5-000-pharmacy ads 3000) materials to promote the LINK and collaborative- distributes by collaborative and core partners.4.) Healthfairs- 2-3 a year reach 1000 plus attendees 5.) Cross trainings- held 3-4 times a year- collaborative partners are invited along with appropriate staff. Programs covered are on pertinent topics such as Estate recovery- Assistive technology- health and wellbeing. All topics were well received and attendees came away with important information to share with their clientele.

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Number 84 - left blank - one Core partner answered that there has been an increase of LTSS providers- another answered it remains the same- and another answered there has been decrease. Number 85 - left blank because there has been little or no change in the quality of LTSS in Warren/Forest Counties. Warren/Forest Counties have a high level of cooperation among area services.

THE POINT experienced changes in staffing during this time period due to a reduction in funding. Staff levels went from 5.3 to 4.3. However- THE POINT enhanced their already strong relationship with: the Rhode Island Division of Elderly Affairs by working closely with the project manager to implement changes to day-to-day activities of POINT services and handling each and every caller- walk-in and outreach client with a triage form- addressing their needs according to protocol; Rhode Island Department of Human Services by learning further about LTSS services and placement clients into the appropriate facilities;  Rhode Island Department of Health by receiving funding to finance chronic disease self-management classes for seniors- adults with disabilities- and caregivers. During this period- THE POINT rebuilt relationships with agencies in the community- re-trained its staff and enhanced the ;no wrong door; approach to services. This approach is defined within the POINT manual; the philosophy of working together- innovative thinking and new ways of sharing information to achieve the best possible client outcomes. The vision for a No Wrong Door€_ is to be client-centered- accessible and possess coordinated services. a No Wrong Door€_ is about being helpful from a whole-of-client need perspective- considering all the services a client may require. By adopting a holistic- client-centered focus-  staff will be able to identify clients with complex or multiple needs and focus their intensive efforts on responding to those needs. This will ensure that those clients are linked to the right range of services and receive an appropriate response. Clients will not have to negotiate access to multiple departmental service areas on their own. The a No Wrong Door€_ approach to work is a key vehicle to embed a philosophy and planned approach to client-centered service delivery across THE POINT.  This approach will undoubtedly deliver better outcomes for clients. With this innovative training and a No Wrong Door€_ approach- THE POINT is able to provide a higher quality of options counseling- better customer service- and a higher level of service overall to its clients. THE POINT program coordinator is planning to attend the Alliance of information Referral Systems conference- with a track on aging- to be held in Portland- Oregon. As an outcome from the conference- we are hoping that she will learn from other ADRCs across the country how they provide essential services- options counseling- short term-case management and ultimately the a No Wrong Door€_ approach. This is an exciting time for our POINT office- as we look forward to the Health Exchange in Rhode Island- where more than 40-000 Rhode Islanders below the poverty level (138%) will qualify for enrollment into a Medicaid plan. Rhode Islanders without health insurance will be able to shop through the Exchange for their best health care options.

The impact of LTSS or Home and Community Based Services have seen a drastic increase. Many clients are applying for these services to help with their daily lives. Many clients prefer to stay in a home setting as long as they can. The LTSS program helps clients with their goals. The increase in applications has dramatically increased within the last several years.

All referrals are listed in SC Access case notes. They do not seem to be reflected as the report indicates that 1862 of the 2183 clients served in past six months have not been referred. This is not accurate.

The Department of Social Services is comprised of various Divisions including the Division of Adult Services and Aging (State Unit on Aging) which administers the ADRC and the Options Counseling Grant.  The Division of Adult Services and Aging employs sixty-five ASA Specialists located in twenty-four local state offices.  The ASA Specialists perform various duties including intake and referral- intake and assistance- options counseling- assessment- care planning- and follow-up (case management).  Five of the local offices are designated as an ADRC Call Center with designated county coverage areas.  A 1-800 toll free telephone number is assigned to each call center.  The 1-800 numbers are marketed to the general public- however- all of the local offices perform intake and also function as a single point of entry.  The Division of Adult Services and Aging is utilizing existing FTE positions and local rural state office infrastructure- programs- and funding to incorporate the ADRC functions into the current system. This has been accomplished by reviewing- evaluating- and reworking processes- tools- policies- and

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procedures.  The goal remains to integrate the criteria of a fully functional ADRC into the state system and not overlay it as an additional program or service. Due to the above information the Local and State Reports contain duplicative information because we only report from a State Level.

Additional funding for LTSS services has improved the agency's ability to serve consumers. There are still lengthy waiting lists for home-delivered meals and other in-home services for consumers not eligible for the CHOICES- Medicaid waiver program.

When GNRC received the ADRC grant in 10/05- the number of days from initial contact by a consumer to the 1st day of in-home services averaged 203 days. As a result of ADRC streamlining efforts- the average number of days is down to 60-90 days. GNRC has not received additional ADRC funds since the initial award. GNRC secured an Option D Care Transition grant from AOA in 2010 and has utilized a no cost extension to develop relationships with other hospitals in our geographic area.GNRC was instrumental in  implementing Tennessee's Med Waiver program and in developing the provider network that was taken over by the Choices Network in 2010. Due to budget cuts at the state and federal levels- GNRC has not been able to connect consumers to services since November- 2012. Currently the Choices program is the only LTSS program with no waiting list. The wait lists for other services have grown to be 2-3 years long. This is before the impact of Sequestration cuts.

- The ASC in partnership with the Bexar AAA has established a Memorandum of Understanding with the Retired Senior Volunteer Program (RSVP) in San Antonio. This partnership just went into effect but should increase the ability of the ASC program to diversify

N/A

Please request a link from Patricia Bordie at DADS regarding the Central Texas ADRC video that was developed by DADS Media Division. This video was developed to assist in helping other areas of the state establish ADRCs

Since the inception of the ADRC there has been an increase in the awareness of LTSS and/or Home and Community Based system in our community.  One of our partner agencies the Coastal Bend Center for Independent Living has been very involved in this arena.

The Concho Valley ADRC has expanded  its service area and increased services to all ages- disabilities and ethnicity.  The State balancing incentive program has impacted the Center a great deal.  We are now the local contact agency providing options counseling  for non-Medicaid relocation from nursing facilities in two regions- covering 31 counties.   We have increased our service numbers and increased the overall service access in our area- through our partnering agencies. We have relocated our office in a larger facility and our currently working on contracts with our key partnering agencies to provide ADRC services. We will soon be installing computer systems at various public locations through the rural service areas to better assist those facing barriers in connecting with the Center.  In the coming months- we will be offering a region wide cross training workshop for all partners and service agencies in our region. Our challenges have been in developing a brand or identity that our community and partners can identify with and understand.  We hope to continue to grow and develop our partnerships and provide services that best meet the needs of our Consumers.

For questions 84 and 85: there has not been an impact on LTSS or HCBS in the community.

Having definitive questions for the SART at the beginning of the six months could result in more accurate reporting.  This six months East Texas ADRC transitioned in the responsible person who was reporting the SART data.  In the completion of this SART period some opportunities for data collection were noted.

This report is very challenging as every 6 months we modify our intake process based on the data requested on the previous SART reports. The data requested appears to be fluid and we are not provided a template that would allow us to gather the appropriate information. We have submitted this report as accurate as possible based on the information we collect. We will modify our intake process to ensure we are better prepared for our next report.

Since Lower Rio Grande Aging and Disability Resource Center started serving consumers- the STAR-PLUS managed care program was initiated in our serving area which initially created some gaps in

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

service but overtime- the quality of LTSS services seems to have improved slightly.

Lubbock County ADRC has been very strong in establishing community partner relationships. We have assisted many consumers in addressing their unmet needs by linking- and referring them to available supports/services through community agencies. We have been very creative many times in getting several agencies involved concurrently to meet unmet needs of our consumers. Many of the local agencies staff contact Option Navigator when they need assistance with very challenging cases that cannot be met through community agencies. Option Navigator has also been very successful in getting vested partners to address unmet consumer needs that local community agencies are not able to meet. Our strength is in having knowledge of what each agency offers- agency requirements- and the documentation needed at point of scheduled appointments. We have a long ways to go- but these are the areas of strength that we are very good at and proud of.

We have greatly benefitted from participation in the ADRC. Our AAA staff have become much more knowledgeable of programs serving younger consumers and much more tightly networked with the agencies that provide direct services to younger persons.

More resources and funding is necessary to address the growing need of the populations that we serve.

We continue to build on the work of previous years to establish a strong network of programs and services aligned to serve older adults- people with disabilities and their family caregivers.

BIAVT has no means to track the LTSS providers' numbers or quality of service in the state. BIAVT has offered a multitude of trainings on the topic of brain injury and how to best work with brain injury survivors. In the long run- increased awareness should increase the quality of care but it is difficult to measure. The ;A part of BIAVT provides resources and may increase the chance of the providers of those services maintaining a level of customers to enable them to continue to offer those services. Since we serve all ages- we work with educational institutions as well. One goal is to help students receive the services they need during their healing process so they do not need to be part of the mental health or correctional systems at a later date. We also are working with the Correctional System in VT- educating the staff on how to help those who have been identified as having a brain injury and also to increase awareness of the individuals with unidentified brain injuries. The LTSS options for those who do not receive the services in a way that will enable them to succeed- is repeated incarceration. As you can see- LTSS has many meanings for our population. Long-term is also a very subjective term for our population. The ADRC is an important organization and it is very beneficial for BIAVT to be part of it.

The main service we provide is peer support and peer education done by volunteers.

This agency is continually looking for ways of sustainability. This is a great program.

SVCOA continues to be a positive force in making our region a better place to live and grow old- which is accomplished with our ongoing relationships with community partners and the development of relationships with new community partners as we expand our ;A department to ensure consumers have appropriate information and referral at any point of entry. Please note that our point person for completing this report is out unexpectedly on medical leave and thus staff who are not familiar with this report worked to compile the above information. Please let us know if any questions arise. Thanks.

We are finally moving ahead as an ADRC adding services- and attracting new clients but it has been a slow process.

This is the first SART report for Loudoun County AAA. We are in the beginning stages of discussions with possible partnering organizations. We began PeerPlace approximately 6+ months ago. This is the first SART report for Loudoun County AAA. We are in the beginning stages of discussions with possible partnering organizations. Loudoun County AAA has some unique challenges because we are a division under the county€™s Department of Parks- Recreation and Community Services. We will continue to seek opportunities for partnerships and formal agreements with local health and human service providers by using the vision for No Wrong Door and the fully-functional definition of ADRC to guide the discussion in this endeavor. We will also be discussing with the VA state unit on aging how we might work to revise the current Loudoun AAA organizational infrastructure to become more aligned with a

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

county government human services department in order to increase synergy for the NDW vision.

PAA has enjoyed a solid working relationship in various forms with public and private providers of LTSS since 1974. PAA has a solid reputation among citizens- local governments- local state government agencies- businesses and non-profit organizations. Our effort in becoming an ADRC per state guidance has been severely hampered by the client data software created by the SUA for use by public and private providers of LTSS. Some questions in this survey- 15 and 39 for example- request client data that is not available in the reporting tools created for our state contracted software. That is unfortunate and it would clearly be helpful to have such reporting tools. We do not have the staff time to review each client file to extract the data requested and to meet the deadline for this survey. For questions 39 and 40 on Options Counseling. staff have been trained on the state standards for Options Counseling- but counseling conducted since that time followed the procedures in place before the training. Presently- most staff have not been thoroughly trained and comfortable with updates to the state's software that capture Options Counseling data and procedures according to the new standards. So- although we indicate standards are in place- behavior modifications in fully adopting the standards and related reporting- have yet to be fully implemented. At such time that the state develops a comprehensive- user-friendly and intuitive client data/data sharing tool- PAA another Area Agencies on Aging will be in a position to attract additional Authorized Users/Partners and develop a true No Wrong Door program at the local level. In the meantime- the AAAs will use their software in relative isolation. New technology should not create a new silo which is what has happened in Virginia. In addition- we have seen that occur- unfortunately- over the last 4 years with our local health systems. As noted in response to Question 78- PAA has developed the beginnings of an ADRC program- representing public and private providers of LTSS and consumers that was launched by local private funding. This occurred when the state software did not attract local users and our private funder expected and deserved a return on their investment. Components of our local efforts in becoming a fully functional ADRC or Network have been endorsed by two former Virginia Secretaries of Health and Human Resources. We have local success that can be replicated in other communities among a wide range of LTSS providers. We know a one-stop can be created but it must be done right and for the right reason - that being consumer satisfaction in receiving streamlined information and access to community LTSS. This was an excellent survey and underscores the depth to which we should collect- and be able to report on- data from our software to gauge our progress and impact on advancing our ADRC operation. If this survey is to be conducted again- please allow for at least 60 days advance notice with the questions available at initial announcement.

AAA/Aging and Transportation Services are managed as a division of RRCS; administrative functions are combined with the community services board under one board of directors.

We are continually looking to grow and improve our ADRC services and operations- while attempting to maintain quality of service and outcomes. Maintenance of ongoing partnerships while building new partnerships and relationships is a constant challenge. As we bring more partners onto the No Wrong Door tools- we should begin to see operational efficiencies build exponentially- as the tools are improved and adapted to meet our changing realities. Efforts to co-locate some core services should improve communications and collaborative opportunities in addition to technological advances.

Due to unforeseen circumstances the SAAA was still able to provide services to our seniors in the Northern Shenandoah Valley.

VPAS enjoys being a leader in the ADRC movement and has worked collaboratively with other providers to create ADRC communities within our planning district. VPAS has worked diligently with our partner Center for Independent Living- VAIL- to enhance services to individuals with disabilities. We have conducted joint staff trainings- and created MOAs to better serve individuals and to reach a greater population. We have found the partnership to be beneficial to both entities and to the individuals we serve. We continue to seek out ways to enhance our service delivery together.

I don't have comments about ALTCEW. I do want to comment on this survey. I have left many parts of it blank either because we don't collect that particular data element or we don't collect it in the manner you asked for it. There was no way to convey that explanation to you in the survey or to tell you what we do

## 69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.

collect. You used different age categories than we normally use (65 instead of 60+). You also asked for age by subcategories and we don't collect the data that way. Some of the questions for which you wanted answers are not within our span of control. It is very difficult to answer ;all or none; questions when in fact we have ;some; of the information. In some questions the choices appeared as if you are steering us to a certain answer. I am concerned about what you might do with the results of this survey given it is poorly designed. You don't get the data you want because we had no warning of what to collect. We don't have the opportunity to describe what we do because there is no place to enter the information.

The Pierce County ADRC has been instrumental in pulling together the many disparate LTSS providers in the county - becoming a vehicle for dialogue and collaboration.  We produce a monthly ADRC E-newsletter distributed to providers in the county.  We also host a monthly networking meeting for all LTSS providers.  The ADRC holds a bi-monthly Community Forum for all our ADRC partner organizations.

Our agency continues to provide detailed service to our consumers. However- we have lost funding for the SHIP program and therefore we had to lose on site staff.  Our remaining ADRC counselors are trained to handle these issues but now will have to add this to their duties. Whereas before we had staff paid to handle those services specifically.  We need to find more ways to get our name and services out there to the public. But with limited funding we are not able to.  People are always thankful to find an agency to takes a genuine interest in their need and one that follows up to see they get what they need. Or sometimes just to listen and show compassion.

Some of the information that was collected through this evaluation survey was not tracked- therefore may not have been answered in the appropriate sections. Question # 74.  Please refer to the Petersburg local office evaluation survey to see the amount of funding allocated.

Some of the information that was collected through this evaluation survey was not tracked- therefore may not have been answered in the appropriate sections.

Our agency continues to provide a valuable and detailed service to our consumers. However- we have lost funding as of 4-1-13 to have a dedicated SHIP counselor. Our ADRC counselors are all cross trained and can provide this  service as needed. But this stretches our counselors' time that they would have used to spend on helping clients with long term care services.  The issues many times are connected-but we feel that especially at Medicare open enrollment that this may become a difficult issue.  Our consumers often express that they are just happy that someone takes the time to listen to their problem and try to find a solution versus just being given a number or sent on to the next place.  It is important to have enough staff and it is also important for us to get our services well known to the public.  Our particular site has increased its walk in numbers greatly since moving to our current location. These numbers are higher than our main office in this region. But due to loss of funding it is anticipated that we will have to close this site soon.

Some of the information that was collected through this evaluation survey was not tracked- therefore may not have been answered in the appropriate sections. Question # 74.  Please refer to the Petersburg local office evaluation survey to see the amount of funding allocated.

Some of the information that was collected through this evaluation survey was not tracked- therefore may not have been answered in the appropriate sections. Question # 74.  Please refer to the Fairmont and/or Petersburg local office evaluation survey to see the amount of funding allocated.

Some of the information that was collected through this evaluation survey was not tracked- therefore may not have been answered in the appropriate sections.

This State ADRC Center has only been operational since February- 2013.  We are contracted through the AAA and are located at the State Unit on Aging but hope to be funded at the end of the contract through the State funding for the ADRC's.  We serve the entire State not limited counties by area.  The projection is that there will be increased contacts at this location because of its location within the State Unit on Aging.

All the I A staffed are trained to do the options counseling- enrollment counseling- functional screens- MA applications- so FTE will be the same in each box as an ;A staff does all functions.

| **69 . Please add any additional thoughts about Local ADRC and either its operations and/or its results.** |
|---|
| I don't feel the numbers given to answer your specific questions- adequately illustrates the amount of people impacted by our agency. |
| The ADRC of the Northwoods opened Spring of 2012 and slowly rolled out office openings and staff hire. Future surveys will allow for more detailed information regarding the impact of our services on the customers and geographic areas we serve. We serve 4 counties. A long term care skilled provider closed but we had a high quality assisted living open in another county. |
| The ADRC of WW has made an impact on 1000's of people trying to navigate the long term care system. Many people did not know that there is support and help to remain in their own home. Physicians need to be educated to have their patients call the ADRC instead of recommending assisted living. Too often people think that because their physician has recommended an out of home placement that is the only option. The medical community is coming around slowly but all individuals should be screened at time of entry to a long term residential placement to see if there is any other option that is appropriate to meet their needs. Rehab should of course be excluded. |
| Clarification on a couple questions:33. Jefferson County does not have a formal Care Transition program but we work closing with the area hospitals and nursing homes to relocate consumers into long term care programs- or to discuss options for going home private pay. One area hospital is providing a Health Transition Program- and believes that it has been quite successful.39. We send out satisfaction surveys- but as they are mostly anonymous for return- we have not been tracking date wise. Our ADRC has been trained (in October of 2012) and has showed an improvement thus far in 2013 in the area of Options Counseling. A suggestion if this evaluation is to be done again- is to prep the ADRC's on what information you are requesting as we can then track the information. For example- we do not track location of Options Counseling- there is not an area in our present database to set that up- at least not on the local level- that information is in the notes- so it is still obtaining if requested- it is quite burdensome to gather that information from our current system- that if known- we would have tracked in an excel spreadsheet. Just an FYI. |
| The Milwaukee County Aging Resource Center is the largest of the ADRCs in Wisconsin. Due to our high volume of consumers we operate differently than others around the State. Our model is designed to absorb high call volume and distribute the follow-up efficiently to general access or emergency services (Elder Abuse and Adult Protective services). We answer 2000 calls per month. Approximately 500 of these calls are assigned for follow-up. We accept 100 applications per month for Home Delivered Meals on behalf of our AAA. We assist in processing up to 100 applications for County Transportation. All our Call Center operators are required to obtain AIRS certification (8 staff). Our Options Counseling do not typically obtain the certification. |
| Hours available to clients and funding has decreased due to State budget cuts(via the two State programs; SWFCA and IRIS). |

# APPENDIX H. PROCESS EVALUATION STATE ADRC SURVEY RESPONSE TABLES

## Section A. Baseline Characteristics

**1. Click here to review federal funding received by your state since [ENTER YEAR OF RECEIPT OF ADRC GRANT]\* for the development of ADRCs. On a scale of 1 to 5, how would you rate your state's progress since [YEAR] in improving access to the following services, with 1 being "Poor" and 5 being "Excellent"?**

|  | 1 (Poor) | | 2 | | 3 | | 4 | | 5 (Excellent) | | No Response | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Information, referral, awareness of LTSS options | 0 | 0.00 | 1 | 2.08 | 9 | 18.75 | 18 | 37.50 | 19 | 39.58 | 1 | 2.08 |
| Options counseling and assistance | 2 | 4.17 | 5 | 10.42 | 16 | 33.33 | 12 | 25.00 | 12 | 25.00 | 1 | 2.08 |
| Streamlined eligibility determination for public programs | 2 | 4.17 | 12 | 25.00 | 22 | 45.83 | 7 | 14.58 | 4 | 8.33 | 1 | 2.08 |
| Person-centered transition support | 3 | 6.25 | 7 | 14.58 | 11 | 22.92 | 19 | 39.58 | 7 | 14.58 | 1 | 2.08 |

\*In each online survey, "YEAR" was modified based on when the site received its first ADRC grant. This applies to all instances in which "YEAR" is included in the question.

**2. States used federal grant funding in a variety of ways to develop their aging and disability networks. On a scale of 1 to 5, indicate the importance of each of the following in improving access to LTSS in your state since YEAR, with 1 being "not important at all" and 5 being "very important".**

|  | 1 (Not important) | | 2 | | 3 | | 4 | | 5 (Very important) | | No Response | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Development of new partnerships | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 8 | 16.67 | 37 | 77.08 | 2 | 4.17 |
| Staffing | 1 | 2.08 | 1 | 2.08 | 6 | 12.50 | 18 | 37.50 | 20 | 41.67 | 2 | 4.17 |
| Advisory council | 0 | 0.00 | 3 | 6.25 | 13 | 27.08 | 20 | 41.67 | 10 | 20.83 | 2 | 4.17 |
| Development of shared data systems | 1 | 2.08 | 6 | 12.50 | 8 | 16.67 | 14 | 29.17 | 17 | 35.42 | 2 | 4.17 |
| Web based information and referral | 1 | 2.08 | 1 | 2.08 | 9 | 18.75 | 11 | 22.92 | 24 | 50.00 | 2 | 4.17 |
| Other, please specify\* | 0 | 0.00 | 0 | 0.00 | 4 | 8.33 | 5 | 10.42 | 7 | 14.58 | 32 | 66.67 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 3. When your State applied for its first ADRC grant in YEAR, what were your goals for the project? Check all that apply. | Frequency | Percentage* |
|---|---|---|
| To better integrate the delivery of LTSS for the aging and disability populations | 44 | 91.67 |
| To develop or strengthen agency/organizational partnerships | 45 | 93.75 |
| To improve data or IT infrastructure | 34 | 70.83 |
| To improve marketing or awareness efforts related to Long Term Care Services and Supports (LTSS) | 36 | 75.00 |
| To expand services to additional populations | 30 | 62.50 |
| To expand services to additional geographic locations | 18 | 37.50 |
| Other, please specify** | 9 | 18.75 |

*Percentages do not add up to 100% as ADRCs could choose multiple options.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 4. Please indicate how your State initially selected local sites to receive ADRC funds. Select all that apply. | Frequency | Percentage* |
|---|---|---|
| Selected sites that were already integrated to help them maintain or expand their efforts | 10 | 20.83 |
| Selected sites that were partially integrated to support further integration | 12 | 25.00 |
| Selected AAA's already in operation | 33 | 68.75 |
| Selected organizations that were currently serving the aging community (e.g., senior centers) | 17 | 35.42 |
| Selected sites that were currently serving the disability community (e.g., CILS) | 17 | 35.42 |
| Selected county offices because existing infrastructure was available | 3 | 6.25 |
| Other, please specify** | 14 | 29.17 |

* Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**4a. Indicate the extent to which the grants your state received for ADRC development contributed to the following:**

| | Very much | | Somewhat | | Very little | | No response | |
|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Increase the skills of existing staff** | 38 | 79.17 | 9 | 18.75 | 1 | 2.08 | 0 | 0.00 |
| **Recruit or attract more experienced staff** | 9 | 18.75 | 26 | 54.17 | 12 | 25.00 | 1 | 2.08 |
| **increased /expand populations served** | 26 | 54.17 | 18 | 37.50 | 4 | 8.33 | 0 | 0.00 |
| **Increase the number of consumers served** | 24 | 50.00 | 21 | 43.75 | 2 | 4.17 | 1 | 2.08 |
| **Increase the number of partnerships** | 39 | 81.25 | 9 | 18.75 | 0 | 0.00 | 0 | 0.00 |
| **Increase range of services offered** | 24 | 50.00 | 17 | 35.42 | 7 | 14.58 | 0 | 0.00 |
| **Make other changes (please specify)\*** | 13 | 27.08 | 5 | 10.42 | 1 | 2.08 | 29 | 60.42 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**5. How has the ADRC grant(s) affected the resources or resource allocation at your organization/network or within your state? If there is more than one ADRC in your state, select the box if the item is true for at least one ADRC. (Select all that apply).**

| | At the Site or Local level | | At the State Level | |
|---|---|---|---|---|
| | Frequency | Percentage\* | Frequency | Percentage |
| **Helped us leverage other funds (including reimbursement for specific functions)** | 29 | 60.42 | 32 | 66.67 |
| **Improved staff training opportunities** | 38 | 79.17 | 33 | 68.75 |
| **Increased service efficiency** | 36 | 75.00 | 20 | 41.67 |
| **Contributed to the development of a statewide database of Long Term Supports and Service and/or consumers** | 26 | 54.17 | 34 | 70.83 |
| **Promoted the development of standard operating procedures** | 33 | 68.75 | 39 | 81.25 |
| **Increased the level of coordination between organizations serving older individuals and individuals with disabilities** | 41 | 85.42 | 44 | 91.67 |
| **Improved awareness/marketing campaigns/activities** | 36 | 75.00 | 33 | 68.75 |

\*Percentages do not add up to 100% as respondents could select more than one option.

| 6. Within the last 12 months, has the State conducted a community long term service and support needs assessment? | Frequency | Percentage |
|---|---|---|
| **Yes, we assessed the needs in all ADRC communities in our State** | 12 | 25.00 |
| **Yes, we assessed the needs in some of the  ADRC communities in our State** | 3 | 6.25 |
| **No, but we did complete a community needs assessment, for at least some of the ADRC or communities in our State within the past three years** | 10 | 20.83 |
| **No, a community needs assessment was not completed within the past three years** | 21 | 43.75 |
| **No Response** | 2 | 4.17 |
| **Total** | 48 | 100 |

**7. What barriers do individuals in your state encounter in accessing LTSS? For each barrier listed below, indicate the extent to which this was a barrier in YEAR when the state first began developing its ADRC network and the extent to which it is currently a barrier.**

| | YEAR | | | | | | | | 2012 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Non-availability of needed services and supports | 1 | 2.08 | 24 | 50.00 | 22 | 45.83 | 1 | 2.08 | 2 | 4.17 | 35 | 72.92 | 10 | 20.83 | 1 | 2.08 |
| Limits on Medicaid HCSBS waiver enrollment | 16 | 33.33 | 13 | 27.08 | 17 | 35.42 | 2 | 4.17 | 14 | 29.17 | 25 | 52.08 | 7 | 14.58 | 2 | 4.17 |
| Limits on enrollment in state-only funded LTSS | 7 | 14.58 | 23 | 47.92 | 16 | 33.33 | 2 | 4.17 | 8 | 16.67 | 28 | 58.33 | 10 | 20.83 | 2 | 4.17 |
| Quality of available LTSS | 9 | 18.75 | 33 | 68.75 | 3 | 6.25 | 3 | 6.25 | 16 | 33.33 | 28 | 58.33 | 1 | 2.08 | 3 | 6.25 |
| Lack of health Insurance | 2 | 4.17 | 27 | 56.25 | 16 | 33.33 | 3 | 6.25 | 3 | 6.25 | 31 | 64.58 | 11 | 22.92 | 3 | 6.25 |
| Providers not accepting consumers with Medicaid | 6 | 12.50 | 32 | 66.67 | 7 | 14.58 | 3 | 6.25 | 7 | 14.58 | 30 | 62.50 | 8 | 16.67 | 3 | 6.25 |
| Lack of accommodations for consumers with disabilities | 6 | 12.50 | 24 | 50.00 | 15 | 31.25 | 3 | 6.25 | 9 | 18.75 | 30 | 62.30 | 6 | 12.50 | 3 | 6.25 |
| Language barriers | 9 | 18.75 | 31 | 64.58 | 6 | 12.50 | 2 | 4.17 | 15 | 31.25 | 30 | 62.50 | 1 | 2.08 | 2 | 4.17 |
| Cultural barriers | 9 | 18.75 | 33 | 68.75 | 4 | 8.33 | 2 | 4.17 | 11 | 22.92 | 35 | 72.92 | 0 | 0 | 2 | 4.17 |
| Religious barriers | 26 | 54.17 | 19 | 39.58 | 0 | 0 | 3 | 6.25 | 26 | 54.17 | 18 | 37.50 | 1 | 2.08 | 3 | 6.25 |
| Sexual orientation barriers | 17 | 35.42 | 26 | 54.17 | 2 | 4.17 | 3 | 6.25 | 23 | 47.92 | 21 | 43.75 | 1 | 2.08 | 3 | 6.25 |
| People needing services do not have a permanent address | 8 | 16.67 | 29 | 60.42 | 8 | 16.67 | 3 | 6.25 | 8 | 16.67 | 31 | 64.58 | 6 | 12.50 | 3 | 6.25 |
| Consumers lack transportation | 0 | 0 | 14 | 29.17 | 32 | 66.67 | 2 | 4.17 | 0 | 0 | 20 | 41.67 | 26 | 54.17 | 2 | 4.17 |
| Stigma, discrimination and prejudice against older adults | 22 | 45.83 | 21 | 43.75 | 2 | 4.17 | 3 | 6.25 | 24 | 50.00 | 20 | 41.67 | 1 | 2.08 | 3 | 6.25 |
| Stigma, discrimination and prejudice against persons with disabilities | 12 | 25.00 | 23 | 47.92 | 10 | 20.83 | 3 | 6.25 | 13 | 27.08 | 27 | 56.25 | 5 | 10.42 | 3 | 6.25 |
| Providers have high staff | 3 | 6.25 | 27 | 56.25 | 15 | 31.25 | 3 | 6.25 | 3 | 6.25 | 30 | 62.50 | 12 | 25.00 | 3 | 6.25 |

| 7. What barriers do individuals in your state encounter in accessing LTSS? For each barrier listed below, indicate the extent to which this was a barrier in YEAR when the state first began developing its ADRC network and the extent to which it is currently a barrier. | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | YEAR | | | | | | | | 2012 | | | | | | | |
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| turnover | | | | | | | | | | | | | | | | |
| Providers lack appropriate trained staff | 3 | 6.25 | 31 | 64.58 | 11 | 22.92 | 3 | 6.25 | 10 | 20.83 | 30 | 62.50 | 5 | 10.42 | 3 | 6.25 |
| Service provider hours/locations are hard to access | 7 | 14.58 | 31 | 64.58 | 7 | 14.58 | 3 | 6.25 | 10 | 20.83 | 30 | 62.50 | 5 | 10.42 | 3 | 6.25 |
| Other, specify* | 0 | 0 | 2 | 4.17 | 2 | 4.17 | 44 | 91.67 | 0 | 0 | 1 | 2.08 | 3 | 6.25 | 44 | 91.67 |
| Other, specify* | 0 | 0 | 1 | 2.08 | 4 | 8.33 | 43 | 89.58 | 0 | 0 | 2 | 4.17 | 3 | 6.25 | 43 | 89.58 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 8a. Indicate the current availability of the following services within your service area. | Adequate availability | | Available but inadequate to meet the need | | Not available | | No response | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Safe and affordable housing options | 1 | 2.08 | 44 | 91.67 | 1 | 2.08 | 2 | 4.17 |
| Peer support services/groups | 22 | 45.83 | 23 | 47.92 | 0 | 0.00 | 3 | 6.25 |
| HCBS Medicaid Waiver Programs | 14 | 29.17 | 30 | 62.50 | 0 | 0.00 | 4 | 8.33 |
| Caregiver Support (i.e. respite program, support groups, or counseling) | 15 | 31.25 | 31 | 64.58 | 0 | 0.00 | 2 | 4.17 |
| Nutrition Programs | 16 | 33.33 | 29 | 60.42 | 0 | 0.00 | 3 | 6.25 |
| Employment Services | 11 | 22.92 | 33 | 68.75 | 0 | 0.00 | 4 | 8.33 |
| Education services | 21 | 43.75 | 21 | 43.75 | 0 | 0.00 | 6 | 12.50 |
| Legal Services | 15 | 31.25 | 30 | 62.50 | 0 | 0.00 | 3 | 6.25 |
| Transportation Services | 3 | 6.25 | 43 | 89.58 | 0 | 0.00 | 2 | 4.17 |
| Socialization/recreation programs | 23 | 47.92 | 22 | 45.83 | 0 | 0.00 | 3 | 6.25 |

**8a. Indicate the current availability of the following services within your service area.**

| | Adequate availability | | Available but inadequate to meet the need | | Not available | | No response | |
|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Mental/behavioral health services | 3 | 6.25 | 40 | 83.33 | 1 | 2.08 | 4 | 8.33 |
| Ombudsman services | 26 | 54.17 | 20 | 41.67 | 0 | 0.00 | 2 | 4.17 |
| Health Prevention and screening services | 12 | 25.00 | 32 | 66.67 | 0 | 0.00 | 4 | 8.33 |
| Emergency services/crisis intervention | 13 | 27.08 | 30 | 62.50 | 0 | 0.00 | 5 | 10.42 |
| Nursing home transition | 17 | 35.42 | 27 | 56.25 | 2 | 4.17 | 2 | 4.17 |
| Hospital transition programs | 4 | 8.33 | 35 | 72.92 | 6 | 12.50 | 3 | 6.25 |
| Nursing home (institutional) diversion programs | 8 | 16.67 | 30 | 62.50 | 6 | 12.50 | 4 | 8.33 |
| Nursing home services | 37 | 77.08 | 7 | 14.58 | 0 | 0.00 | 4 | 8.33 |
| Assisted living services | 28 | 58.33 | 15 | 31.25 | 0 | 0.00 | 5 | 10.42 |
| Shared living programs | 6 | 12.50 | 22 | 45.83 | 15 | 31.25 | 5 | 10.42 |
| Adult day care | 12 | 25.00 | 33 | 68.75 | 0 | 0.00 | 3 | 6.25 |
| Consumer-directed LTSS | 11 | 22.92 | 30 | 62.50 | 4 | 8.33 | 3 | 6.25 |
| Income assistance | 6 | 12.50 | 36 | 75.00 | 1 | 2.08 | 5 | 10.42 |
| Energy assistance | 10 | 20.83 | 35 | 72.92 | 0 | 0.00 | 3 | 6.25 |
| Personal care/attendant services | 16 | 33.33 | 29 | 60.42 | 0 | 0.00 | 3 | 6.25 |
| Medicaid HCBS waiver programs | 14 | 29.17 | 29 | 60.42 | 1 | 2.08 | 4 | 8.33 |
| Independent Living supports (e.g., skills training, vocational programs, peer support) | 11 | 22.92 | 32 | 66.67 | 1 | 2.08 | 4 | 8.33 |
| Other, specify* | 0 | 0.00 | 3 | 6.25 | 1 | 2.08 | 44 | 91.67 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**8b. For the following services, to what extent is there provider choice?**

| | Prior to First Grant | | | | | | | | Currently | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Safe and affordable housing options | 5 | 10.42 | 36 | 75.00 | 4 | 8.33 | 3 | 6.25 | 2 | 4.17 | 36 | 75.00 | 7 | 14.58 | 3 | 6.25 |

| 8b. For the following services, to what extent is there provider choice? | Prior to First Grant | | | | | | | | Currently | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Peer support services/groups | 1 | 2.08 | 33 | 68.75 | 10 | 20.83 | 4 | 8.33 | 0 | 0.00 | 28 | 58.33 | 16 | 33.33 | 4 | 8.33 |
| HCBS Medicaid Waiver Programs | 2 | 4.17 | 27 | 56.25 | 15 | 31.25 | 4 | 8.33 | 0 | 0.00 | 25 | 52.08 | 19 | 39.58 | 4 | 8.33 |
| Caregiver Support (i.e. respite program, support groups, or counseling) | 5 | 10.42 | 31 | 64.58 | 10 | 20.83 | 2 | 4.17 | 1 | 2.08 | 26 | 54.17 | 19 | 39.58 | 2 | 4.17 |
| Nutrition Programs | 4 | 8.33 | 26 | 54.17 | 15 | 31.25 | 3 | 6.25 | 1 | 2.08 | 26 | 54.17 | 18 | 37.50 | 3 | 6.25 |
| Employment Services | 2 | 4.17 | 31 | 64.58 | 10 | 20.83 | 5 | 10.42 | 1 | 2.08 | 31 | 64.58 | 11 | 22.92 | 5 | 10.42 |
| Education services | 1 | 2.08 | 26 | 54.17 | 15 | 31.25 | 6 | 12.50 | 1 | 2.08 | 21 | 43.75 | 20 | 41.67 | 6 | 12.50 |
| Legal Services | 4 | 8.33 | 33 | 68.75 | 8 | 16.67 | 3 | 6.25 | 2 | 4.17 | 31 | 64.58 | 12 | 25.00 | 3 | 6.25 |
| Transportation Services | 3 | 6.25 | 40 | 83.33 | 3 | 6.25 | 2 | 4.17 | 1 | 2.08 | 41 | 85.42 | 4 | 8.33 | 2 | 4.17 |
| Socialization/recreation programs | 1 | 2.08 | 23 | 47.92 | 20 | 41.67 | 4 | 8.33 | 0 | 0.00 | 25 | 52.08 | 19 | 39.58 | 4 | 8.33 |
| Mental/behavioral health services | 5 | 10.42 | 33 | 68.75 | 5 | 10.42 | 5 | 10.42 | 2 | 4.17 | 37 | 77.08 | 4 | 8.33 | 5 | 10.42 |
| Ombudsman services | 5 | 10.42 | 19 | 39.58 | 22 | 45.83 | 2 | 4.17 | 5 | 10.42 | 20 | 41.67 | 20 | 41.67 | 3 | 6.25 |
| Health Prevention and screening services | 5 | 10.42 | 30 | 62.50 | 7 | 14.58 | 6 | 12.50 | 0 | 0.00 | 29 | 60.42 | 13 | 27.08 | 6 | 12.50 |
| Emergency services/crisis intervention | 5 | 10.42 | 30 | 62.50 | 8 | 16.67 | 5 | 10.42 | 3 | 6.25 | 27 | 56.25 | 13 | 27.08 | 5 | 10.42 |
| Nursing home transition | 15 | 31.25 | 25 | 52.08 | 6 | 12.50 | 2 | 4.17 | 2 | 4.17 | 30 | 62.50 | 14 | 29.17 | 2 | 4.17 |
| Hospital transition programs | 21 | 43.75 | 21 | 43.75 | 2 | 4.17 | 4 | 8.33 | 1 | 2.08 | 37 | 77.08 | 6 | 12.50 | 4 | 8.33 |
| Nursing home (institutional) diversion programs | 15 | 31.25 | 24 | 50.00 | 4 | 8.33 | 5 | 10.42 | 5 | 10.42 | 29 | 60.42 | 9 | 18.75 | 5 | 10.42 |
| Nursing home services | 1 | 2.08 | 13 | 27.08 | 30 | 62.50 | 4 | 8.33 | 1 | 2.08 | 12 | 25.00 | 31 | 64.58 | 4 | 8.33 |
| Assisted living services | 3 | 6.25 | 15 | 31.25 | 24 | 50.00 | 6 | 12.50 | 0 | 0.00 | 14 | 29.17 | 28 | 58.33 | 6 | 12.50 |
| Shared living programs | 19 | 39.58 | 18 | 37.50 | 4 | 8.33 | 7 | 14.58 | 11 | 22.92 | 26 | 54.17 | 4 | 8.33 | 7 | 14.58 |
| Adult day care | 4 | 8.33 | 32 | 66.67 | 9 | 18.75 | 3 | 6.25 | 1 | 2.08 | 32 | 66.67 | 12 | 25.00 | 3 | 6.25 |
| Consumer-directed LTSS | 12 | 25.00 | 27 | 56.25 | 5 | 10.42 | 4 | 8.33 | 0 | 0.00 | 35 | 72.92 | 9 | 18.75 | 4 | 8.33 |

| 8b. For the following services, to what extent is there provider choice? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prior to First Grant | | | | | | | | Currently | | | | | | | |
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Income assistance | 8 | 16.67 | 27 | 56.25 | 6 | 12.50 | 7 | 14.58 | 5 | 10.42 | 29 | 60.42 | 7 | 14.58 | 7 | 14.58 |
| Energy assistance | 4 | 8.33 | 30 | 62.50 | 10 | 20.83 | 4 | 8.33 | 3 | 6.25 | 30 | 62.50 | 11 | 22.92 | 4 | 8.33 |
| Personal care/attendant services | 2 | 4.17 | 31 | 64.58 | 12 | 25.00 | 3 | 6.25 | 0 | 0.00 | 29 | 60.42 | 16 | 33.33 | 3 | 6.25 |
| Medicaid HCBS waiver programs | 2 | 4.17 | 32 | 66.67 | 10 | 20.83 | 4 | 8.33 | 0 | 0.00 | 27 | 56.25 | 17 | 35.42 | 4 | 8.33 |
| Independent Living supports (e.g., skills training, vocational programs, peer support) | 4 | 8.33 | 36 | 75.00 | 4 | 8.33 | 4 | 8.33 | 3 | 6.25 | 34 | 70.83 | 7 | 14.58 | 4 | 8.33 |
| Other, specify* | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 45 | 93.75 | 0 | 0.00 | 3 | 6.25 | 0 | 0.00 | 45 | 93.75 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

# Section B. Organizational Characteristics

| 9a. For the current Fiscal Year (2013), what is the approximate amount of funding from each of the following sources? | Received Funding in Prior Fiscal Years | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Administration on Aging Title IV ADRC Grant** | 37 | 77.08 |
| **Administration of Aging Title II Grant** | 6 | 12.50 |
| **CMS Real Choice Systems Change Grants** | 14 | 29.17 |
| **CMS Person-Centered Hospital Discharge Planning Grant** | 7 | 14.58 |
| **Patient protection and Affordable Care Act Grant** | 7 | 14.58 |
| **Veteran's Administration** | 10 | 20.83 |
| **Money Follows the Person Demonstration** | 24 | 50.00 |
| **State Transformation Grant** | 5 | 10.42 |
| **Alzheimer's Disease Demonstration Grant** | 21 | 43.75 |
| **Evidence-Based Disease Prevention Grant** | 14 | 29.17 |
| **Program of All-Inclusive Care for the Elderly (PACE)** | 7 | 14.58 |
| **Medicare Improvements for Patients and Providers Act (MIPPA)** | 26 | 54.17 |
| **Respite Care Act funds** | 11 | 22.92 |
| **Rehabilitation Services Administration (RSA)** | 2 | 4.17 |
| **Substance Abuse and Mental Health Services Administration (SAMHSA) – Mental Health Transformation Grant** | 0 | 0.00 |
| **Agency for Health Care Research and Policy – Chronic Disease Self- Management Grant** | 4 | 8.33 |
| **Administration for Children and Families, Office of Community Services – Low Income Home Energy Assistance Program (LIHEAP)** | 7 | 14.58 |
| **Health Resources and Services Administration on HIV/AIDS Bureau – Ryan White Fund** | 2 | 4.17 |
| **State Unit on Aging** | 22 | 45.83 |
| **State General Revenue** | 31 | 64.58 |
| **County of Local Government** | 3 | 6.25 |
| **Private entities/grants – Hospitals or other businesses** | 1 | 2.08 |
| **Medicaid for Direct Services (State and Federal)** | 12 | 25.00 |
| **Medicaid for Federal Financial Participation** | 11 | 22.92 |
| **Care Transitions Income** | 3 | 6.25 |
| **Consumer Fees or Cost Sharing** | 4 | 8.33 |
| **Charitable Donations** | 3 | 6.25 |
| **Other, please specify**** | 15 | 31.25 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

# 9b. For the current Fiscal Year (2013), what is the approximate amount of funding from each of the following sources? (In $ amounts)

| | Amount of Funding during the Current Fiscal Year | | | | | | | | | | | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $0 | | $>0-200,000 | | $200,001-500,000 | | $500,001-1,000,000 | | >$1,000,000 | | No Response/ Not Applicable | | | | | | |
| | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| AoA Title IV ADRC Grant | 0 | 0.00 | 15 | 31.25 | 9 | 18.75 | 6 | 12.50 | 1 | 2.08 | 17 | 35.42 | $173,419 | $1,219,535 | $3777,774 | $202,000 | $700,000 |
| AoA Title II Grant | 0 | 0.00 | 0 | 0.00 | 5 | 10.42 | 0 | 0.00 | 2 | 4.17 | 41 | 85.42 | $215,214 | $25,977,966 | $4,113,775 | $341,225 | No mode |
| CMS Real Choice Systems Change Grants | 1 | 2.08 | 0 | 0.00 | 2 | 4.17 | 0 | 0.00 | 0 | 0.00 | 45 | 93.75 | $0 | $423,434 | $372,472 | $372,472 | No mode |
| CMS Person-Centered Hospital Discharge Planning Grant | 0 | 0.00 | 2 | 4.17 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 46 | 95.83 | $55,191 | $109,167 | $82,179 | $82,179 | No mode |
| Patient protection and Affordable Care Act Grant | 1 | 2.08 | 0 | 0.00 | 2 | 4.17 | 0 | 0.00 | 2 | 4.17 | 43 | 89.58 | $0 | $2,536,660, | $1,538,064 | $1,520,299 | No mode |
| Veteran's Administration | 0 | 0.00 | 2 | 4.17 | 1 | 2.08 | 0 | 0.00 | 1 | 2.08 | 44 | 91.67 | $10,800 | $1,007,148 | $376,683 | $244,392 | No mode |
| Money Follows the Person Demonstration | 0 | 0.00 | 5 | 10.42 | 3 | 6.25 | 1 | 2.08 | 9 | 18.75 | 30 | 62.50 | $16,639 | $10,724,985 | $2,552,968 | $986,917 | No mode |
| State Transformation Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |
| Alzheimer's Disease Demonstration Grant | 0 | 2.08 | 3 | 6.25 | 5 | 10.42 | 2 | 4.17 | 1 | 2.08 | 36 | 75.00 | $1 | $1,444,818 | $419,300 | $234,267 | No mode |
| Evidence-Based Disease Prevention Grant | 0 | 0.00 | 0 | 0.00 | 6 | 12.50 | 1 | 2.08 | 0 | 0.00 | 41 | 85.42 | $257,206 | $1,000,000 | $464,759 | $400,000 | $400,000 |
| Program of All-Inclusive Care for the Elderly (PACE) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 8.33 | 44 | 91.67 | $1,536,550 | $34,000,000 | $13,161,091 | $8,553,907 | No mode |
| Medicare Improvements for Patients and Providers Act (MIPPA) | 2 | 4.17 | 2 | 4.17 | 2 | 4.17 | 0 | 0.00 | 0 | 0.00 | 42 | 87.50 | $0 | $307,645 | $189,042 | $208,516 | No mode |
| Respite Care Act Funds | 0 | 0.00 | 7 | 14.58 | 4 | 8.33 | 0 | 0.00 | 0 | 0.00 | 37 | 77.08 | $1,400 | $329,500 | $134,099 | $78,000 | No mode |
| Rehabilitation Services Administration (RSA) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |
| SAMHSA – Mental Health Transformation Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 48 | 100 | N/A | N/A | N/A | N/A | N/A |
| Chronic Disease Self-Management Grant | 0 | 0.00 | 3 | 6.25 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 44 | 91.67 | $23,230 | $399,933 | $128,673 | $45,765 | No mode |
| Low Income Home Energy Assistance Program (LIHEAP) | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 0 | 0.00 | 3 | 6.25 | 43 | 89.58 | $375,000 | $24,669,815 | $10,054,010 | $4,727,416 | No mode |
| Ryan White Fund | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |

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ACL — Administration for Community Living

**9b. For the current Fiscal Year (2013), what is the approximate amount of funding from each of the following sources? (In $ amounts)**

| | \$0 | | \$>0-200,000 | | \$200,001-500,000 | | \$500,001-1,000,000 | | >\$1,000,000 | | No Response/ Not Applicable | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| County of local Government | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |
| Private entities/grants – Hospitals or other businesses | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 48 | 100 | N/A | N/A | N/A | N/A | N/A |
| Medicaid for Federal Financial Participation | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 2 | 4.17 | 5 | 10.42 | 39 | 81.25 | \$1 | \$44,845,022 | \$8,251,900 | \$1,500,000 | No mode |
| Care Transitions Income | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |
| Consumer Fees or Cost Sharing | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 47 | 97.92 | N/A | N/A | N/A | N/A | N/A |
| Charitable Donations | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 48 | 100 | N/A | N/A | N/A | N/A | N/A |
| Other, please specify* | 0 | 0.00 | 5 | 10.42 | 0 | 0.00 | 2 | 4.17 | 6 | 12.50 | 35 | 72.92 | \$9,833 | \$25,928,391 | \$3,004,093 | \$984,218 | No mode |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 9c. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Funding during the Current Fiscal Year | | | | | | | | | | | | | Mean | Median | Mode |
| | $0 | | $>0-1,000,000 | | $1,000,001-5,000,000 | | $5,000,001-10,000,000 | | >$10,000,000 | | No Response/ Not Applicable | | Range | | | | |
| | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| State Unit on Aging | 0 | 0.00 | 5 | 10.42 | 6 | 12.50 | 4 | 8.33 | 8 | 16.67 | 25 | 52.08 | $15,280 | $882,612,000 | $47,471,633 | $5,900,000 | No mode |
| State General Revenue | 0 | 0.00 | 7 | 14.58 | 11 | 22.92 | 2 | 4.17 | 12 | 25.00 | 16 | 33.33 | $58,841 | $711,318,000 | $43,214,158 | $4,586,049 | No mode |
| Medicaid for Direct Services (State and Federal) | 0 | 0.00 | 3 | 6.25 | 1 | 2.08 | 0 | 0.00 | 6 | 12.50 | 38 | 79.17 | $1 | $1,156,735,729 | $278,529,242 | $116,514,397 | No mode |

| **9d. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources?** | | |
|---|---|---|
| **Total Budget for FY 2013** | | |
| | **Frequency** | **Percentage** |
| **$0** | 0 | 0.00 |
| **$>0-1,000,000** | 8 | 16.67 |
| **$1,000,001-5,000,000** | 8 | 16.67 |
| **$5,000,001-20,000,000** | 7 | 14.58 |
| **$20,000,001-50,000,000** | 6 | 12.50 |
| **>$50,000,000** | 8 | 16.67 |
| **No response** | 11 | 22.92 |
| **Total** | 48 | 100 |
| **Min** | $196,640 | |
| **Max** | $25,000,000,000 | |
| **Mean** | $772,249,877 | |
| **Median** | $5,146,027 | |
| **Mode** | $3,000,000 | |

| 10a. With which organizations do [STATE LEAD ORG] have a partnership? | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **State Departments (with cabinet-level secretaries)** | | |
| Health | 35 | 72.92 |
| Human Services | 36 | 75.00 |
| Aging | 20 | 41.67 |
| Other (specify)** | 11 | 22.92 |
| **State Agencies (located within state departments)** | **Frequency** | **Percentage*** |
| Aging | 27 | 56.25 |
| Developmental Disabilities | 47 | 97.92 |
| Acquired or Late-Onset Disabilities | 26 | 54.17 |
| Mental Health | 44 | 91.67 |
| Medicaid | 46 | 95.83 |
| Housing | 34 | 70.83 |
| Education | 24 | 50.00 |
| Other (specify)** | 11 | 22.92 |
| **Local Government Agencies** | **Frequency** | **Percentage*** |
| Area Agency on Aging | 40 | 83.33 |
| County Health Department | 22 | 45.83 |
| County Medicaid Office | 19 | 39.58 |
| County Department on Aging | 20 | 41.67 |
| County Department on Disability | 13 | 27.08 |
| County Housing Office | 10 | 20.83 |
| Library | 9 | 18.75 |
| Other (specify)** | 4 | 8.33 |
| **Federal Agencies** | **Frequency** | **Percentage*** |
| Local Veterans Administration | 42 | 87.50 |
| Local Indian Health Service | 15 | 31.25 |
| Other (specify)** | 6 | 12.50 |
| **Organizations providing Direct Services** | **Frequency** | **Percentage*** |
| 211 or other call center | 39 | 81.25 |
| Community Health Clinic | 16 | 33.33 |
| Community Mental Health Clinic | 14 | 29.17 |
| Deaf Service Center | 18 | 37.50 |
| Hospital/Medical Center | 27 | 56.25 |
| School for the Blind | 12 | 25.00 |
| School for the Deaf | 11 | 22.92 |
| The ARC | 16 | 33.33 |
| United Way | 19 | 39.58 |
| Vocational/Rehabilitation Services | 30 | 62.50 |
| Other (specify)** | 4 | 8.33 |
| **Advocacy/Referral Organizations** | **Frequency** | **Percentage*** |
| AIDS Coalition | 11 | 22.92 |
| Alzheimer's Association | 42 | 87.50 |
| American Council of the Blind | 9 | 18.75 |
| Autism Society state/regional chapter | 12 | 25.00 |
| Brain Injury Association state/regional chapter | 23 | 47.92 |
| Centers for Independent Living | 45 | 93.75 |
| Easter Seals | 21 | 43.75 |
| Epilepsy Foundation state/regional chapter | 10 | 20.83 |
| National Association of Mental Illness state/regional chapter | 14 | 29.17 |
| National Autism Association state/regional chapter | 9 | 18.75 |
| National Multiple Sclerosis Society state/regional chapter | 12 | 25.00 |
| State Association for the Deaf | 12 | 25.00 |
| United Cerebral Palsy | 12 | 25.00 |
| Other (specify)** | 10 | 20.83 |

*Percentages do not add up to 100% as respondents could select more than one option.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

**10b. What is the strength of the relationship?**

| | Weak Functionality | | Moderate Functionality | | High Functionality | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|
| **State Departments (with cabinet-level secretaries)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **Health** | 0 | 0.00 | 15 | 31.25 | 20 | 41.67 | 13 | 27.08 |
| **Human Services** | 0 | 0.00 | 12 | 25.00 | 23 | 47.92 | 13 | 27.06 |
| **Aging** | 0 | 0.00 | 2 | 4.17 | 18 | 37.50 | 28 | 58.33 |
| **Other (specify)\*** | 0 | 0.00 | 2 | 4.17 | 6 | 12.50 | 40 | 83.33 |
| **State Agencies (located within state departments)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **Aging** | 0 | 0.00 | 1 | 2.08 | 25 | 52.08 | 22 | 45.83 |
| **Developmental Disabilities** | 4 | 8.33 | 27 | 56.25 | 15 | 31.25 | 2 | 4.17 |
| **Acquired or Late-Onset Disabilities** | 5 | 10.42 | 8 | 16.67 | 12 | 25.00 | 23 | 47.92 |
| **Mental Health** | 7 | 14.58 | 26 | 54.17 | 11 | 22.92 | 4 | 8.33 |
| **Medicaid** | 0 | 0.00 | 16 | 33.33 | 30 | 62.50 | 2 | 4.17 |
| **Housing** | 9 | 18.75 | 19 | 39.58 | 5 | 10.42 | 15 | 31.25 |
| **Education** | 9 | 18.75 | 9 | 18.75 | 3 | 6.25 | 27 | 56.25 |
| **Other (specify)\*** | 0 | 0.00 | 5 | 10.42 | 5 | 10.42 | 38 | 79.17 |
| **Local Government Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **Area Agency on Aging** | 0 | 0.00 | 2 | 4.17 | 37 | 77.08 | 9 | 18.75 |
| **County Health Department** | 7 | 14.58 | 12 | 25.00 | 3 | 6.25 | 26 | 54.17 |
| **County Medicaid Office** | 2 | 4.17 | 10 | 20.83 | 7 | 14.58 | 29 | 60.42 |
| **County Department on Aging** | 0 | 0.00 | 4 | 8.33 | 16 | 33.33 | 28 | 58.33 |
| **County Department on Disability** | 2 | 4.17 | 6 | 12.50 | 5 | 10.42 | 35 | 72.92 |
| **County Housing Office** | 4 | 8.33 | 4 | 8.33 | 2 | 4.17 | 38 | 79.17 |
| **Library** | 3 | 6.25 | 5 | 10.42 | 0 | 0.00 | 40 | 83.33 |
| **Other (specify)\*** | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 46 | 95.83 |
| **Federal Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **Local Veterans Administration** | 11 | 22.92 | 20 | 41.67 | 11 | 22.92 | 6 | 12.50 |
| **Local Indian Health Service** | 6 | 12.50 | 6 | 12.50 | 2 | 4.17 | 34 | 70.83 |
| **Other (specify)\*** | 0 | 0.00 | 2 | 4.17 | 3 | 6.25 | 43 | 89.58 |
| **Organizations providing Direct Services** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **211 or other call center** | 7 | 14.58 | 22 | 45.83 | 9 | 18.75 | 10 | 20.83 |
| **Community Health Clinic** | 5 | 10.42 | 10 | 20.83 | 1 | 2.08 | 32 | 66.67 |
| **Community Mental Health Clinic** | 6 | 12.50 | 7 | 14.58 | 1 | 2.08 | 34 | 70.83 |
| **Deaf Service Center** | 3 | 6.25 | 12 | 25.00 | 3 | 6.25 | 30 | 62.50 |
| **Hospital/Medical Center** | 1 | 2.08 | 22 | 45.83 | 3 | 6.25 | 22 | 45.83 |
| **School for the Blind** | 7 | 14.58 | 4 | 8.33 | 1 | 2.08 | 36 | 75.00 |
| **School for the Deaf** | 5 | 10.42 | 6 | 12.50 | 0 | 0.00 | 37 | 77.08 |
| **The ARC** | 4 | 8.33 | 11 | 22.92 | 1 | 2.08 | 32 | 66.67 |
| **United Way** | 8 | 16.67 | 9 | 18.75 | 2 | 4.17 | 29 | 60.42 |
| **Vocational/Rehabilitation Services** | 3 | 6.25 | 21 | 43.75 | 6 | 12.50 | 18 | 37.50 |
| **Other (specify)\*** | 0 | 0.00 | 0 | 0.00 | 3 | 6.25 | 45 | 93.75 |
| **Advocacy/Referral Organizations** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| **AIDS Coalition** | 6 | 12.50 | 4 | 8.33 | 1 | 2.08 | 37 | 77.08 |
| **Alzheimer's Association** | 2 | 4.17 | 20 | 41.67 | 20 | 41.67 | 6 | 12.50 |
| **American Council of the Blind** | 4 | 8.33 | 5 | 10.42 | 0 | 0.00 | 39 | 81.25 |
| **Autism Society state/regional chapter** | 9 | 18.75 | 3 | 6.25 | 0 | 0.00 | 36 | 75.00 |
| **Brain Injury Association state/regional chapter** | 4 | 8.33 | 8 | 16.67 | 11 | 22.92 | 25 | 52.08 |
| **Centers for Independent Living** | 5 | 10.42 | 19 | 39.58 | 19 | 39.58 | 5 | 10.42 |
| **Easter Seals** | 7 | 14.58 | 8 | 16.67 | 6 | 12.50 | 27 | 56.25 |
| **Epilepsy Foundation state/regional chapter** | 8 | 16.67 | 2 | 4.17 | 0 | 0.00 | 38 | 79.17 |
| **National Association of Mental Illness state/regional chapter** | 8 | 16.67 | 6 | 12.50 | 0 | 0.00 | 34 | 70.83 |
| **National Autism Association state/regional chapter** | 8 | 16.67 | 1 | 2.08 | 0 | 0.00 | 39 | 81.25 |
| **National Multiple Sclerosis Society state/regional chapter** | 7 | 14.58 | 3 | 6.25 | 2 | 4.17 | 36 | 75.00 |
| **State Association for the Deaf** | 6 | 12.50 | 6 | 12.50 | 0 | 0.00 | 36 | 75.00 |
| **United Cerebral Palsy** | 7 | 14.58 | 1 | 2.08 | 4 | 8.33 | 36 | 75.00 |
| **Other (specify)\*** | 0 | 0.00 | 3 | 6.25 | 6 | 12.50 | 39 | 81.25 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

| 10c. What is the type of partnership agreement? | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
| **State Departments (with cabinet-level secretaries)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Health** | 7 | 14.58 | 12 | 25.00 | 10 | 20.83 | 12 | 25.00 | 12 | 25.00 | 3 | 6.25 | 16 | 33.33 |
| **Human Services** | 15 | 31.25 | 11 | 22.92 | 10 | 20.83 | 12 | 25.00 | 7 | 14.58 | 6 | 12.50 | 13 | 27.08 |
| **Aging** | 9 | 18.75 | 2 | 4.17 | 6 | 12.50 | 2 | 4.17 | 1 | 2.08 | 10 | 20.83 | 30 | 62.50 |
| **Other (specify)*** | 7 | 14.58 | 4 | 8.33 | 3 | 6.25 | 5 | 10.42 | 4 | 8.33 | 3 | 6.25 | 39 | 81.25 |
| **State Agencies (located within state departments)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Aging** | 15 | 31.25 | 2 | 4.17 | 5 | 10.42 | 7 | 14.58 | 4 | 8.33 | 12 | 25.00 | 22 | 45.83 |
| **Developmental Disabilities** | 7 | 14.58 | 11 | 22.92 | 4 | 8.33 | 18 | 37.50 | 26 | 54.17 | 9 | 18.75 | 1 | 2.08 |
| **Acquired or Late-Onset Disabilities** | 4 | 8.33 | 2 | 4.17 | 1 | 2.08 | 10 | 20.83 | 13 | 27.08 | 11 | 22.92 | 24 | 50.00 |
| **Mental Health** | 3 | 6.25 | 6 | 12.50 | 3 | 6.25 | 17 | 35.42 | 28 | 58.33 | 8 | 16.67 | 5 | 10.42 |
| **Medicaid** | 24 | 50.00 | 20 | 41.67 | 14 | 29.17 | 16 | 33.33 | 14 | 29.17 | 10 | 20.83 | 3 | 6.25 |
| **Housing** | 2 | 4.17 | 4 | 8.33 | 1 | 2.08 | 10 | 20.83 | 19 | 39.58 | 8 | 16.67 | 17 | 35.42 |
| **Education** | 1 | 2.08 | 1 | 2.08 | 0 | 0.00 | 6 | 12.50 | 13 | 27.08 | 2 | 4.17 | 30 | 62.50 |
| **Other (specify)*** | 2 | 4.17 | 3 | 6.25 | 1 | 2.08 | 5 | 10.42 | 3 | 6.25 | 6 | 12.50 | 38 | 79.17 |
| **Local Government Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Area Agency on Aging** | 33 | 68.75 | 13 | 27.08 | 34 | 70.83 | 19 | 39.58 | 8 | 16.67 | 4 | 8.33 | 8 | 16.67 |
| **County Health Department** | 3 | 6.25 | 4 | 8.33 | 3 | 6.25 | 7 | 14.58 | 10 | 20.83 | 4 | 8.33 | 29 | 60.42 |
| **County Medicaid Office** | 2 | 4.17 | 5 | 10.42 | 1 | 2.08 | 3 | 6.25 | 11 | 22.92 | 5 | 10.42 | 27 | 56.25 |
| **County Department on Aging** | 9 | 18.75 | 3 | 6.25 | 8 | 16.67 | 4 | 8.33 | 5 | 10.42 | 7 | 14.58 | 28 | 58.33 |
| **County Department on Disability** | 2 | 4.17 | 1 | 2.08 | 1 | 2.08 | 2 | 4.17 | 5 | 10.42 | 7 | 14.58 | 36 | 75.00 |
| **County Housing Office** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 6 | 12.50 | 3 | 6.25 | 39 | 81.25 |
| **Library** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 6 | 12.50 | 2 | 4.17 | 39 | 81.25 |
| **Other (specify)*** | 2 | 4.17 | 0 | 0.00 | 2 | 4.17 | 1 | 2.08 | 0 | 0.00 | 1 | 2.08 | 45 | 93.75 |
| **Federal Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Local Veterans Administration** | 10 | 20.83 | 2 | 4.17 | 6 | 12.50 | 11 | 22.92 | 19 | 39.58 | 6 | 12.50 | 9 | 18.75 |
| **Local Indian Health Service** | 3 | 6.25 | 1 | 2.08 | 1 | 2.08 | 4 | 8.33 | 4 | 8.33 | 2 | 4.17 | 38 | 79.17 |
| **Other (specify)*** | 4 | 8.33 | 0 | 0.00 | 2 | 4.17 | 1 | 2.08 | 3 | 6.25 | 1 | 2.08 | 42 | 87.50 |
| **Organizations providing Direct Services** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **211 or other call center** | 3 | 6.25 | 8 | 16.67 | 3 | 6.25 | 17 | 35.42 | 20 | 41.67 | 4 | 8.33 | 12 | 25.00 |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

**10c. What is the type of partnership agreement?**

| | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Community Health Clinic | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 8.33 | 14 | 29.17 | 3 | 6.25 | 32 | 66.67 |
| Community Mental Health Clinic | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 3 | 6.25 | 8 | 16.67 | 3 | 6.25 | 36 | 75.00 |
| Deaf Service Center | 3 | 6.25 | 0 | 0.00 | 3 | 6.25 | 5 | 10.42 | 10 | 20.83 | 4 | 8.33 | 32 | 66.67 |
| Hospital/Medical Center | 2 | 4.17 | 6 | 12.50 | 3 | 6.25 | 9 | 18.75 | 18 | 37.50 | 6 | 12.50 | 22 | 45.83 |
| School for the Blind | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 4 | 8.33 | 7 | 14.58 | 3 | 6.25 | 39 | 81.25 |
| School for the Deaf | 1 | 2.08 | 1 | 2.08 | 1 | 2.08 | 4 | 8.33 | 6 | 12.50 | 3 | 6.25 | 39 | 81.25 |
| The ARC | 2 | 4.17 | 1 | 2.08 | 3 | 6.25 | 3 | 6.25 | 11 | 22.92 | 2 | 4.17 | 34 | 70.83 |
| United Way | 1 | 2.08 | 1 | 2.08 | 1 | 2.08 | 3 | 6.25 | 13 | 27.08 | 5 | 10.42 | 31 | 64.58 |
| Vocational/Rehabilitation Services | 3 | 6.25 | 6 | 12.50 | 1 | 2.08 | 12 | 25.00 | 14 | 29.17 | 6 | 12.50 | 20 | 41.67 |
| Other (specify)* | 3 | 6.25 | 1 | 2.08 | 3 | 6.25 | 2 | 4.17 | 0 | 0.00 | 2 | 4.17 | 45 | 93.75 |
| **Advocacy/Referral Organizations** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| AIDS Coalition | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 8 | 16.67 | 0 | 0.00 | 40 | 83.33 |
| Alzheimer's Association | 12 | 25.00 | 7 | 14.58 | 10 | 20.83 | 17 | 35.42 | 23 | 47.92 | 4 | 8.33 | 6 | 12.50 |
| American Council of the Blind | 1 | 2.08 | 1 | 2.08 | 1 | 2.08 | 0 | 0.00 | 3 | 12.50 | 1 | 2.08 | 41 | 85.42 |
| Autism Society state/regional chapter | 1 | 2.08 | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 7 | 14.58 | 0 | 0.00 | 39 | 81.25 |
| Brain Injury Association state/regional chapter | 5 | 10.42 | 2 | 4.17 | 4 | 8.33 | 9 | 18.75 | 13 | 27.08 | 4 | 8.33 | 27 | 56.25 |
| Centers for Independent Living | 18 | 37.50 | 17 | 35.42 | 17 | 35.42 | 17 | 35.42 | 20 | 41.67 | 5 | 10.42 | 3 | 6.25 |
| Easter Seals | 3 | 6.25 | 4 | 8.33 | 7 | 14.58 | 5 | 10.42 | 11 | 22.92 | 1 | 2.08 | 28 | 58.33 |
| Epilepsy Foundation state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 5 | 10.42 | 0 | 0.00 | 42 | 87.50 |
| National Association of Mental Illness state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 9 | 18.75 | 1 | 2.08 | 36 | 75.00 |
| National Autism Association state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 5 | 10.42 | 0 | 0.00 | 43 | 89.58 |
| National Multiple Sclerosis Society state/regional chapter | 0 | 0.00 | 1 | 2.08 | 0 | 0.0 | 3 | 6.25 | 8 | 16.67 | 2 | 4.17 | 40 | 83.33 |
| State Association for the Deaf | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 4.17 | 6 | 12.50 | 2 | 4.17 | 40 | 83.33 |
| United Cerebral Palsy | 2 | 4.17 | 2 | 4.17 | 2 | 4.17 | 4 | 8.33 | 5 | 10.42 | 0 | 0.00 | 40 | 83.33 |
| Other (specify)* | 1 | 2.08 | 5 | 10.42 | 1 | 2.08 | 5 | 10.42 | 3 | 6.25 | 3 | 6.25 | 39 | 81.25 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

The Study of
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Administration for Community Living

**10d. What types of resources are shared?**

| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State Departments (with cabinet-level secretaries)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Health** | 2 | 4.17 | 9 | 18.75 | 25 | 52.08 | 16 | 33.33 | 20 | 41.67 | 7 | 14.58 | 15 | 31.25 | 4 | 8.33 | 17 | 35.42 |
| **Human Services** | 10 | 20.83 | 18 | 37.50 | 28 | 58.33 | 19 | 39.58 | 19 | 39.58 | 10 | 20.83 | 17 | 35.42 | 1 | 2.08 | 18 | 37.50 |
| **Aging** | 7 | 14.58 | 6 | 12.50 | 8 | 16.67 | 9 | 18.75 | 7 | 14.58 | 5 | 10.42 | 8 | 16.67 | 0 | 0.00 | 36 | 75.00 |
| **Other (specify)*** | 3 | 6.25 | 7 | 14.58 | 8 | 16.67 | 6 | 12.50 | 4 | 8.33 | 2 | 4.17 | 5 | 10.42 | 0 | 0.00 | 40 | 83.33 |
| **State Agencies (located within state departments)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Aging** | 12 | 25.00 | 12 | 25.00 | 18 | 37.50 | 16 | 33.33 | 14 | 29.17 | 13 | 27.08 | 14 | 29.17 | 0 | 0.00 | 29 | 60.42 |
| **Developmental Disabilities** | 6 | 12.50 | 6 | 12.50 | 40 | 83.33 | 24 | 50.00 | 15 | 31.25 | 4 | 8.33 | 12 | 25.00 | 2 | 4.17 | 4 | 8.33 |
| **Acquired or Late-Onset Disabilities** | 5 | 10.42 | 6 | 12.50 | 17 | 35.42 | 11 | 22.92 | 9 | 18.75 | 0 | 0.00 | 7 | 14.58 | 2 | 4.17 | 28 | 58.33 |
| **Mental Health** | 4 | 8.33 | 4 | 8.33 | 33 | 68.75 | 27 | 56.25 | 19 | 39.58 | 3 | 6.25 | 12 | 25.00 | 3 | 6.25 | 7 | 14.58 |
| **Medicaid** | 9 | 18.75 | 21 | 43.75 | 37 | 77.08 | 28 | 58.33 | 26 | 54.17 | 12 | 25.00 | 28 | 58.33 | 3 | 6.25 | 5 | 10.42 |
| **Housing** | 2 | 4.17 | 2 | 4.17 | 22 | 45.83 | 9 | 18.75 | 7 | 14.58 | 3 | 6.25 | 10 | 20.83 | 5 | 10.42 | 21 | 43.75 |
| **Education** | 2 | 4.17 | 1 | 2.08 | 13 | 27.08 | 4 | 8.33 | 4 | 8.33 | 1 | 2.08 | 0 | 0.00 | 2 | 4.17 | 30 | 62.50 |
| **Other (specify)*** | 1 | 2.08 | 2 | 4.17 | 9 | 18.75 | 7 | 14.58 | 8 | 16.67 | 1 | 2.08 | 3 | 6.25 | 0 | 0.00 | 38 | 79.17 |
| **Local Government Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Area Agency on Aging** | 5 | 10.42 | 23 | 47.92 | 39 | 81.25 | 35 | 72.92 | 28 | 58.33 | 11 | 22.92 | 37 | 77.08 | 0 | 0.00 | 9 | 18.75 |
| **County Health Department** | 1 | 2.08 | 1 | 2.08 | 17 | 35.42 | 8 | 16.67 | 8 | 16.67 | 0 | 0.00 | 5 | 10.42 | 1 | 2.08 | 30 | 62.50 |
| **County Medicaid Office** | 3 | 6.25 | 2 | 4.17 | 17 | 35.42 | 12 | 25.00 | 6 | 12.50 | 1 | 2.08 | 8 | 16.67 | 1 | 2.08 | 29 | 60.42 |
| **County Department on Aging** | 3 | 6.25 | 5 | 10.42 | 14 | 29.17 | 10 | 20.83 | 8 | 16.67 | 3 | 6.25 | 10 | 20.83 | 0 | 0.00 | 34 | 70.83 |
| **County Department on Disability** | 1 | 2.08 | 1 | 2.08 | 9 | 18.75 | 6 | 12.50 | 2 | 4.17 | 1 | 2.08 | 5 | 10.42 | 0 | 0.00 | 39 | 81.25 |
| **County Housing Office** | 0 | 0.00 | 0 | 0.00 | 8 | 16.67 | 2 | 4.17 | 1 | 2.08 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 40 | 83.33 |
| **Library** | 0 | 0.00 | 0 | 0.00 | 6 | 12.50 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 42 | 87.50 |
| **Other (specify)*** | 1 | 2.08 | 0 | 0.00 | 3 | 6.25 | 2 | 4.17 | 1 | 2.08 | 1 | 2.08 | 1 | 2.08 | 0 | 0.00 | 45 | 93.75 |
| **Federal Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |

| 10d. What types of resources are shared? | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| Local Veterans Administration | 1 | 2.08 | 3 | 6.25 | 32 | 66.67 | 14 | 29.17 | 11 | 22.92 | 3 | 6.25 | 9 | 18.75 | 4 | 8.33 | 11 | 22.92 |
| Local Indian Health Service | 0 | 0.00 | 2 | 4.17 | 8 | 16.67 | 3 | 6.25 | 3 | 6.25 | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 39 | 81.25 |
| Other (specify)* | 0 | 0.00 | 1 | 2.08 | 6 | 12.50 | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 3 | 6.25 | 0 | 0.00 | 42 | 87.50 |
| **Organizations providing Direct Services** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| 211 or other call center | 1 | 2.08 | 2 | 4.17 | 25 | 52.08 | 13 | 27.08 | 6 | 12.50 | 2 | 4.17 | 14 | 29.17 | 3 | 6.25 | 17 | 35.42 |
| Community Health Clinic | 0 | 0.00 | 0 | 0.00 | 12 | 25.00 | 3 | 6.25 | 2 | 4.17 | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 34 | 70.83 |
| Community Mental Health Clinic | 0 | 0.00 | 2 | 4.17 | 9 | 18.75 | 3 | 6.25 | 2 | 4.17 | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 38 | 79.17 |
| Deaf Service Center | 0 | 0.00 | 1 | 2.08 | 11 | 22.92 | 5 | 10.42 | 3 | 6.25 | 0 | 0.00 | 1 | 2.08 | 1 | 2.08 | 34 | 70.83 |
| Hospital/Medical Center | 5 | 10.42 | 3 | 6.25 | 20 | 41.67 | 12 | 25.00 | 5 | 10.42 | 5 | 10.42 | 8 | 16.67 | 0 | 0.00 | 26 | 54.17 |
| School for the Blind | 0 | 0.00 | 0 | 0.00 | 7 | 14.58 | 2 | 4.17 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 2.08 | 40 | 83.33 |
| School for the Deaf | 0 | 0.00 | 1 | 2.08 | 7 | 14.58 | 1 | 2.08 | 2 | 4.17 | 1 | 2.08 | 1 | 2.08 | 0 | 0.00 | 40 | 83.33 |
| The ARC | 0 | 0.00 | 1 | 2.08 | 11 | 22.92 | 5 | 10.42 | 5 | 10.42 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 36 | 75.00 |
| United Way | 0 | 0.00 | 0 | 0.00 | 14 | 29.17 | 6 | 12.50 | 2 | 4.17 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 34 | 70.83 |
| Vocational/Rehabilitation Services | 2 | 4.17 | 5 | 10.42 | 20 | 41.67 | 13 | 27.08 | 7 | 14.58 | 1 | 2.08 | 3 | 6.25 | 1 | 2.08 | 25 | 52.08 |
| Other (specify)* | 0 | 0.00 | 2 | 4.17 | 3 | 6.25 | 2 | 4.17 | 2 | 4.17 | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 45 | 93.75 |
| **Advocacy/Referral Organizations** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| AIDS Coalition | 1 | 2.08 | 1 | 2.08 | 8 | 16.67 | 3 | 6.25 | 2 | 4.17 | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 40 | 83.33 |
| Alzheimer's Association | 1 | 2.08 | 4 | 8.33 | 37 | 77.08 | 23 | 47.92 | 16 | 33.33 | 2 | 4.17 | 11 | 22.92 | 1 | 2.08 | 8 | 16.67 |
| American Council of the Blind | 0 | 0.00 | 1 | 2.08 | 7 | 14.58 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 41 | 85.42 |
| Autism Society state/regional chapter | 0 | 0.00 | 0 | 0.00 | 7 | 14.58 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 41 | 85.42 |
| Brain Injury Association state/regional chapter | 2 | 4.17 | 5 | 10.42 | 20 | 41.67 | 10 | 20.83 | 7 | 14.58 | 3 | 6.25 | 7 | 14.58 | 0 | 0.00 | 28 | 58.33 |
| Centers for Independent Living | 2 | 4.17 | 12 | 25.00 | 35 | 72.92 | 22 | 45.83 | 16 | 33.33 | 5 | 10.42 | 20 | 41.67 | 1 | 2.08 | 9 | 18.75 |
| Easter Seals | 1 | 2.08 | 4 | 8.33 | 14 | 29.17 | 7 | 14.58 | 6 | 12.50 | 3 | 6.25 | 4 | 8.33 | 0 | 0.00 | 33 | 68.75 |
| Epilepsy Foundation | 0 | 0.00 | 0 | 0.00 | 7 | 14.58 | 1 | 2.08 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 41 | 85.42 |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

| 10d. What types of resources are shared? | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| **state/regional chapter** | | | | | | | | | | | | | | | | | | |
| **National Association of Mental Illness state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 7 | 14.58 | 4 | 8.33 | 1 | 2.08 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 40 | 83.33 |
| **National Autism Association state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 5 | 10.42 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 43 | 89.58 |
| **National Multiple Sclerosis Society state/regional chapter** | 0 | 0.00 | 1 | 2.08 | 8 | 16.67 | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 1 | 2.08 | 0 | 0.00 | 40 | 83.33 |
| **State Association for the Deaf** | 0 | 0.00 | 0 | 0.00 | 8 | 16.67 | 2 | 4.17 | 1 | 2.08 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 39 | 81.25 |
| **United Cerebral Palsy** | 1 | 2.08 | 4 | 8.33 | 9 | 18.75 | 5 | 10.42 | 3 | 6.25 | 2 | 4.17 | 4 | 8.33 | 0 | 0.00 | 39 | 81.25 |
| **Other (specify)*** | 0 | 0.00 | 1 | 2.08 | 8 | 16.67 | 4 | 8.33 | 3 | 6.25 | 1 | 2.08 | 2 | 4.17 | 1 | 2.08 | 39 | 81.25 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 11. Approximately, how many FTEs (Full time equivalents) at the State level perform each of the following functions? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 | | 2-4 | | 5-7 | | 8-10 | | >10 | | No response | | Range | | Mean | Median | Mode |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| Information & Referral/Information & Assistance (I&R/I&A) | 1 | 2.08 | 10 | 20.83 | 12 | 25.00 | 3 | 6.25 | 2 | 4.17 | 3 | 6.25 | 17 | 35.42 | 0 | 65 | 6.57 | 2.75 | 1 |
| Options counseling/ counseling to provide in-depth person centered decision support | 2 | 4.17 | 7 | 14.58 | 8 | 16.67 | 1 | 2.08 | 1 | 2.08 | 3 | 6.25 | 26 | 54.17 | 0 | 700 | 42.94 | 2.25 | 1 |
| Benefits counseling/eligibility determination | 2 | 4.17 | 4 | 8.33 | 8 | 16.67 | 1 | 2.08 | 1 | 2.08 | 5 | 10.42 | 27 | 56.25 | 0 | 600 | 41.54 | 2.50 | 2 |
| Care transition services | 3 | 6.25 | 4 | 8.33 | 2 | 4.17 | 3 | 4.17 | 1 | 2.08 | 0 | 0.00 | 35 | 72.92 | 0 | 7.5 | 3.36 | 3 | 1 |
| Crisis Intervention services | 3 | 6.25 | 3 | 6.25 | 1 | 2.08 | 2 | 4.17 | 1 | 2.08 | 1 | 2.08 | 37 | 77.08 | 0 | 11 | 4.82 | 5 | 1 |
| Independent Living services | 3 | 6.25 | 3 | 6.25 | 1 | 2.08 | 2 | 4.17 | 0 | 0.00 | 0 | 0.00 | 39 | 81.25 | 0 | 6 | 3 | 2.50 | 1 |
| Advocacy services | 2 | 4.17 | 6 | 12.50 | 3 | 6.25 | 3 | 6.25 | 2 | 4.17 | 1 | 2.08 | 31 | 64.58 | 0 | 28 | 5.27 | 2.50 | 1 |
| Providing administrative or other support for the above functions | 2 | 4.17 | 10 | 20.83 | 10 | 20.83 | 4 | 8.33 | 2 | 4.17 | 5 | 10.42 | 15 | 31.25 | 0 | 105 | 8.21 | 3 | 1 |

Note: Responses have been rounded to the nearest whole number.

| 12. At the State level, how many FTE (Full time equivalents) are dedicated to working with ADRC(s) in your State? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **0** | 0 | 0.00 |
| **1** | 14 | 29.17 |
| **2-4** | 12 | 25.00 |
| **5-7** | 8 | 16.67 |
| **8-10** | 0 | 0.00 |
| **>10** | 4 | 8.33 |
| **No response** | 10 | 20.83 |
| **Total** | 48 | 100 |
| **Min** | 0.50 | |
| **Max** | 21 | |
| **Mean** | 4.03 | |
| **Median** | 2 | |
| **Mode** | 1 | |

Note: Responses have been rounded to the nearest whole number.

| 13. Is your organization paid on a fee for service or per unit basis for performing any of the following services for a client (Please check all that apply)? | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Information/referral** | 1 | 2.08 |
| **Options Counseling** | 2 | 4.17 |
| **Screening** | 0 | 0.00 |
| **Assessment** | 1 | 2.08 |
| **Application assistance** | 1 | 2.08 |
| **Transition support** | 1 | 2.08 |
| **Other, please specify**** | 4 | 8.33 |

*Percentages do not add up to 100% as respondents could select more than one option.
**Free text responses accompanying this question are available in the appendix with supplemental questions.

**14. [If any of the boxes are checked in previous question] What is the source of the fee for service or per unit payments?**

| | Frequency | Percentage* |
|---|---|---|
| **Medicare** | 0 | 0.00 |
| **Medicaid Waiver** | 2 | 4.17 |
| **Medicaid State plan** | 0 | 0.00 |
| **Medicaid managed care organization** | 0 | 0.00 |
| **State-funded program other than Medicaid** | 1 | 2.08 |
| **Private health plan** | 0 | 0.00 |
| **Provider** | 0 | 0.00 |
| **Other, please specify\*\*** | 3 | 6.25 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

## Section A. Baseline Characteristics

| **2. States used federal grant funding in a variety of ways to develop their aging and disability networks. On a scale of 1 to 5, indicate the importance of each of the following in improving access to LTSS in your state since, with 1 being "not important at all" and 5 being "very important".** |
|---|
| **Specify Other** |
| All of these areas are important.  Local sites used funds for some or all of these areas. |
| Coordination of LTSS to facilitate access. |
| Establishment of a centralized phone number through 211 CareLine. |
| Authorizing and administering a Face-to-Face options counseling initiative via the ADRC network. |
| Training |
| Creating formal referral protocol with critical pathway providers. |
| Evaluation Frameworks |
| Improving current partnerships |
| Outreach and Marketing |
| Training and shared understanding of the goal |
| Consumer focus groups to learn about how our target populations access LTSS when they are not already in the system |
| Funding |
| State Leadership- Professional Development- QA; CQI |
| Wisconsin had ADRCs before the Federal ADRC grants were available.  Federal ADRC grants helped Wisconsin expand its program to additional counties and improve the quality of ADRC services. |

| **3. When your state applied for its first ADRC grant in YEAR, what were your goals for the project? Check all that apply.** |
|---|
| **Specify Other** |
| Streamline eligibility and provide a resource regardless of age- disability or service that is unbiased |
| Common intake form |
| Provide seamless Medicaid financial eligibility; Provide one-stop entry for long term care services; Develop and implement a web-based case management information system; Improve access to services- coordinate services- enhance choice &amp; provide counseling about services and choices. |
| To improve access to services |
| To develop consumer direction model and a hybrid model allowing for participants to choose consumer directed services- traditional or combination of both to best meet his/her needs 2.a. Evaluate project to obtain data as to whether aging network services are successful in maintaining nursing home eligible older adults in the community and in averting or delaying spend-down to Medicaid eligibility |
| Development of standardized operating processes and procedures. |
| Compelling policy direction to continue ADRC program development statewide; Replicable Statewide Model |
| To implement our ADRC model statewide and have all ADRCs providing high quality services consistent with that model |

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| 4. Please indicate how your State initially selected local sites to receive ADRC funds. Select all that apply. |
|---|
| **Specify Other** |
| Sites chosen by former ADSS Commissioner |
| Competitive Application Process |
| Selected based on existing infrastructure and ability to implement |
| The Delaware ADRC was designed to operate as a statewide ADRC. |
| We are not a local site |
| Competitive process |
| Selected region because of it was rural and partnership with Medicaid. |
| Selected sites that were fully functional ADRCs (NY Connects) |
| Selected site that was experienced with professional I&R services |
| Selected local offices within state agency infrastructure |
| Selected sites who already had a vision; mission; infrastructure and role in community for the provision of unbiased I&A- and are viewed as key access points to LTSS. |
| Selected the sites that already had the vision for leveraging technology and partnerships to increase access to HCBS |
| High Functioning, serving under 60 persons with disabilities |
| Through a comprehensive selection process- selected county and non-profit organizations that submitted a plan to meet the State&#39; requirements for ADRCs.  Successful applicants included county human service departments- county aging offices- and county aging units. |

| 4a. Indicate the extent to which the grants your state received for ADRC development contributed to the following: |
|---|
| **Specify Other** |
| The purpose of the ADRCs is to provide a coordinated- multi-access one stop system that integrates information- referral and eligibility determination functions for elders- persons with disabilities and caregivers.  The ADRC facilitates customer-friendly access to long-term care services and benefits for elders- persons with disabilities- and their caregivers.  The grants provided opportunities to facilitate the statewide system changes necessary to accomplish the purpose and streamline access to long-term care services. |
| MIS integration |
| partnerships- database development- working towards centralized I&#x2F;R&amp;A system |
| Expand statewide |
| Provide interagency and inter-professional cross training opportunities. |
| Outreach & marketing efforts |
| Brought focus on options counseling and person centered planning |
| Sustainability with other state funding- integrated into the State Plan on Aging for NH |
| Established an IT client-tracking system |
| Leverage other opportunities such as a number of AAAs&#x2F;NY Connects partnering with hospitals and other entities on ACA Section 3026 grants |
| LCA Designation- development of staff with Options Counseling certification- increased number of staff with SHIIP- expanded knowledge of Person Centered thinking concepts and practices- Transition efforts and improved local community networking |
| Increased consistency of consumer access to information and referral. |
| Marketing plan and upgraded phone systems across the state |

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| 4a. Indicate the extent to which the grants your state received for ADRC development contributed to the following: |
|---|
| **Specify Other** |
| Create a shared understanding of how to share options with consumers |
| build infrastructure across organizations- enhance data capacity |
| Develop statewide web-based technology and develop protocols and language to utilize it in a universal way |
| Colocation within ADRC of partners and Subject Matter Populations (SMEs) serving diverse populations |
| Identified factors related to customer satisfaction and improved the quality of ADRC services.  All of the above occurred due to state funding for ADRCs that preceded Federal grants and have continued. |

**7. Community Needs: The next set of questions is designed to gather information about the conditions in the service network for your state. Please think about the status of your state as a whole.**

**Specify Other**

| Other (YEAR) | Other, Please specify (YEAR) | Other (2012) | Other, Please specify (2012) | Other (YEAR) | Other, Please specify (YEAR) | Other (2012) | Other, Please specify (2012) |
|---|---|---|---|---|---|---|---|
| Often a Barrier | Appropriate Housing | Often a Barrier | Appropriate Housing | Often a Barrier | Elder Rights and Protections | Often a Barrier | Elder Rights and Protections |
| Often a Barrier | Lack of affordable and accessible housing | Often a Barrier | Lack of affordable and accessible housing | Often a Barrier | Lack of community based LTSS infrastructure | Often a Barrier | Lack of community based LTSS infrastructure |
| Sometimes a Barrier | Lack of funding for LTSS - local- state- and federal funding reductions | Often a Barrier | Lack of funding for LTSS - local- state- and federal funding reductions | Often a Barrier | Lack of a comprehensive and coordinated IT system to replace fragmented and siloed systems | Often a Barrier | Lack of a comprehensive and coordinated IT system to replace fragmented and siloed systems |
| Sometimes a Barrier | Physical location of participant | Sometimes a Barrier | Physical location of participant | Sometimes a Barrier | Self-isolation due to perceived stigma | Sometimes a Barrier | Self-isolation due to perceived stigma |
| - | - | - | - | Often a Barrier | Too few providers to meet needs or provide choice- especially HHAs and other in home care providers. | Sometimes a Barrier | Too few providers to meet needs or provide choice- especially HHAs and other in home care providers. |

**8. Please indicate the Current availability of the following services within your service area. For the following services, prior to the first ADRC grant, to what extent was there provider choice?**

**Specify Other**

| Other (Current Availability) | Specify other (Current | Other (Provider Choice prior to | Specify other (Provider Choice prior to first | Other (Provider choice currently) | Specify other (Provider choice currently) |
|---|---|---|---|---|---|

| | Availability) | first ADRC grant) | ADRC grant) | | |
|---|---|---|---|---|---|
| Not available | Specify Other: Elder Rights and Protection | No | Specify Other: Elder Rights and Protection | Limited | Specify Other: Elder Rights and Protection |
| Available but inadequate to meet need | - | Limited | - | Limited | - |
| Available but inadequate to meet need | Specify Other: Private Pay - full menu of services and supports; TBI Services | Limited | Specify Other: Private Pay - full menu of services and supports; TBI Services | Limited | Specify Other: Private Pay - full menu of services and supports; TBI Services |
| Available but inadequate to meet need | Specify Other: Availability varies | - | - | - | - |

# Section B. Organizational Characteristics

| 9. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? |
|---|
| **Specify Other** |
| SHIP |
| Mental Health Trust Authority |
| MFP ADRC grant funds received by Medicaid State Office |
| SHIP, OAA Title IIIB - Aging I&R only, RSA - Disability I&R |
| Tobacco funds |
| Award: 90CT0163, In ADRC Care Transitions Project (CFDA: 93.048 – Special Programs for the Aging Title IV and Title II Discretionary Projects) |
| CMS SHIP Funding, SMP, LTCCE Allocation Passthrough (combo of state, federal, and private dollars), ISG Grant |
| Federal grants total |
| Voluntary Consumer Contributions Title III |
| Local funds |
| RI Pharmaceutical Assistance for Elderly ($472,609) |
| Other Federal |
| OAA Title III (B, CI, C2, D, E) & NSIP, Title VII, Title V, Senior Farmers Market Nutrition Program |
| CMS MFP & ADRC Expansion Grant |


| 9. What is the type of partnership agreement? |
|---|
| **Specify Other** |
| **State Departments (with cabinet-level secretaries)** |
| **Health** |
| EOA is attached agency to DOH |
| Part of umbrella agency |
| Interagency Charter for EBI Leadership Team, workgroups |
| **Human Services** |
| Our agency |
| Part of umbrella agency |
| Governmental Service Agreement |
| SUA is a part of DHS |
| DEA is a division of the Dept of Human Services |
| We are part of Human Services |
| **Aging** |
| Our agency |
| See Division level |
| State agency responsible for ADRC grant efforts |
| We are the SUA |
| MDoA is the SUA |
| Part of umbrella agency |
| Aging and Disability is the State Authority on Aging |
| Aging is a Division within the Dept of Human Services |
| The ADRC is administered by the SUA |
| We are aging is part of the department – under the Secretary |

| 9. What is the type of partnership agreement? |
|---|
| **Other** |
| DOI – MIPPA |
| Oversight of agency |
| Delegated Authority to perform certain functions (e.g. LTSS Medicaid eligibility, oversight) |
| **State Agencies (located within state departments)** |
| **Aging** |
| Located within, Aging oversees ADRC |
| Delaware ADRC is an integral part of DHSS and is both housed and staffed by DSAAPD |
| We are the SUA |
| MDoA is the SUA |
| We are the Executive Office of Elder Affairs |
| The MBA is the SUA |
| SUA is aging |
| We are the SUA |
| The ADRC is within the SUA of DSS |
| DAIL is the SUA and Aging Unit |
| Our Division is Aging |
| We are the State Aging Agency |
| **Developmental Disabilities** |
| Representation on the DD Council |
| Gov. appointment to DD Council |
| ICOA has a representative that sits on the Council of Developmental Disabilities |
| Serve on DD Council |
| OES has integrated with Disability Services |
| DD is also a part of DHS |
| DAIL is the DD Agency |
| Serve on DD Council Board; serve on advisory councils for each other |
| Within same Department |
| **Acquired or Late-Onset Disabilities** |
| Governor Office on Disability |
| Part of DHS Division of Aging and Adult Services |
| No specific entity |
| Individuals with "Acquired or Late-onset Disabilities" is a target population for DSAAPD |
| OES has integrated with Disability Services |
| Integrated leadership for comprehensive waiver |
| DIV of VR and DIV of Services for the Blind and DIV of Services for Deaf and Hard of Hearing |
| This is a part of DHS |
| DAIL is the agency for individuals age 18 and over with disabilities |
| This is another division within our shared agency |
| Combined with Aging in same agency |
| **Mental Health** |
| CDSMP partner |
| DSAAPD & ADRC work collaboratively with DSAMH and their statewide network of service professionals to support the needs of older adults and persons with physical disabilities, their caregivers and services providers throughout the aging & disability network |
| Serve on Mental Health Planning Council |
| Located within Medicaid agency |
| Integrated leadership for BIP |

| 9. What is the type of partnership agreement? |
|---|
| Co-Chair Interagency Geriatric Mental Health and Chemical Dependence Planning Council |
| A division of DSS |
| Part of same department |
| **Medicaid** |
| Money Follows the Person partner |
| DSAAPD and ADRC have a strong working relationship with DE's Division of Medicaid and Medical Services (DMMA) – State Medicaid Agency. Partnership agreements and activities include: formal MOU, designation of ADRC as Local Contact Agency for MDS, survey data and referrals from nursing homes for options counseling ; I&R and enrollment support for LTC Medicaid Managed care, etc. |
| Part of umbrella agency |
| Integrated leadership for comprehensive waiver |
| GSA |
| Workgroups, BIP |
| DHS Aging and People with Disabilities is the Medicaid entity for LTSS. APD has an MOU with the Oregon Health Authority as the State Medicaid entity with the exception of LTSS. |
| A division of DSS |
| Cabinet level department, delegated authority to perform certain functions (e.g. LTSS Medicaid eligibility, oversight) |
| **Housing** |
| Limited work with Housing Coalition |
| DSAAPD and ADRC partners with the State Housing Authority and other housing partners through a designated Senior Planner who works collaboratively to develop and coordinate Housing support and resources |
| Legislative relationship recently established |
| Review and comment on certain documents and applications |
| RIDEA awards funding on a competitive basis to private and public elderly housing for security improvements; housing complexes also required to comply with RIDEA rules regarding security and safety |
| Involved with housing issues and participate on workgroups |
| Work together under two different Secretariats; Housing has contracts with CILs and AAAs but not directly with the state agency |
| Part of same department |
| **Education** |
| DOE is on our advisory council for aging |
| Coordination on some programs affecting children as well as specialized staff training |
| **Other** |
| Rehab |
| MBA works with a total of 16 state agencies to support the SLL One Stop Shop |
| Interlocal Agreement & State Rehab Division |
| Superstorm Sandy, relationship with Emergency Preparedness and Community Affairs |
| In combination, the checked boxes apply. Not all apply to each entity specified in the "other" category |
| Adult Services and Adult Protective Services will merge with our agency as of July 1, 2013 |
| **Local Government Agencies** |
| **Area Agency on Aging** |
| In DE, there are no AAAs; DSAAPD functions both as the SUA & AAA |
| Nine ADRCs are located in AAAs |
| Annual Implementation Plan |

| 9. What is the type of partnership agreement? |
|---|
| Administrative Lead for ADRC (contractor) |
| **County Health Department** |
| See State Section: DSAAPD works closely with Division of Public Health, the state's health department and all local health clinics and community partners throughout DE |
| Local district health offices work more directly with the AAAs |
| Done at the local ADRC level |
| Joint CDSME Programming; Joint assessments between Health Depts and AAAs |
| **County Medicaid Office** |
| See State section: In DE there are no county Medicaid offices |
| Done at the local ADRC level |
| County Medicaid offices are overseen by Aging and People with Disabilities |
| No such entity in Virginia |
| Our department has delegated authority to perform local Medicaid office functions on their behalf |
| **County Department on Aging** |
| Under the AAA |
| See State Section: In DE, there are no county departments on aging, only DSAAPD |
| Done at the local ADRC level |
| In MN, this would be the LTCC Units |
| Annual Implementation Plan |
| Some AAAs are designated as part of county government but they still operate as a AAA not a county Dept of Aging; all AAAs receive some level of funding from local government |
| Same as AAAs (all AAAs are local governments (i.e. COGs, counties, or combo of county and city) |
| **Country Department on Disability** |
| No such entity |
| Same as above |
| Done at the local ADRC level |
| Serve on Executive Leadership Committee on Aging and Disability |
| Agency has regional offices that work closely with county government but do not receive funding from local government; all CILs receive some level of funding from local government |
| Part of same state agency |
| **County Housing Office** |
| See state section |
| Done at the local ADRC level |
| Housing Vouchers for MFP participants |
| **Library** |
| Done at the local ADRC level |
| The majority of local libraries across the state serve as SeniorNavigator Centers – local touch-points for information regarding supports for older adults and adults with disabilities |
| **Other** |
| Completing formal MOU |
| **Federal Agencies** |
| **Local Veterans Administration** |
| Idaho Commission on Aging is working with the VA to establish a VD-HCBS program |
| Done at the local ADRC level |
| Working on MOU |
| Local Provider Agreements between AAAs & COFA and VAMC |
| VD-HCBS program |
| VD-HCBS program |
| **Local Indian Health Service** |

| 9. What is the type of partnership agreement? |
|---|
| Establishing relationships for information sharing, advocacy, and capacity building |
| Done at the local ADRC level |
| **Other** |
| Office of Violence Against Women grant to educate law enforcement and legal support & judges about elder abuse |
| **Organizations Providing Direct Services** |
| **211 or Other Call Center** |
| Each ADRC has an MOU with the local 211 |
| Part of Advisory Group |
| United Way 211, which is co-located with THE POINT, provides phone coverage when The POINT is closed |
| Part of NW-AIRS, participate in Advisory Committees |
| **Community Health Center** |
| Some local AAAs have MOUs |
| See State section |
| ADRC has the connection with local clinics |
| **Community Mental Health Clinic** |
| Work in progress to strengthen partnerships |
| Done at the local ADRC level |
| Part of Advisory Group |
| **Deaf Service Center** |
| Some AAAs have MOUs; serve on ADSS's advisory board; work in progress to strengthen relationships |
| In DE, Deaf Services are integrated throughout the disability service provider network, including the CILs and Hearing Loss Association of DE which provides support for persons who are deaf or have hearing loss |
| Done at the local ADRC level |
| ADRC partner by statute |
| **Hospital/Medical Center** |
| State staff working on transition projects; some local AAAs have MOUs for ADRC or care transitions. ADSS has active relationship with Alabama Hospital Association. |
| In 2009, DSAAPD & ADRC initiated a formal MOU with Christiana Care Health System (CCHS), the largest acute care hospital in DE. DSAAPD has continued to work closely with the hospital, along with DE's QIO and all other acute care hospitals and community stakeholder to improve transitions of care statewide. |
| Maui Memorial Hospital |
| Done at the local ADRC level |
| Hospitals have agreements with AAAs as formal partners in ADRC and share information through the ADRC technology. Some AAAs have co-located staff as part of the Care Transitions Program. On the state level, the DIV is working with the Hospital and Healthcare Association to look at ways that we can provide a state level approach to support care transitions. |
| State MH Hospitals are part of Same Department |
| **School for the Blind** |
| Alabama Institute for the Deaf and Blind is the state agency for all deaf and blind services and support in the state. Representation on ADSS Advisory Board. Refer back to comments on Deaf Service Center. |
| N/A, DSAAPD/ADRC partners at the state level with Division for the Visually Impaired (DVI) and its community partners to provide support for personas who are blind or have other visual impairments |
| Done at the local ADRC level |
| **School for the Deaf** |
| See comments above |

| 9. What is the type of partnership agreement? |
|---|
| N/A, DSAAPD/ADRC partners with all CILs and other community partners to provide support for persons who are deaf or have other hearing impairments |
| Done at the local ADRC level |
| **The ARC** |
| Working with the ARC on the Lifespan Respite Grant along with the Office of Aging and Adult Services |
| On a local level the ARC serves on some of the Local Advisory Councils as a stakeholder in ADRC, all of the ARC services are listed in the ADRC database |
| **United Way** |
| Have worked in partnership with strategic planning and disaster relief |
| DSAAPD/ADRC work collaboratively with United Way through several key partners and programs, such as Delaware 211 and Stand By Me, a national financial empowerment program |
| Done at the local ADRC level |
| Part of Advisory Group |
| On a local level the United Way serves on some of the Local Advisory Councils as a stakeholder in ADRC, all of the United Way's services are listed in the ADRC database |
| **Vocational/Rehabilitation Services** |
| Done at the local ADRC level |
| Vocational Rehab is a department within the Massachusetts Rehabilitation Commission |
| Interlocal |
| Voc Rehab is a division of DAIL |
| Voc Rehab is part of the same agency as the Div for Aging, Managers work closely together to cross support programs where possible |
| Part of same department, oversee SILC and plan |
| **Other** |
| Manages the statewide provider database for ADRC; Private sector lead for VA for ADRC technology; provides access to and help technical assistance/desk support for the ADRC technology |
| Statewide ADRC Advisory Committee |
| **Advocacy/Referral Organizations** |
| **AIDS Coalition** |
| **Alzheimer's Association** |
| DSAAPD/ADRC has been working together with DE's Alzheimer's Assoc & community partners to develop the Alzheimer's State Plan |
| Outreach and education by statute |
| ADSSP Grant is helping VA develop an evidence-based practice; AA is working with VA to ensure that ADRCs are dementia capable |
| ADRC Advisory Council participation |
| **American Council for the Blind** |
| See State/Local sections |
| **Autism Society State/Regional Chapter** |
| **Brain Injury Association State/Regional Chapter** |
| DSAAPD/ADRC work closely with the BIA of DE and community partners to provide support for person with acquired or traumatic brain injuries |
| ADRC partner |
| Brain Injury Division is part of same agency as Aging; this division works closely with the Brain Injury Association of VA |
| Participate in Options Counseling Training, sponsored by our department |
| **Centers for Independent Living** |
| Serve on the SILC |
| The CILs are funded by the MA Rehabilitation Commission |

| 9. What is the type of partnership agreement? |
|---|
| At the state level, several CILs are LTCOP contractors. At the local level, most AAAs/COFA's have highly functional working relationships. CILS are contractors of AAAs, members of NY Connects Long Term Care Councils and Chair those Councils in same areas |
| Contract for LCA |
| Oversight of CILs takes place within the same agency as the Division for Aging, CILs and AAAs work closely with agency through SILAS (Strengthening Independent Living and Aging Services), an advisory group focused on fostering greater collaboration between CIL and AAA network |
| **Easter Seals** |
| Collaborating on Lifespan Respite Grant and Voucher program |
| **Epilepsy Foundation State/Regional Chapter** |
| **National Association of Mental Illness State/Regional Chapter** |
| Serve on Mental Health Planning Council |
| **National Autism Association State/Regional Chapter** |
| **National Multiple Sclerosis Society State/Regional Chapter** |
| LSR Coalition Member |
| Collaborating on Lifespan Respite Grant and Voucher program |
| **State Association for the Deaf** |
| See State/Local section |
| Part of same department |
| **United Cerebral Palsy** |
| **Other** |
| Developing training program |
| MLTSS Steering Committee representative of AARP, PACE, ADRC, MCOs, Adult Day, Medicaid, DDD, DDS |
| Statewide ADRC Advisory Committee |

| 13. Is your organization paid on a fee for service or per unit basis for performing any of the following services for a client? |
|---|
| **Specify Other** |
| N/A - DSAAPD is a State Agency and Delaware's ADRC is fully integrated into this agency |
| Veteran's program |
| None |
| Admin and other support, Marketing |

| 14. [If any of the boxes are checked in previous question] What is the source of the fee for service or per unit payments? |
|---|
| **Specify Other** |
| N/A - DSAAPD is a State Agency and Delaware's ADRC is fully integrated into this agency |
| Money Follows the Person and Veteran Directed |
| Older Americans Act |

## Section A. Baseline Characteristics

**1. Has your organization realized an improvement in ability to provide integrated, comprehensive access to long term care services and supports (e.g., provide one stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community) over the past 8\* years?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 13 | 86.67 |
| No | 2 | 13.33 |
| No response | 0 | 0.00 |
| Total | 15 | 100 |

*The time frame is noted as 7 years in the AAA survey; however, due to a delay in fielding the survey, the time frame was changed to 8 years to capture the appropriate information.

**2. Which have had the most positive impact on your organization s ability to provide integrated, comprehensive access to long term care services and supports (e.g., provide one stop or streamlined benefits access, increase awareness of LTSS options, provide assistance to consumers such as counseling regarding LTSS choices or transitions from institutions back into the community)? (Select up to two)**

|  | Frequency | Percentage |
|---|---|---|
| Partnerships developed/expanded | 12 | 80.00 |
| Staffing changes | 2 | 13.33 |
| Shared Data | 4 | 26.67 |
| Focus on providing person-centered, self-directed services | 4 | 26.67 |
| Other, specify** | 0 | 0.00 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**4. Is your site interested in becoming an ADRC or becoming part of an ADRC in the future?**

|  | Frequency | Percentage |
|---|---|---|
| Yes; If yes, what is your current stage or status in becoming an ADRC? | 13 | 86.67 |
| No; If no, please explain why you do not plan to become an ADRC? | 2 | 13.33 |
| Other, please specify | 0 | 0.00 |
| Total | 15 | 100 |

# Section B. Populations Served

| 7. For the following items, please indicate the demographic composition of your service area. | | |
|---|---|---|
| | **Latino/Hispanic Origin** | |
| | **Frequency** | **Percentage** |
| **0%** | 0 | 0.00 |
| **>0-5%** | 8 | 53.33 |
| **6-10%** | 1 | 6.67 |
| **11-20%** | 3 | 20.00 |
| **>20%** | 2 | 13.33 |
| **No response** | 1 | 6.67 |
| **Total** | 15 | 100.00 |
| **Min (%)** | 0.50 | |
| **Max (%)** | 30.00 | |
| **Mean (%)** | 8.53 | |
| **Median (%)** | 4.70 | |
| **Mode (%)** | 1.00 | |

| 7. For the following items, please indicate the demographic composition of your service area. (This question applies to the community that [LOCAL AAA] serves.) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Caucasian/White | | Black or African American | | American Indian or Alaska Native | | Asian | | Nation Hawaiian or Other Pacific Islander | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| 0% | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| >0-5% | 0 | 0.00 | 6 | 40.00 | 12 | 80.00 | 13 | 86.67 | 8 | 53.33 |
| 6-10% | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 11-20% | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 21-50% | 1 | 6.67 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 51-75% | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| 76-100% | 10 | 66.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| No response | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 2 | 13.33 | 6 | 40.00 |
| Total | 15 | 100 | 15 | 100 | 15 | 100 | 15 | 100 | 15 | 100 |
| Min (%) | 48.00 | | 0.11 | | 0.02 | | 0.06 | | 0.00 | |
| Max (%) | 99.50 | | 50.00 | | 3.00 | | 2.80 | | 1.00 | |
| Mean (%) | 82.02 | | 12.12 | | 0.99 | | 1.11 | | 0.39 | |
| Median (%) | 85.10 | | 7.35 | | 1.00 | | 1.00 | | 0.15 | |
| Mode (%) | 73.00 | | 1.00, 21.00 | | 1.00, 0.40 | | 1.00 | | 0.10 | |

| 9. What percentage of your service area is living at or below the poverty line? | Frequency | Percentage |
|---|---|---|
| At or below the poverty line (those who specified a percentage) | 12 | 80.00 |
| Not sure, but a significant population lives under the poverty line | 3 | 20.00 |
| Not sure, but the population is small or negligible | 0 | 0.00 |
| Total | 15 | 100 |

| 9a. What percent of your service area is living at or below the poverty line? | Frequency | Percentage |
|---|---|---|
| 0% | 0 | 0.00 |
| >0-10% | 1 | 0.67 |
| 11-25% | 8 | 53.33 |
| 26-50% | 1 | 0.67 |
| 51-100% | 1 | 0.67 |
| No response | 4 | 26.67 |
| Total | 15 | 100 |
| Min (%) | 7.30 | |
| Max (%) | 53.90 | |
| Mean (%) | 19.50 | |
| Median (%) | 17.50 | |
| Mode (%) | 11.00 | |

| 10. What percentage of your service area is uninsured/does not have health insurance coverage? | Frequency | Percentage |
|---|---|---|
| Uninsured (those who specified a percentage) | 6 | 40.00 |
| Not sure, but a significant population is uninsured | 7 | 46.67 |
| Not sure, but the population is small or negligible | 6 | 6.67 |
| No Response | 1 | 6.67 |
| Total | 15 | 100 |

| 10a. What percent of your service area is uninsured /does not have health insurance coverage? | | |
|---|---|---|
| | Frequency | Percentage |
| 0% | 0 | 0.00 |
| >0-10% | 1 | 6.67 |
| 11-25% | 5 | 33.33 |
| 26-50% | 0 | 0.00 |
| 51-100% | 0 | 0.00 |
| No response | 9 | 60.00 |
| Total | 15 | 100 |
| Min (%) | 7.00 | |
| Max (%) | 19.70 | |
| Mean (%) | 14.85 | |
| Median (%) | 16.25 | |
| Mode (%) | No mode | |

| 12. Within the last 12 months, has a community LTSS needs assessment been conducted? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 2 | 13.33 |
| No, but we did complete a community needs assessment within the past three years | 9 | 60.00 |
| No, but a community needs assessment was not completed within the past three years | 3 | 20.00 |
| No Response | 1 | 6.67 |
| Total | 15 | 100.00 |

| 13. To what extent is each of the following a barrier for individuals seeking LTSS services approximately 8 years ago or if you do not have information that goes back that far, as far back as you do have information and currently? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prior | | | | | | | | Currently | | | | | | | | |
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Lack of LTSS- Needed services are not offered | 1 | 6.67 | 6 | 40.00 | 7 | 46.67 | 1 | 6.67 | 1 | 6.67 | 9 | 60.00 | 4 | 26.67 | 1 | 6.67 |
| Lack of available LTSS slots (i.e. long waiting lists) | 1 | 6.67 | 5 | 33.33 | 8 | 53.33 | 1 | 6.67 | 1 | 6.67 | 3 | 20.00 | 10 | 66.67 | 1 | 6.67 |
| Poor service quality | 9 | 60.00 | 4 | 26.67 | 1 | 6.67 | 1 | 6.67 | 9 | 60.00 | 5 | 33.33 | 0 | 0.00 | 1 | 6.67 |
| Lack of health insurance | 1 | 6.67 | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 | 1 | 6.67 | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 |
| Providers not accepting consumers with Medicaid | 1 | 6.67 | 9 | 60.00 | 4 | 26.67 | 1 | 6.67 | 1 | 6.67 | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 |
| Barriers based on consumer disabilities | 2 | 13.33 | 10 | 66.67 | 2 | 13.33 | 1 | 6.67 | 2 | 13.33 | 11 | 73.33 | 1 | 6.67 | 1 | 6.67 |
| Language barriers | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 | 1 | 6.67 | 6 | 40.00 | 7 | 46.67 | 1 | 6.67 | 1 | 6.67 |
| Cultural barriers | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 | 1 | 6.67 |
| Religious barriers | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 |
| Sexual orientation barriers | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 |
| People needing services do not have a permanent address | 9 | 60.00 | 5 | 33.33 | 0 | 0.00 | 1 | 6.67 | 8 | 53.33 | 6 | 40.00 | 0 | 0.00 | 1 | 6.67 |
| Consumers lack transportation | 0 | 0.00 | 4 | 26.67 | 10 | 66.67 | 1 | 6.67 | 1 | 6.67 | 4 | 26.67 | 9 | 60.00 | 1 | 6.67 |
| Stigma, discrimination and prejudice against older adults | 8 | 53.33 | 6 | 40.00 | 0 | 0.00 | 1 | 6.67 | 8 | 53.33 | 6 | 40.00 | 0 | 0.00 | 1 | 6.67 |
| Stigma, discrimination and prejudice against persons with disabilities | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 | 1 | 6.67 |
| Providers have high staff turnover | 4 | 26.67 | 4 | 26.67 | 6 | 40.00 | 1 | 6.67 | 3 | 20.00 | 7 | 46.67 | 4 | 26.67 | 1 | 6.67 |
| Providers lack appropriate trained staff | 4 | 26.67 | 8 | 53.33 | 2 | 13.33 | 1 | 6.67 | 5 | 33.33 | 7 | 46.67 | 2 | 13.33 | 1 | 6.67 |

**13. To what extent is each of the following a barrier for individuals seeking LTSS services approximately 8 years ago or if you do not have information that goes back that far, as far back as you do have information and currently?**

| | Prior | | | | | | | | Currently | | | | | | | |
| | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | | Not a barrier | | Sometimes a barrier | | Often a barrier | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service provider hours/locations are hard to access** | 6 | 40.00 | 6 | 40.00 | 2 | 13.33 | 1 | 6.67 | 6 | 40.00 | 6 | 40.00 | 1 | 6.67 | 2 | 13.33 |
| **Other, please specify\*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**13. Please indicate the current availability of the following services within your service area.**

| | Adequate availability | | Available but inadequate to meet the need | | Not available | | No response | |
|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **Safe and affordable housing options** | 3 | 20.00 | 11 | 73.33 | 0 | 0.00 | 1 | 6.67 |
| **Peer support services/groups** | 4 | 26.67 | 9 | 60.00 | 1 | 6.67 | 1 | 6.67 |
| **HCBS Medicaid Waiver Programs** | 2 | 13.33 | 10 | 66.67 | 1 | 6.67 | 2 | 13.33 |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | 4 | 26.67 | 9 | 60.00 | 1 | 6.67 | 1 | 6.67 |
| **Nutrition Programs** | 6 | 40.00 | 8 | 53.33 | 0 | 0.00 | 1 | 6.67 |
| **Employment Services** | 5 | 33.33 | 8 | 53.33 | 1 | 6.67 | 1 | 6.67 |
| **Education services** | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Opportunities to develop advanced directives** | 8 | 53.33 | 6 | 40.00 | 0 | 0.00 | 1 | 6.67 |
| **Transportation services** | 3 | 20.00 | 11 | 73.33 | 0 | 0.00 | 1 | 6.67 |
| **Opportunities for socialization/recreation** | 5 | 33.33 | 7 | 46.67 | 1 | 6.67 | 1 | 6.67 |
| **Mental health services** | 2 | 13.33 | 11 | 73.33 | 1 | 6.67 | 1 | 6.67 |
| **Ombudsman services** | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Health prevention and screening services** | 5 | 33.33 | 9 | 60.00 | 0 | 0.00 | 1 | 6.67 |
| **Emergency services/crisis intervention** | 2 | 13.33 | 12 | 80.00 | 0 | 0.00 | 1 | 6.67 |
| **Transition programs (from hospitals, nursing homes etc.)** | 5 | 33.33 | 9 | 60.00 | 0 | 0.00 | 1 | 6.67 |
| **Nursing home (institutional) diversion program** | 7 | 46.67 | 7 | 46.67 | 0 | 0.00 | 1 | 6.67 |
| **Nursing home/residential beds** | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Income Assistance** | 2 | 13.33 | 11 | 73.33 | 1 | 6.67 | 1 | 6.67 |
| **Energy assistance** | 3 | 20.00 | 11 | 73.33 | 0 | 0.00 | 1 | 6.67 |
| **Personal Care services** | 3 | 20.00 | 11 | 73.33 | 0 | 0.00 | 1 | 6.67 |
| **Medicaid waivers** | 4 | 26.67 | 9 | 60.00 | 0 | 0.00 | 2 | 13.33 |
| **Independent living services (e.g., skills training, peer support)** | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 1 | 6.67 |
| **Other, please specify*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 13. For these services, to what extent is there provider choice both prior to receiving an ADRC grant and currently? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prior | | | | | | | | Currently | | | | | | | |
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Safe and affordable housing options | 2 | 13.33 | 8 | 53.33 | 4 | 26.67 | 2 | 6.67 | 2 | 13.33 | 6 | 40.00 | 6 | 40.00 | 1 | 6.67 |
| Peer support services/groups | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 |
| HCBS Medicaid Waiver Programs | 2 | 13.33 | 8 | 20.00 | 3 | 20.00 | 2 | 13.33 | 2 | 13.33 | 8 | 53.33 | 3 | 20.00 | 2 | 13.33 |
| Caregiver Support (i.e. respite program, support groups, or counseling) | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 1 | 6.67 | 2 | 13.33 | 8 | 53.33 | 4 | 26.67 | 1 | 6.67 |
| Nutrition Programs | 1 | 6.67 | 6 | 40.00 | 7 | 46.67 | 1 | 6.67 | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 |
| Employment Services | 0 | 0.00 | 10 | 66.67 | 4 | 26.67 | 1 | 6.67 | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 1 | 6.67 |
| Education services | 1 | 6.67 | 5 | 33.33 | 8 | 53.33 | 1 | 6.67 | 1 | 6.67 | 5 | 33.33 | 7 | 46.67 | 2 | 13.33 |
| Opportunities to develop advanced directives | 0 | 0.00 | 7 | 46.67 | 7 | 46.67 | 1 | 6.67 | 0 | 0.00 | 6 | 40.00 | 8 | 53.33 | 1 | 6.67 |
| Transportation services | 0 | 0.00 | 13 | 86.67 | 1 | 6.67 | 1 | 6.67 | 1 | 6.67 | 10 | 66.67 | 3 | 20.00 | 1 | 6.67 |
| Opportunities for socialization/recreation | 0 | 0.00 | 9 | 60.00 | 5 | 33.33 | 1 | 6.67 | 0 | 0.00 | 7 | 46.67 | 7 | 46.67 | 1 | 6.67 |
| Mental health services | 2 | 13.33 | 11 | 73.33 | 1 | 6.67 | 1 | 6.67 | 2 | 13.33 | 11 | 73.33 | 1 | 6.67 | 1 | 6.67 |
| Ombudsman services | - | - | 6 | 40.00 | 8 | 53.33 | 1 | 6.67 | 0 | 0.00 | 5 | 33.33 | 9 | 60.00 | 1 | 6.67 |
| Health prevention and screening services | 1 | 6.67 | 8 | 53.33 | 5 | 33.33 | 1 | 6.67 | 0 | 0.00 | 8 | 53.33 | 6 | 40.00 | 1 | 6.67 |
| Emergency services/crisis intervention | 1 | 6.67 | 11 | 73.33 | 2 | 13.33 | 1 | 6.67 | 1 | 6.67 | 12 | 80.00 | 1 | 6.67 | 1 | 6.67 |
| Transition programs (from hospitals, nursing homes etc.) | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 | 3 | 20.00 | 1 | 6.67 |
| Nursing home (institutional) diversion program | 0 | 0.00 | 9 | 60.00 | 5 | 33.33 | 1 | 6.67 | 1 | 6.67 | 7 | 46.67 | 6 | 40.00 | 1 | 6.67 |
| Nursing home/residential beds | 0 | 0.00 | 5 | 33.33 | 9 | 60.00 | 1 | 6.67 | 0 | 0.00 | 4 | 26.67 | 10 | 66.67 | 1 | 6.67 |
| Income Assistance | 2 | 13.33 | 12 | 80.00 | - | - | 1 | 6.67 | 2 | 13.33 | 12 | 80.00 | - | - | 1 | 6.67 |
| Energy assistance | - | - | 12 | 80.00 | 2 | 13.33 | 1 | 6.67 | - | - | 12 | 80.00 | 2 | 13.33 | 1 | 6.67 |

| 13. For these services, to what extent is there provider choice both prior to receiving an ADRC grant and currently? | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prior | | | | | | | | Currently | | | | | | | |
| | No | | Limited | | Adequate | | No response | | No | | Limited | | Adequate | | No response | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Personal Care services** | 1 | 6.67 | 13 | 86.67 | - | - | 1 | 6.67 | 1 | 6.67 | 11 | 73.33 | 2 | 13.33 | 1 | 6.67 |
| **Medicaid waivers** | 1 | 6.67 | 9 | 20.00 | 3 | 20.00 | 2 | 13.33 | 1 | 6.67 | 9 | 60.00 | 3 | 20.00 | 2 | 13.33 |
| **Independent living services (e.g., skills training, peer support)** | 3 | 20.00 | 8 | 53.33 | 3 | 20.00 | 1 | 6.67 | 3 | 20.00 | 9 | 60.00 | 2 | 13.33 | 1 | 6.67 |
| **Other, please specify*** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL AAA services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | Total Number of Older Adults (60+) | |
|---|---|---|
| | Frequency | Percentage |
| 0-100 | 0 | 0.00 |
| 101-500 | 2 | 13.33 |
| 501-1000 | 1 | 6.67 |
| 1001-2500 | 0 | 0.00 |
| 2501-5000 | 1 | 6.67 |
| 5001-10,000 | 0 | 0.00 |
| >10,000 | 2 | 13.33 |
| No response | 9 | 60.00 |
| Total | 15 | 100 |
| Min | 250 | |
| Max | 43,939 | |
| Mean | 10,199 | |
| Median | 1,757 | |
| Mode | No mode | |

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL AAA services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

| | 0 | | >0-25 | | 26-50 | | 51-100 | | 101-200 | | >200 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Consumers Under 60** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| **Individuals with Disabilities** | | | | | | | | | | | | | | | | | | | |
| Physical Disabilities | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 | 12 | 167 | 84.75 | 80 | No mode |
| Cognitive Impairment | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 4 | 15 | 10.33 | 12 | 4,12,15 |
| Intellectual Disabilities | 0 | 0.00 | 1 | 6.67 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 5 | 45 | 25.67 | 27 | 5,27,45 |
| Developmental Disabilities | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 3 | 25 | 11.33 | 6 | 3,6,25 |
| Mental Illness | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 1 | 15 | 8 | 8 | 1,15 |
| Multiple Disabilities | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 25 | 75 | 55 | 65 | 25,65,75 |
| **Caregivers** | | | | | | | | | | | | | | | | | | | |
| Informal/family caregiver | 0 | 0.00 | 2 | 13.33 | 1 | 6.67 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 9 | 60.00 | 2 | 93 | 62.17 | 47.5 | No mode |
| Paid Caregiver | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 5 | 15 | 8.67 | 6 | 5,15 |
| Health and Human Services Professional | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 0 | 8 | 8 | 8 | 8 |
| **Special Subpopulations** | | | | | | | | | | | | | | | | | | | |
| Traumatic Brain Injury (TBI) | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 1 | 10 | 3.5 | 4.5 | 1 |
| Emergent/ Emergency Cases | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 1 | 10 | 5.33 | 5 | 1,5,10 |
| Low income | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 1 | 6.67 | 11 | 73.33 | 25 | 506 | 177.25 | 89 | No mode |
| Limited English proficiency | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 50 | 67 | 58.5 | 58.5 | 50,67 |
| Is the LOCAL AAA making any special efforts to target a particular population not listed above? If  yes, please specify* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Other, please specify* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**14. How many consumers of each type were served in the most recent 6 months period (October 2012 March 2013)? This question is specific to the consumers who access LOCAL AAA services such as I&R/I&A, benefits or options counseling, Information and referral services, services to support transitions from residential or institutional facilities to the community.**

**Consumers 60 and over (Currently)**

| | 0 | | >0-25 | | 26-50 | | 51-100 | | 101-200 | | >200 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| **Individuals with Disabilities** | | | | | | | | | | | | | | | | | | | |
| **Physical Disabilities** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 1 | 6.67 | 10 | 66.67 | 25 | 3261 | 738 | 115 | No mode |
| **Cognitive Impairment** | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 | 16 | 142 | 77.5 | 76 | No mode |
| **Intellectual Disabilities** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 | 20 | 157 | 88.5 | 88.5 | 20,157 |
| **Developmental Disabilities** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 5 | 89 | 47 | 47 | 5,89 |
| **Mental Illness** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 2 | 80 | 41 | 41 | 2,80 |
| **Multiple Disabilities** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 11 | 73.33 | 20 | 3261 | 936.75 | 233 | 2,80 |
| **Caregivers** | | | | | | | | | | | | | | | | | | | |
| **Informal/family caregiver** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 1 | 6.67 | 2 | 13.33 | 10 | 66.67 | 6 | 600 | 240.8 | 150 | No mode |
| **Paid Caregiver** | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 12 | 80.00 | 0 | 150 | 83 | 83 | 5,150 |
| **Health and Human Services Professional** | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 0 | 25 | 25 | 25 | 25 |
| **Special Subpopulations** | | | | | | | | | | | | | | | | | | | |
| **Traumatic Brain Injury (TBI)** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 9 | 9 | 9 | 9 | 9 |
| **Emergent/Emergency Cases** | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 11 | 75 | 29.75 | 16.5 | No mode |
| **Low income** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 11 | 73.33 | 175 | 9785 | 2802.75 | 625.5 | No mode |
| **Limited English proficiency** | 0 | 0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 13 | 86.67 | 628 | 2609 | 1618.5 | 1618.5 | 628,2609 |
| **Is the LOCAL AAA making any special efforts to target a particular population not listed above? If  yes, please specify*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 14 | 93.33 | 4200 | 4200 | 4200 | 4200 | 4200 |
| **Other, please specify*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

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**14b. Over the past 8 years, the number of clients under 60 served by LOCAL AAA has :**

| | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 8 | 53.33 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 5 | 33.33 |
| **No response** | 2 | 13.33 |
| **Total** | 15 | 100 |

**15b. Over the past 8 years, the number of consumers 60 and over served by LOCAL AAA has :**

| | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 9 | 60.00 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 3 | 20.00 |
| **No response** | 3 | 20.00 |
| **Total** | 15 | 100 |

**16b. Over the past 8 years, the number of consumers with physical disabilities served by LOCAL AAA has:**

| | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 7 | 46.67 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 6 | 40.00 |
| **No response** | 2 | 13.33 |
| **Total** | 15 | 100 |

**17b. Over the past 8 years, the number of consumers with mental/emotional disabilities served by LOCAL AAA has:**

| | Frequency | Percentage |
|---|---|---|
| **Significantly increased** | 5 | 33.33 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 7 | 46.67 |
| **No response** | 3 | 20.00 |
| **Total** | 15 | 100 |

| 18b. Over the past 8 years, the number of consumers with multiple disabilities served by LOCAL AAA has: | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Significantly increased** | 7 | 46.67 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 6 | 40.00 |
| **No response** | 2 | 13.33 |
| **Total** | 15 | 100 |

| 19b. Over the past 8 years, the number caregivers served by LOCAL AAA has: | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Significantly increased** | 12 | 80.00 |
| **Significantly decreased** | 0 | 0.00 |
| **Stayed the same** | 1 | 6.67 |
| **No response** | 2 | 13.33 |
| **Total** | 15 | 100 |

## Section C: Service Provision

| 20. How frequently do consumers ask about the following? | Frequently | | Sometimes | | Infrequently | | Never | | No response | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Advanced directives** | 4 | 26.67 | 6 | 40.00 | 4 | 26.67 | 0 | 0.00 | 1 | 6.67 |
| **Advocacy** | 6 | 40.00 | 6 | 40.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 |
| **Caregiver support** | 13 | 86.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Respite services** | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Chronic health conditions** | 7 | 46.67 | 7 | 46.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Education** | 0 | 0.00 | 6 | 40.00 | 8 | 53.33 | 0 | 0.00 | 1 | 6.67 |
| **Employment** | 2 | 13.33 | 6 | 40.00 | 4 | 26.67 | 2 | 13.33 | 1 | 6.67 |
| **Energy assistance** | 9 | 60.00 | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 |
| **Home modification** | 11 | 73.33 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 |
| **Affordable housing** | 9 | 60.00 | 5 | 33.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Income Assistance** | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Medicaid eligibility and services** | 12 | 80.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Medicare eligibility and services** | 13 | 86.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Mental/behavioral health services** | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Nutrition services** | 10 | 66.67 | 4 | 26.67 | 10 | 66.67 | 0 | 0.00 | 1 | 6.67 |
| **Ombudsman/abuse or neglect issues** | 9 | 60.00 | 5 | 33.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Independent living services** | 7 | 46.67 | 7 | 46.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Personal care/attendant care services** | 10 | 66.67 | 3 | 20.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 |
| **Preventative health services** | 2 | 13.33 | 9 | 60.00 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Recreation opportunities** | 1 | 6.67 | 5 | 33.33 | 6 | 40.00 | 1 | 6.67 | 2 | 13.33 |
| **Services for emergent care/crisis intervention** | 0 | 0.00 | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Support groups** | 4 | 26.67 | 7 | 46.67 | 3 | 20.00 | 0 | 0.00 | 1 | 6.67 |
| **Transition services** | 5 | 33.33 | 5 | 33.33 | 4 | 26.67 | 0 | 0.00 | 1 | 6.67 |
| **Transportation** | 11 | 73.33 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 |
| **Other, specify*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 21. Does [Local AAA] engage in advocacy activities for older adults? | Frequency | Percentage |
|---|---|---|
| **Yes** | 14 | 93.33 |
| **No** | 0 | 0.00 |
| **No Response** | 1 | 6.67 |

| | | |
|---|---|---|
| **Total** | 15 | 100 |

| 22. Does [Local AAA] engage in advocacy activities for persons with disabilities? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 10 | 66.67 |
| **No** | 3 | 20.00 |
| **No Response** | 2 | 13.33 |
| **Total** | 15 | 100 |

| 23a. Is diversion from nursing home or other institutional residential facilities an outcome sought to be achieved? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 13 | 86.67 |
| **No** | 1 | 6.67 |
| **No Response** | 1 | 6.67 |
| **Total** | 15 | 100 |

| 23b. How is [Local AAA] measuring and tracking this? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Staff track using standard electronic system** | 7 | 46.67 |
| **Staff track using hardcopy/paper system** | 2 | 13.33 |
| **An external group (e.g., an evaluator, auditor) tracks using a standard system** | 1 | 6.67 |
| **Staff track using an informal system** | 2 | 13.33 |
| **No Response** | 3 | 20.00 |
| **Other, specify*** | 0 | 0.00 |
| **Total** | 15 | 100 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

| 24. Does your organization provide transition services to consumers discharged from an acute care setting? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 4 | 26.67 |
| **No** | 10 | 66.67 |
| **No Response** | 1 | 6.67 |
| **Total** | 15 | 100 |

| 25. [Local AAA] Clients provided Care Coordination/ Transition Assistance | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Number of individuals assisted with transition from hospital ONLY through formal care transition programs (evidence-based CT intervention or innovative model) | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 14 | 211 | 112.5 | 112.5 | 14,211 |
| Number of participants carried over from last 6 months (October 2012-March 2013) (started program within last 6 months and continued with the intervention) | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 0 | 85 | 85 | 85 | 85 |
| Number of participants whose cases were closed during the last 6 months  (October 2012-March 2013) (i.e., participants whose transition services were ended either because of a readmission or new admission to a care facility or because the transition period ended) | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 4 | 126 | 65 | 65 | 4,126 |

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**25. [Local AAA] Clients provided Care Coordination/ Transition Assistance**

| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Number of participants that readmitted within 30 days of discharge | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 1 | 16 | 8.5 | 8.5 | 1,16 |
| Number of participants that readmitted within 30 days and re-entered the care transition program | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 0 | 2 | 2 | 2 | 2 |

**26. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention in this [Local AAA] program service area in this reporting period by participating hospital?**

| | 0 | | >0-200 | | 201-400 | | 401-600 | | 601-800 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| No. of Individuals for Hospital 1 | 0 | 0 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 14 | 211 | 112.5 | 112.5 | 14,211 |
| No. of Individuals for Hospital 2 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | 0 | 0 | NA | NA | NA |
| No. of Individuals for Hospital 3 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | 0 | 0 | NA | NA | NA |

**27. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention on across all participating hospitals in this [Local AAA] program service area this reporting period by age group?**

| | 0 | | >0 250 | | 251 500 | | 501 750 | | 751 1000 | | >1000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Aged 60 and Over | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 174 | 211 | 192.5 | 192.5 | 174,211 |
| Under Age 60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100.00 | 0 | 0 | NA | NA | NA |

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| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age unknown** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100.00 | 0 | 0 | NA | NA | NA |

| | 0 | | >0-100 | | 101-200 | | 201-300 | | 301-400 | | >400 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **28. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention in this [Local AAA] program service area this reporting period by health insurance group?** | | | | | | | | | | | | | | | | | | | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Medicare** | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 167 | 174 | 170.50 | 170.50 | 167, 174 |
| **Medicaid** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 40 | 40 | 40 | 40 | 40 |
| **Dual-Eligible** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | 0 | 0.00 | 0 | 0.00 | 0 |
| **No insurance** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 4 | 4 | 4 | 4 | 4 |
| **Private insurance** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | NA | NA | NA | NA | NA |
| **Veterans Admin on Services** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | NA | NA | NA | NA | NA |
| **Other unknown** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | NA | NA | NA | NA | NA |

**29. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [Local AAA] program service area in the past 6 months (October 2012 March 2013) who were referred to one or more health/prevention programs?**

| | 0 | | >0-25 | | 26-50 | | 51-75 | | 76-100 | | >100 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Chronic Disease Self-Management Program | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 0 | 0 | NA | NA | NA |
| Diabetes Self-Management Program | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 0 | 0 | NA | NA | NA |
| Exercise Program | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 70 | 70 | 70 | 70 | 70 |
| Mental Health and Substance Misuse | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 2 | 2 | 2 | 2 | 2 |
| Falls Management and Prevention | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 0 | 0 | NA | NA | NA |
| Alzheimer's program | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | 0 | 0 | NA | NA | NA |
| Medication Management | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 14 | 93.33 | 140 | 140 | 140 | 140 | 140 |
| Home injury/ Risk Screenings | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 14 | 93.33 | 140 | 140 | 140 | 140 | 140 |
| Other | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |

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**30a. What is the number of the individuals who were assisted with transition from hospital through formal care transitions intervention across all participating hospitals in this [Local AAA] program service area in this reporting period that were referred to one or more of the following long term services or supports?**

| | 0 | | >0-25 | | 26-50 | | 51-75 | | 76-100 | | >100 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| **Additional Options Counseling** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 11 | 73.33 | 6 | 574 | 230.25 | 170.5 | No mode |
| **Home Delivered meals** | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 10 | 66.67 | 2 | 642 | 160.8 | 25 | No mode |
| **Nutrition services or nutrition counseling** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 12 | 80.00 | 52 | 1468 | 550 | 130 | 52,130,1 468 |
| **Care giver support** | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 1 | 6.67 | 10 | 66.67 | 2 | 254 | 82 | 70 | No mode |
| **Personal care/homemaker/ chore maker services** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 12 | 80.00 | 15 | 105 | 57.33 | 52 | 15,52, 105 |
| **Transportation** | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 4 | 25 | 16.5 | 18.5 | No mode |

| 31a. Do you have a marketing plan? | | |
| --- | --- | --- |
| | Frequency | Percentage |
| Yes, our marketing plan is operational | 5 | 33.33 |
| Yes, we have a plan but it is not operational yet | 3 | 20.00 |
| No, we don't have a plan at this time | 5 | 33.33 |
| No Response | 2 | 13.33 |
| Total | 15 | 100 |

| 31b. Does [Local AAA] utilize a standard operating procedure to assess consumer need? | | |
| --- | --- | --- |
| | Frequency | Percentage |
| Always | 9 | 60.00 |
| Sometimes | 3 | 20.00 |
| Never | 1 | 6.67 |
| No Response | 2 | 13.33 |
| Total | 15 | 100 |

| 32. Is the consumer assessment tool and/or basic consumer needs assessment process common across partner organizations? | | |
| --- | --- | --- |
| | Frequency | Percentage |
| Yes, common across all partners | 5 | 33.33 |
| Yes, common across some partners | 5 | 33.33 |
| No, each partner organization uses their own assessment tool/process | 3 | 20.00 |
| No Response | 2 | 13.33 |
| Total | 15 | 100 |

| 33. Does your organization/network provide "Options Counseling" or other one or one counseling designed to support consumers ability to make informed decisions about their long term care? | | |
| --- | --- | --- |
| | Frequency | Percentage |
| Yes | 8 | 53.33 |
| No | 5 | 33.33 |
| No Response | 2 | 13.33 |
| Total | 15 | 100 |

| 34. Referrals to Public and Private Services this Reporting Period | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the number of Local AAA clients referred to or given an application for a public program, including Older Americans Act; Medicare; Medicaid; Food Stamps; TANF; Social Security (SSI or SSDI); LI-HEAP; VDHCBS; Other State-funded and county-funded programs for Medicaid; Other? | 0 | 0.00 | 5 | 33.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 9 | 60.00 | 40 | 12,379 | 2400 | 528.5 | No mode |
| What is the number of Local AAA clients referred to some other type of service (non-public services, resources or program)? | 0 | 0.00 | 5 | 33.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 9 | 60.00 | 20 | 12,000 | 2225 | 245.5 | No mode |
| What is the number of Local AAA clients that were not referred to any type of service? | 2 | 13.33 | 3 | 20 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 10 | 66.67 | 0 | 374 | 139 | 40 | 3,40,374 |
| What is the number of Local AAA Unknown clients (remainder of all clients)? | 2 | 13.33 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 0 | 25 | 15 | 15 | 5,25 |
| Total | 0 | 0.00 | 4 | 26.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 9 | 60.00 | 135 | 12,379 | 2613 | 703.5 | No mode |

**35. [Local AAA] Clients provided Options Counseling by age during this Reporting period.**

| | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| Clients Aged 60 and Over | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 10 | 66.67 | 10 | 12,305 | 2726.4 | 557 | No mode |
| Clients Under Aged 60 | 0 | 0.00 | 5 | 33.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 10 | 66.67 | 11 | 150 | 97 | 104 | No mode |
| Clients Age Unknown | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 0 | 0 | NA | NA | NA |
| Total | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 10 | 66.67 | 21 | 12,379 | 2823 | 672 | No mode |

**35. [Local AAA] Clients provided Options Counseling by method during this Reporting period.**

| | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| In Person | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 11 | 73.33 | 218 | 10,522 | 2911.5 | 453 | No mode |
| By Phone | 0 | 0.00 | 3 | 20.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 71 | 1857 | 633 | 302 | No mode |
| Electronic Communication (e.g., email or website chat) | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 37.5 | 25 | 50 | 37.5 | 25,30 |
| Total | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 12 | 80.00 | 4515.3 | 495 | 12,379 | 672 | No mode |

| 35. [Local AAA] Clients provided Options Counseling by setting during this Reporting period. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **0** | | **>0-1000** | | **1001-2000** | | **2001-3000** | | **3001-4000** | | **>4000** | | **No Response** | | **Range** | | **Mean** | **Median** | **Mode** |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| **Local AAA** | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 177 | 300 | 218.75 | 199 | No mode |
| **Hospital** | 1 | 6.67 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 0 | 35 | 20 | 20 | 5,35 |
| **Nursing facility/ Institution** | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 12 | 150 | 50.5 | 20 | No mode |
| **At the client's community residence** | 2 | 13.33 | 1 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 11 | 73.33 | 0 | 11,894 | 4185.33 | 464 | 198, 464, 11,894 |
| **Other** | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 | 51 | 226 | 138.5 | 138.5 | 51,226 |
| **Total** | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 11 | 73.33 | 192 | 12,379 | 3487.5 | 689.5 | No mode |

| 35. [Local AAA] Clients provided Feedback about Options Counseling during this Reporting period. | 0 | | >0-200 | | 201-400 | | 401-600 | | 601-800 | | 800-1000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Min | Max | | | |
| What is the number of LOCAL AAA Clients who report that options counseling enabled them to make well informed decisions about their LTSS? | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 64 | 350 | 275.00 | 343 | No mode |
| What is the number of LOCAL AAA clients surveyed this reporting period? | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 | 0 | 672 | 430.67 | 520 | 100, 520, 672 |

| 36. Does [Local AAA] or network have a standardized tool or process to provide options counseling? | Frequency | Percentage |
|---|---|---|
| Yes | 7 | 46.67 |
| No | 4 | 26.67 |
| Not applicable | 1 | 6.67 |
| Don't know | 1 | 6.67 |
| No Response | 2 | 13.33 |
| Total | 15 | 100.00 |

**37. Average monthly Public LTTS Program Enrollment in WHOLE [Local AAA] SERVICE AREA:**
**This set of questions is asking about all current enrollment levels in these programs in the Local AAA service area.**

| | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the average number of individuals enrolled in Medicaid HCBS Waivers in Local AAA Service area each month? | 1 | 6.67 | 7 | 46.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 0 | 471 | 180 | 111 | No mode |
| What is the average number of individuals enrolled in Medicaid residing in institutions in Local AAA Service area each month? | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 9 | 60.00 | 0 | 2,562 | 975.2 | 15 | No mode |
| What is the average number of individuals enrolled in other public LTSS programs in Local AAA Service area each month? Please list LTSS programs and HCBS waivers (e.g., aged and disabled, MR/DD) that individuals are enrolled in | 2 | 13.33 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 8 | 53.33 | 0 | 17,787 | 4875 | 55 | No Mode |

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**38.Total New Enrollment among [Local AAA] CLIENTS ONLY in Public LTSS Programs**

| | 0 | | >0-1000 | | 1001-2000 | | 2001-3000 | | 3001-4000 | | >4000 | | No Response | | Range | | Mean | Median | Mode |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| What is the LOCAL AAA Clients who are newly enrolled into a Medicaid HCBS Waiver (including individuals enrolled by LOCAL AAA staff and individual referred for assessment/ application by LOCAL AAA staff)? | 0 | 0.00 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 2 | 404 | 164.00 | 125.00 | No mode |
| What is the LOCAL AAA Clients who are newly enrolled into a Medicaid institutional services (including individuals enrolled by LOCAL AAA staff and individual referred for assessment/application by LOCAL AAA staff)? | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | 36.00 | 215.00 | 98.67 | 45.00 | 36,45,215 |
| What is the total number of clients newly enrolled in other public LTSS programs in LOCAL AAA Service Area month (should include LOCAL AAA Clients and might include Non-LOCAL AAA clients)? | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 11 | 73.33 | 0.00 | 500.00 | 194.00 | 50.00 | 32,50,500 |

| 39. For data collected on consumers, are staff required to follow the Alliance of Information and Referral Systems (AIR) standards? | | |
|---|---|---|
| | Frequency | Percentage |
| Yes, with all consumers | 3 | 20.00 |
| Yes, with specific groups of consumers- Please specify | 0 | 0.00 |
| Never | 4 | 26.67 |
| No Response | 8 | 53.33 |
| Total | 15 | 100 |

| 40. Does [Local AAA] have a database /MIS that does any of the following? (Select all that apply) | | |
|---|---|---|
| | Frequency | Percentage* |
| Track consumer requests for information and referrals | 7 | 46.67 |
| Track referrals made to consumers | 5 | 33.33 |
| Maintain records on individual consumers | 8 | 53.33 |
| Maintain a list of services/service providers | 11 | 73.33 |
| Links to other databases (e.g., Medicaid waiver tracking systems, Money Follows the Person tracking system). If yes, specify_____ | 3 | 20.00 |
| Other, specify** | 0 | 0.00 |

\* Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 41. Do operational partners have access to data about their operations such as data about your consumers/services? If yes, for what purposes? (review client information, input client demographic information, input referrals, input service utilization information, review client service utilization, obtain summary reports on clients and/or services) | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 4 | 26.67 |
| No, but there are plans to develop that capacity | 3 | 20.00 |
| No, and there are no current plans to do this | 4 | 26.67 |
| No Response | 4 | 26.67 |
| Total | 15 | 100 |

| 42. Do service providers have data about your consumers? If yes, for what purposes? (review client information, Input client demographic information, input referrals, input service utilization information, review client service utilization, obtain summary reports on clients and/or services) | Frequency | Percentage |
|---|---|---|
| Yes (Specify) | 3 | 20.00 |
| No, but there are plans to develop that capacity | 4 | 26.67 |
| No, and there are no current plans to do this | 5 | 33.33 |
| No Response | 3 | 20.00 |
| Total | 15 | 100 |

| 42a. Do staff follow up with consumers after their initial contact with your organization? | Frequency | Percentage |
|---|---|---|
| Always | 12* | 80.00* |
| Sometimes – Under what Circumstances_____ | 0 | 0.00 |
| Never | 0 | 0.00 |
| No Response | 3* | 20.00* |
| Total | 15 | 100 |

*These numbers are updated based on the extra information available from questions 42b, 42c and 42d.

| 42b. How many times does staff follow up with consumers after their initial contact with your organization? | Frequency | Percentage |
|---|---|---|
| Once | 4 | 26.67 |
| Multiple times | 8 | 53.33 |
| No Response | 3 | 20.00 |
| Total | 15 | 100 |

| 42c. What is the approximate timing of the first follow up with consumers after their initial contact with your organization? | Frequency | Percentage |
|---|---|---|
| One to two weeks after service | 10 | 66.67 |
| Three weeks after service | 0 | 0.00 |
| One to two months after service | 2 | 13.33 |
| Three to five months after service | 0 | 0.00 |
| Six months after service | 0 | 0.00 |
| One year or longer after service | 0 | 0.00 |
| No Response | 3 | 20.00 |
| Total | 15 | 100 |

| 42d. What is the approximate timing of the last follow up with consumers after their initial contact with your organization? | Frequency | Percentage |
|---|---|---|
| One week after the service | 2 | 13.33 |
| Two weeks after the service | 4 | 26.67 |
| Three weeks after service | 1 | 6.67 |

**42d. What is the approximate timing of the last follow up with consumers after their initial contact with your organization?**

| | Frequency | Percentage |
|---|---|---|
| One to two months after service | 2 | 13.33 |
| Three to five months after service | 1 | 6.67 |
| Six months after service | 0 | 0.00 |
| One year or longer after service | 1 | 6.67 |
| No Response | 4 | 26.67 |
| Total | 15 | 100 |

**43. When consumers are referred to other agencies or organizations, are those providers contacted as a part of the follow up procedure?**

| | Frequency | Percentage |
|---|---|---|
| Always | 4 | 26.67 |
| Sometimes – Under what circumstances | 0 | 0.00 |
| Never | 0 | 0.00 |
| No Response | 11 | 73.33 |
| Total | 15 | 100 |

**44. Approximately what percentage of consumers who are referred to other organizations receive a  warm transfer"? (e.g., Simultaneous transfer of a telephone call and its associated data from one agent to another agent or supervisor)**

| | Frequency | Percentage |
|---|---|---|
| 0% | 0 | 0.00 |
| >0-20% | 2 | 13.33 |
| 21-40% | 1 | 6.67 |
| 41-60% | 0 | 0.00 |
| 61-80% | 0 | 0.00 |
| 81-100% | 1 | 6.67 |
| No response | 11 | 73.33 |
| Total | 15 | 100 |
| Min (%) | 10.00 | |
| Max (%) | 90.00 | |
| Mean (%) | 33.75 | |
| Median (%) | 17.50 | |
| Mode (%) | 10.00 | |

**45. Does your organization routinely collect quantitative performance data about its services and consumers?**

| | Frequency | Percentage |
|---|---|---|
| Yes | 8 | 53.33 |
| No | 4 | 26.67 |
| No Response | 3 | 20.00 |
| Total | 15 | 100 |

| 46. Indicate any of the ways that your organization uses performance data (Select all that apply) | | |
|---|---|---|
| | **Frequency** | **Percentage\*** |
| **To justify funding requests** | 7 | 46.67 |
| **To improve consumer service** | 7 | 46.67 |
| **To administer service provider contracts** | 5 | 33.33 |
| **To provide information on stakeholders (governing board, advocacy organizations, local government, etc.)** | 5 | 33.33 |
| **For program planning** | 8 | 53.33 |
| **Do not use performance data** | 0 | 0.00 |

\* Percentages do not add up to 100% as respondents could select more than one option.

| 48. When a client contacts the AAA about LTSS and supports LTTSS, do AAA staff administer a screening questionnaire to make a preliminary determination of eligibility and need for public funded LTSS? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 7 | 46.67 |
| **No** | 2 | 13.33 |
| **Other, specify\*\*** | 0 | 0.00 |
| **No Response** | 6 | 40.00 |
| **Total** | 15 | 100 |

\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 49a. If yes, to which of the following populations is the eligibility screening instrument administered? | Frequency | Percentage* |
|---|---|---|
| Aged 65 and older | 7 | 46.67 |
| Physical Disability | 5 | 33.33 |
| Intellectual Disability/Development Disability | 2 | 13.33 |
| Brain Injury | 1 | 6.67 |
| HIV/AIDS | 0 | 0.00 |
| Medically fragile | 4 | 26.67 |
| Autism | 0 | 0.00 |
| Mental Illness | 1 | 6.67 |
| Other, specify** | 4 | 26.67 |

\* Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 49b. What kind of information is collected? Check all that apply. | Frequency | Percentage* |
|---|---|---|
| Demographic information (i.e., age, gender, ethnicity, marital status) | 10 | 66.67 |
| Living Arrangements | 8 | 53.33 |
| Caregivers | 10 | 66.67 |
| Health Status | 9 | 60.00 |
| Activities of Daily living (ADL) | 9 | 60.00 |
| Instrumental Activities of Daily Living (ADL) | 8 | 53.33 |
| Cognitive functions | 7 | 46.67 |
| Troublesome Behaviors | 4 | 26.67 |
| LTSS currently received | 8 | 53.33 |
| Income | 8 | 53.33 |
| Assets | 6 | 40.00 |
| Other, specify | 1 | 6.67 |

\* Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| **50. How do clients in your state/site complete and file applications for financial eligibility for Medicaid or publicly funded LTSS?** | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Applications are accessed on-line, printed, completed by hand, and returned to state or county office.** | 7 | 46.67 |
| **Applications are accessed on-line, completed online, printed, and returned to state or county office.** | 7 | 46.67 |
| **Applications are accessed online, completed online, and submitted to the state or county electronically.** | 8 | 53.33 |
| **Paper copy applications are obtained at various locations including [insert locations], completed by hand, and returned either in person or by mail to a state or county office** | 7 | 46.67 |
| **Other** | 0 | 0.00 |

\* Percentages do not add up to 100% as respondents could select more than one option.

\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

| **51. In what ways do AAA staff assist clients with financial eligibility applications for Medicaid LTSS Programs?** | | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **We do not assist clients with financial eligibility applications** | 2 | 13.33 |
| **Advise the client where s/he can obtain an application** | 10 | 66.67 |
| **Assist the client in completing the application** | 6 | 40.00 |
| **Assist the client in collecting the required financial documentation** | 4 | 26.67 |
| **Check on the status of the client's application** | 5 | 33.33 |
| **Notify the client when the application has been approved/disapproved** | 3 | 20.00 |
| **Manage appeals by clients whose applications were not approved** | 3 | 20.00 |
| **Other, specify\*\*** | 0 | 0.00 |

\*Percentages do not add up to 100% as respondents could select more than one option.

\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**52. In what ways does AAA staff assist clients with financial eligibility applications for publicly funded LTSS\* other than Medicaid LTSS?**

| | Frequency | Percentage* |
|---|---|---|
| We do not assist clients with financial eligibility applications | 3 | 20.00 |
| Advise the client where s/he can obtain an application | 10 | 66.67 |
| Assist the client in completing the application | 5 | 33.33 |
| Assist the client in collecting the required financial documentation | 4 | 26.67 |
| Check on the status of the client's application | 5 | 33.33 |
| Notify the client when the application has been approved/disapproved | 3 | 20.00 |
| Manage appeals by clients whose applications were not approved | 2 | 13.33 |
| Other, specify** | 0 | 0.00 |

\*Percentages do not add up to 100% as respondents could select more than one option.

\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**53. Does your state/site permit presumptive financial eligibility in order to expedite the provision of LTSS to clients while their financial eligibility applications are being processed?**

| | Frequency | Percentage |
|---|---|---|
| Yes | 2 | 13.33 |
| No | 8 | 53.33 |
| In Progress | 0 | 0.00 |
| No Response | 5 | 33.33 |
| Total | 15 | 100 |

## Eligibility Screening Module: Functional Assessment

**54. Does your state/site use a universal, comprehensive assessment instrument for functional (level of care) eligibility determinations for LTSS?**

| | Frequency | Percentage |
|---|---|---|
| Yes | 10 | 66.67 |
| No | 1 | 6.67 |
| No, but in development | 0 | 0.00 |
| No Response | 4 | 26.67 |
| Total | 15 | 100 |

| 55a. If yes, what best describes the kind of instrument your state/site is using? Check one. | | |
|---|---|---|
| | Frequency | Percentage |
| A custom –designed instrument developed by state staff | 8 | 53.33 |
| A custom-designed instrument developed by a vendor specifically for our state | 1 | 6.67 |
| An instrument developed by a vendor that is also used by other states | 0 | 0.00 |
| Other, specify** | 0 | 0.00 |
| No Response | 6 | 40.00 |
| Total | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 55b. What best describes the process for how the assessor completes the instrument? (Check all that apply) | | |
|---|---|---|
| | Frequency | Percentage* |
| The assessor completes a paper form while interviewing the client; there is no electronic data entry. | 4 | 26.67 |
| The assessor completes a paper form while interviewing the client and later inputs the data on an electronic form at the office | 6 | 40.00 |
| The assessor completes an electronic form while interviewing the client, which is later downloaded into electronic database. | 3 | 20.00 |
| The assessor completes a web-based form while interviewing the client and the client's data is entered "real time" into an electronic database. | 3 | 20.00 |

*Percentages do not add up to 100% as respondents could select more than one option.

| 55c. Do you work with consumers to develop a care plan? | Frequency | Percentage |
|---|---|---|
| Yes, with all consumers | 2 | 13.33 |
| Yes, under certain circumstances (Please specify_____) | 0 | 0.00 |
| No, that is not part of this service | 4 | 26.67 |
| No Response | 9 | 60.00 |
| Total | 15 | 100 |

| 55d. For which of the following populations is the functional assessment used? | Frequency | Percentage* |
|---|---|---|
| Aged 65 and older | 8 | 53.33 |
| Physical disability | 3 | 20.00 |
| ID/DD | 1 | 6.67 |
| Brain Injury | 1 | 6.67 |
| HIV/AIDS | 0 | 0.00 |
| Medically fragile | 3 | 20.00 |
| Autism | 0 | 0.00 |
| Mental Illness | 1 | 6.67 |
| Other, specify** | 6 | 40.00 |

\* Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 56a. Is your organization involved in planning for your state s Exchange? | Frequency | Percentage |
|---|---|---|
| Yes | 1 | 6.67 |
| No | 8 | 53.33 |
| Not sure | 2 | 13.33 |
| No Response | 4 | 26.67 |
| Total | 15 | 100.00 |

| 56b. Is your state/site examining ways to align functional eligibility determination for publicly funded LTSS with Medicaid financial eligibility determination carried out through the Exchange website? | Frequency | Percentage |
|---|---|---|
| Yes | 1 | 6.67 |
| No | 0 | 0.00 |
| Not sure | 1 | 6.67 |
| No Response | 13 | 86.67 |
| Total | 15 | 100 |

| 57. Are any of your organization s functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions. | Frequency | Percentage |
|---|---|---|
| No, none of our functions* are reimbursed under FFP or FMAP | 10 | 66.67 |
| Yes, the following functions* are reimbursed under FFP. | 0 | 0.00 |

| 57. Are any of your organization s functions reimbursed under Federal financial participation (FFP) or Federal medical assistance percentage (FMAP)? If so please specify the functions. | | |
|---|---|---|
| | Frequency | Percentage |
| **Yes, the following functions\* are reimbursed under FMAP.** | 0 | 0.00 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.

# Section D. Organization Characteristics

| 58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? | Received Funding in Prior Fiscal Years | |
|---|---|---|
| | **Frequency** | **Percentage*** |
| **Administration on Aging Title IV ADRC Grant** | 2 | 13.33 |
| **Administration of Aging  Title II Grant** | 1 | 6.67 |
| **CMS Real Choice Systems Change Grants** | 1 | 6.67 |
| **CMS Person-Centered Hospital Discharge Planning Grant** | 0 | 0.00 |
| **Patient protection and Affordable Care Act Grant** | 0 | 0.00 |
| **Veteran's Administration** | 0 | 0.00 |
| **Money Follows the Person Demonstration** | 3 | 20.00 |
| **State Transformation Grant** | 0 | 0.00 |
| **Alzheimer's Disease Demonstration Grant** | 0 | 0.00 |
| **Evidence-Based Disease Prevention Grant** | 6 | 40.00 |
| **Program of All-Inclusive Care for the Elderly (PACE)** | 0 | 0.00 |
| **Medicare Improvements for Patients and Providers Act (MIPPA)** | 2 | 13.33 |
| **Respite Care Act funds** | 2 | 13.33 |
| **Rehabilitation Services Administration (RSA)** | 0 | 0.00 |
| **Substance Abuse and Mental Health Services Administration (SAMHSA) – Mental Health Transformation Grant** | 0 | 0.00 |
| **Agency for Health Care Research and Policy – Chronic Disease Self- Management Grant** | 1 | 6.67 |
| **Administration for Children and Families, Office of Community Services – Low Income Home Energy Assistance Program (LIHEAP)** | 0 | 0.00 |
| **Health Resources and Services Administration on HIV/AIDS Bureau – Ryan White Fund** | 0 | 0.00 |
| **State Unit on Aging** | 7 | 46.67 |
| **State General Revenue** | 5 | 33.33 |
| **County of local Government** | 3 | 20.00 |
| **Private entities/grants – Hospitals or other businesses** | 2 | 13.33 |
| **Medicaid for Direct Services (State and federal)** | 1 | 6.67 |
| **Medicaid for Federal Financial Participation** | 0 | 0.00 |
| **Care Transitions Income** | 1 | 6.67 |
| **Consumer Fees or Cost Sharing** | 1 | 6.67 |
| **Charitable Donations** | 1 | 6.67 |
| **Other, please specify**** | 1 | 6.67 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources?**

| | Amount of Funding during the Current Fiscal Year | | | | | | | | | | | | | | | |
| | $0 | | $>0-10,000 | | $10,001-50,000 | | $50,001-100,000 | | $100,001-500,000 | | >$500,000 | | No response/ Not applicable | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AoA Title IV ADRC Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 14 | 93.33 | N/A | N/A | N/A | N/A | N/A |
| AoA Title II Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 | N/A | N/A | N/A | N/A | N/A |
| CMS Real Choice Systems Change Grants | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| CMS Person-Centered Hospital Discharge Planning Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Patient protection and Affordable Care Act Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Veteran's Admin. | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Money Follows the Person Demon. | 0 | 0.00 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 12 | 80.00 | $2,605 | $10,592 | $7,710 | $9,934 | N/A |
| State Transformation Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Alzheimer's Disease Demonstration Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Evidence-Based Disease Prevention Grant | 0 | 0.00 | 3 | 20.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 9 | 60.00 | $2,200 | $37,719 | $19,179 | $17,731 | No mode |
| Program of All-Inclusive Care for the Elderly (PACE) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Medicare Improve for Patients and Providers Act (MIPPA) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Respite Care Act funds | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Rehab. Services Admin. (RSA) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| SAMHSA – Mental Health Transformation Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Chronic Disease Self-Mgmt Grant | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Low Income Home Energy Assistance Program (LIHEAP) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

| 58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources? | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Funding during the Current Fiscal Year | | | | | | | | | | | | | | | | | |
| | $0 | | $>0-10,000 | | $10,001-50,000 | | $50,001-100,000 | | $100,001-500,000 | | >$500,000 | | No response/ Not applicable | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | Min | Max | | | |
| Ryan White Fund | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| State Unit on Aging | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 9 | 60.00 | $21,993 | $1,871,905 | $828,994 | $592,309 | No mode |
| State General Revenue | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 11 | 73.33 | $87,304 | $119,420 | $112,126 | $114,082 | No mode |
| County of local Government | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 | $90,000 | $345,000 | $217,500 | $217,500 | No mode |
| Private entities/ grants – Hospitals or other businesses | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 | N/A | N/A | N/A | N/A | N/A |
| Medicaid for Direct Services (State and Federal) | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Medicaid for Federal Financial Participation | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Care Transitions Income | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Consumer Fees or Cost Sharing | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 | N/A | N/A | N/A | N/A | N/A |
| Charitable Donations | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 | N/A | N/A | N/A | N/A | N/A |
| Other, please specify* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 2 | 13.33 | 11 | 73.33 | $364,348 | $1,519,706 | $994,802 | $1,047,577 | No mode |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

**58. For the current Fiscal Year, what is the approximate amount of funding from each of the following sources?**

| Total Budget for FY 2013 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **$0** | 0 | 0.00 |
| **$>0-500,000** | 0 | 0.00 |
| **$500,001-2,000,000** | 2 | 13.33 |
| **$2,000,001-10,000,000** | 4 | 26.67 |
| **$10,000,001-20,000,000** | 0 | 0.00 |
| **>$20,000,000** | 0 | 0.00 |
| **No response** | 9 | 60.00 |
| **Total** | 15 | 100 |
| **Min** | $1,048,951 | |
| **Max** | $6,179,099 | |
| **Mean** | $2,697,778 | |
| **Median** | $2,286,201 | |
| **Mode** | No mode | |

**59. What best characterizes the operation of your agency?**

| | Frequency | Percentage |
|---|---|---|
| **Single point of entry: one agency maintains a knowledgebase on LTSS options and assists consumers in making decisions about the best and most feasible options for LTSS** | 3 | 20.00 |
| **No wrong door: multiple agencies are knowledgeable about LTSS options and cooperate to assist consumers regardless of which agency the consumer first contacts** | 9 | 60.00 |
| **No response** | 3 | 20.00 |
| **Total** | 15 | 100 |

**60. Do you identify your structure as any of the following?**

| | Frequency | Percentage |
|---|---|---|
| **Independent, non-profit** | 3 | 20.00 |
| **Part of city government** | 0 | 0.00 |
| **Part of county government** | 0 | 0.00 |
| **Part of COG or RPDA** | 9 | 60.00 |
| **Other, specify**\*\* | 0 | 0.00 |
| **No response** | 3 | 20.00 |
| **Total** | 15 | 100 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**63. With which organizations do [LOCAL AAA] have a partnership?**

| State Departments (with cabinet-level secretaries) | Frequency | Percentage* |
|---|---|---|
| **Health** | 8 | 53.33 |
| **Human Services** | 9 | 60.00 |
| **Other (specify)**\*\* | 0 | 0.00 |
| **State Agencies (located within state departments)** | **Frequency** | **Percentage*** |
| **Aging** | 9 | 60.00 |

The Study of LTSS
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| 63. With which organizations do [LOCAL AAA] have a partnership? | | |
|---|---|---|
| Developmental Disabilities | 6 | 40.00 |
| Acquired or Late-Onset Disabilities | 5 | 66.67 |
| Mental Health | 7 | 46.67 |
| Medicaid | 8 | 53.33 |
| Housing | 5 | 33.33 |
| Education | 4 | 26.67 |
| Other (specify)** | 0 | 0.00 |
| **Local Government Agencies** | **Frequency** | **Percentage*** |
| Area Agency on Aging | 6 | 40.00 |
| County Health Department | 7 | 46.67 |
| County Medicaid Office | 6 | 40.00 |
| County Department on Aging | 5 | 33.33 |
| County Department on Disability | 2 | 13.33 |
| County Housing Office | 5 | 33.33 |
| Library | 4 | 26.67 |
| Other (specify)** | 0 | 0.00 |
| **Federal Agencies** | **Frequency** | **Percentage*** |
| Local Veterans Administration | 9 | 60.00 |
| Local Indian Health Service | 3 | 20.00 |
| Other (specify)** | 0 | 0.00 |
| **Organizations providing Direct Services** | **Frequency** | **Percentage*** |
| 211 or other call center | 8 | 53.33 |
| Community Health Clinic | 6 | 40.00 |
| Community Mental Health Clinic | 4 | 26.67 |
| Deaf Service Center | 4 | 26.67 |
| Hospital/Medical Center | 7 | 46.67 |
| School for the Blind | 0 | 0.00 |
| School for the Deaf | 0 | 0.00 |
| The ARC | 5 | 33.33 |
| United Way | 6 | 40.00 |
| Vocational/Rehabilitation Services | 7 | 46.67 |
| Other (specify)** | 0 | 0.00 |
| **Advocacy/Referral Organizations** | **Frequency** | **Percentage*** |
| AIDS Coalition | 1 | 6.67 |
| Alzheimer's Association | 10 | 66.67 |
| American Council of the Blind | 1 | 6.67 |
| Autism Society state/regional chapter | 1 | 6.67 |
| Brain Injury Association state/regional chapter | 4 | 26.67 |
| Centers for Independent Living | 6 | 40.00 |
| Easter Seals | 1 | 6.67 |
| Epilepsy Foundation state/regional chapter | 0 | 0.00 |
| National Association of Mental Illness state/regional chapter | 1 | 6.67 |
| National Autism Association state/regional chapter | 0 | 0.00 |
| National Multiple Sclerosis Society state/regional chapter | 0 | 0.00 |
| State Association for the Deaf | 1 | 6.67 |
| United Cerebral Palsy | 0 | 0.00 |

| 63. With which organizations do [LOCAL AAA] have a partnership? | | |
|---|---|---|
| Other (specify)** | 0 | 0.00 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What is the strength of the relationship? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Weak Functionality | | Moderate Functionality | | High Functionality | | No Response/ Not Applicable | |
| **State Departments (with cabinet-level secretaries)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Health | 4 | 26.67 | 5 | 33.33 | 1 | 6.67 | 5 | 33.33 |
| Human Services | 1 | 6.67 | 5 | 33.33 | 5 | 33.33 | 4 | 26.67 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **State Agencies (located within state departments)** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Aging | 0 | 0.00 | 2 | 13.33 | 9 | 60.00 | 4 | 26.67 |
| Developmental Disabilities | 3 | 20.00 | 3 | 20.00 | 2 | 13.33 | 7 | 46.67 |
| Acquired or Late-Onset Disabilities | 2 | 13.33 | 4 | 26.67 | 1 | 6.67 | 8 | 53.33 |
| Mental Health | 2 | 13.33 | 6 | 40.00 | 1 | 6.67 | 6 | 40.00 |
| Medicaid | 2 | 13.33 | 5 | 33.33 | 3 | 20.00 | 5 | 33.33 |
| Housing | 2 | 13.33 | 4 | 26.67 | 1 | 6.67 | 8 | 53.33 |
| Education | 2 | 13.33 | 4 | 26.67 | 0 | 0.00 | 9 | 86.67 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Local Government Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Area Agency on Aging | 0 | 0.00 | 2 | 13.33 | 6 | 40.00 | 7 | 46.67 |
| County Health Department | 1 | 6.67 | 7 | 46.67 | 2 | 13.33 | 5 | 33.33 |
| County Medicaid Office | 1 | 6.67 | 4 | 26.67 | 3 | 20.00 | 7 | 46.67 |
| County Department on Aging | 1 | 6.67 | 2 | 13.33 | 3 | 20.00 | 9 | 60.00 |
| County Department on Disability | 0 | 0.00 | 3 | 20.00 | 1 | 6.67 | 11 | 73.33 |
| County Housing Office | 0 | 0.00 | 5 | 33.33 | 1 | 6.67 | 9 | 60.00 |
| Library | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 10 | 66.67 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Federal Agencies** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| Local Veterans Administration | 4 | 26.67 | 5 | 33.33 | 0 | 0.00 | 6 | 40.00 |
| Local Indian Health Service | 1 | 6.67 | 1 | 6.67 | 2 | 13.33 | 11 | 73.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Organizations providing Direct Services** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| 211 or other call center | 1 | 6.67 | 3 | 20.00 | 5 | 33.33 | 6 | 40.00 |
| Community Health Clinic | 4 | 26.67 | 2 | 13.33 | 1 | 6.67 | 8 | 53.33 |
| Community Mental Health Clinic | 1 | 6.67 | 4 | 26.67 | 0 | 0.00 | 10 | 66.67 |
| Deaf Service Center | 1 | 6.67 | 3 | 20.00 | 1 | 6.67 | 10 | 66.67 |
| Hospital/Medical Center | 2 | 13.33 | 5 | 33.33 | 1 | 6.67 | 7 | 46.67 |
| School for the Blind | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| School for the Deaf | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| The ARC | 2 | 13.33 | 4 | 26.67 | 0 | 0.00 | 9 | 60.00 |

| 63. What is the strength of the relationship? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Weak Functionality | | Moderate Functionality | | High Functionality | | No Response/ Not Applicable | |
| United Way | 2 | 13.33 | 3 | 20.00 | 2 | 13.33 | 8 | 53.33 |
| Vocational/Rehabilitation Services | 2 | 13.33 | 5 | 33.33 | 0 | 0.00 | 8 | 53.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Advocacy/Referral Organizations | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| AIDS Coalition | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 |
| Alzheimer's Association | 2 | 13.33 | 5 | 33.33 | 4 | 26.67 | 4 | 26.67 |
| American Council of the Blind | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 |
| Autism Society state/regional chapter | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 |
| Brain Injury Association state/regional chapter | 2 | 13.33 | 2 | 13.33 | 1 | 6.67 | 10 | 66.67 |
| Centers for Independent Living | 1 | 6.67 | 5 | 33.33 | 2 | 13.33 | 7 | 46.67 |
| Easter Seals | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 13 | 86.67 |
| Epilepsy Foundation state/regional chapter | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| National Association of Mental Illness state/regional chapter | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 13 | 86.67 |
| National Autism Association state/regional chapter | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| National Multiple Sclerosis Society state/regional chapter | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| State Association for the Deaf | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 |
| United Cerebral Palsy | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What is the type of partnership agreement? | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State Departments (with cabinet-level secretaries)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Health** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 7 | 46.67 | 0 | 0.00 | 7 | 46.67 |
| **Human Services** | 4 | 26.67 | 1 | 6.67 | 4 | 26.67 | 5 | 33.33 | 4 | 26.67 | 0 | 0.00 | 6 | 40.00 |
| **Other (specify)*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **State Agencies (located within state departments)** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Aging** | 7 | 46.67 | 1 | 6.67 | 8 | 53.33 | 6 | 40.00 | 2 | 13.33 | 0 | 0.00 | 5 | 33.33 |
| **Developmental Disabilities** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 5 | 33.33 | 0 | 0.00 | 8 | 53.33 |
| **Acquired or Late-Onset Disabilities** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 4 | 26.67 | 0 | 0.00 | 10 | 66.67 |
| **Mental Health** | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 4 | 26.67 | 6 | 40.00 | 0 | 0.00 | 8 | 53.33 |
| **Medicaid** | 3 | 20.00 | 0 | 0.00 | 3 | 20.00 | 5 | 33.33 | 5 | 33.33 | 0 | 0.00 | 7 | 46.67 |
| **Housing** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 5 | 33.33 | 0 | 0.00 | 10 | 66.67 |
| **Education** | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 4 | 26.67 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 |
| **Other (specify)*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Local Government Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Area Agency on Aging** | 1 | 6.67 | 1 | 6.67 | 1 | 6.67 | 3 | 20.00 | 3 | 20.00 | 2 | 13.33 | 8 | 53.33 |
| **County Health Department** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 8 | 53.33 | 7 | 46.67 | 0 | 0.00 | 6 | 40.00 |
| **County Medicaid Office** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 6 | 40.00 | 4 | 26.67 | 0 | 0.00 | 9 | 60.00 |
| **County Department on Aging** | 3 | 20.00 | 1 | 6.67 | 3 | 20.00 | 4 | 26.67 | 4 | 26.67 | 0 | 0.00 | 10 | 66.67 |
| **County Department on Disability** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 2 | 13.33 | 2 | 13.33 | 0 | 0.00 | 12 | 80.00 |
| **County Housing Office** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 2 | 13.33 | 1 | 6.67 | 10 | 66.67 |
| **Library** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 3 | 20.00 | 0 | 0.00 | 11 | 73.33 |
| **Other (specify)*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Federal Agencies** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Local Veterans Administration** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 6 | 40.00 | 6 | 40.00 | 0 | 0.00 | 9 | 40.00 |
| **Local Indian Health Service** | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 12 | 80.00 |
| **Other (specify)*** | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

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## 63. What is the type of partnership agreement?

| Organizations providing Direct Services | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| 211 or other call center | 1 | 6.67 | 2 | 13.33 | 1 | 6.67 | 5 | 33.33 | 4 | 26.67 | 1 | 6.67 | 7 | 46.67 |
| Community Health Clinic | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 4 | 26.67 | 1 | 6.67 | 9 | 60.00 |
| Community Mental Health Clinic | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 |
| Deaf Service Center | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 |
| Hospital/Medical Center | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 6 | 40.00 | 0 | 0.00 | 8 | 53.33 |
| School for the Blind | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| School for the Deaf | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| The ARC | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 3 | 20.00 | 0 | 0.00 | 10 | 66.67 |
| United Way | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 3 | 20.00 | 1 | 6.67 | 9 | 60.00 |
| Vocational/Rehabilitation Services | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 4 | 26.67 | 0 | 0.00 | 8 | 53.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Advocacy/Referral Organizations** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| AIDS Coalition | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| Alzheimer's Association | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 6 | 40.00 | 3 | 20.00 | 0 | 0.00 | 5 | 33.33 |
| American Council of the Blind | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| Autism Society state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| Brain Injury Association state/regional chapter | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 11 | 73.33 |
| Centers for Independent Living | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 5 | 33.33 | 0 | 0.00 | 8 | 53.33 |
| Easter Seals | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| Epilepsy Foundation state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| National Association of Mental Illness state/regional | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |

| 63. What is the type of partnership agreement? | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Funding Relationship | | Formal MOU | | Contract | | Cooperative | | Informal Working Relationship | | Other | | No Response/ Not Applicable |
| chapter | | | | | | | | | | | | | |
| National Autism Association state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| National Multiple Sclerosis Society state/regional chapter | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| State Association for the Deaf | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| United Cerebral Palsy | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| State Departments (with cabinet-level secretaries) | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Health | 0 | 0.00 | 0 | 0.00 | 6 | 40.00 | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 8 | 53.33 |
| Human Services | 0 | 0.00 | 2 | 13.33 | 9 | 60.00 | 6 | 40.00 | 4 | 26.67 | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 6 | 40.00 |
| Other (specify)* | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| State Agencies (located within state departments) | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Aging | 0 | 0.00 | 5 | 33.33 | 10 | 66.67 | 8 | 53.33 | 6 | 40.00 | 0 | 0.00 | 7 | 46.67 | 0 | 0.00 | 5 | 33.33 |
| Developmental Disabilities | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 9 | 60.00 |
| Acquired or Late-Onset Disabilities | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 |
| Mental Health | 0 | 0.00 | 1 | 6.67 | 5 | 33.33 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 10 | 66.67 |
| Medicaid | 0 | 0.00 | 1 | 6.67 | 5 | 33.33 | 4 | 26.67 | 2 | 13.33 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 9 | 60.00 |
| Housing | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 10 | 66.67 |
| Education | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Local Government Agencies | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Area Agency on Aging | 0 | 0.00 | 3 | 20.00 | 4 | 26.67 | 3 | 20.00 | 1 | 6.67 | 1 | 6.67 | 3 | 20.00 | 0 | 0.00 | 11 | 73.33 |
| County Health Department | 0 | 0.00 | 0 | 0.00 | 9 | 60.00 | 5 | 33.33 | 1 | 6.67 | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 6 | 40.00 |
| County Medicaid Office | 0 | 0.00 | 0 | 0.00 | 8 | 53.33 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 7 | 46.67 |
| County Department on Aging | 0 | 0.00 | 2 | 13.33 | 5 | 33.33 | 5 | 33.33 | 3 | 20.00 | 1 | 6.67 | 4 | 26.67 | 0 | 0.00 | 10 | 66.67 |
| County Department on Disability | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 12 | 80.00 |
| County Housing Office | 0 | 0.00 | 0 | 0.00 | 3 | 20.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 12 | 80.00 |
| Library | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 |
| Other (specify)* | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Federal Agencies | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Local Veterans Administration | 0 | 0.00 | 0 | 0.00 | 8 | 53.33 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 7 | 46.67 |
| Local Indian Health Service | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 13 | 86.67 |
| Other (specify)* | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Organizations providing Direct | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| **Services** | | | | | | | | | | | | | | | | | | |
| **211 or other call center** | 1 | 6.67 | 3 | 20.00 | 8 | 53.33 | 4 | 26.67 | 2 | 13.33 | 1 | 6.67 | 5 | 33.33 | 0 | 0.00 | 7 | 46.67 |
| **Community Health Clinic** | 0 | 0.00 | 0 | 0.00 | 6 | 40.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 9 | 60.00 |
| **Community Mental Health Clinic** | 1 | 6.67 | 0 | 0.00 | 4 | 26.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 11 | 73.33 |
| **Deaf Service Center** | 0 | 0.00 | 0 | 0.00 | 4 | 26.67 | 1 | 6.67 | 0 | 0.00 | 1 | 6.67 | 2 | 13.33 | 0 | 0.00 | 11 | 73.33 |
| **Hospital/Medical Center** | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 8 | 53.33 |
| **School for the Blind** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **School for the Deaf** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **The ARC** | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 10 | 66.67 |
| **United Way** | 0 | 0.00 | 0 | 0.00 | 5 | 33.33 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 10 | 66.67 |
| **Vocational/Rehabilitation Services** | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 8 | 53.33 |
| **Other (specify)*** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **Advocacy/Referral Organizations** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **AIDS Coalition** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| **Alzheimer's Association** | 0 | 0.00 | 2 | 13.33 | 9 | 60.00 | 7 | 46.67 | 3 | 20.00 | 0 | 0.00 | 3 | 20.00 | 0 | 0.00 | 5 | 33.33 |
| **American Council of the Blind** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| **Autism Society state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| **Brain Injury Association state/regional chapter** | 0 | 0.00 | 1 | 6.67 | 3 | 20.00 | 2 | 13.33 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 1 | 6.67 | 11 | 73.33 |
| **Centers for Independent Living** | 0 | 0.00 | 0 | 0.00 | 7 | 46.67 | 3 | 20.00 | 0 | 0.00 | 0 | 0.00 | 2 | 13.33 | 0 | 0.00 | 8 | 53.33 |
| **Easter Seals** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |
| **Epilepsy Foundation state/regional chapter** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **National Association of Mental Illness state/regional chapter** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 14 | 93.33 |
| **National Autism Association state/regional chapter** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **National Multiple Sclerosis Society state/regional chapter** | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| **State Association for the Deaf** | 0 | 0.00 | 0 | 0.00 | 1 | 6.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 | 93.33 |

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| 63. What types of resources are shared? | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Co-located staff | | Shared monetary resources | | Shared information | | Joint training | | Joint program sponsorship | | Shared non-monetary resources | | Shared data | | No shared resources | | No response/ Not applicable | |
| United Cerebral Palsy | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |
| Other (specify)* | 0 | 0.00 | 0 | 0.0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 15 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| 64. Approximately, how many FTEs (Full time equivalents) perform each of the following functions? | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 | | 2-4 | | 5-7 | | 8-10 | | >10 | | No response | | Range | | Mean | Median | Mode |
| | # | % | # | % | # | % | # | % | # | | # | % | # | % | Min | Max | | | |
| **Information & Referral/ Information & Assistance (I&R/I&A)** | 0 | 0.00 | 5 | 33.33 | 2 | 13.33 | 1 | 6.67 | 1 | 2.83 | 0 | 0.00 | 6 | 40.00 | 1 | 9 | 3 | 1 | 1 |
| **Options counseling/ counseling to provide in-depth person centered decision support** | 0 | 0.00 | 5 | 33.33 | 1 | 6.67 | 2 | 13.33 | 0 | 2.06 | 0 | 0.00 | 7 | 46.67 | 1 | 6 | 2 | 1 | 1 |
| **Benefits counseling/ eligibility determination** | 0 | 0.00 | 2 | 13.33 | 4 | 26.67 | 1 | 6.67 | 1 | 3.13 | 0 | 0.00 | 7 | 46.67 | 1 | 9 | 3 | 2 | 1 |
| **Care transition services** | 1 | 6.67 | 4 | 26.67 | 1 | 6.67 | 0 | 0.00 | 0 | 1.20 | 0 | 0.00 | 9 | 60.00 | 0 | 2 | 1 | 1 | 1 |
| **Crisis Intervention services** | 1 | 6.67 | 4 | 26.67 | 0 | 0.00 | 0 | 0.00 | 0 | 1.00 | 0 | 0.00 | 10 | 66.67 | 0 | 1 | 1 | 1 | 1 |
| **Independent Living services** | 1 | 6.67 | 2 | 13.33 | 1 | 6.67 | 0 | 0.00 | 0 | 2.17 | 0 | 0.00 | 11 | 73.33 | 0 | 5 | 2 | | 1 |
| **Advocacy services** | 0 | 0.00 | 2 | 13.33 | 3 | 20.00 | 3 | 20.00 | 1 | 3.50 | 0 | 0.00 | 5 | 33.33 | 1 | 9 | 4 | 4 | No mode |
| **Providing administrative or other support for the above functions** | 0 | 0.00 | 2 | 13.33 | 7 | 46.67 | 1 | 6.67 | 1 | 3.32 | 0 | 0.00 | 4 | 26.67 | 1 | 9 | 3 | 2 | 2 |

Note: Responses have been rounded to the nearest whole number.

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| 65. How many front line staff are Alliance of Information and Referral Systems (AIRS) certified? | | |
|---|---|---|
| | **Number of AIRS certified** | |
| | **Frequency** | **Percentage** |
| **0** | 2 | 13.33 |
| **1** | 1 | 6.67 |
| **2-4** | 3 | 20.00 |
| **5-7** | 0 | 0.00 |
| **8-10** | 0 | 0.00 |
| **>10** | 0 | 0.00 |
| **No response** | 9 | 60.00 |
| **Total** | 15 | 100 |
| **Min** | 0 | |
| **Max** | 4 | |
| **Mean** | 2.50 | |
| **Median** | 2.50 | |
| **Mode** | No mode | |

Note: Responses have been rounded to the nearest whole number.

| 65. How many front line staff are Alliance of Information and Referral Systems (AIRS) certified? | | |
|---|---|---|
| | **Total Number of Frontline Staff** | |
| | **Frequency** | **Percentage** |
| **0** | 1 | 6.67 |
| **1** | 1 | 6.67 |
| **2-4** | 1 | 6.67 |
| **5-7** | 2 | 13.33 |
| **8-10** | 1 | 6.67 |
| **>10** | 0 | 0.00 |
| **No response** | 9 | 60.00 |
| **Total** | 15 | 100 |
| **Min** | 0 | |
| **Max** | 8 | |
| **Mean** | 4.40 | |
| **Median** | 4 | |
| **Mode** | 5 | |

Note: Responses have been rounded to the nearest whole number.

**66. Is your organization paid on a fee for service or per unit basis for performing any of the following services for a client?**

| | Frequency | Percentage* |
|---|---|---|
| **Information/referral** | 1 | 6.67 |
| **Options counseling** | 1 | 6.67 |
| **Screening** | 1 | 6.67 |
| **Assessment** | 0 | 0.00 |
| **Application assistance** | 1 | 6.67 |
| **Transition support** | 2 | 13.33 |
| **Other, please specify**** | 0 | 0.00 |
| **No response** | 13 | 86.67 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**67. [If any of the boxes are checked in previous question] What is the source of the fee for service or per unit payments?**

| | Frequency | Percentage* |
|---|---|---|
| **Medicare** | 2 | 13.33 |
| **Medicaid waiver** | 1 | 6.67 |
| **Medicaid state plan** | 1 | 6.67 |
| **Medicaid managed care organization** | 1 | 6.67 |
| **State-funded program other than Medicaid** | 1 | 6.67 |
| **Private health plan** | 0 | 0.00 |
| **Provider** | 0 | 0.00 |
| **Other, please specify**** | 0 | 0.00 |
| **No response** | 13 | 86.67 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

# Section E: LTSS Environment

| 68. Since this [LOCAL AAA] started serving consumers, has there been an impact on the LTSS or Home and Community Based (HCBS) system in your community? | Frequency | Percentage |
|---|---|---|
| There has been an <u>increase</u> in the <u>number</u> of LTSS providers | 10 | 66.67 |
| There has been an <u>decrease</u> in the <u>number</u> of LTSS providers | 0 | 0.00 |
| No Response | 5 | 33.33 |
| Total | 15 | 100 |

| 68. Since this [Local AAA] started serving consumers, has there been an impact on the LTSS or Home and Community Based (HCBS) system in your community? | Frequency | Percentage |
|---|---|---|
| There has been an <u>increase</u> in the <u>quality of</u> LTSS services | 10 | 66.67 |
| There has been an <u>decrease</u> in the <u>quality</u> of LTSS services | 0 | 0.00 |
| No Response | 5 | 33.33 |
| Total | 15 | 100 |

## Section B. Populations Served

| **13 (c) Is the LOCAL AAA making any special efforts to target a particular population not listed above? If yes, Specify others: Consumers 60 and over (Currently)** |
|---|
| CCTP- Medicare eligible patients at risk of re-admission in 30 days of hospital discharge. |

## Section C. Service Provision

| **40. Please list LTSS Programs and HCBS waivers (e.g., aged and disabled, MR/DD) that individuals are enrolled in.** |
|---|
| Congregate Nutrition HD Min-Home-Level I-II-III Transportation Home Health Mental Services for Blind and Visually Impaired  Independent Living Rehab Living Services for Blind: In Home Services Adult Day Care/Health Food and Nutrition Independent Living. |
| Elderly, Disabled, 1-125 |
| Long-term Medicaid BA Waiver Program CASS |
| Medicare Savings Programs, Care Attendant Services, Primary Home Care, In-Home and Family Support, and Family Services. Medicaid Nursing Home Applications. |
| Please contact IOWA DHS for this information 1-866-788-1805 |
| This is not what we do-  I have no idea |

| **42. Please list LTSS Programs and HCBS waivers (e.g., aged and disabled, MR/DD) that individuals are enrolled in.** |
|---|
| Elderly, Disabled, 1-125 |
| Long term Medicaid CBA Waiver Program CASS |
| Medicare Savings Program, Care Attendant Services, Primary Home care, In Home and Family Support, Family Services, Medicaid Nursing Home Applications. |
| Please contact Iowa DHS for this information. I-866-788-1805 |
| This is not what we do. I have no idea. |
| Unsure at this time. |

| **45 (a). Specify the purpose** |
|---|
| Iowa DHS and our agency share information on case management clients |
| OFA –CCU-Medicaid |
| State Unit on Aging only |

## 46 (a). Specify the purpose

| |
|---|
| All Block Grant provider do the same intake and have access to that information |
| Input, review client data, review service utilization, obtain summary reports |
| Referrals |

## 58 (a). Specify others

| |
|---|
| What information we collect depends upon the program that will serve them best |

## 59 (a). Specify locations if paper copy applications are obtained at various locations, completed by hand, and returned either in person or by mail to a state or county office.

| |
|---|
| DADS Regional offices |
| DSS, Health Depts., Senior Centers, LTC facilities |
| Departments of Social Services |
| HHSC –AAA-Skilled Nursing Facilities |
| Both |
| Most Human Service Agencies |
| Provider Level |

## 62. Please describe the publicly funded LTSS services in your state. This includes LTSS programs funded solely by state or county.

| |
|---|
| Long-term Medicaid CBA Waiver Program CASS |
| Medicaid, TANF, Food stamps, Emergency Assistance |
| Medicaid, Medicaid Savings Program Low Income Subsidy ,Food Stamps, Low income, HousingIn, Home Family Support Community Attendants and Services, Primary Home care Aid and attendance. |
| Pace- Legal Aid- Health Department- Voc Rehab- Independent Living Services- Are You Okay- Project Lifesaver- Hospice-  Senior Centers- Social Security- Senior Health Insurance Information Program- Veterans Services- Adult Daycare- Adult Day Health- City/County Recreation Programs For Older Adults- Senior Employment Programs (Urban League- Older Workers Programs Through Esc)- Alzheimer's Support Programs- Family Caregiver Program- Home Modification/Housing Home Improvement- Services For The Blind- Services For Deaf &Amp; Hard Of Hearing- Chronic Disease Self-Management Programs- Senior Centers- Care Transitions Program Through Catawba Regional Hospice- &Amp; Palliative Care- Nutrition Programs(Home Delivered Meals- Congregate Meals)- Salvation Army- Veterans Services-Cooperative Extension Programs- Evidence Based Health Programs For Older Adults- Unifour Senior Games- Senior Games- Unifour Silver Arts Programs- Reverse Mortgage Counseling- Adult Protective Services-Subsidized Housing- Medication Assistance Programs- Low Cost Health And Dental Clinics- Food Banks/Pantries- Alzheimer's Care/Support-Joblink- Volunteer Income Tax Assistance Programs- Transportation- Mental Health Programs - Geriatric Specialty Team- Ombudsman- Area Agency On Aging- Nc Disability Rights- Medicare- Medicaid- Nursing Home Abuse Center- Scam Jam- Consumer Credit Counseling Services- Home Foreclousure Program- Insurance Counseling- Energy Assistance Programs(Lieap- Crisis)- Homestead Exemption- Circuit Breaker Tax Program- Older Worker's Program- Dial-A-Ride- Nc Assistive Technology Program- Senior Companion- NC 211-Senior Legal Helpline- Habitat For Humanity- Women's Resource Center- Women's Shelter Home- Christian Ministries Programs For Food- Clothing- Utilities Assistance- |
| The Medicaid Home and Community Based Services, Elderly Waiver (HCBS Elderly) provides service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical. |

| |
|---|
| **60**+ |
| **Age 60 and older** |
| **Anyone age 60 and older requesting traditional in-home and respite care services** |
| **Caregiver programs** |
| **Age 60 and older** |
| **Age 60+** |

## 69 (b). If yes, please describe your organization's role:

**Partner with consumer Health Insurance Marketplace Enrollment Service Proposal to CMS Navigator Grant**

## 70 (b) If yes, please describe.

**Partner with consumer Health Insurance Marketplace Enrollment Service Proposal to CMS Navigator Grant**

# Section D. Organization Characteristics

| 79b. What is the type of partnership agreement? |
| --- |
| a. Specify Other |
| **Local Government Agencies** |
| **Area Agency on Aging** |
| We are the AAA |
| We are the AAA |
| **County Housing Office** |
| The Section 8 office is located within our COG |
| **Organizations Providing Direct Services** |
| **211 or Other Call Center** |
| We provide a small amount of funding to our local 211 |
| **Community Health Center** |
| Long history here – we were primary partner in starting the Health Clinic in one of our four counties |

## Exhibit 1: Impact of ADRC Grants on Contributing to the Development of Statewide Database of LTSS Services or Consumers

| Impact on  LTSS Database | Rural | Urban | Total |
|---|---|---|---|
| No | 56.59 | 67.17 | 64.21 |
| Yes | 43.41 | 32.83 | 35.79 |
| Total | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 2: Impact of Partnerships on Ability to Provide LTSS

| Impact of Partnerships | Rural | Urban | Total |
|---|---|---|---|
| No | 28.68 | 18.67 | 21.48 |
| Yes | 71.32 | 81.33 | 78.52 |
| Total | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 3: Impact of Shared Data on Ability to Provide LTSS

| Impact of Shared Data | Rural | Urban | Total |
|---|---|---|---|
| No | 74.42 | 84.94 | 82.00 |
| Yes | 25.58 | 15.06 | 18.00 |
| Total | 100 | 100 | 100 |

$p \leq .01$

## Exhibit 4: Conducted Community LTSS Needs Assessment within the Last 12 Months

| Conducted Community LTSS Needs Assessment | Rural | Urban | Total |
|---|---|---|---|
| No, a community needs assessment was not completed within the past three years | 26.45 | 34.71 | 32.41 |
| No, but we did complete a community needs assessment within the past three years | 40.50 | 28.66 | 31.95 |
| Yes | 33.06 | 36.62 | 35.63 |
| Total | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 5: Current Availability of Transportation Services

| Transportation Services | Rural | Urban | Total |
|---|---|---|---|
| Adequate availability | 8.13 | 8.46 | 8.37 |
| Available but inadequate | 86.99 | 91.22 | 90.05 |
| Not available | 4.88 | 0.31 | 1.58 |
| Total | 100 | 100 | 100 |

$p \leq .01$

## Exhibit 6: Current Availability of Mental Health Services

| Mental Health Services | Rural | Urban | Total |
|---|---|---|---|
| Adequate availability | 23.39 | 14.47 | 16.97 |
| Available but inadequate | 74.19 | 84.28 | 81.45 |
| Not available | 2.42 | 1.26 | 1.58 |
| Total | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 7: Lack of Health Insurance as a Barrier to LTSS

| Lack of Health Insurance | Rural | Urban | Total |
|---|---|---|---|
| Not a barrier | 5.83 | 13.14 | 11.11 |
| Sometimes a barrier | 69.17 | 65.06 | 66.20 |
| Often a barrier | 25.00 | 21.79 | 22.69 |
| Total | 100 | 100 | 100 |

$p \leq .10$

## Exhibit 8: Frequency of Consumer Requests about Medicare Eligibility

| Medicare Eligibility and Services | Rural | Urban | Total |
|---|---|---|---|
| Frequently | 89.19 | 81.46 | 83.54 |
| Sometimes | 10.81 | 14.90 | 13.80 |
| Infrequently | 0.00 | 3.64 | 2.66 |
| Never | 0.00 | 0.00 | 0.00 |
| Total | 100 | 100 | 100 |

$p \leq .10$

### Exhibit 9: Frequency of Consumer Requests about Personal Care/Attendant Services

| Personal Care/Attendant Services | Rural | Urban | Total |
|---|---|---|---|
| Frequently | 72.07 | 82.78 | 79.90 |
| Sometimes | 24.32 | 14.90 | 17.43 |
| Infrequently | 3.60 | 2.32 | 2.66 |
| Never | 0.00 | 0.00 | 0.00 |
| Total | 100 | 100 | 100 |

p ≤ .10

### Exhibit 10: Frequency of Consumer Requests about Affordable Housing Services

| Affordable Housing Services | Rural | Urban | Total |
|---|---|---|---|
| Frequently | 56.76 | 85.48 | 77.78 |
| Sometimes | 32.43 | 13.86 | 18.84 |
| Infrequently | 9.01 | 0.66 | 2.90 |
| Never | 1.80 | 0.00 | 0.48 |
| Total | 100 | 100 | 100 |

p ≤ .001

### Exhibit 11: Provision of Transition Services to Consumers Discharged from an Acute Care Setting

| Transition Services | Rural | Urban | Total |
|---|---|---|---|
| No | 71.43 | 56.01 | 60.23 |
| Yes | 28.57 | 43.99 | 39.77 |
| Total | 100 | 100 | 100 |

p ≤ .01

### Exhibit 12: Use of Common Consumer Assessment Tool and/or Basic Consumer Needs Assessment across Partner Organizations

| Consumer Assessment Tool | Rural | Urban | Total |
|---|---|---|---|
| No, each partner organization uses their own assessment tool/process | 46.96 | 47.10 | 47.06 |
| Yes, common across some partners | 33.91 | 24.84 | 27.29 |
| Yes, common across all partners | 19.13 | 28.06 | 25.65 |
| Total | 100 | 100 | 100 |

p ≤ .10

# APPENDIX M. PROCESS EVALUATION SUBGROUP ANALYSIS BY ORGANIZATIONAL STRUCTURE

### Exhibit 1: Reasons to Become an ADRC

| Reasons to Become ADRC | Government | Independent | Total |
|---|---|---|---|
| To better integrate service provision systems | 44.08 | 27.32 | 36.67 |
| To develop or strengthen agency/organizational partnerships | 24.49 | 42.27 | 32.35 |
| To expand services to additional geographic locations | 0.82 | 1.03 | 0.91 |
| To expand services to additional populations | 20.82 | 17.01 | 19.13 |
| To improve data or IT infrastructure | 0.82 | 2.58 | 1.59 |
| To improve marketing or awareness efforts related to LTSS | 8.98 | 9.79 | 9.34 |
| Total | 100 | 100 | 100 |

$p \leq .001$

### Exhibit 2: Impact of ADRC Grants on Contributing to the Development of Statewide Database of LTSS Services or Consumers

| Impact on LTSS Database | Government | Independent | Total |
|---|---|---|---|
| No | 60.75 | 68.12 | 63.98 |
| Yes | 39.25 | 31.88 | 36.02 |
| Total | 100 | 100 | 100 |

$p \leq .10$

### Exhibit 3: Impact of Partnerships on Ability to Provide LTSS

| Impact of Partnerships | Government | Independent | Total |
|---|---|---|---|
| No | 24.53 | 17.87 | 21.61 |
| Yes | 75.47 | 82.13 | 78.39 |
| Total | 100 | 100 | 100 |

$p \leq .10$

### Exhibit 4: Impact of Staffing Changes on Ability to Provide LTSS

| Impact of Staffing Changes | Government | Independent | Total |
|---|---|---|---|
| No | 72.08 | 81.64 | 76.27 |
| Yes | 27.92 | 18.36 | 23.73 |
| Total | 100 | 100 | 100 |

$p \leq .05$

### Exhibit 5: Lack of Health Insurance as a Barrier to LTSS

| Lack of Health Insurance | Government | Independent | Total |
|---|---|---|---|
| Not a barrier | 7.35 | 16.33 | 11.34 |
| Sometimes a barrier | 65.31 | 66.33 | 65.76 |
| Often a barrier | 27.35 | 17.35 | 22.90 |
| Total | 100 | 100 | 100 |

$p \leq .01$

## Exhibit 6: Frequency of Consumer Requests about Medicare Eligibility

| Medicare Eligibility and Services | Government | Independent | Total |
|---|---|---|---|
| Frequently | 86.81 | 78.07 | 82.94 |
| Sometimes | 11.49 | 17.65 | 14.22 |
| Infrequently | 1.70 | 4.28 | 2.84 |
| Never | 0.00 | 0.00 | 0.00 |
| Total | 100 | 100 | 100 |

p $\leq$ .005

## Exhibit 7: Provision of Transition Services to Consumers Discharged from an Acute Care Setting

| Transition Services | Government | Independent | Total |
|---|---|---|---|
| No | 67.22 | 52.68 | 60.54 |
| Yes | 32.78 | 47.32 | 39.46 |
| Total | 100 | 100 | 100 |

p $\leq$ .01

## Exhibit 8: Use of Common Consumer Assessment Tool and/or Basic Consumer Needs Assessment across Partner Organizations

| Consumer Assessment Tool | Government | Independent | Total |
|---|---|---|---|
| No, each partner organization uses their own assessment tool/process | 56.67 | 36.60 | 47.70 |
| Yes, common across some partners | 19.58 | 31.96 | 25.12 |
| Yes, common across all partners | 23.75 | 31.44 | 27.19 |
| Total | 100 | 100 | 100 |

p $\leq$ .001

# APPENDIX N. PROCESS EVALUATION SUBGROUP ANALYSIS BY OPERATIONAL STRUCTURE

## Exhibit 1: Reasons to Become an ADRC

| Reasons to Become ADRC | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| To better integrate service provision systems | 26.56 | 17.07 | 44.37 | 36.67 |
| To develop or strengthen agency/organizational partnerships | 15.63 | 60.98 | 27.99 | 32.35 |
| To expand services to additional geographic locations | 3.13 | 2.44 | 0.00 | 0.91 |
| To expand services to additional populations | 31.25 | 10.98 | 18.77 | 19.13 |
| To improve data or IT infrastructure | 1.56 | 1.22 | 1.71 | 1.59 |
| To improve marketing or awareness efforts related to LTSS | 21.88 | 7.32 | 7.17 | 9.34 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 2: Seeks Outcome of Diversion from Nursing Home or Other Institutional Residential Facilities

| Diversion from Nursing Home | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 17.65 | 3.57 | 3.97 | 5.95 |
| Yes | 82.35 | 96.43 | 96.03 | 94.05 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 3: Extent to which Federal Grants Increased the Number of Consumers

| Impact on Number of Consumers | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| Very much | 40.00 | 33.73 | 48.65 | 44.54 |
| Somewhat | 34.29 | 54.22 | 41.22 | 42.54 |
| Very little | 25.71 | 12.05 | 10.14 | 12.92 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 4: Impact of ADRC Grants on Improving Staff Training Opportunities

| Impact on Staff Training | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 26.39 | 15.29 | 29.84 | 26.69 |
| Yes | 73.61 | 84.71 | 70.16 | 73.31 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 5: Impact of Partnerships on Ability to Provide LTSS

| Impact of Partnerships | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 27.78 | 10.59 | 23.17 | 21.61 |
| Yes | 72.22 | 89.41 | 76.83 | 78.39 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .05$

## Exhibit 6: Impact of Person Centered Services on Ability to provide LTSS

| Impact of Person Centered Services | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 55.56 | 36.47 | 59.68 | 54.87 |
| Yes | 44.44 | 63.53 | 40.32 | 45.13 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 7: Lack of Health Insurance as a Barrier to LTSS

| Lack of Health Insurance | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| Not a barrier | 5.97 | 28.40 | 7.85 | 11.34 |
| Sometimes a barrier | 58.21 | 59.26 | 69.28 | 65.76 |
| Often a barrier | 35.82 | 12.35 | 22.87 | 22.90 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 8: Frequency of Consumer Requests about Medicare Eligibility

| Medicare Eligibility and Services | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| Frequently | 90.00 | 70.73 | 84.81 | 82.94 |
| Sometimes | 10.00 | 19.51 | 13.70 | 14.22 |
| Infrequently | 0.00 | 9.76 | 1.48 | 2.84 |
| Never | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .001$

## Exhibit 9: Frequency of Consumer Requests about Affordable Housing Services

| Affordable Housing Services | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| Frequently | 64.29 | 86.59 | 78.60 | 77.78 |
| Sometimes | 28.57 | 13.41 | 18.08 | 18.91 |
| Infrequently | 5.71 | 0.00 | 2.95 | 2.84 |

| | | | | |
|---|---|---|---|---|
| Never | 1.43 | 0.00 | 0.37 | 0.47 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .05

### Exhibit 10: Provision of "Options Counseling" or One-on-One Counseling Designed to Support Consumers

| Options Counseling | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 21.74 | 7.23 | 23.13 | 19.96 |
| Yes | 78.26 | 92.77 | 76.87 | 80.04 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .01

### Exhibit 11: Provision of Transition Services to Consumers Discharged from an Acute Care Setting

| Transition Services | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No | 73.24 | 41.67 | 62.89 | 60.54 |
| Yes | 26.76 | 58.33 | 37.11 | 39.46 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .001

### Exhibit 12: Use of Common Consumer Assessment Tool and/or Basic Consumer Needs Assessment across Partner Organizations

| Consumer Assessment Tool | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| No, each partner organization uses their own assessment tool/process | 64.06 | 32.10 | 48.44 | 47.70 |
| Yes, common across some partners | 15.63 | 27.16 | 29.76 | 27.19 |
| Yes, common across all partners | 20.31 | 40.74 | 21.80 | 25.12 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .001

### Exhibit 13: Use of Alliance of Information and Referral Systems (AIRS) Standards

| Use of AIRS Standards | Centralized | Decentralized | Mixed | Total |
|---|---|---|---|---|
| Never | 43.40 | 24.66 | 41.71 | 38.28 |
| Yes, with all consumers | 56.60 | 75.34 | 58.29 | 61.72 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .05

# APPENDIX O. PROCESS EVALUATION SUBGROUP ANALYSIS BY NUMBER OF CONSUMERS SERVED

### Exhibit 1: Seeks Outcome of Diversion from Nursing Home or Other Institutional Residential Facilities

| Diversion from Nursing Home | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| No | 13.58 | 5.39 | 2.72 | 6.08 |
| Yes | 86.42 | 94.61 | 97.28 | 93.92 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .01$

### Exhibit 2: Extent to which Federal Grants Increased/Expanded Populations Served

| Impact on Populations | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Very much | 32.10 | 40.85 | 52.82 | 43.41 |
| Somewhat | 53.09 | 45.12 | 39.44 | 44.70 |
| Very little | 14.81 | 14.02 | 7.75 | 11.89 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .05$

### Exhibit 3: Extent to which Federal Grants Increased the Number of Consumers

| Impact on Number of Consumers | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Very much | 32.50 | 46.25 | 51.39 | 45.31 |
| Somewhat | 50.00 | 42.50 | 42.36 | 44.01 |
| Very little | 17.50 | 11.25 | 6.25 | 10.68 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .05$

### Exhibit 4: Extent to which Federal Grants Increased the Number of Partners

| Impact on Partners | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Very much | 48.10 | 54.60 | 64.29 | 56.81 |
| Somewhat | 39.24 | 39.26 | 30.00 | 35.86 |
| Very little | 12.66 | 6.13 | 5.71 | 7.33 |
| Total | 100 | 100 | 100 | 100 |

$p \leq .10$

## Exhibit 5: Impact of ADRC Grants on Contributing to the Development of Statewide Database of LTSS Services or Consumers

| Impact on LTSS Database | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| No | 73.81 | 63.74 | 55.78 | 62.94 |
| Yes | 26.19 | 36.26 | 44.22 | 37.06 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .05

## Exhibit 6: Impact of Partnerships on Ability to Provide LTSS

| Impact of Partnerships | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| No | 28.57 | 22.81 | 13.61 | 20.65 |
| Yes | 71.43 | 77.19 | 86.39 | 79.35 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .05

## Exhibit 7: Conducted Community LTSS Needs Assessment within the Last 12 Months

| Community LTSS needs Assessment | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| No, a community needs assessment was not completed within the past three years | 42.31 | 29.17 | 29.17 | 31.79 |
| No, but we did complete a community needs assessment within the past three years | 38.46 | 33.33 | 27.78 | 32.31 |
| Yes | 19.23 | 37.50 | 43.06 | 35.90 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .01

## Exhibit 8: Frequency of Consumer Requests about Medicaid Eligibility

| Medicaid Eligibility and Services | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Frequently | 77.22 | 89.38 | 96.92 | 89.43 |
| Sometimes | 20.25 | 9.38 | 3.08 | 9.49 |
| Infrequently | 2.53 | 1.25 | 0.00 | 1.08 |
| Never | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .001

## Exhibit 9: Frequency of Consumer Requests about Affordable Housing Services

| Affordable Housing Services | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Frequently | 70.51 | 77.02 | 82.31 | 77.51 |
| Sometimes | 19.23 | 21.12 | 15.38 | 18.70 |
| Infrequently | 8.97 | 1.24 | 2.31 | 3.25 |

| | | | | |
|---|---|---|---|---|
| Never | 1.28 | 0.62 | 0.00 | 0.54 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .05

## Exhibit 10: Use of Screening Questionnaire to Make a Preliminary Determination of Eligibility and Need for Publicly-Funded LTSS

| Determination of eligibility | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| No | 25.00 | 22.08 | 12.98 | 19.39 |
| Yes | 75.00 | 77.92 | 87.02 | 80.61 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .10

## Exhibit 11: Use of Alliance of Information and Referral Systems (AIRS) Standards

| Use of AIRS Standards | 0 to 500 | 500 to 2500 | 2500+ | Total |
|---|---|---|---|---|
| Never | 54.69 | 37.50 | 29.13 | 38.28 |
| Yes, with all consumers | 45.31 | 62.50 | 70.87 | 61.72 |
| Total | 100 | 100 | 100 | 100 |

p ≤ .01

# Recruitment Training for the ACL-Funded Evaluation of Access to Long-Term Services and Supports

**Spring 2013**
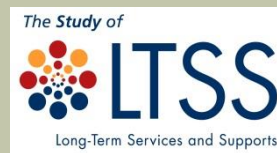
# Recruitment Training for the ACL Funded Evaluation of Access to Long Term Services and Supports

## Table of Contents

## 1. Introduction

The Aging and Disability Resource Center (ADRC) program is designed to provide individuals of all ages, disabilities, and income levels with integrated access to community-based long-term services and supports (LTSS). The Administration for Community Living (ACL), which co-sponsors the program with the Centers for Medicaid & Medicare Services (CMS), contracted with IMPAQ International LLC and Abt Associates Inc. to implement a rigorous evaluation of the ADRC program to assess the efficacy of the ADRC program at meeting the LTSS needs of the aging and disability populations. This is the first national evaluation since the program's inception in 2003.

> **Your Role is Critical!**
> ❖ The success of the national LTSS Study hinges on the participation of ADRC and AAA staff.

A central feature of the national evaluation is an assessment of the experiences of clients who receive information and referral (I & R), Option Counseling, Care Transitions, Benefits Supports and a range of other services from the ADRC or Area Agency on Aging (AAA) agencies. Your role in the outcome evaluation is critical. In fact, the success of the national LTSS Study hinges on the investment of ADRC and AAA staff to screen and enroll eligible clients into this study.

> ***Your Role Includes Four Steps***
> 1. Screening clients for study eligibility
> 2. Telling eligible clients about the study and obtaining verbal consent
> 3. Collecting client contact information
> 4. Sending contact information and data to the research team

**THIS DOCUMENT IS A REFERENCE GUIDE FOR STAFF WHO ASSIST CLIENTS SEEKING SERVICES FROM ADRC AND AAA AGENCIES THAT HAVE AGREED TO PARTICIPATE IN THE NATIONAL EVALUATION OF THE ADRC PROGRAM.**

The reference guide describes the steps and materials needed to accomplish these tasks, in addition to background information that provides context for your role in the evaluation. The remaining sections of the guide are organized into the following chapters:

- Chapter 2 provides general background information about the overall national evaluation.
- Chapter 3 introduces client eligibility, and provides an overview of roles and responsibilities for this evaluation.
- The procedures that agency staff will be asked to follow when screening and recruiting clients are detailed in Chapter 4, and
- Chapter 5 contains interviewing tips that you may refer to as needed.
- The Appendix includes complete versions of the Part 1. Client Screening Tool; the Part 2. Study Description/Agreement to Participate; and the Part 3. Data Collection Tool. It also includes Tips for Successful Interviewing, and the Webinar Training Slides.

## 2. Project Background

Since the first round of ADRC grants were awarded in 2003, the mission of the program has been to provide individuals of all ages, disabilities, and income levels with integrated access to community-based LTSS. Targeted and local ADRC evaluations suggest that the program is meeting its goals. However, to confidently report on the effectiveness of the ADRC program in achieving its mission, a comprehensive evaluation is needed. For this reason, the ACL contracted with IMPAQ International LLC and Abt Associates Inc. to implement a rigorous national evaluation of the ADRC program. Through the random selection of ADRC and AAA sites, the evaluation is designed specifically to:

Produce generalizable outcomes about the degree to which ACL through its grant funding, is meeting the LTSS needs of older Americans and individuals with disabilities;

Identify strategies that sites utilize to effectively integrate and streamline access to LTSS;

Lead to program refinement and continuous quality management; and,

Enable ACL to accurately report on the efficacy of ACL-funded LTSS programs to government agencies and the public.

Through this evaluation, ACL specifically seeks to understand whether and how aging network sites are meeting the LTSS needs of the aging and disability populations.

## 2.1 Evaluation Components

The evaluation contains two components: a *process evaluation* and an *outcome evaluation*. Both components of the study are described here to give you the big picture; however, this reference guide is primarily focused on providing you information related to your role of screening clients for the outcome evaluation. Figure 1 illustrates how each component contributes to the evaluation.

**Figure 1. Components of the National Evaluation.**

| **Process Evaluation** How does the agency function? | **Outcome Evaluation** To what extent were clients' needs met? | **Results** Published to benefit LTSS consumers |
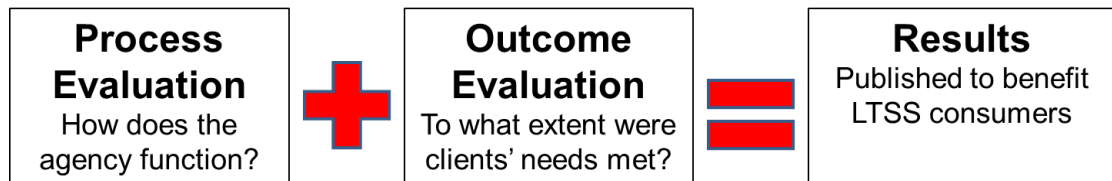
### Process Evaluation

An assessment of how the program operates (i.e., the program processes) will be undertaken by the reserach team. The purpose is to determine the extent to which ADRC grantees are providing the full range of high quality services (e.g., streamlining access to public programs, serving as a *One-Stop-Shop/No Wrong Door*).

To collect data for this assessment, a web-based survey was administered. The directors (or other key leadership staff) of all ADRCs, State Units on Aging, and the participating AAA sites were invited to participate in this survey. Information gathered during the process evaluation will help to inform the findings of the outcome evaluation.

### Outcome Evaluation

Overall, the outcome evaluation is intended to help ACL determine the extent to which grantees are meeting the LTSS needs of all individuals it serves and whether or not those individuals are satisfied with the information and referral services that they receive. Specifically, the two primary outcomes of this component of the evaluation are to compare:

1. The LTSS experiences of ADRC older adult consumers (i.e., 60+) to the LTSS experiences of the AAA consumers, in communities not served by an ADRC; and

2. The LTSS experiences of ADRC consumers with disabilities to the LTSS experiences of AAA consumers, in communities not served by an ADRC.

This comparison will help ACL understand how and whether the ADRC service approach differs from the approaches used by another type of agency, AAAs in this case.

ADRC and AAA sites will be recruited for participation in the outcome evaluation. The key component of the outcome evaluation is a brief (15-20 minute) Participant Experience Survey that will be administered to eligible ADRC and AAA clients screened and recruited from the participating sites.

Your role will be to identify clients who are eligible to participate in the study. The research team will conduct the survey and analyze the results.

## 2.2 What's In It for Your Agency?

In addition to standard demographic information, the Participant Experience Survey contains questions relating to a participant's experience interacting with your agency, including: their initial contact, the assistance received toward obtaining services requested, and the services received. Participating agencies will receive a report containing agency-specific information and national comparison information that can be used to review program performance.

The report will present the results of the data collected during the process and outcome evaluations. This report will provide site-specific data as well as aggregate data for all participating organizations of their type (i.e., ADRC and AAA). It will also describe best practices and make recommendations for improving the LTSS supported by ACL-funded programs.

## 3. Partner Roles and Process Overview

This section of the reference guide provides an overview of partner roles and the process by which they will work together in the study. Figure 2 illustrates the roles of the various partners in the outcome evaluation.

**Figure 2. Roles and Responsibilities**
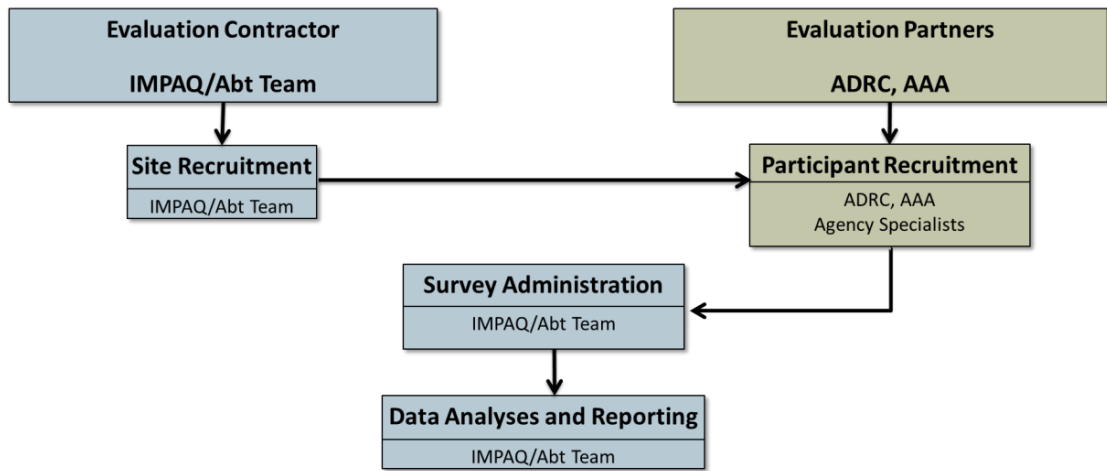
## 3.1 Role of the Agency Specialist

As an agency specialist, or someone who serves as the first line of communication with clients, you are critical to the success of the outcome evaluation. Agency specialists are responsible for screening clients, informing eligible clients about the Participant Experience Survey and obtaining their verbal consent, obtaining client contact information and other relevant data, and transmitting contact information and data to the reserach team on a monthly basis.

> **Agency Specialists' Responsibilities**
> ❖ Screen clients for eligibility
> ❖ Inform clients about the survey and obtain consent
> ❖ Collect client contacts
> ❖ Transmit information

The procedures listed below and described in more detail in Chapter 4 will be followed:

A client contacts the organization (ADRC or AAA) either in-person or by telephone.

The client speaks with an agency specialist as would normally occur.

Once rapport has been established, the agency specialist administers the Client Screening Tool (See Appendix A). Some screening questions will have been answered during the routine conversation; others will need to be asked specifically for the study.

If the client is eligible for the study the agency specialist describes the study to the client and invites him/her to participate in a 15 to 20 minute survey at a later date, and requests permission to share his or her contact information with the reserach team (See Appendix B for Study Description/Agreement to Participate).

If the client agrees to participate in the study, the agency specialist will obtain a few more pieces of information that will be used to contact the client approximately one month later (See Appendix C for Data Collection Tool).

Client information will be recorded by hand using the screening/recruitment tools described above and in more detail below. At the end of each week, the agency specialist will forward the recorded information to Abt by FedEx using addressed, pre-paid envelopes provided by the research team.

## 3.2 Role of the Research Team

The research team is responsible for providing technical support to agency specialists with all of their evaluation-related activities and conducting the Participant Experience Survey.

For assistance with evaluation activities, you may contact Co-Principal Investigator, Rosanna Bertrand, or research team member, Louisa Buatti.

| Technical Support Contacts | |
| --- | --- |
| **Contact Person** | |
| Rosanna Bertrand, Ph.D. (617) 349-2556 ADRC_AAA_Recruitment@abtassoc.com | Louisa Buatti (301) 634-1711 ADRC_AAA_Recruitment@abtassoc.com |
| Note: The email address above is a hyperlink. Right click on the hyperlink to send an email to that address. If you type the address into an email, type ADRC_AAA_Recruitment@abtassoc.com | |

The research team will use the client contact information and data provided by the participating agencies to contact potential participants, obtain their informed consent, and conduct the Participant Experience Survey. Upon receiving the client information, the research team will telephone the clients who agreed to participate in the study. During the telephone call, the research team will:

Remind the participant of his or her contact with the ADRC or AAA.

Ask the participant to participate in 15–20 minute telephone survey.

Read a formal statement of informed consent and ask the participant to provide verbal agreement.

Administer the telephone survey or make arrangements to call back at a more convenient time.

The research team will enter responses to the survey into a data base. Responses to the survey will be reported to ACL in the aggregate; individual survey participants will not be identified.

### 3.3 Overview of Data Collection Process

Figure 3, below, is a flow chart of the activities to be carried out by each of the partners.

**Figure 3.  Activity Flow Chart**



Client contacts ADRC or AAA

ADRC or AAA staff screen client for eligibility and gather contact information

ADRC or AAA staff send contact information and data (for clients who have agreed) to research team at the end of each week

Research team contacts client to administer telephone survey
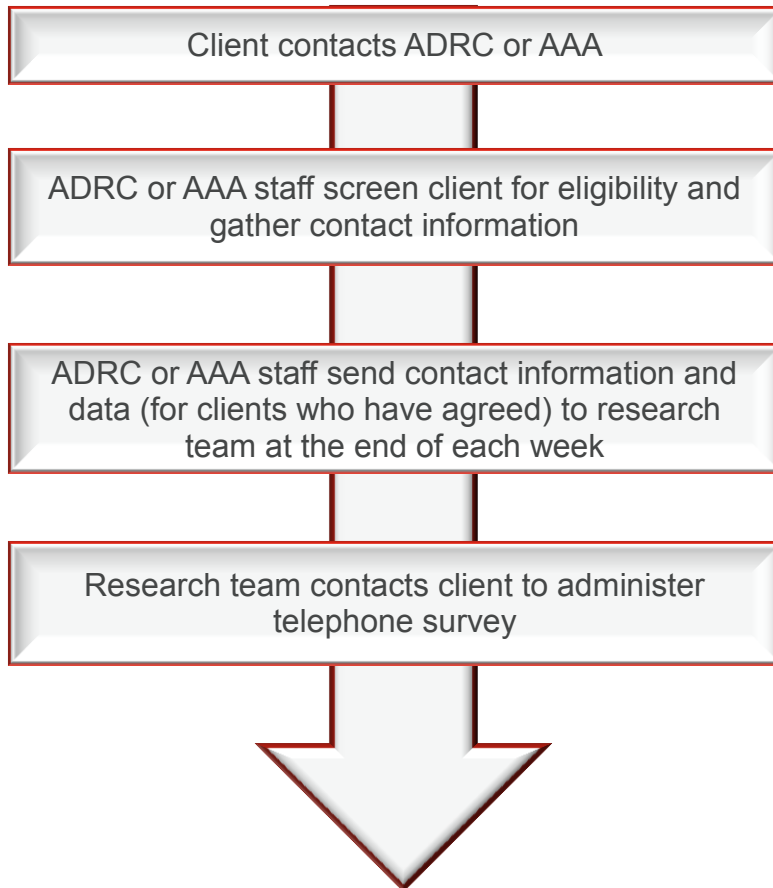
## 4. Eligibility Criteria and Procedures

Chapter 4 describes 1) eligibility criteria for the Participant Experience Survey, and 2) procedures for screening clients, informing eligible clients about the Participant Experience Survey, and transmitting contact information to the research team. For additional guidance on interviewing techniques including terminating an interview, please refer to Chapter 5 or Appendix D for a list of tips for successful interviewing.

### 4.1 Eligibility

Who is eligible to participate in the outcome evaluation and complete the Participant Experience Survey?

Client eligibility is determined by age, disability status, receipt of certain information/counseling services, as well as the professional status of the caregiver.

> **A person is eligible to participate in the outcome evaluation if he or she**
>
> ❖ Does not have a legal guardian
>
> ❖ Is not a professional caregiver
>
> ❖ Is proficient in either English or Spanish
>
> ❖ Is 18 years or older with a disability OR is 60 years or older
>
> ❖ Received a specific service (e.g., I & R services, options counseling, peer support, benefit eligibility determination, or transition assistance)

Figure 4 graphically represents the process for determining eligibility. Step-by-step instructions for determining eligibility will be discussed in greater detail in Section 4.2.

**Figure 4. Eligibility Flow Chart**

| All clients who contacted the ADRC or AAA during the recruitment period |
| :---: |

**Has a legal guardian?**

Yes ←------------------------------- NO

**Is a professional caregiver?**

Yes ←------------------------------- NO

**Has English or Spanish proficiency?**

No ←------------------------------- YES

**Is age 18-59 with disability or age>=60?**

No ←------------------------------- YES

**Received specific services?**

No ←------------------------------- YES

**Is physically/cognitively competent to complete the telephone survey?**

No ←------------------------------- YES
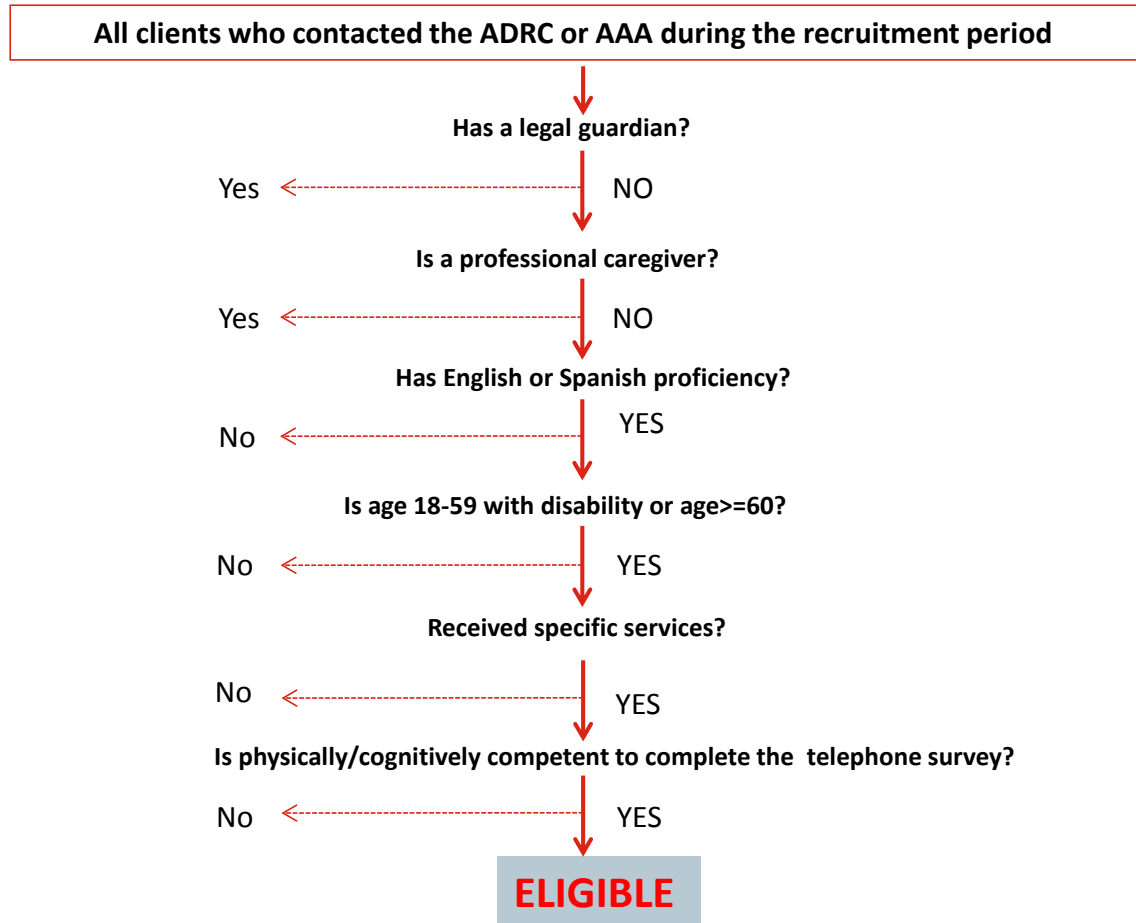
**ELIGIBLE**

## 4.2 Procedure for Screening Clients

As noted previously, agency specialists will screen clients for eligibility for the Participant Experience Survey. To screen clients, you will use the form **Part 1: Client Screening Tool** (See Appendix A). Depending on the responses to the questions on this form, clients will be either eligible or ineligible for the survey (see also Figure 4).

The Client Screening Tool contains a total of eight (8) questions. The answers to some of these questions will be pre-populated by the reserach team. Other questions may be answered during the course of the routine discussion with the client. If a question has already been answered during the conversation, do not ask the client the question again. Instead, fill in the response and return to where you left off, proceeding through the remaining questions consecutively.

If the client does not understand the question the first time that it is read, please re-read the question again, exactly as written. If the client still does not understand the question, you may paraphrase, or ask the question in a way that you think the client will understand. **If the client does not understand (or hear) the question after three (3) tries, the client is ineligible for the study. In this event, please record "Yes" for Question 8 of the Client Screening Tool and discontinue the screening.**

---

**When a Client Doesn't Understand a Question**

1. Read the question. If the client doesn't understand:

2. Re-read the question. If the client still does understand:

3. Paraphrase the question. If the client still doesn't undertand:

4. The client is ineligible.

---

Additional detail on ineligibility based on physical, cognitive, or mental conditions are provided in Section 4.1.8. It is important that you complete one form for each client. Be sure to fill in every blank space and answer every question, if possible.

Please record the information by hand directly onto the client recruitment tools (i.e., Part 1. Client Screening Tool, Part 2. Study Description/Agreement to Participate, and Part 3. Data Collection Tool).

The three screening/ recruitment tools (described below) will be stapled together as sets and a generous supply of them will be mailed

to all sites. Every set will contain a unique client ID number that will appear on each page; please be sure that sets remain stapled together to ensure that client responses on all three tools are assoicated with one ID number.

It is very important that you ask all the questions that appear on the tools, and record all of the data that you collect and return them to the research team. **Please note that all data should be forwarded to the team even if the client is inelgibile for the study and only a minimal amout of data were collected.**

### 4.2.1 Client Screening Tool: Instructions

Instructions for using the Client Screening Tool are located at the top of the first page of the screening tool. Please be sure to familiarize yourself with the instructions before you begin screening.

In addition to these instructions, it is important to keep in mind that TEXT IN CAPITAL LETTERS **is an instruction to the agency specialist**. "Text in quotation marks" is a question that the agency specialist should **ask aloud of the client.**

### 4.2.2 Client Screening Tool: Questions 1 and 2

**The responses to Questions 1 and 2 will be prepopulated by the reserach team before you begin the screening process.** If for some reason this information is not on your screening tool, please email or call the technical support contacts (see page 10 or page 38 for contact information).

---

1. Agency Name_____ [WILL BE PREPOPULATED BY RESEARCH TEAM]

2. Agency Type [WILL BE PREPOPULATED BY RESEARCH TEAM]

   ☐ ADRC
   ☐ AAA

---

### 4.2.3 Client Screening Tool:  Question 3

The agency specialist should check the box that best reflects the client's response.  Be sure to clearly check <u>only one</u> box.

If the client responds "Don't Know" or if client refuses to answer, the client is ineligible for the study.

For clients who are ineligible for the study, you are finished with the recruiting process.  Please record the information completed to that point; the agency will submit these data to the research team.  See

---

3.  ASK: "For whom did you contact the agency?"

&#9633;   Self*
&#9633;   Parent
&#9633;   Child
&#9633;   Other relative
&#9633;   Friend
&#9633;   Neighbor
&#9633;   Client/Patient*
&#9633;   Other: _____
&#9633;   DK
&#9633;   REF

---

Section 4.5 for details.

#### Self

If the client responds "Self" to Question 3, the agency specialist should ask the client, "Do you have a legal guardian?" Note that a legal guardian is a person appointed by the court to handle personal decision making for a person who is deemed incapable of managing his or her own affairs.

If the client responds "Yes" to the question about having a legal guardian, the client is ineligible for the study. For clients who are ineligible for the study, you are finished with the recruiting process. Please record the information completed to that point;the agency will submit these data to the research team. See Section 4.5 for details.

#### Client/Patient

If the client responds "Client/Patient" to Question 3, the agency specialist should ask "Are you a professional caregiver such as a physician, hospital discharge planner, nursing home staff?"

If the client responds "Yes" to the question about being a professional caregiver, the client is ineligible for the study. For clients who are ineligible for the study, you are finished with the recruiting process. Please retain the information completed to that point; the agency will submit these data to the research team. See Section 4.5 for details.

---

*IF SELF ASK: "Did you have a legal guardian? That is someone appointed by the court to hand your affairs."

- ☐ Yes
- ☐ No

**IF YES, CLIENT HAS A GUARDIAN, CLIENT IS INELIGIBLE FOR THE STUDY. DISCONTINUE SCREENER.**

*IF CLIENT/PATIENT ASK: "Are you a professional caregiver such as a physician, hospital discharge planner, or nursing home staff?"

- ☐ Yes
- ☐ No

**IF YES TO PROFESSIONAL CAREGIVER, CLIENT IS INELIGIBLE FOR THE STUDY. DISCONTINUE SCREENER.**
  [RESPONSE TO THE FOLLOWING QUESTION SHOULD BE MADE FOR THE PERSON IDENTIFIED IN QUESTION ABOVE]

---

### 4.2.4 Client Screening Tool:  Question 4

For Question 4, the agency specialist should ask the client, "Are you proficient in English or Spanish?"

If the client responds "No" to Question 4, the client is ineligible for the study.  For clients who are ineligible for the study, you are finished with the recruiting process.  Please retain the information completed to that point; the agency will submit these data to the research team.  See Section 4.5 for details.

---

4.   Are you proficient in English or Spanish?

☐   Yes
☐   No

**IF NO, DISCONTINUE SCREENER.**

---

### 4.2.5 Client Screening Tool:  Question 5

For Question 5, the agency specialist should ask the client, "What is your age?" OR, if the client is contacting the agency on behalf of another person, the agency specialist should ask "What is the age of the person for whom this contact was made?"

Write the client's response on the line below the question to indicate the number of years of age of the client or the person for whom the contact with the agency was made.

If the client is unable to remember his or her age or the age of the person for whom the contact was made, ask the client, "Do you recall the year of birth?"

Write the year of birth on the line below the question.

### Additional Question

The agency specialist should ask the following question, if the information is not normally collected by the agency,  "I'd like to ask you a few additional questions to see if you are eligible to participate in a satisfaction survey.  Is it okay if I ask these questions?"

If the client responds "No" to Question 5, the client is ineligible for the study.  For clients who are ineligible for the study, you are finished with the recruiting process.  Please retain the information completed to that point; the agency will submit these data to the research team.  See Section 4.5 for details.

---

5.  ASK, "What is the age of the consumer (i.e., the person for whom contact was made)?" _____ Years

PROBE IF UNABLE TO REMEMBER AGE: DO YOU RECALL THE YEAR OF BIRTH? _____

[RESPONSE TO THE FOLLOWING QUESTION SHOULD BE MADE FOR THE PERSON IDENTIFIED IN QUESTION 3 ABOVE]

**IF THE FOLLOWING INFORMATION IS NOT NORMALLY COLLECTED BY YOUR AGENCY, PLEASE READ THE FOLLOWING TO THE CLIENT:** "I'd like to ask you a few additional questions to see if you are eligible to participate in a telephone satisfaction survey. Is it ok if I ask these questions?"

☐   Yes
☐   No

**IF NO, DISCONTINUE SCREENER.**

---

### 4.2.6 Client Screening Tool:  Question 6

Question 6 contains several parts.  The agency specialist should ask each part of the question, items a through g.

To determine if the client is eligible for the study, refer back to the response to Question 5.  If the **age** indicated by Question 5 **is less than 60 years**, the client must respond "YES" to <u>at least one item</u> in Question 6 to be eligible for the study.

---

6.  ASK, "Do you (OR THE PERSON FOR WHOM CONTACT WAS MADE, IF NOT SELF) have a disability…"

   a.  Are you deaf or do you have serious difficulty hearing?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

   b.  Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

   c.  Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

   d.  Do you have serious difficulty walking or climbing stairs?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

   e.  Do you have serious difficulty dressing or bathing?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

   f.  Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?
- ☐ Yes
- ☐ No
- ☐ DK
- ☐ REF

If the client is ineligible for the study, the agency specialist will discontinue the screener. For clients who are ineligible for the study, you are finished with the recruiting process. Please retain the information completed to that point; the agency will submit these data to the research team. See Section 4.5 for details.

### 4.2.7 Client Screening Tool: Questions 7 and 8

Question 7 has several parts. The agency specialist should answer this question based on his or her observations of the client.

If the response to all items in Question 7 is "No", the client is ineligible for the study; however, **the agency specialist should note the services received or requested by the client.** For clients who are ineligible for the study, you are finished with the recruiting process. Please retain the information completed to that point; the agency will submit these data to the research team. See Section 4.5 for details.

The answer to this Question 8 requires a **subjective** response on the part of the agency specialist. Please use your experience working with older adults and/or persons with disabilities to inform your

---

7. As a result of this contact, did/will the client (OR THE RECIPIENT OF LTSS) receive any of the following services?

   a. Information Assistance and/or Referral(s) (not including options counseling)
      - ☐ Yes
      - ☐ No

   b. Options Counseling or Peer Support/Peer Counseling
      - ☐ Yes
      - ☐ No

   c. Benefits Counseling or Eligibility Determination
      - ☐ Yes
      - ☐ No

   d. Transition Assistance
      - ☐ Yes
      - ☐ No

   e. Crisis Intervention
      - ☐ Yes
      - ☐ No

   f. Life Skills Training and Support
      - ☐ Yes
      - ☐ No

   **IF NO TO ALL RESPONSES IN 7 ABOVE, CLIENT IS INELIGIBLE FOR THE STUDY. DISCONTINUE SCREENING.**

   NOTE SERVICES RECEIVED OR CLIENT REQUEST _____

8. Based on your observation, does the client have any apparent physical, cognitive, or mental conditions that would prevent him/her from making an informed decision about taking part in this study and/or participating in a 15-20 minute telephone survey?

   ☐  Yes
   ☐  No

response.

The text box below lists the conditions in which a **client is ineligible for the study after asking the same questions three (3) times**.

**Conditions for Ineligibility
after Three Attempts**

❖  Does not understand due to impaired hearing* or cognition
❖  Provides nonsensical responses
❖  Has difficulty concentrating and appears to be drifting
❖  Finds responding to the screening burdensome to the extent that you believe completing a 15-20 minute telephone survey would be unduly taxing

\*  *If communication difficulty is due to hearing impairment, inquire whether or not the client is set up*

If any of the conditions for ineligibility apply, please record "Yes" for Question 8 and discontinue the screening. The possible exception is if "Yes" was for hearing impairment, but is set up with Telecommunications Relay Service (TRS). If yes, then the client may be eligible as the survey can be administered through this service. TRS will be addressed in Part 3. Data Collection Tool.

For clients who are ineligible for the study, you are finished with the recruiting process. Please retain the information completed to that point; the agency will submit these data to the research team. See Section 4.5 for further details.

For clients who are eligible to participate in the survey, you will continue the recruiting process by describing the study, as described in Section 4.3.

## 4.3 Informing Eligible Clients about the Survey

Agency specialists will inform eligible clients about the Participant Experience Survey using the document **Part 2: Study Description/Agreement to Participate** (see [Appendix B](#)). The way you introduce the study will have a strong influence on the client's decision whether or not to participate. An effective introduction is conducted in a serious, pleasant and confident manner and makes clients believe that:

The study is worth their time

They are important

You want to hear what they have to say

Before you meet with your first client, you should read the statement carefully **out loud** to be sure that you are comfortable with the words and are familiar with the phrasing.

| Tips for Introducing the Study |
| --- |
| ❖ Don't assume that a client will or will not participate |
| ❖ Pay attention to your voice quality |
| ❖ Sound confident |
| ❖ Smile-in person and over the phone |

The agency specialist should read the statement of informed consent **word for word to each client**.

---

**PART 2. STUDY DESCRIPTION/AGREEMENT TO PARTICIPATE**

PLEASE COMPLETE THIS FORM AND RECORD THE RESPONSE.

**INSTRUCTIONS: READ THE FOLLOWING STATEMNT TO EACH PERSON WHO IS ELIGIBLE TO PARTICIPATE IN THE STUDY.**

"The Administration for Community Living has contracted with IMPAQ International and Abt Associates to conduct a study about the experiences of people like you in obtaining community-based supports and services. Your opinion is very important, which is why you are being invited to participate in a 15 to 20 minute survey which will ask you about your experiences today. If you agree, your name will be added to a list of possible participants, and if randomly selected from the list, someone from Abt SRBI, the company conducting the survey, will contact you by telephone within the next month to tell you more about the study and confirm whether or not you want to participate.

Right now, I am asking your permission to share some information about you with Abt SRBI so that they will be able to call you about participating in the survey. With your permission, I would like to share your name, phone number, the reason you contacted us today, and a few other pieces of information such as information about possible disabilities. Your name or other identifying information will be used only to contact you and will not be stored in the same data file with your responses to the survey or used in any written materials generated in this study. Your decision will not affect your relationship with this agency nor your eligibility to receive their services.

"May I share this information so that Abt SRBI can contact you to participate in the survey?"
- ☐  Yes
- ☐  No

IF NO, SAY, "Thank you for your consideration."

---

Next, the agency specialist will obtain verbal consent from the client for the research team to contact him/her, and check the box that represents the client's response.

If the client's response is "No" to the question about sharing contact information for participation in the study, the agency specialist's role in recruiting this client is finished.  Say, "Thank you for your consideration." **Record the response as this information will be submitted with other data to the research team.**

If the client's response is "Yes" to this question, say "Thank you" and continue to **Part 3:  Data Collection Tool.**  A description of procedures for using the Data Collection Tool is found in Section 4.4. The Data Collection Tool is in Appendix C.

## 4.4 Obtaining Client Contact Information

For those who agree to participate, ask the questions in **Part 3: Data Collection Tool,** copied below and found in [Appendix C](#). Instructions for using the Data Collection Tool are located at the top of the first page of the tool. Be sure to familiarize yourself with the instructions, before you begin data collection.

---

**PART 3. DATA COLLECTION TOOL**

PLEASE ASK ALL QUESTIONS ON THIS FORM AND BE SURE TO RECORD ALL RESPONSES.

**INSTRUCTIONS:**

**COMPLETE THE INFORMATION BELOW <u>FOR EACH PERSON</u> WHO AGREED TO SHARE CONTACT INFORMATION WITH THE RESEARCH TEAM IN ORDER TO RECEIVE A FOLLOW-UP CALL TO PARTICIPATE IN A TELEPHONE SURVEY.**

**THROUGHOUT THIS DOCUMENT, THE CLIENT REFERS TO THE PERSON WHO CONTACTED THE AGENCY.**

---

Please carefully record responses for each client who agreed to share contact information so that he/she can receive a call to participate in the study. Be sure to answer every question, if appropriate.

---

**Tips for Completing the Data Collection Tool**

❖ Be sure to provide responses to all questions

❖ Be sure to check boxes clearly

❖ Sign and date the form

---

**4.4.1 Data Collection Tool:  Questions 1 – 9.**

The agency specialist should ask the client Questions 1–9.  It is not necessary to read each of the response choices to the client.  The agency specialist should **select the best answer based on the client's response**.  However, you may read each of the answers to the client to

---

1. Date of Contact with Agency (month, date, year) _ _/_ _/_ _

2. ASK: What is your name (First, Middle, Last) _____ _____ _____

3. ASK: What is your home zip code? _ _ _ _ _

4. ASK: What is the best phone number where you can be reached by the research team?

   Client phone number (_ _ _) _ _ _ - _ _ _ _

5. ASK: What is the best time for someone to call you about participating in the study?

   Preferred time to call _ _:_ _ AM  PM
   Preferred day to call? _____

6. ASK: Would you prefer to take the telephone survey in Spanish?
   - ☐ No
   - ☐ Yes

7. ASK: Would you like to use TRS service for the study?
   - ☐ No
   - ☐ Yes

8. ASK: What was the main reason that you contacted us today? SELECT ONLY ONE RESPONSE.
   - ☐ Income assistance
   - ☐ Energy assistance
   - ☐ Medicare questions
   - ☐ Medicaid questions (including questions about HCBS waivers)
   - ☐ Housing
   - ☐ Personal Care
   - ☐ Transportation
   - ☐ Nutrition
   - ☐ Chronic health conditions
   - ☐ Employment
   - ☐ Support groups
   - ☐ Recreation opportunities
   - ☐ Caregiver/respite support
   - ☐ Home modification
   - ☐ Attendant care services
   - ☐ Advocacy
   - ☐ Education

---

> - ☐ Services for emergent care/crisis intervention
> - ☐ Preventative health services
> - ☐ Ombudsman/abuse or neglect issues
> - ☐ Advanced directives
> - ☐ Mental health
> - ☐ Transition services
> - ☐ Other independent living supports or services
> - ☐ Other, please specify _____
>
> 9. ASK: Is this the first time you contacted this agency?
>    - ☐ First time contact
>    - ☐ Repeat contact

elicit a response if it would be useful.

### 4.4.1     Data Collection Tool: Questions 10 - 11.

**The agency specialist should answer Questions 10–11** based on your experience with the client. These questions should <u>not</u> be asked of the client.

> 10. Mode of Contact with Agency
>     - ☐ Visited
>     - ☐ Telephoned
>
> 11. IF THE CLIENT STOPPED THE QUESTIONNAIRE BEFORE COMPLETING IT, PLEASE SELECT THE BEST/MOST LIKELY REASON FOR STOPPING:
>     - ☐ Client refused to answer
>     - ☐ Client's cognitive abilities prevented completion of questionnaire
>     - ☐ Client's physical condition prevented completion of the questionnaire
>     - ☐ Client's emotional condition prevented completion of the questionnaire
>     - ☐ Other, please explain _____

### 4.4.2.     Data Collection Tool: Item 12.

The agency specialist should **sign his or her name** and **write the**

> 12. The signature of the person who administered this questionnaire indicates that he/she has read the above statement to the consumer/consumer representative and that the person has agreed to have his/her personal information released to Abt SRBI for the purpose of the evaluation.
>
> Name _____     Date _____

**date** in the spaces provided for Item 12.

**THE AGENCY SPECIALIST WILL SUBMIT ALL CLIENT DATA TO THE RESEARCH TEAM. SEE SECTION 4.5 FOR DETAILS.**

For questions regarding how to use the screening tool or complete the data collection tool, please contact the project Co-Principal Investigator, Rosanna Bertrand, or team member, Louisa Buatti (please see page 10 or page 38 for contact information).

## 4.5 Sending Client Contact Information to the Research Team

Agency specialists will send client contact information to the research team **at the end of each week, or at a minimum, at the end of each month**.

Information collected on the following documents should be submitted:

**Part 1: Client Screening Tool** (for all clients, whether eligible or not)

**Part 2: Study Description/Agreement to Participate** (for all clients, whether they agree to participate or not)

**Part 3: Data Collection Tool** (for clients who agree to participate)

### 4.5.1 Submit client data via FedEx

Your agency will receive a supply of FedEx envelopes and pre-paid, addressed labels in which to return the data forms.

Immediately following client visits, place their forms (whether full or partial data) in one of the FedEx envelopes. Accumulate and store client forms in the envelope in a locked cabinet to ensure client confidentiality.

At the end of each week  secure the pre-paid label to the envelope and take it to a FedEx location for shipment.  You may find locations of nearby FedEx locations at the following address:

http://www.fedex.com/Dropoff/start?locale=en_US

It is also possible to register, free of charge, for FedEx pick-up.  See the following address for information regarding arranging FedEx pick-up.

## 5. Interviewing Techniques

We are aware that for most of you, the topics and techniques provided in Sections 5.1 and 5.2 are part of your daily routine and that you are very adapt at interacting with older adults and adults with disabilities. Our intent is to provide these sections for newer staff, as well as for staff wanting to refresh or enhance their interviewing skills. Sections 5.3 and 5.4, on the other hand, provide specific techniques related to study data collection. We present these sections to familiarize you with research interview methods.

For quick reference, a Checklist of Successful Interview Tips is provided in Appendix D.

Agency specialists have three overarching objectives in the national evaluation of LTSS:

- Gaining client cooperation to participate,

- Eliciting complete and accurate responses from the client, and

- Recording the data in a way that can be read and interpreted by the research team.

The first two goals are directly related to how the interview is conducted. This section provides suggestions for successful interviewing to help you meet your objectives beginning with your activities prior to the interview.

## 5.1 Preparation and Organization

The first and most important aspect of conducting a client interview is to be organized and prepared.

The most effective interviewer is one who comes to the interview *fully prepared* by knowing and understanding the questions, and anticipating issues that the client may raise.

The effective interviewer also comes to the interview *organized* with the appropriate documents in front of him or her and in the correct order. It is discouraging for a client to wait while an interviewer fumbles though paperwork, so please be prepared.

Prior to screening and recruiting clients, agency specialists also should have participated in the training webinar that was presented by the IMPAQ/Abt research team. In addition, they should have reviewed this reference guide, paying particular attention to Chapter 4, Procedures. Please be sure to review each of the tools multiple times.

> **Important Aspects of a Successful Interivew**
>
> ❖ Be organized and prepared
> ❖ Participate in the training webinar
> ❖ Review the reference guide
> ❖ Review the screening and data collection tools

## 5.2 Techniques for Gaining Client Cooperation

Generally, people will feel free to speak their minds if they are at ease and believe that you are interested in what they have to say. Effective interviewers put the client at ease; they are articulate, good listeners and patient. In addition, a good interviewer knows how to balance persistence and aggressiveness. Remember to thank clients for their time regardless of whether or not they agree to participate.

The following subsections describe a variety of techniques that successful interviewers employ to gain cooperation from clients.

> **Characteristics of an Effective Interviewer**
>
> ❖ Puts clients at ease
> ❖ Articulates
> ❖ Establishes rapport
> > ➢ Non-judgmental
> > ➢ Good listener
> > ➢ Patient
> > ➢ Respects Privacy
> ❖ Persists but is not aggressive
> > ➢ Probes
> > ➢ Paces
> > ➢ Paraphrases
> ❖ Ends with a thank you

### 5.2.1. Put Clients at Ease

One technique for putting clients at ease relates to the interviewer's "voice personality." Your tone of voice, attentiveness, and receptive manner can make the difference between a completed interview and a refusal to participate.

Interviewers can put clients at ease by doing the following:

- Reading the questions in a friendly, natural manner;
- Speaking at a moderate speed, and
- Sounding interested.

Smiling while you ask the questions, whether in person or over the phone, tends to produce a welcoming voice.

Physical cues can be effective at putting clients at ease if you are conducting the interview in person. Pay attention to your body language to be sure that it is open and welcoming.

### 5.2.2 Articulate

Speaking clearly and deliberately so that the client both hears and understands you is a basic skill for effective interviewing with any population. However, this is particularly important for your clients who are older and/or disabled and, therefore, more likely than other adults to experience physical or cognitive impairments.

Speak clearly, slowly, and deliberately;

Look directly at the client (if an in-person interview), and

Gauge the volume of your voice.

For this population speaking clearly and at a slower more deliberate pace is essential, but you already know that. In addition, if you are conducting a face-to-face interview, be sure to look directly at the client rather than down at your paperwork or at your computer as this will help the client to hear and understand your words.

For face-to-face as well as telephone interviews, gauge the necessary volume of your voice at the beginning of the interview and try to maintain that level of volume throughout the interview. Also, be conscious of not letting your voice trail off at the end of a sentence or a phrase.

### 5.2.3 Establish Rapport

Rapport can be defined as a harmonious relation. To establish rapport, introduce yourself and your role in the evaluation.

Clients need the freedom to say what they feel and think, without being influenced by anything the interviewers might say. You should strive to be nonjudgmental, noncommittal, and objective. Try to act neutral so that the client feels comfortable answering the questions truthfully and completely.

Through actions and words, assure clients that there are no wrong or right answers.

Be a good listener and be patient.

Use reinforcements.

Avoid judgemental responses.

Some clients may need to think about a question for a moment before answering. Others may need to "tell a story" as part of their response. Do not interrupt or rush the client. In order to establish rapport, the client needs to feel as though you care about— and are interested in— what he or she has to say. Respect the individual's privacy and maintain confidentiality.

When clients seem hesitant, you should assure them that responses will be shared only with the research team and that their names will not be associated with any of the other information that they give. Collecting their names and contact information is done only so that the research team can contact them for survey administration.

In addition, if the topic is sensitive in nature to the client, be sure that you are not within hearing range of other staff or clients. If possible, take the client to a private area to complete the interview. If it is a telephone interview, assure them that the call is not being monitored or recorded.

Reinforcements, words you add to keep the conversation going, are a good way to strengthen rapport. However, be cautious in using reinforcements as they must be neutral rather than conveying any judgment, positive or negative. Neutral reinforcements that may be used include, "Okay" and "Thank you." Always avoid responses such as "Oh, really?" and "Wow!"

Remember, nothing in your words or manner should imply criticism, surprise, approval, or disapproval of either the client's questions or answers.

**Responses to Avoid**

❖ "Oh, really?"
❖ "Wow!"
❖ "Oh, boy!"
❖ "Great Answer"
❖ "Hmmmm……"

## 5.3 Techniques for Eliciting Accurate and Complete Responses

### 5.3.1 Be Persistent not Aggressive

A good interviewer is persistent but not aggressive in order to gain the client's permission to conduct the survey and to gather answers to questions that the client is hesitant to share.

Three of the most effective techniques that you may employ to elicit accurate and complete responses from clients are:

- Probing,
- Pacing, and
- Paraphrasing.

### Probing

Probing is one of the most useful techniques for obtaining accurate information, but it must be used carefully in order to avoid introducing the interviewer's perspective into the responses.

Probing is described as using words or techniques to encourage a client to share more accurate information.  It is one of the most challenging and important aspects of interviewing.  Probes are used when:

- A client's answer is irrelevant.

- A client's answer is unclear.

> **Example of Probing**
>
> "In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?"
> *Irrelevant answer:*  "My husband is on a diet."
>
> *Unclear answer:*  "People are always telling me I need to gain some weight."
>
> *Probe:*  "What's your best guess?"
>         "I just need your opinion."
>         "If you had to choose, which would you pick?"

*r*
*al probes*

The most important thing to keep in mind when you are probing for answers is to use only neutral probes that don't suggest answers.

**Repeating the question is one of the best neutral probes and one you'll probably use often.**

**Never "lead" a client to a particular answer.** This is difficult because it would seem natural to do so in ordinary conversation.

---

### Example of Leading the Client's Response

"In the last 12 months, how many times did you go to a doctor's office or clinic to get care for yourself? Would you say:"

| | | | | |
|---|---|---|---|---|
| A. | None | D. | 3 - 4 times |
| B. | Once | E. | 5 to 9 times |
| C. | Twice | F. | 10 times or more |

*Client:* "Oh, gosh, I don't go very often… in last year, just a few times."

*Interviewer:* "So, would you say twice, or three times?"

---

suggesting an actual number, the proper probe would be a neutral probe like the ones suggested above: "What's your best guess?" or "Which would you pick?"

### Know when to stop probing

It is important to know when to stop probing in order to keep from annoying the client.

You should stop probing when:

- You have obtained the necessary information.

- You have encouraged the client to clarify the meaning of his or her own words, so that we know exactly what he/she had in mind.

- The client becomes irritated or annoyed.

- The client has nothing more to say.

## Pacing an Interview

The pace of an interview is the mode or rate of progressing and can be a powerful tool. In general, you want an even pace throughout the interview. However, sometimes you will need to increase the pace while other times you'll want to decrease it.

Remember an effective interviewer is a good listener!

In order to employ pacing as an effective technique, it is important to listen to the client as the overall pace has to match the needs of the client. Some clients, like those who have difficulty hearing, need you to speak slowly. On the other hand, people who have told you that they are very busy may not cooperate if they think the interview will take too much time. You can usually get the sense of pace for the survey with the client by the way they speak. If they seem impatient, try to move along at a faster pace.

### When to go quickly

There are some places in the survey where you will want to adjust your pace for maximum results. One effective interviewer technique involves reading the introduction section a little quicker. Because this is a common place for clients to quit or hang up, don't pause for very long at the end of the introduction—read the first question right away.

### When to go slowly

A mistake made by some interviewers is to speed up at the end of an interview because they are getting tired and no longer have the patience they had in the beginning. Clients can feel this and often interpret it as a lack of caring. They can feel your restlessness and will often just quit.

## Paraphrasing

Sometimes a client may not understand a question that you have asked. As noted in Chapter 4, the agency specialist should paraphrase the question. That is, ask the question in a way that you think the client will understand. You may wish to paraphrase a question after you have asked the question as written twice, and the client still does not provide a relevant and clear response.

Effective interviewers are able to paraphrase to elicit appropriate responses.

In order to do that you will need to be very familiar with the questions, pay close attention to what the client is saying and be familiar with the issues that are being addressed by the questions. Remember, you are trying to elicit responses to the questions in the survey specifically. You may use neutral probes after paraphrasing

the question if the client does not provide a relevant or clear response to the rephrased question.

If you find that clients are having difficulty understanding a question or questions and you are unable to rephrase the question in a way that the clients understand, please contact the evaluation technical support team (see page 10 or page 38 for contact information).

## 5.4 Ending the Interview

When concluding an interview, please be sure to ask the clients if they have any lingering questions and respond to the best of your ability. If a client poses a question regarding the study that you are unable to answer, please contact the research team and then forward the response to the client.

The end of the interview is also an opportune time to once again assure clients that the information that they provided during the interview will be kept confidential and only shared with the research team. Also, for clients who have agreed to participate in the study, remind them that their names or contact information will not be linked to their responses to other questions that you asked them, nor will their names be linked to the responses that they give on the survey itself.

Thank clients for their time regardless of whether or not they agree to participate.

This step may seem obvious, but it doesn't hurt to be reminded of it, especially when we are ending interviews with clients who did not agree to participate in the study. It is not uncommon to forget to thank these folks for taking the time to hear about the study even though they decided not to participate.

For clients who are eligible and agree to participate, let them know that they will be contacted within one month by the research team to set up a time for survey participation.

| Technical Support Contacts | |
|---|---|
| **Contact Person** | |
| Rosanna Bertrand, Ph.D. (617) 349-2556 ADRC_AAA_Recruitment@abtassoc.com | Louisa Buatti (301) 634-1711 ADRC_AAA_Recruitment@abtassoc.com |
| Note: The email address above is a hyperlink. Right click on the hyperlink to send an email to that address. If you type the address into an email, type ADRC_AAA_Recruitment@abtassoc.com | |

## 6. Appendix

The Appendices A–C contain the three tools that will be used by agency specialists in recruiting clients for the Participant Experience Survey. Appendix D includes a checklist of tips for successful interviewing.

- Appendix A: Client Screening Tool
- Appendix B: Study Description/Agreement to Participate
- Appendix C: Data Collection Tool
- Appendix D: Tips for Successful Interviewing

## Appendix A:  Client Screening Tool

## PART 1.  CLIENT SCEENING TOOL

PLEASE ASK ALL QUESTONS ON THIS FORM AND BE SURE TO RECORD ALL RESPONSES.

---

INSTRUCTIONS FOR COMPLETING THIS FORM:

THROUGHOUT THIS DOCUMENT, CLIENT REFERS TO THE PERSON WHO IS MAKING CONTACT WITH YOUR AGENCY.  CONSUMER IS THE PERSON FOR WHOM THE LONG TERM SUPPORTS AND SERVICE ARE INTENDED.

SOME SCREENING QUESTIONS ARE PREPOPULATED, AND OTHERS MAY BE ANSWERED DURING THE COURSE OF THE ROUTINE DISCUSSION WITH THE CLIENT.

- QUESTIONS 1 AND 2 WILL BE PREPOPULATED BY THE RESEARCH TEAM.
- QUESTIONS 3-6 SHOULD BE ASKED IF NOT ANSWERED DURING THE ROUTINE CLIENT DISCUSSION.

---

1. Agency Name _____[WILL BE PREPOPULATED BY RESEARCH TEAM]

2. Agency Type [WILL BE PREPOPULATED BY RESEACH TEAM]

    ☐ ADRC

    ☐ AAA

3. ASK:  "For whom did you contact the agency?"

    ☐ Self*

    ☐ Parent

    ☐ Child

    ☐ Other relative

    ☐ Friend

    ☐ Neighbor

    ☐ Client/Patient*

    ☐ Other: _____

    ☐ DK

    ☐ REF

**IF DK OR REF, CLIENT IS INELIGIBLE FOR THE STUDY.  DISCONTINUE SCREENER.**

*IF SELF ASK:  "Do you have a legal guardian? That is someone appointed by the court to handle your affairs."

    Yes          No

    ☐            ☐

**IF YES. CLIENT HAS A LEGAL GUARDIAN, CLIENT IS INELIGIBLE FOR THE STUDY. DISCONTINUE SCREENER.**

Agency Reference Guide

*IF CLIENT/PATIENT ASK:  "Are you a professional caregiver such as a physician, hospital discharge planner,
or nursing home staff?"

Yes            No
☐              ☐

**IF YES TO PROFESSIONAL CAREGIVER, CLIENT IS INELIGIBLE FOR THE STUDY.  DISCONTINUE SCREENER.**
[RESPONSE TO THE FOLLOWING QUESTION SHOULD BE MADE FOR THE PERSON IDENTIFIED IN QUESTON 3 ABOVE]

4.   Are you proficient in English or Spanish?

Yes            No
☐              ☐

**IF NO, DISCONTINUE SCREENER.**
1.

5.   ASK, "What is the age of the consumer (i.e., the person for whom contact was made)?"
      _____ Years

      PROBE IF UNABLE TO REMEMBER AGE:  DO YOU RECALL THE YEAR OF BIRTH?
      _____

      [RESPONSE TO THE FOLLOWING QUESTION SHOULD BE MADE FOR THE PERSON IDENTIFIED IN
      QUESTION 3 ABOVE]

**IF THE FOLLOWING INFORMATION IS NOT NORMALLY COLLECTED BY YOUR AGENCY,
PLEASE READ THE FOLLOWING TO THE CLIENT:**  "I'd like to ask you a few additional
questions to see if you are eligible to participate in a telephone satisfaction survey.  Is it okay
if I ask these questions?"

Yes            No
☐              ☐

**IF NO, DISCONTINUE SCREENER.**

6.   ASK, "Do you (OR THE PERSON FOR WHOM CONTACT WAS MADE, IF NOT SELF) have a
      disability…."
      a.   Are you deaf or do you have *serious* difficulty hearing?
           ☐   Yes
           ☐   No
           ☐   DK
           ☐   REF

    b.   Are you blind or do you have *serious* difficulty seeing, even when wearing glasses?
- □   Yes
- □   No
- □   DK
- □   REF

    c.   Because of a physical, mental, or emotional condition, do you have *serious* difficulty concentrating, remembering, or making decisions?
- □   Yes
- □   No
- □   DK
- □   REF

    d.   Do you have *serious* difficulty walking or climbing stairs?
- □   Yes
- □   No
- □   DK
- □   REF

    e.   Do you have *serious* difficulty dressing or bathing?
- □   Yes
- □   No
- □   DK
- □   REF

    f.   Because of a physical, mental, or emotional condition, do you have *serious* difficulty doing errands alone such as visiting a doctor's office or shopping?
- □   Yes
- □   No
- □   DK
- □   REF

**IF AGE IS LESS THAN 60 <u>AND</u> NONE OF THE ITEMS IN QUESTION 6 WERE "YES" CLIENT IS INELIGIBLE FOR THE STUDY.  DISCONTINUE SCREENING.**

> **INSTRUCTIONS:  QUESTIONS 7 AND 8 SHOULD BE ANSWERED BY AGENCY BASED ON OBSERVATIONS OF THE CLIENT.**

7.  As a result of this contact, did/will the client (OR THE RECIPIENT OF LTSS) receive any of the following services?

| | Yes | No | |
|---|---|---|---|
| a. | □ | □ | Information Assistance and/or Referral(s) (not including options counseling) |
| b. | □ | □ | Options Counseling or Peer Support/Peer Counseling |
| c. | □ | □ | Benefits Counseling or  Eligibility Determination |
| d. | □ | □ | Transition assistance |
| e. | □ | □ | Crisis intervention |
| f. | □ | □ | Life skills training or support |

**IF NO TO <u>ALL</u> RESPONSES IN 7 ABOVE, CLIENT IS INELIGIBLE FOR THE STUDY.  DISCONTINUE SCREENING.**

NOTE SERVICES RECEIVED OR CLIENT REQUEST _____

8.  Based on your observation, does the client have any apparent physical, cognitive, or mental conditions
    that would prevent him/her from making an informed decision about taking part in this study and /or participating in a 15-20 minute telephone survey?

      Yes                No

       ☐                ☐

**IF YES TO ITEM 8, CLIENT IS INELIGIBLE FOR THE STUDY.**

IF NO, CONTINUE TO SECTION 2.  STUDY DESCRIPTION/AGREEMENT TO PARTICIPATE.

For questions regarding how to use the screening tool or complete the form, please contact the project Co-Principal Investigator, Rosanna Bertrand or team member, Louisa Buatti:

| Technical Support Contacts | |
| --- | --- |
| **Contact Person** | |
| Rosanna Bertrand, Ph.D.<br>(617) 349-2556<br>ADRC_AAA_Recruitment@abtassoc.com | Louisa Buatti<br>(301) 634-1711<br>ADRC_AAA_Recruitment@abtassoc.com |
| Note:  The email address above is a hyperlink.  Right click on the hyperlink to send an email to that address.  If you type the address into an email, type ADRC_AAA_Recruitment@abtassoc.com | |

## Appendix B:  Study Description/Agreement to Participate

## PART 2. STUDY DESCRIPTION/AGREEMENT TO PARTICIPATE

PLEASE COMPLETE THIS FORM AND RECORD THE RESPONSE.

> **INSTRUCTIONS: READ THE FOLLOWING STATEMENT TO EACH PERSON WHO IS ELIGIBLE TO PARTICIPATE IN THE STUDY.**

"The Administration for Community Living has contracted with IMPAQ International and Abt Associates to conduct a study about the experiences of people like you in obtaining community-based supports and services. Your opinion is very important, which is why you are being invited to participate in a 15 to 20 minute survey which will ask you about your experiences today. If you agree, your name will be added to a list of possible participants, and if randomly selected from the list, someone from Abt SRBI, the company conducting the survey, will contact you by telephone within the next month to tell you more about the study and confirm whether or not you want to participate.

Right now, I am asking your permission to share some information about you with Abt SRBI so that they will be able to call you about participating in the survey. With your permission, I would like to share your name, phone number, the reason you contacted us today, and a few other pieces of information such as information about possible disabilities. Your name or other identifying information will be used only to contact you and will not be stored in the same data file with your responses to the survey or used in any written materials generated in this study. Your decision will not affect your relationship with this agency nor your eligibility to receive their services.

May I share this information so that Abt SRBI can contact you for participation in the survey?"

Yes    No
☐       ☐

IF NO, SAY "Thank you for your consideration."

## Appendix C:  Data Collection Tool

## PART 3.  DATA COLLECTION TOOL
PLEASE ASK ALL QUESTIONS ON THIS FORM AND BE SURE TO RECORD ALL RESPONSES.

INSTRUCTIONS:
COMPLETE THE INFORMATION BELOW <u>FOR EACH PERSON</u> WHO AGREED TO SHARE CONTACT INFORMATION WITH THE RESEARCH TEAM IN ORDER TO RECEIVE A FOLLOW-UP CALL TO PARTICIPATE IN A TELEPHONE SURVEY.
THROUGHOUT THIS DOCUMENT, THE CLIENT REFERS TO THE PERSON WHO CONTACTED THE AGENCY.

1.  Date of Contact with Agency (month, date, year)  _ _ /_ _ /_ _

2.  ASK:  What is your name (First, Middle, Last)  _____, _____,
    _____

3.  ASK:  What is your home zip code?  _ _ _ _ _

4.  ASK:  "What is the best phone number where you can be reached by the research team?"

    Client Phone number   (_ _ _) _ _ _ - _ _ _ _

5.  ASK:  "What is the best time for someone to call you about participating in the study?"

    Preferred time to call   _ _: _ _    AM      PM
    Preferred day to call?  _____

6.  ASK:  "Would you prefer to take the telephone survey in Spanish?"
    ☐       No
    ☐       Yes

7.  ASK: "Would you like to use TRS service for the study?"
    ☐       No
    ☐       Yes

8. ASK: "What was the main reason that you contacted us today?"
   SELECT ONLY ONE RESPONSE.

   ☐ Income assistance

   ☐ Energy assistance

   ☐ Medicare questions

   ☐ Medicaid questions (including questions about HCBS waivers)

   ☐ Housing

   ☐ Personal care

   ☐ Transportation

   ☐ Nutrition

   ☐ Chronic health conditions

   ☐ Employment

   ☐ Support groups

   ☐ Recreation opportunities

   ☐ Caregiver/respite support

   ☐ Home modification

   ☐ Attendant care services

   ☐ Advocacy

   ☐ Education

   ☐ Services for emergent cares/crisis intervention

   ☐ Preventative health services

   ☐ Ombudsman/abuse or neglect issues

   ☐ Advanced directives

   ☐ Mental health

   ☐ Transition services

    ☐   Other Independent living supports or services

    ☐   Other, please specify _____

9. ASK:  "Is this the first time you contacted this agency?"
   - ☐ First time contact
   - ☐ Repeat contact

QUESTIONS 10-11 SHOULD BE ANSWERED BY THE AGENCY.

10. Mode of Contact with Agency
    - ☐ Visited
    - ☐ Telephoned

11. IF THE CLIENT STOPPED THE QUESTIONNAIRE BEFORE COMPLETING IT, PLEASE SELECT THE BEST/MOST LIKELY REASON FOR STOPPING:

☐ Client refused to answer
☐ Client's cognitive abilities prevented completion of questionnaire
☐ Client's physical condition prevented completion of the questionnaire
☐ Client's emotional condition prevented completion of the questionnaire
☐ Other, please explain _____

12. The signature of the person who administered this questionnaire indicates that he/she has read the above statement to the consumer/consumer representative and that the person has agreed to have his/her personal information released to Abt SRBI for the purpose of the evaluation.

Name_____ Date_____

For questions regarding how to use the screening tool or complete the data collection tool, please contact the project Co-Principal Investigator, Rosanna Bertrand or team member, Louisa Buatti:

| Technical Support Contacts | |
|---|---|
| **Contact Person** | |
| Rosanna Bertrand, Ph.D.<br>(617) 349-2556<br>ADRC_AAA_Recruitment@abtassoc.com | Louisa Buatti<br>(301) 634-1711<br>ADRC_AAA_Recruitment@abtassoc.com |
| Note:  The email address above is a hyperlink.  Right click on the hyperlink to send an email to that address.  If you type the address into an email, type ADRC_AAA_Recruitment@abtassoc.com | |

Agency Reference Guide

## Appendix D:  Tips for Successful Interviewing

# TIPS FOR SUCCESSFUL INTERVIEWING

*Characteristics of an effective interviewer*

Articulate

A good listener

Patient and does not interrupt or rush the client

Persistent but not aggressive, to gain the client's permission to conduct the survey and to gather answers to questions that the client is hesitant to share

Understands the issues

Understands the questions and can rephrase them if necessary

Able to put clients at ease, assuring them that there are no right or wrong answers

Organized and prepared. Before beginning with a client, the interviewer must have completed all paperwork from the prior interview and be ready with new tools.

Ends the questions by thanking the client

Respects the individual's privacy and maintains confidentiality

*Tips for being a good interviewer*

Reviews the material and procedures before speaking with the client.

Is confident

Pays attention to voice quality

Doesn't assume the client will- or will not participate

Asks the questions exactly as they are written. You must ask the questions exactly as all the other interviewers do so that the results can be combined and interpreted meaningfully.

Asks the questions in a respectful manner and do not imply that some answers are "better" than others.

When an answer is unclear, asks the question again or asks it in a slightly different way, being careful not to change the meaning or "lead" the client into a particular response.

If an answer seems inconsistent with previous information given, tries to discover the truth by asking another question or asking a question slightly differently.

*To our ADRC and AAA partners,*

Thank you for your support on the LTSS project.

We look forward to our continued collaboration in the new year.

Happy 2014!

**Sincerely,**
**The National Evaluation Team**

ADRC_AAA_Recruitment@abtassoc.com | **Abt Associates**
55 Wheeler Street | Cambridge, MA 02138
O: 617.520.3015 | www.abtassociates.com

INSTRUCTIONS TO ABT SRBI: PREPOPULATE (PP) INFORMATION IN [ ] FROM CLIENT SCREENING TOOL (ES) AND DATA COLLECTION (DC) TOOLS. THESE PREPOPULATED DATA WILL BE USED THROUGHOUT THE SURVEY TO ORIENT THE RESPONDENT TO THEIR EXPERIENCE WITH THE AGENCY AT THE TIME OF THE CONTACT IN WHICH THEY WERE SCREENED FOR ELIGIBILITY FOR THE STUDY.
[ID Number – Footer ES/DC]


**[Agency Type – ES 2]**
ADRC
AAA


**[Need Spanish interpreter – DC 6]**
Yes
No


**[Need TRS service - DC 7]**
Yes
No


**[Preferred call time – DC 5]**


**PP1. [Agency Name – ES 1]** _____


**PP2. [Respondent Type – ES 3]**
Self
Parent
Child
Other relative
Friend
Neighbor
Client/Patient
Other: ____


[CATI INSTRUCTION: There are several places in the questionnaire where there is a "you/your **[insert PP2]**" construction or a "your/your **[insert PP2]**" construction, sometimes paired with the grammatical "are/is" construction.  If the PP2. Respondent Type is "Self", use the first option ("you"). If the Respondent Type is anything else besides "Don't Know" or "Refused", use the second option ("your **[insert PP2]**").]
**PP3. [Study Type – ES 5/ES 6]**
Older Adult (response to 5=≥60)
Disability (yes to any 6a-6f)


**PP4. [Result of Contact – ES 7]**
Information Assistance and/or Referral(s) (not including options counseling)_____
Options Counseling or Peer Support/Peer Counseling

Benefits Counseling or Eligibility Determination
Transition assistance _____
Crisis intervention
Life skills training or support

**PP5. [Date of Contact – DC 1]**
(month, date, year) _ _ /_ _ /_ _

**PP6. [Reason for contacting the agency (client's need at time of the time of contact) – DC 8]**
_____

**PP7. [Mode of Contact – DC 10]**
In-person visit
Telephone call

**PP8. [Respondent Name – DC 2]**

**PP9. [Respondent Age – ES 5]**

## 1. Introduction

"Hello, may I speak to _____ **[insert PP8]**?
Hello, my name is **[insert survey administrator name]**.

I am calling on behalf of the United States Administration for Community Living to ask about the quality of your experience with **[insert PP1]** on **[insert pp5].**

[INTERVIEWER NOTE: IF RESPONDENT DOES NOT REMEMBER CALLING OR VISITING THE AGENCY, PLEASE JOG THEIR MEMORY BY MENTIONING IT BY NAME **[INSERT PP1].**

[PROGRAMMER NOTE: INCLUDE A SCREEN-OUT PUNCH FOR THOSE WHO INSIST THEY HAD NO CONTACT WITH **[INSERT PP1]** AGENCY.]
During that **[insert PP7; if blank, use 'initial contact']** you talked to staff about service needs for you/your **[insert PP2], concerning [insert PP6]**. At that time you said that you would be willing to participate in an interview about your experience. Can I ask you some questions about that experience? It will only take 20 minutes.

I.1. Is now a good time for the interview about your experiences?

Yes **[If yes, skip to Statement of Informed Consent]**
No, this is a bad time **[GO TO I.2]**
No, I don't remember calling agency **[THANK AND END CALL]**
REF, no I don't want to do an interview **[GO TO I.3]**

I.2  When would be a better time to call back to do the interview?

Gives call back time _____ [SET CALLBACK, THANK AND END CALL]
DK [END CALL]
REF [END CALL]

I.3 Can I ask why you are not interested in participating? _____
DK
REF

Thank you for your time **[end the call]**.

## PARTICIPANT EXPERIENCE SURVEY STATEMENT OF INFORMED CONSENT

I will read to you a statement of informed consent that will provide you with information about the survey and inform you of your rights as a survey respondent. The Administration for Community Living is sponsoring a national evaluation of the accessibility of community long-term supports and services. You are receiving this call because you contacted **[PP1, name of agency]** on **[PP5, insert date]** and gave your permission for a research team to contact you to participate in a brief telephone survey about your experience. The survey is being conducted by Abt SRBI on behalf of the Administration for Community Living. Your input about your experiences in obtaining community-based supports and services is important to us. Your participation in this 20 minute survey is completely voluntary and you may choose to discontinue the interview at any time, for any reason.

We will combine the information that we gather from all participants (about 3,400), and include the findings in a report that will be prepared for the Administration for Community Living for the purpose of improving its services. Your name or any other identifying information will not be used in any report generated in this study. Your confidentiality will be protected to the extent provided by law. There will be no direct benefit to you from participating in the evaluation, nor will your or your family's services be impacted in any way by your responses to this survey. The information you provide will help the Administration for Community Living improve its services for both older Americans and individuals with disabilities.

I.4.   Do you agree to participate in this research study and begin study procedures as we have discussed?

Agree **[CONTINUE TO INTRO BEFORE P.1 AND A.1]**
Disagree **[GO TO I.5]**

I.5.   Can you tell me why you don't wish to participate in the interview? _____
       DK
       REF
 [THANK AND END]

## 2. Participant Experience Survey

If you have any questions during the interview, please stop and ask me. Also, please let me know if you do not understand a question or if you would like me to repeat it.

**Section A. Initial Contact**
**[IF PP7 IS BLANK, ASK A.0]**
**[THE ANSWER FOR A.0 WILL BECOME THE VALUE FOR PP7.]**

A.0 Was the initial contact with [insert PP1] a telephone call or in-person visit?
1.	In-person visit
2.	Telephone call
3.	DK
4.	RF
[IF DK OR RF, USE 'INITIAL CONTACT' FOR VALUE OF PP7]

[IF ES6=4 (undetermined study type, PP3), ASK A.0b]
A.0b	I just need to verify your current age to be sure you are eligible for the study.  Are you 60 years of age or older?

1.	Yes
2.	No
3.	DK
4.	RF

[IF A.0b = YES, GO TO SENTENCE BEFORE A.1 – "The first set of questions…"; OTHERWISE READ THE FOLLOWING]:

I'm sorry, but you are ineligible for this study. Thank you for your time. Goodbye. [TERMINATE INTERVIEW]

The first set of questions has to do with the experiences that you had when you had a **[insert PP7] with [insert PP1]** on **[insert PP5]**.

A.1. When you contacted  **[insert PP1]**, you said that the main reason for your **[insert PP7]** was **[insert PP6]**. Is that correct?

**YES [If yes, skip to A.3, else continue to A.2]**
NO
DK
REF

A.2. I'm sorry; please tell me, what was the **main** reason that you contacted **[insert PP1]** on **[insert PP5]**? **[RECORD RESPONSE; CODING WILL BE DONE IN POST-PRODUCTION]**

_____

Safe and affordable housing options
Peer support services/groups
HCBS Medicaid Waiver Programs
Caregiver Support (i.e. respite programs, support groups, or counseling)

Nutrition Programs
Employment services
Education services
Opportunities to develop advanced directives
Transportation services
Opportunities for socialization/recreation
Mental health services
Ombudsman services/Services related to abuse or neglect
Health prevention and screening services
Services for emergent cases/Crisis intervention
Transition programs (from hospitals, nursing homes etc.)
Nursing home (institutional) diversion programs
Nursing home/residential beds
Income assistance
Energy assistance
Personal care services
Independent Living services (e.g., home modification, attendant care)
Independent Living Skills training
Other
(VOL) DK
(VOL) REF

A.3. From where did you *first* find out about **[insert PP1]**? **[CHECK MOST APPROPRIATE RESPONSE]**

Family member, friend or other acquaintance
Hospital/Clinic/Doctor
Nursing Home/Assisted Living
Phone Book
Brochure/Flyer
Referral from senior center
Referral from another agency/organization
Through work
Internet/Website
Media/Newspaper/TV/Radio
Other _____
DK
REF

A.4. Was **[insert PP1]** the first organization that you contacted about **[insert PES A.2 if answered OR PP6]**?

Yes
No
DK
REF

# Section B. Agency Efficiency

These next questions are about your experience during your **[insert PP7]** with **[insert PP1]** on **[insert PP5]**.

B.1. **[ASK ONLY IF PP7 = IN-PERSON VISIT; ELSE SKIP TO B.2]** When you contacted the **[insert PP1]**, how long did you wait during the initial contact to talk with someone who could help you with **[insert PES A.2 IF ANSWERED OR PP6]**? **[DO NOT READ RESPONSES, PLEASE CHECK APPROPRIATE RESPONSE]**

Minimal wait (less than five minutes)
Five to 10 minutes
10 minutes to 20 minutes
Over 20 minutes
DK
REF

B.2. Were you able to talk to a representative during your first [insert PP7] with [insert PP1]?

YES
NO
DK
REF
 [IF 'YES' AT B.2, SKIP TO B.4. ELSE, ASK B.3]

B.3. Do you recall how many additional contacts you had to make before you were able to talk with a representative, including calls where you left a message on a machine? **[DO NOT READ RESPONSES]** **[PROBE: IF NOT SURE, PROBE FOR BEST ESTIMATE AND READ CHOICES]**

None
One
Two
Three
Four or more
DK
REF

B.4. Including the contact that you made with **[insert PP1]** on **[insert PP5]**, how many times have you had to describe your request for services to **[insert PP1]**, or explain what you needed? **[DO NOT READ RESPONSES]**

One time
Two times
Three or four times
Five or more times
DK
REF

B.5. Throughout your contact with **[insert PP1]** did any of the following circumstances reduce or prevent your ability to resolve your issue? **[READ EACH ITEM TO GET A YES/NO ANSWER]**

|  | YES | NO | DK | REF |
|---|---|---|---|---|
| **[insert PP1]'s** hours of operation | 1 | 2 | 3 | 4 |
| Difficulty reaching **[insert PP1]'s** staff | 1 | 2 | 3 | 4 |
| Language or communication problems | 1 | 2 | 3 | 4 |
| Lack of staff professionalism | 1 | 2 | 3 | 4 |
| Lack of staff knowledge | 1 | 2 | 3 | 4 |
| Lack of staff follow through | 1 | 2 | 3 | 4 |

## Section C. Effectiveness of Agency Representative

C.1. Did you feel the representative at **[insert PP1]** paid close attention to what you were saying?
[READ CHOICES]

Yes, definitely
Yes, probably
No, probably not
No, definitely not
DK
REF

C.2. In your opinion, how knowledgeable was the representative at **[insert PP1] about the reason you contacted them, that is [insert PES A.2 if answered; else insert PP6]**? Were they…
[READ CHOICES]

Very knowledgeable,
Somewhat knowledgeable,
Not very knowledgeable, or
Not at all knowledgeable
DK
REF

C.3. When you had a **[insert PP7]** with **[insert PP1]** on **[insert PP5]**, was the information you received from the representative at **[insert PP1]** …
[READ CHOICES]

Very clear and understandable,
Somewhat clear and understandable,
Not very clear or understandable, or
Not at all clear or understandable?
DK
REF

C.4. Based on your request for help with **[insert PES A.2 if answered; else insert PP6]** when you contacted **[insert PP1]**, did the representative ask questions that made you feel that the needs for which you initially contacted the agency were being correctly assessed?

YES
NO
DK
REF

C.5. If assistance was requested, did the representative at **[insert PP1]** work with you to develop a plan outlining your next steps in meeting your/your **[insert PP2]**'s ongoing need for services or supports?

[INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR AS TO WHAT YOU MEAN BY ' SERVICES AND SUPPORTS', YOU MAY OFFER THIS DESCRIPTION: "SERVICES AND SUPPORTS ARE THINGS YOU MAY NEED TO MEET YOUR HEALTH OR PERSONAL CARE NEEDS AND TO ASSIST YOU WITH THE BASIC PERSONAL TASKS OF EVERYDAY LIFE ".]

YES
NO
No assistance requested for long term care needs
DK
REF
**[if yes at C.5, go to C.6; otherwise skip to D.1]**

C.6. Does this plan accurately reflect your/your **[insert PP2]**'s needs and preferences for resolving the issue that you called about, that is **[insert PES A.2 if answered; else insert PP6]**?

**[READ CHOICES]**

Yes, definitely
Yes, probably
No, probably not
No, definitely not
DK
REF

# Section D. Institutional Diversion

D.1. When you contacted **[insert PP1]**, were you considering a move to a long-term care facility, such as a nursing home, for yourself/your **[insert PP2]**?

YES
NO
DK
REF

D.2. Did the representative you talked to at **[insert PP1]** on **[insert PP5]** help you to understand choices for staying in the community  to avoid or delay moving to   a nursing home or other long-term care facility?

YES
NO
DK
REF

D.3. How likely is it that you/your **[insert PP2]** will have to move into a nursing home within the next five years? Would you say that it is…

[READ CHOICES]

Very likely,
Somewhat likely,
Somewhat unlikely, or
Very unlikely
DK
REF

# Section E. Assistance with Services

From the next set of questions, we would like to learn about your experiences in obtaining the services for which you contacted **[insert PP1]** on **[insert PP5].**

E.1. Did you receive access to the service that you/your **[insert PP2]** needed directly from [**INSERT PP1**]  or indirectly by a referral to another agency?

Directly (**[insert PP1]** provided the service) [If selected, skip to Section E1]
Indirectly (you were referred elsewhere)
Both/some services provided by **[insert PP1]** staff and some through referrals
DK
REF

E.2. Did the representative of **[insert PP1]** help you/your [insert PP2] to connect with the services you/your [insert PP2] needed?

YES [If yes, continue to E.3; else skip to Section E1]
NO
DK
REF

E.3. Did the representative of **[insert PP1]** transfer your call to an agency or organization that provided you/your **[insert PP2]** with your/your **[insert PP2]**'s needed or requested services?

YES
NO
DK
REF
[IF YES, SKIP TO E.6, OTHERWISE, GO TO E.4]]

E.4. Did the representative of **[insert PP1]** give you contact information (telephone number, address, web address) of an agency or organization that provided you/your [insert PP2] with needed or requested services?

YES [If yes, skip to E.6; else continue to E.5]
NO
DK
REF

E.5. Did the representative of **[insert PP1]** contact the service provider and arrange for them to contact you?

YES **[If yes, continue to E.6; else, skip to Section E1]**
NO
DK
REF

E.6. When you contacted the provider about the services you were seeking, did that provider already have the information that you gave to **[insert PP1]** or did you have to explain  your/your **[insert PP2]**'s need again? **[READ CHOICES]**

Provider had the information
Provider had the information but it wasn't correct or it was incomplete and you had to start the process again
Provider did not have the information and you had to start the process again
DK
REF

E.7. As a result of your contact with **[insert PP1]**, to what supports and services were you transferred or referred? **[RECORD RESPONSE BELOW (CODING WILL BE DONE IN POST-PRODUCTION)]**

_____

Safe and affordable housing options
Peer support services/groups
HCBS Medicaid Waiver Programs
Caregiver Support (i.e. respite programs, support groups, or counseling)
Nutrition Programs
Employment services
Education services
Opportunities to develop advanced directives
Transportation services
Opportunities for socialization/recreation
Mental health services
Ombudsman services/Services related to abuse or neglect
Health prevention and screening services
Services for emergent cases/Crisis intervention
Transition programs (from hospitals, nursing homes etc.)
Nursing home (institutional) diversion programs
Nursing home/residential beds
Income assistance
Energy assistance
Personal care services
Medicaid waiver assistance
Independent Living services (e.g., skills training, peer support)
Other _____
None
DK
REF

E.8. What was the result of the referral? **[READ FROM THE FOLLOWING LIST AND CHECK THE MOST APPROPRIATE RESPONSE]**

**You/your [insert PP2]** received services **[If selected, skip to Section E1]**
**You/your [insert PP2]** DID NOT receive services **[Ask E.9]**

It's too soon to tell **[If selected, skip to Section E1]**
(VOL) Don't Know **[If selected, skip to Section E1]**
(VOL) Refuse **[If selected, skip to Section E1]**

E.9. You said that you/your **[insert PP2]** did not receive the services through the referral; why do you think that is? **[RECORD RESPONSE; CODING WILL BE DONE IN POST-PRODUCTION]**
_____

The services were not what **[insert PP2]** wanted/needed
The service/program is not accepting applications/there is a waitlist
It is too expensive
There is no transportation
The service or program is not available at times needed
**[insert PP2]** is not eligible
I tried to contact the service or program that was referred, but was busy/unavailable
Line was busy
Wait time too long
Other _____
Have not yet contacted, but plan to
Have no plans to contact the service or program
Please Specify reason _____
DK
REF

**Section E1. Assistance with Medicaid Eligibility Determination**
The next set of questions has to do with information and help that you may have received from **[insert PP1]** on whether or not you/your **[insert PP2]** are/is eligible for the Medicaid program in this state. Medicaid can provide financial assistance from the federal government for paying for your healthcare or for services you might need to support yourself living at home or in another community residence. Just to be clear, this section will not discuss Medicare, which is a public health insurance program for people age 65 or older and people under age 65 that have certain disabilities.

Continue
(VOL) Already receive Medicaid benefits [SKIP TO SECTION E2]
(VOL) Did not talk about being eligible for Medicaid benefits [SKIP TO SECTION E2]

E1.1. Did you receive specific information on applying for financial assistance for healthcare and residential support services from the federal government?

YES
NO [SKIP TO E1.7]
DK
REF

E1.2. Did you complete an application for financial assistance for healthcare and residential support services from the federal government?

YES [If yes, continue to E1.3]
NO [ASK E1.2a]
DK [GO TO E1.7]
REF [GO TO E1.7]

E1.2a. Why not? _____ [GO TO E1.7]

E1.3. Were you provided with help by the **[insert PP1]** in completing the application for financial assistance for healthcare and residential support services from the federal government?
YES
NO
DK
REF

E1.4. Did the **[insert PP1]** help explain what information concerning your finances and care needs might be needed to determine if you were eligible for federal assistance for healthcare and residential support services?

YES
NO
DK
REF

E1.5. How long did you wait to find out if you/your **[insert PP2]** [are/is] eligible for financial assistance for healthcare and residential support services from the federal government? **[DO NOT READ RESPONSES, CHECK APPROPRIATE RESPONSE]**

One day or less
Two to six days
One week
More than one week, but less than a month
Over a month
Still waiting
DK
REF

E1.6. Did the **[insert PP1]** mention they were helping you to apply for the Medicaid program, or did they use a different name to describe this financial assistance program?

YES, Medicaid [GO TO E1.7]
NO, some other program [ASK E1.6a]
DK [GO TO E1.7]
REF[GO TO E1.7]

E1.6a. What was the name of this program? _____ [ SPECIFY]

E1.7. Were you given information by the agency about other types of insurance, including private coverage and other types of government insurance,  besides Medicaid/**[answer from E1.6a]**? [PROGRAMMER NOTE: IF ANSWER TO E1.6a. IS "DON'T KNOW" OR "REFUSED", SKIP TO E2.1.]

YES
NO
DK
REF
[ASK E1.7a IF 'YES' AT E1.7; OTHERWISE SKIP TO E2.1]

E1.7a   Which other insurance resources were you given information on? _____

## Section E2. Assistance with One-on-One Options Counseling
E2.1. Did you REQUEST a conversation with someone to talk with about understanding and selecting the long-term services beyond information and referral, such as home delivered meals, personal care, help around the house,transportation, or other similar kinds of services?

YES
NO
DK
REF

[ASK E2.2 IF 'YES' AT E2.1; OTHERWISE SKIP TO SECTION E3]

E2.2. Did you HAVE a conversation with  someone about understanding and selecting the long-term services beyond information and referral?

YES
NO [Skip to Section E3]
DK [Skip to Section E3]
REF [Skip to Section E3]

E2.3. Did  the person you talked to about understanding and selecting the long-term services visit you at your home/your **[insert PP2]**'s home?

YES
NO
DK
REF

E2.4. Following the first conversation, did  this person follow-up with you either by phone calls and/or additional in-home visits?

YES
NO
DK
REF

E2.5. Did the information and support from the person you talked to about understanding and selecting the long-term services help you to: **[READ CHOICES] [RANDOMIZE ITEMS]**

|  | Yes, definitely | Yes, probably | No, probably not | No, definitely not | n/a; DK; RF |
|---|---|---|---|---|---|
| Better understand your/your **[insert PP2]**'s long term service and support options? | | | | | |
| Make a decision about long-term support services? | | | | | |
| Get in touch with public programs? | | | | | |
| Get in touch with private services including services that you have to pay for yourself? | | | | | |
| Obtain long-term support planning or services that fit within your budget? | | | | | |

E2.6. How satisfied or dissatisfied are you with the service you received from the person you talked to about understanding and selecting the long-term services? **[READ CHOICES]**
Very satisfied
Somewhat satisfied
Somewhat dissatisfied
Very dissatisfied
DK
REF

## Section E3. Care Transition Services
E3.1. Based on your contact with **[insert PP1]**, did you/your **[insert PP2]** receive services that helped you/your **[insert PP2]** to transition from a hospital or other acute care facility into the community?

YES
NO
DK
REF

[ASK E3.2 IF 'YES' AT E3.1; OTHERWISE SKIP TO SECTION F]
E3.2. Based on your contact with **[insert PP1]**, did you/your **[insert PP2]** receive any of the following services? **[READ CHOICES]**

|  | YES | NO | DK | REF |
|---|---|---|---|---|
| A contact before discharge to assess your/your **[insert PP2]**'s discharge needs…………………………………………….. | 1 | 2 | 3 | 4 |
| An explanation of your/your **[insert PP2]**'s discharge instructions……………………………………………………. | 1 | 2 | 3 | 4 |
| Post discharge services such as transportation to the doctor, help filling prescriptions, or household help……………… | 1 | 2 | 3 | 4 |
| Follow-up phone call or visit within 48 hours of discharge…. | 1 | 2 | 3 | 4 |

E3.3. How satisfied or dissatisfied are you with the transition services you/your **[insert PP2]** received**?**
**[READ CHOICES]**

Very satisfied
Somewhat satisfied
Somewhat dissatisfied
Very dissatisfied
DK
REF

## Section F. Services Received from the [insert PP1]

Now I'd like to ask you some questions about the overall results of your contact with **[insert PP1]**.

F.1. Did you/your **[insert PP2]** ever receive the service for **[insert PES A.2 if answered; else insert PP6]** that you were seeking based on your contact with **[insert PP1]**?
**[READ CHOICES]**

YES, within one week of contact
YES, after more than a week
NO, have not yet received the service
DK
REF

**[ASK F.2 IF 'NO' AT F.1; OTHERWISE SKIP TO F.3]**

F.2. Why do you think you/your **[insert PP2]** have/has not received the services for **[insert PES A.2 if answered; else insert PP6]**? **[READ CHOICES] [RANDOMIZE ORDER] [MULTIPLE SELECTION] [WAIT FOR RESPONSE AFTER EACH CHOICE]**

The services are not available.
You/your **[insert PP2]** are/is on a waitlist.
You/your **[insert PP2]** could not get to the services (e.g., hours of operation, transportation barriers)
The information and help received from **[insert PP1]** was not useful.
You/your **[insert PP2]** did not follow-up on the information and/or referral.
You/your **[insert PP2]** no longer need the services.
Difficulties filling out paperwork
Not being the right age for these services
Some other reason [SPECIFY]
DK
RF

F.3. Since contacting the **[insert PP1]** on **[insert PP5]**, have you been in touch with any other agencies similar to **[insert PP1]** to receive **[insert PES A.2 if answered; else insert PP6]**?

YES
NO
DK
REF
**[ASK F.3a. IF 'YES' AT F.3; OTHERWISE GO TO F.5]**

F.3a. What other agencies or organizations were contacted? _____

F.4. Were there any needs that this other agency or organization was able to meet that **[insert PP1]** was NOT able to meet?

YES [GO TO F.4a]
NO [SKIP TO F.5]
DK [SKIP TO F.5]
REF [SKIP TO F.5]

F.4a  What needs was this other agency or organization able to meet? _____

Now, turning back to **[INSERT PP1]**…

F.5. As a result of your conversations with **[insert PP1]** staff, did you realize that you/your **[insert PP2]** had a need or concern that you did not know that you/your **[insert PP2]** had before contacting the **[insert PP1]**?

YES
NO
DK
REF

F.6. Did the **[insert PP1]** follow up with you to find out how useful the information they provided was or how the referral turned out?

YES
NO
DK
REF

F.7. On the following scale, as a result of your contact with **[insert PP1]**, how satisfied or dissatisfied are you with… **[RANDOMIZE ORDER FOR ITEMS 1-7, ALWAYS ASK ITEM 8 LAST]**

| **Very satisfied** | **Somewhat satisfied** | **Somewhat dissatisfied** | **Very dissatisfied; DK; REF** |
|---|---|---|---|

The services that you/your **[insert PP2]** received directly from **[insert PP1]**?  **[ONLY ASK IF E.1 = 1 OR 3]**
Completeness of the information that you received?
The degree to which their services met your specific needs ?
The accuracy of the information provided?
The support you received related to decision-making?
The professionalism of the staff?
The ease of working with **[insert PP1]** to resolve the issue related to **[insert PES A.2 if answered or PP6]**?

The quality of the services that you/your **[insert PP2]** received from agencies you were referred to by **[insert PP1]?** [INCLUDE A NOT APPLICABLE PUNCH FOR THIS ITEM]**[ONLY ASK IF E.1 = 2 OR 3]**
[FOR EACH ITEM THAT IS ANSWERED 'SOMEWHAT DISSATISFIED' OR 'VERY DISSATISFIED', ASK]:
F.7a. Please tell me why you were [somewhat or very] dissatisfied with [item].

The Study of
LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

F.8. As a result of your contact with the **[insert PP1]**, would you say that you are…..
**[READ CHOICES]**

Much more certain about your/your **[insert PP2]**'s long term care options
A little more certain
About the same
A little more confused about your/your **[INSERT PP2]'s long term care options, or**
Much more confused
DK
REF

F.9. To what degree has the information you received from **[insert PP1]** been useful to you as you select the long term care options that are best for you/your **[insert PP2]**? **[READ CHOICES]**

Very useful
Somewhat useful
Not too useful
Not useful at all
DK
REF

F.10. Would you tell a friend or relative who needed help to contact the **[insert PP1]**?

YES
NO
DK
REF

F.11. How likely is it that you would contact the **[insert PP1]** if you needed services in the future?
**[READ CHOICES]**

Very likely
Somewhat likely
Somewhat unlikely
Very unlikely
DK
REF

## Section G. Heath and Demographic Information

In the next set of questions we would like to learn a little about your/your [insert PP2]'s health and health insurance.

G.1. Do you/Does your **[insert PP2]** have any of the following types of health insurance? **[Record all that apply] [READ CHOICES]**

|  | **YES** | **NO** | **Don't Know** | **REF** |
|---|---|---|---|---|
| Medicare |  |  |  |  |
| Private Health Insurance |  |  |  |  |
| Some other kind of health insurance[specify]_____ |  |  |  |  |
| No insurance |  |  |  |  |

G.2. At the present time, would you say you/your **[insert PP2]**'s health is excellent, good, fair, or poor?

Excellent
Good
Fair
Poor
(VOL) **[insert PP2]** has passed away
DK
REF

G.3. Have/has you/your **[insert PP2]** been admitted to a hospital in the past 6 months?

Yes
No
DK
REF

The last set of questions will tell us a little more about you/your **[insert PP2]**. This information is used to describe the group of persons included in the study and will not be used to identify you/your **[insert PP2]** as an individual. We will use this information to determine whether or not the **[insert PP1]** and other similar agencies are reaching all members of the community.

G.4. [Ask only if PP2= SELF, else go to G.5]
   What is your date of birth? [month/day/year]
G.5. What is the date of birth of the person for whom you contacted the agency? [month/day/year]

G.6. What is your/your **[insert PP2]**'s gender? **[BY OBSERVATION UNLESS NEEDED]**

Male
Female
DK
REF

G.7. What is the highest grade or year of school you/your **[insert PP2]** have/has completed? **[READ AS NEEDED TO PROBE]**

No formal schooling
First through 7th grade
8th grade
Some high school
High school graduate or high school equivalency (GED)
Some college
Associates degree
Four-year college graduate
Some graduate school
Graduate and professional degrees
(VOL) DK
(VOL) REF

G.8.  Are you/Is your **[insert PP2]** Hispanic, Latino, or of Spanish origin?
[INTERVIEWER NOTE: IF RESPONDENT SAYS THEY ARE MEXICAN, MEXICAN AMERICAN, CHICANO, PUERTO RICAN OR CUBAN, COUNT THAT AS A 'YES'.]

Yes
No, not of Hispanic, Latino, or Spanish origin
DK
REF

G.9.  What is your/your **[insert PP2]**'s race? One or more categories may be selected.
**[READ LIST AND MULTIPLE RECORD]**

White
Black or African American
American Indian or Alaska Native
Asian or Asian American
Native Hawaiian or other Pacific Islander
(VOL) Other (SPECIFY)
(VOL) DK
(VOL) Refused

G.10a. And now, what was your/your **[insert PP2]**'s total household income last year from all sources before taxes? Include your/your **[insert PP2]**'s income and income from anyone else living in your/your **[insert PP2]**'s household.  Do not tell me the amount.  Please just tell me the answer that best represents your/your **[insert PP2]**'s household income.

**[CHECK APPROPRIATE RESPONSE] [READ CHOICES]** [PROBE: Your best estimate is fine.]

| | | |
|---|---|---|
| 1. | Less than or equal to $40,000 | [GO TO G.10b] |
| 2. | More than $40,000 to $80,000 | [GO TO G.10c] |
| 3. | More than $80,000 | [GO TO G.10d] |

4.    (VOL) **[insert PP2]** has passed away [SKIP TO G.14]
5.    (VOL) Don't know                    [GO TO G.11]
6.    (VOL) Refused                      [GO TO G.11]

G.10b. Was that:
1.    Less than or equal to $20,000 or
2.    More than $20,000
3.    (VOL) Don't know
4.    (VOL) Refused
[GO TO G.11]

G.10c. Was that:
1.    Less than or equal to $60,000, or
2.    More than $60,000
3.    (VOL) Don't know
4.    (VOL) Refused
[GO TO G.11]

G.10d. Was that:
1.    Less than or equal to $100,000
2.    More than $100,000 to $150,000, or
3.    More than $150,000
4.    (VOL) Don't know
5.    [VOL] Refused

[SKIP TO G.14 IF RESPONDENT SAID THEIR **[INSERT PP2]** PASSED AWAY IN G.2]
G.11. What is your/your **[insert PP2]**'s marital status? Are you/Is your **[insert PP2]** …..

Married
Living together
Widowed
Divorced
Separated
Single, never married
(VOL) DK
(VOL) Refused

G.12. With whom, if anyone, do you/does your **[insert PP2]** live? **[READ LIST; SELECT ONE]**

Alone
With a spouse or partner
With one or more other family members
With one or more friends/people who are not related to me
Other residents (e.g., roommate) in a residential setting
(VOL) DK
(VOL) REF

We will now be asking some questions about your current housing situation…

G.13. Of the following choices, which one most closely describes your/your **[insert PP2]**'s living situation? Do you/Does your **[insert PP2]** live in…… **[READ CHOICES]**
**[INTERVIEWER NOTE: SEE FAQ FOR DEFINITIONS OF THESE ITEMS IF NEEDED]**


My/His or her own house or apartment
Non-medical custodial housing
In an assisted living facility
In a nursing home
In a continuing care retirement community
In some other setting [specify] _____
**[IF YES TO 'G.13.3, SKIP TO G.14a]**


G.14. Have you/has your **[insert PP2]** ever lived in an assisted living setting?

Yes [ASK G.14a]
No [SKIP TO G.15]
(VOL) DK [SKIP TO G.15]
(VOL) REF [SKIP TO G.15]


G.14a. How long did you/your **[insert PP2]** live in the assisted living setting? __ _ /_ _ (months/years)


[DON'T ASK G.15 IF RESPONDENT ANSWERED "4. In a nursing home" IN G.13, BUT DO ASK G15a]
G.15. Have you/has your **[insert PP2]** ever lived in a nursing home?

Yes
No
(VOL) DK
(VOL) REF


[ASK G.15a IF 'YES' AT G.15 OR CHOICE 4 AT G.13. OTHERWISE, GO TO END]
G.15a. How long did you/your **[insert PP2]** live in the nursing home?__ _ /_ _ (months/years)


THANK YOU VERY MUCH FOR TAKING THE TIME TO SHARE YOUR EXPERIENCES OF SEEKING INFORMATION ABOUT SERVICES IN YOUR COMMUNITY. IT IS OUR HOPE THAT THE INFORMATION THAT YOU PROVIDED WILL HELP IMPROVE THE ACCESSIBILITY AND QUALITY OF SERVICES IN YOUR COMMUNITY.

**[CATI:** ADD THESE QUESTIONS TO THE SCRIPT IMMEDIATELY AFTER THE RESPONDENT INTRODUCTION]
CP1.    Is this number that I called you on a cell phone?
        (If asked why: I just want to offer to call you on a land-line phone, or at a time when you are not driving if this is a cell phone)

        Yes (GO TO CP2)
        No  (SKIP TO A)
        REFUSAL - SOFT  (SOFT REFUSAL - THANK & END)

REFUSAL - HARD  (HARD  REFUSAL - THANK & END)

CP2.    Is there a land line where you would prefer me to call to conduct the interview?

Yes (UPDATE PHONE TO LAND LINE & SCHEDULE CB)
No, continue on cell phone
REFUSAL – SOFT  (SOFT REFUSAL - THANK & END)
REFUSAL - HARD  (HARD  REFUSAL - THANK & END)

CP3.    Are you currently driving, or someplace else where it IS NOT safe to talk on your cell phone?

YES/CALL ME LATER (SCHEDULE CALLBACK)
No, respondent can talk now
REFUSAL – SOFT  (SOFT REFUSAL - THANK & END)
REFUSAL - HARD  (HARD  REFUSAL - THANK & END)

CP4.    Is now a good time to talk?
        (**INTERVIEWER**: IF EVENINGS / WEEKENDS ARE BETTER BECAUSE RESPONDENT IS NOT
CHARGED FOR CELL USAGE, SCHEDULE CALLBACK AND RECORD COMMENTS)

Yes, now is fine (CONTINUE TO A1a)
No, another time is better (SCHEDULE CALLBACK & record comments about best call times)
REFUSAL – SOFT  (SOFT REFUSAL - THANK & END)
REFUSAL - HARD  (HARD  REFUSAL - THANK & END)

**Sample Transfer and Disposition Code**

Both landline and cell sample were provided through the recruitment process conducted by staff of the sampled ADRCs and AAAs. The sample was transmitted from Abt Associates to its subsidiary Abt SRBI via the secure file transfer protocol system Move-It DMZ. There was only one replicate, with sample released for dialing as it came in from Abt. A total of 1,169 phone numbers were dialed.

Upon completion of an interview, or final disposition of the call, each record was assigned a final disposition code based on the American Association for Public Opinion Research (AAPOR) definitions. AAPOR's recommended final disposition codes are the latest and most successful effort to standardize final disposition codes and the outcome rates calculated from them.

**Phone Survey Administration**

The ADRC Evaluations Study telephone survey was fielded from July 1st, 2013 until April 2nd, 2014, and was split into three phases: the cognitive test, the pre-test, and the main telephone survey. The cognitive test was conducted from July 1st, 2013 until July 14th, 2013. The average interview length was 38 minutes (39 for landline and 38 for cell). The pre-test was conducted from August 7th, 2013 until August 13th, 2013. The average interview length was 21 minutes (21 for landline and 21 for cell). The main telephone survey was conducted from August 20th, 2013 until April 2nd, 2014. The average interview length was 22 minutes (22 for landline and 22 for cell).

The survey included questions about clients' experience working with their local ADRC or AAA, the efficiency of these agencies in dealing with their clients' problems, the effectiveness of the specific agency representative they worked with, moving to a long-term care facility, how well the clients were able to actually obtain the services they were looking for from the facility, getting assistance with Medicaid eligibility determination, getting assistance with one-on-one options counseling, getting help from the agency on transitioning from a hospital or other acute care facility into the community, whether they actually received the services they were asking for and if not, why not, and details about their health and demographic characteristics.

**Language**

Interviews were conducted in English and Spanish. Both translations were programmed into the CATI script.

**Call Protocol**

Records were dialed a maximum of 30 times. Numbers were dialed until they achieved a terminal disposition or reached maximum attempts. Messages were left on voicemail after the 16th and 20th attempts. Up to one refusal conversion attempt was made within the telephone survey call for initial, non-harsh ("soft") refusals. Calls were made between 9 am and 9 pm every day of the week, and callback appointments were set and made with respondents. In accordance with laws prohibiting cell phone numbers being called by automated dialers, all cell phone numbers were manually dialed.

**Cognitive Test and Pre-Test Phases**

Forty cognitive interviews were conducted between the dates of July 1st and July 14th. Respondents were administered the actual questionnaire with a total of 55 cognitive probes inserted throughout the interview. Because of the large number of cognitive probes, there were two groups of 20 respondents each who were administered half of the probes. Group A was administered probes P1-P30, and Group B was administered probes P1-P5 and P31-P55.

After administration, a cognitive report was written. A verbatim record of answers from the cognitive probes was provided. Along with the verbatim response was a question by question analysis of the cognitive probes. This analysis provided results and recommendations for changes to the main questions, based on respondents' answers to the probes and notes from the interviewers. A record of nonresponse was also provided for the main questions that at times added to recommendations for changes to the questionnaire.

There were several recommendations which required feedback from Abt and ACL to ensure Abt SRBI's suggested changes were in line with what the client intended the questions to ask. These recommendations were discussed with the ACL client, Abt and IMPAQ staff. These changes were detailed in the report titled "5177 ADRC Evaluations - Cognitive Testing Topline Report 7-24-13 (2)-Jenkins comments" (see Attachment J). SRBI's recommended changes fell into the following categories:

- If needed, reminders as to which ADRC or AAA the respondent contacted.
- In certain places, making questions more specific, using references to the initial contact with the ADRC or AAA on the date specified in the sample file for the need that they provided.
- Streamlining questions, including changes in wording and the incorporation or removal of parenthetical statements in a way that is easier for respondents to understand and for interviewers to administer.
- In a couple of places where the respondent type (PP2) is not the self, clarifying whether the question is asking about the patient or the caretaker, or both.
- Providing definitions of certain terms that are used in the questions, and at times providing examples of these terms.
- Clarifying references to the agency they initially contacted and agencies or organizations that the initial agency referred them to.
- Providing transition sentences, phrases or paragraphs between series of questions that differ in focus.
- A few technical changes, including "read choices" instructions and "not applicable" response options.
- Splitting a double-barreled item into two items, or changing the wording of it.

Most of the recommended changes were made, and the revised survey (sans cognitive probes) was then prepared for the pre-test. A pre-test of 70 interviews was then administered for a week, mostly to make sure the timing fell approximately within the budgeted 20 minute length. There was a questionnaire produced which showed all the changes that took place from the original IRB and OMB-approved questionnaire to the final questionnaire that was fielded. This document was titled "5177 ADRC EVALUATIONS PARTICIPANT EXPERIENCE SURVEY_track changes for OMB."

**Details on the CATI System**
Abt SRBI has been conducting CATI surveys for more than 20 years. As a dedicated survey research organization, all of Abt SRBI's CATI facilities are designed with the objective of collecting high quality data through any design. All Abt SRBI interviewers work from physical Abt SRBI call centers located in the U.S. Abt SRBI has over 430 dedicated CATI stations across five call centers located in: New York City, NY; Fort Meyers, FL; West Long Branch, NJ; Huntington, WV; and Hadley, MA. Each CATI station is connected to a network system where the data from each completed interview is continuously saved and stored on our secure servers. The CATI servers are built on a Storage Area Network (SAN) at a facility with a high level of physical security and redundant power.

Abt SRBI's CATI data collection system uses IBM's data collection software which runs on a RedHat Linux server platform. Interviewers dial manually for cell phone samples or automatically via predictive dialers for landline samples. Some of the capabilities of this system are: customizable, automated sample management rules; customizable, automated interim and final call dispositions; real-time data entry; random respondent selection from multiple eligibles; error, range, and consistency checking; complex skip patterns; real-time interviewer monitoring; single, multiple, numeric, real, or open-ended responses; ability to rotate and randomize lists, questions, and blocks of questions; and detailed and flexible call scheduling capability. Abt SRBI's programmers have worked with the Quancept CATI system for over 10 years and have programmed over 500 telephone surveys annually, including the 2011 LACHS, the NYCCHS, and nine state BRFSS surveys since 2005.

**Toll-free number**

A toll-free number was set up at the New York field office that conducted the interviews, in order to field any questions or concerns about the study. A voicemail message was recorded on this phone number, and Abt SRBI's staff responded to every voicemail left by respondents.

**Respondent Demographic Characteristics**

A comparison of demographics for cognitive interview completes, pre-test completes, main interview completes, and total completes follows.[2]

## Exhibit 1. PES Respondent Demographic Characteristics

|  | Cognitive Completes N 40 | Pre test Completes N 70 | Main Completes N 515 | Total Completes N 625 |
|---|---|---|---|---|
| **Gender** |  |  |  |  |
| Male | 25% | 24.3% | 30.9% | 29.8% |
| Female | 75% | 75.7% | 68.9% | 70.1% |
| **Age** |  |  |  |  |
| Less than 18 | 0% | 1.4% | 0.2% | 0.4% |
| 18 – 24 | 0% | 0% | 1.2% | 1% |
| 25 – 34 | 5% | 0% | 1.4% | 1.4% |
| 35 – 44 | 7.5% | 1.4% | 3.5% | 3.5% |
| 45 – 54 | 17.5% | 8.6% | 6.8% | 7.7% |
| 55 – 64 | 30% | 20% | 19.8% | 20.5% |
| 65 – 74 | 15% | 24.3% | 25.2% | 24.5% |
| 75+ | 25% | 42.9% | 39.8% | 39.2% |
| **Health Insurance** |  |  |  |  |

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[2] Some percentages may not add up to 100% for a given question as a result of respondents reporting they do not know the answer or refusing to answer. Additionally, the percentages in multiple response questions may not add up to 100% if respondents selected more than one response.

| | Cognitive Completes N 40 | Pre test Completes N 70 | Main Completes N 515 | Total Completes N 625 |
|---|---|---|---|---|
| Medicare | 47% | 53.4% | 51.2% | 51.1% |
| Private Health Insurance | 16% | 33% | 28.5% | 28.2% |
| Some other kind of health insurance | 10% | 1% | 3.8% | 3.9% |
| No insurance | 2% | 2.9% | 2.7% | 2.6% |
| Medicaid (added code) | 18% | 5.8% | 9.9% | 10% |
| State/County medical assistance program (added code) | 3% | 1% | 1% | 1.1% |
| TriCare/Champ/Veterans/Military coverage | 0% | 1% | 1% | 0.9% |
| Supplemental Coverage (added code) | 3% | 0% | 1% | 1% |
| **Ethnicity** | | | | |
| Hispanic | 2.5% | 1.4% | 3.7% | 9.4% |
| Not Hispanic | 97.5% | 98.6% | 95.3% | 89.8% |
| **Race [Multiple Response]** | | | | |
| White | 78.6% | 90.4% | 78.8% | 80.1% |
| Black or African American | 16.7% | 5.5% | 13.8% | 13% |
| American Indian or Alaska Native | 4.8% | 2.7% | 3.4% | 3.4% |
| Asian or Asian American | 0% | 0% | 0% | 0% |
| Native Hawaiian or other Pacific Islander | 0% | 0% | 0.2% | 0.2% |
| Other | 0% | 1.4% | 2.3% | 2% |
| (VOL) Hispanic/Latino | 0% | 0% | 0% | 0% |
| **Income** | | | | |
| Less than or equal to $20,000 | 72.5% | 52.9% | 60.2% | 60.2% |
| $20,001 - $40,000 | 20% | 30% | 18.8% | 20.2% |
| $40,001 - $60,000 | 0% | 4.3% | 4.5% | 4.2% |
| $60,001 - $80,000 | 2.5% | 0% | 2.9% | 2.6% |
| $80,001 - $100,000 | 0% | 1.4% | 0.8% | 0.8% |
| $100,001 - $150,000 | 0% | 0% | 0.6% | 0.5% |
| More than $150,000 | 0% | 0% | 0% | 0% |
| **Language of Interview** | | | | |
| English | 20% | 100% | 99.6% | 99.7% |
| Spanish | 80% | 0% | 0.4% | 0.3% |
| **Education** | | | | |
| No formal schooling | 5% | 1.4% | 1% | 1.3% |
| Grades 1-8 | 10% | 8.3% | 8.6% | 8.6% |
| Some high school | 12.5% | 8.6% | 10.5% | 10.4% |
| HS grad or GED | 32.5% | 35.7% | 37.7% | 37.1% |
| Some college | 25% | 21.4% | 15.9% | 17.1% |
| Associates degree | 7.5% | 7.1% | 5.4% | 5.8% |
| Four-year college graduate | 2.5% | 7.1% | 8.7% | 8.2% |
| Some graduate school | 0% | 2.9% | 1.4% | 1.4% |
| Graduate and professional degrees | 5% | 4.3% | 4.7% | 4.6% |

| | Cognitive Completes N 40 | Pre test Completes N 70 | Main Completes N 515 | Total Completes N 625 |
|---|---|---|---|---|
| **Marital Status** | | | | |
| Married | 25% | 22.9% | 27% | 26.4% |
| Living Together | 0% | 2.9% | 0.4% | 0.6% |
| Widowed | 27.5% | 35.7% | 33.6% | 33.4% |
| Divorced | 32.5% | 22.9% | 22.7% | 23.4% |
| Separated | 5% | 2.9% | 2.9% | 3% |
| Single, never married | 10% | 10% | 10.3% | 10.2% |
| **Household Composition** | | | | |
| Alone | 52.5% | 52.9% | 41.7% | 43.7% |
| With a spouse or partner | 22.5% | 24.3% | 24.7% | 24.5% |
| With one or more other family members | 22.5% | 12.9% | 24.1% | 22.7% |
| With one or more friends/people who are not related to me | 2.5% | 1.4% | 2.5% | 2.4% |
| Other residents in a residential setting | 0% | 5.7% | 4.7% | 4.5% |
| **Household Type** | | | | |
| Own house or apartment | 82.5% | 81.4% | 79.8% | 80.2% |
| Non-medical custodial housing | 2.5% | 0% | 1.4% | 1.3% |
| In an assisted living facility | 5% | 10% | 4.5% | 5.1% |
| In a nursing home | 0% | 1.4% | 2.3% | 2.1% |
| In a continuing care retirement community | 0% | 0% | 0.8% | 0.6% |
| In some other setting | 5% | 1.4% | 2.7% | 2.7% |
| With family/friend/partner | 5% | 2.9% | 6.4% | 5.9% |

The following tables contain tabulations of responses to the Participant Experience Survey questions. Frequencies indicate the number of respondents selecting each response, while percentages are weighted following the methodology outlined in section 1.4 of the Outcome Evaluation Analysis Report. The final sampling weight is a combination of a base weight and an adjustment for nonresponse at the agency-level.

## Section PPS. Pre-Populated Information Based on the Client Screening Tool (ES) and Data Collection (DC) Tools

| Agency Type  ES2 | Frequency | Percentage |
|---|---|---|
| ADRC Certainty | 300 | 6.89 |
| ADRC Rural | 93 | 26.49 |
| ADRC Urban | 159 | 66.62 |
| Total | 552 | 100 |

| Needs Spanish Interpreter   DC6 | Frequency | Percentage |
|---|---|---|
| Yes | 548 | 97.76 |
| No | 4 | 2.24 |
| Total | 552 | 100 |

| Need TRS service DC 7 | Frequency | Percentage |
|---|---|---|
| Yes | 543 | 96.21 |
| No | 6 | 1.63 |
| No Response | 3 | 2.16 |
| Total | 552 | 100 |

| Preferred Call Time  DC5 |
|---|
| No Data Available |

| PP1. Agency Name    ES 1 | Frequency | Percentage |
|---|---|---|
| Ability Resources | 3 | 1.42 |
| Appalachian Agency for Senior Citizens | 6 | 3.77 |
| Area IV-Agency on aging and Community | 12 | 19.49 |

| PP1. Agency Name    ES 1 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Action Programs (Area 4)** | | |
| **Area V- Southeast Idaho Area Agency on Aging** | 2 | 0.54 |
| **Area VI** | 8 | 0.37 |
| **Choices in Living Resource Center** | 165 | 3.79 |
| **Community Choices: North Central Region** | 9 | 2.48 |
| **Concho Valley ADRC** | 5 | 1.49 |
| **Essex County** | 4 | 2.82 |
| **Generations** | 17 | 5.99 |
| **Kiamichi Economic Development District of Oklahoma (KEDDO) AAA** | 1 | 0.30 |
| **Larimer County ARCH** | 1 | 0.15 |
| **Lifelong Links ARDC Heritage AAA** | 25 | 1.53 |
| **Mesa County ARCH** | 7 | 1.07 |
| **Nevada County** | 17 | 1.04 |
| **North West Senior and Disability Services** | 81 | 21.72 |
| **North West Missouri Area Agency on Aging (NWAA)** | 11 | 0.34 |
| **San Juan Basin ARDC** | 7 | 0.32 |
| **Senior Linkage Line, Disability Linkage Line** | 135 | 3.10 |
| **Service Link Resource Center of Coos County** | 21 | 12.87 |
| **West Virginia Aging and Disability Resource- Fairmount Site** | 15 | 15.40 |
| **Total** | 552 | 100 |

| PP2. Respondent Type  ES3* | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Self** | 292 | 59.12 |
| **Parent** | 144 | 22.26 |
| **Child** | 17 | 2.67 |
| **Other Relative** | 69 | 12.82 |
| **Friend** | 11 | 0.78 |
| **Neighbor** | 2 | 0.05 |
| **Client/Patient** | - | - |
| **Other\*** | 17 | 2.31 |
| **Total** | 552 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| PP3. Study Type  ES 5/ES 6 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Older Adult** | 88 | 19.86 |

| | | |
|---|---|---|
| **Disability** | 131 | 22.11 |
| **Older Adult and Disability** | 313 | 52.62 |
| **Neither Older Adult nor Disability** | 2 | 1.65 |
| **No Response** | 18 | 3.76 |
| **Total** | 552 | 100 |

| PP4. Result of Contact   ES7 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Yes | | No | | No Response | | Total | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **Information Assistance and/or Referral(s) (not including options counseling)** | 394 | 85.50 | 157 | 14.48 | 1 | 0.02 | 552 | 100 |
| **Options Counseling or Peer Support/Peer Counseling** | 239 | 27.70 | 310 | 71.99 | 3 | 0.31 | 552 | 100 |
| **Benefits Counseling or Eligibility Determination** | 175 | 51.57 | 375 | 48.38 | 2 | 0.05 | 552 | 100 |
| **Transition Assistance** | 13 | 1.93 | 537 | 98.02 | 2 | 0.05 | 552 | 100 |
| **Crisis Intervention** | 2 | 1.90 | 548 | 98.05 | 2 | 0.05 | 552 | 100 |
| **Life skills training or support** | 3 | 0.32 | 547 | 99.63 | 2 | 0.05 | 552 | 100 |

**PP5. Date of Contact – DC1 ***

*Responses to this question are available in the appendix with supplemental questions.

| PP6. Reason for Contacting the Agency (Client s Need at Time of the Time of Contact) | | |
|---|---|---|
| | Frequency | Percentage |
| Income Assistance | 18 | 3.80 |
| Energy Assistance | 10 | 3.23 |
| Medicare Questions | 88 | 22.45 |
| Medicaid Questions (Including Questions About HCBS Waivers) | 67 | 21.21 |
| Housing | 40 | 6.27 |
| Personal Care | 111 | 9.14 |
| Transportation | 16 | 2.01 |
| Nutrition | 17 | 7.18 |
| Chronic Health Conditions | 2 | 0.42 |
| Employment | 2 | 0.05 |
| Support Groups | 2 | 0.08 |
| Recreation Opportunities | 1 | 0.06 |
| Caregiver/Respite Support | 16 | 1.45 |
| Home Modification | 7 | 4.69 |
| Attendant Care Services | 36 | 0.93 |
| Advocacy | 3 | 0.31 |
| Education | 1 | 0.02 |
| Services for Emergent Cares/Crisis Intervention | 1 | 0.02 |
| Preventative Health Services | 3 | 0.14 |
| Ombudsman/Abuse or Neglect Issues | 1 | 0.06 |
| Advanced Directives | 3 | 1.11 |
| Transition Services | 9 | 0.45 |
| Other Independent Living Supports or Services | 15 | 3.33 |
| Other | 83 | 11.59 |
| Total | 552 | 100 |

| PP7. Mode of Contact   DC 10 | | |
|---|---|---|
| | Frequency | Percentage |
| In-person visit | 50 | 13.59 |
| Telephone call | 502 | 86.41 |
| Total | 552 | 100 |

| PP8. Respondent Name   DC2 |
|---|
| No Data Available |

| PP9. Respondent Age   ES5 | |
|---|---|
| | Respondent Age |

|  | Frequency | Percentage |
|---|---|---|
| **Less than 18** | 2 | 0.29 |
| **18-45** | 40 | 4.08 |
| **46-59** | 90 | 18.54 |
| **60-84** | 316 | 57.44 |
| **85 and above** | 94 | 15.11 |
| **No Response** | 11 | 4.54 |
| **Total** | 552 | 100 |
| **Min** | 7 | |
| **Max** | 99 | |
| **Mean** | 68.98 | |
| **Median** | 68 | |
| **Mode** | 64 | |

## I.1 Is now a good time for the interview about your experiences?

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 552 | 100 |
| **No, this is a bad time** | - | - |
| **No, I don't remember calling agency** | - | - |
| **Refused, no I don't want to do an interview** | - | - |
| **Total** | 552 | 100 |

## I.2 When would be a better time to call back to do the interview?

|  | Frequency | Percentage |
|---|---|---|
| **Not Applicable** | 552 | 100 |
| **Gives call back time __** | - | - |
| **Don't Know** | - | - |
| **RF** | - | - |
| **Total** | 552 | 100 |

## I.3 Can I ask you why are you not interested in participating?

|  | Frequency | Percentage |
|---|---|---|
| **Not Applicable** | 552 | 100 |
| **Don't Know** | - | - |
| **RF** | - | - |
| **Total** | 552 | 100 |

## I.4 Do you agree to participate in this research study and begin study procedures as we have discussed?

|  | Frequency | Percentage |
|---|---|---|
| **Agree** | 552 | 100 |
| **Disagree** | - | - |
| **Total** | 552 | 100 |

## I.5 Can you tell me why you don't wish to participate in the interview?

|  | Frequency | Percentage |
|---|---|---|
| **Not Applicable** | 552 | 100 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 552 | 100 |

## CP1.    Is this number that I called you on a cell phone?

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 157 | 22.44 |
| **No** | 395 | 77.56 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total** | 552 | 100 |

## CP2.    Is there a land line where you would prefer me to call to conduct the interview?

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | - | - |
| **No, continue on cell phone** | 157 | 100 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total*** | 157 | 100 |

* This question was only asked of those who responded "Yes" to question CP1.

## CP3.    Are you currently driving, or someplace else where it IS NOT safe to talk on your cell phone?

|  | Frequency | Percentage |
|---|---|---|
| **Yes/Call me later** | - | - |
| **No, respondent can talk now** | 157 | 100 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total*** | 157 | 100 |

* This question was only asked of those who responded "No, continue on cell phone" to question CP2.

## CP4.    Is now a good time to talk?
## [INTERVIEWER: IF EVENINGS/WEEKENDS ARE BETTER BECAUSE RESPONDENT IS

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

| NOT CHARGED FOR CELL USAGE, SCHEDULE CALLBACK AND RECORD COMMENTS] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes, now is fine** | 157 | 100 |
| **No, another time is better** | - | - |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total** | 157 | 100 |

\* This question was only asked of those who responded "No, respondent can talk now" to question CP3.

# Section A. Initial Contact

## A.0. Was the initial contact with [insert PP1] a telephone call or in person visit? *

|  | Frequency | Percentage |
|---|---|---|
| **In-Person Visit** | - | - |
| **Telephone call** | - | - |
| **Don't Know** | - | - |
| **RF** | - | - |
| **Not Applicable** | 552 | 100 |
| **Total** | 552 | 100 |

\* This question was only asked if PP7 was blank.

## A.0b. I just need to verify your current age to be sure you are eligible for the study. Are you 60 years of age or older? *

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 1 | 0.02 |
| **No** | - | - |
| **Don't Know** | - | - |
| **RF** | - | - |
| **Not Applicable** | 551 | 99.98 |
| **Total** | 552 | 100 |

\* This question was only asked if QES6 had the value "Neither Older Adult nor Disability."

## A.1 When you contacted the [insert PP1], you said that the main reason for your [insert PP7] was insert [PP6]. Is that correct?

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 512 | 93.44 |
| **No** | 35 | 5.96 |
| **Don't Know** | 5 | 0.61 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

## A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert PP1] on [insert PP5]? *

|  | Frequency | Percentage |
|---|---|---|
| **Safe and affordable housing options** | 1 | 0.35 |
| **Peer support services/groups** | - | - |
| **HCBS Medicaid Waiver Programs** | - | - |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | - | - |
| **Nutrition Programs** | 2 | 8.29 |
| **Employment Services** | - | - |
| **Education services** | - | - |
| **Opportunities to develop advanced directives** | - | - |
| **Transportation services** | - | - |
| **Opportunities for socialization/recreation** | - | - |
| **Mental health services** | 1 | 4.08 |
| **Ombudsman services** | - | - |

## A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert PP1] on [insert PP5]? *

| | Frequency | Percentage |
|---|---|---|
| **Health prevention and screening services** | 2 | 4.78 |
| **Emergency services/crisis intervention** | - | - |
| **Transition programs (from hospitals, nursing homes etc.)** | 1 | 4.08 |
| **Nursing home (institutional) diversion program** | - | - |
| **Nursing home/residential beds** | 1 | 0.35 |
| **Income Assistance** | 4 | 5.72 |
| **Energy assistance** | 1 | 0.35 |
| **Personal Care services** | 3 | 4.78 |
| **Independent living services (e.g., home modification, attendant care)** | 1 | 15.64 |
| **Independent Living Skills training** | - | - |
| **Other, please specify** | 21 | 50.88 |
| **(VOL) DK** | 2 | 0.70 |
| **(VOL) REF** | - | - |
| **Total** | 40 | 100 |

*Verbatim responses to this question are available in the appendix with supplemental questions.

## A.3. From where did you first find out about the [insert PP1]? [CHECK MOST APPROPRIATE RESPONSE]

| | Frequency | Percentage |
|---|---|---|
| **Family member, friend or other acquaintance** | 161 | 35.44 |
| **Hospital/Clinic/Doctor** | 32 | 5.81 |
| **Nursing home/Assisted Living** | 19 | 2.18 |
| **Phone Book** | 11 | 3.85 |
| **Brochure/Flyer** | 19 | 0.74 |
| **Referral from Senior Center** | 20 | 1.55 |
| **Referral from another agency/organization** | 147 | 26.67 |
| **Through work** | 25 | 2.67 |
| **Internet/Website** | 42 | 4.68 |
| **Media/Newspaper/TV/Radio** | 22 | 7.88 |
| **Other*** | 15 | 1.40 |
| **Don't Know** | 39 | 7.12 |
| **RF** | - | - |
| **Total** | 552 | 100 |

**Free text responses accompanying this question are available in the appendix with supplemental questions.

## A.4. Was [insert PP1] the first organization that you contacted about [insert PES A.2 if answered OR PP6]

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 398 | 79.45 |
| **No** | 132 | 18.45 |
| **Don't Know** | 22 | 2.10 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

## Section B: Agency Efficiency

**B.1. [ASK ONLY IF PP7 IN PERSON VISIT; ELSE SKIP TO B.2] When you first contacted the [insert PP1], how long did you wait during the initial contact to talk with someone who could help you with [insert PES A.2 If answered OR PP6]? [DO NOT READ RESPONSES, PLEASE CHECK APPROPRIATE RESPONSE]**

|  | Frequency | Percentage |
|---|---|---|
| Minimal wait (less than five minutes) | 30 | 57.27 |
| Five to 10 minutes | 10 | 13.92 |
| 10 minutes to 20 minutes | 7 | 16.18 |
| Over 20 minutes | 1 | 11.95 |
| Don't Know | 2 | 0.68 |
| Refused | - | - |
| Total * | 50 | 100 |

\*This question was asked of all those where PP7 had a value of "In-Person Visit."

**B.2. Were you able to talk to a representative during your first [insert PP7] with [insert PP1]?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 437 | 76.59 |
| No | 81 | 16.22 |
| Don't Know | 34 | 7.18 |
| Refused | - | - |
| Total | 552 | 100 |

**B.3. Do you recall how many additional contacts you had to make before you were able to talk with a representative, including calls where you left a message on a machine? [DO NOT READ RESPONSES] [PROBE: IF NOT SURE, PROBE FOR BEST ESTIMATE AND READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| None | 6 | 2.68 |
| One | 32 | 39.56 |
| Two | 20 | 13.25 |
| Three | 14 | 8.02 |
| Four or more | 15 | 10.99 |
| Don't Know | 28 | 25.49 |
| Total* | 115 | 100 |

\*This question was asked to all those **not** responding "Yes" to question B2.

**B.4. Including the contact that you made [insert PP1] on [insert PP5], how many times have you had to describe your request for services to [PP1], or explain what you needed? [ DO NOT READ RESPONSES]**

|  | Frequency | Percentage |
|---|---|---|
| One time | 394 | 70.27 |
| Two times | 84 | 17.04 |
| Three or four times | 28 | 2.45 |
| Five or more times | 18 | 3.59 |
| Don't Know | 28 | 6.65 |
| Refused | - | - |

| Total | 552 | 100 |

**B.5 Throughout your contact with [insert PP1] did any of the following circumstances reduce or prevent your ability to resolve your issue? [READ EACH ITEM TO GET A YES/NO ANSWER]**

| | Yes | | No | | Don't Know | | Refused | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **[PP1]'s hours of operation** | 37 | 7.61 | 507 | 91.92 | 8 | 0.47 | - | - | 552 | 100 |
| **Difficulty reaching the [insert PP1]'s staff** | 73 | 16.66 | 474 | 82.37 | 5 | 0.97 | - | - | 552 | 100 |
| **Language or communication problems** | 19 | 3.75 | 531 | 94.35 | 2 | 1.89 | - | - | 552 | 100 |
| **Lack of staff professionalism** | 25 | 5.09 | 519 | 93.54 | 8 | 1.36 | - | - | 552 | 100 |
| **Lack of staff knowledge** | 45 | 8.27 | 493 | 90.20 | 13 | 1.47 | 1 | 0.06 | 552 | 100 |
| **Lack of staff follow through** | 61 | 9.43 | 467 | 83.32 | 23 | 7.23 | 1 | 0.02 | 552 | 100 |

# Section C: Effectiveness of Agency Representative

| C.1. Did you feel the representative at [insert PP1] paid close attention to what you were saying? [READ CHOICES] | Frequency | Percentage |
|---|---|---|
| Yes, definitely | 430 | 83.52 |
| Yes, probably | 80 | 10.20 |
| No, probably not | 14 | 1.88 |
| No, definitely not | 19 | 3.31 |
| Don't Know | 9 | 1.10 |
| Refused | - | - |
| Total | 552 | 100 |

| C.2. In your opinion, how knowledgeable was the representative at [insert PP1] about the reason you contacted them, that is [insert PES A.2 if answered; else insert PP6]? Were they ...... [READ CHOICES] | Frequency | Percentage |
|---|---|---|
| Very knowledgeable | 410 | 78.45 |
| Somewhat knowledgeable | 92 | 14.33 |
| Not very knowledgeable | 25 | 2.91 |
| Not at all knowledgeable | 11 | 2.10 |
| Don't Know | 14 | 2.21 |
| Refused | - | |
| Total | 552 | 100 |

| C.3. When you had a [insert PP7] with [insert PP1] on [insert PP5], was the information you received from the representative at [insert PP1]........[READ CHOICES] | Frequency | Percentage |
|---|---|---|
| Very clear and understandable | 425 | 82.99 |
| Somewhat clear and understandable | 82 | 11.14 |
| Not very clear or understandable | 19 | 2.18 |
| Not at all clear or understandable | 14 | 2.64 |
| Don't Know | 12 | 1.06 |
| Refused | - | - |
| Total | 552 | 100 |

**C.4. Based on your request for help with [insert PES A.2 if answered; else insert PP6] when you contacted [insert PP1], did the representative ask questions that made you feel that the needs for which you initially contacted the agency were being correctly assessed?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 471 | 87.17 |
| **No** | 62 | 8.34 |
| **Don't Know** | 19 | 4.49 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

**C.5. If the assistance was requested, did the representative at [insert PP1] work with you to develop a plan outlining your next steps in meeting your/your [insert PP2] s ongoing need for services or supports?**
**[INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR AS TO WHAT YOU MEAN BY  SERVICES AND SUPPORTS', YOU MAY OFFER THIS DECRIPTION: "SERVICES AND SUPPORTS ARE THE THINGS YOU MAY NEED TO MEET YOUR HEALTH OR PERSONAL CARE NEEDS AND TO ASSIST YOU WITH THE BASIC PERSONAL TASKS OF EVALUATION".]**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 336 | 69.16 |
| **No** | 111 | 15.78 |
| **No assistance requested for long term care needs** | 84 | 10.43 |
| **Don't Know** | 21 | 4.63 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

**C.6. Does the plan accurately reflect your/your [insert PP2] s needs and preferences for resolving the issue that you called about, that is [insert PES A.2 if answered; else insert PP6]?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes, definitely** | 233 | 70.84 |
| **Yes, probably** | 63 | 18.74 |
| **No, probably not** | 14 | 2.09 |
| **No, definitely not** | 8 | 4.82 |
| **Don't Know** | 18 | 3.51 |
| **RK** | - | - |
| **Total** | 336 | 100 |

*This question was asked to all those who responded "Yes" to question C5.

# Section D. Institutional Diversion

| D.1. When you contacted the [insert PP1], were you considering a move to a long term care setting, such as a nursing home, for yourself/your [insert PP2]? | Frequency | Percentage |
|---|---|---|
| Yes | 94 | 14.28 |
| No | 456 | 85.43 |
| Don't Know | 2 | 0.29 |
| Refused | - | - |
| Total | 552 | 100 |

| D.2. Did the representative you talked to at the [insert PP1] on [inset PP5] help you to understand other choices for staying in the community to avoid or delay moving to a nursing home or other long term care facility? | Frequency | Percentage |
|---|---|---|
| Yes | 206 | 31.15 |
| No | 332 | 65.09 |
| Don't Know | 14 | 3.76 |
| Refused | - | - |
| Total | 552 | 100 |

| D.3. How likely is it that you/your [insert PP2] will have to move into a nursing home within the next five years? Would you say that it is….. | Frequency | Percentage |
|---|---|---|
| Very likely | 102 | 19.78 |
| Somewhat likely | 83 | 9.53 |
| Somewhat unlikely | 63 | 11.15 |
| Very unlikely | 260 | 52.81 |
| Don't Know | 43 | 6.71 |
| Refused | 1 | 0.02 |
| Total | 552 | 100 |

# Section E. Assistance with Services

| E.1. Did you receive access to the service that you/your [insert PP2] needed directly from them or indirectly from [INSERT PP1] or indirectly by a referral to another agency? | Frequency | Percentage |
|---|---|---|
| Directly ([insert PP1] provided the service) | 284 | 58.91 |
| Indirectly (you were referred elsewhere) | 178 | 27.55 |
| Both/some services provided by [insert PP1] staff and some through referrals | 29 | 3.94 |
| Don't Know | 57 | 8.93 |
| Refused | 4 | 0.67 |
| Total | 552 | 100 |

| E.2. Did the representative of the [insert PP1] help you/your [insert PP2] to connect with the services you/your [insert PP2] needed? | Frequency | Percentage |
|---|---|---|
| Yes | 135 | 61.91 |
| No | 123 | 35.65 |
| Don't Know | 10 | 2.44 |
| Refused | - | - |
| Total * | 268 | 100 |

*This question was asked of all those who **did not** respond "Directly" to question E1.

| E.3 Did the representative of the [insert PP1] transfer your call to an agency or organization that provided you/your [insert PP2] with your/your [insert PP2] s needed or requested services? | Frequency | Percentage |
|---|---|---|
| Yes | 35 | 25.72 |
| No | 93 | 71.64 |
| Don't Know | 7 | 2.65 |
| Refused | - | - |
| Total * | 135 | 100 |

*This question was asked of all those who responded "Yes" to question E2.

**E.4. Did the representative give you contact information (telephone number, address, web address) of an agency or organization that provided you/your [insert PP2] with needed or requested services?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 88 | 73.25 |
| **No** | 12 | 26.75 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total *** | 100 | 100 |

*This question was asked of all those who **did not** respond "Yes" to question E3.

**E.5 Did the representative of [PP1] contact the service provider and arrange for them to contact you?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 3 | 22.73 |
| **No** | 8 | 76.82 |
| **Don't Know** | 1 | 0.45 |
| **Refused** | - | - |
| **Total *** | 12 | 100 |

*This question was asked of all those who responded "No" to question E4.

**E.6. When you contacted the provider about the services you were seeking, did that provider already have the information that you gave to [insert PP1] or did you have to explain your/you [insert PP2] s need again? [READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| **Provider had the information** | 39 | 30.84 |
| **Provider had the information but it was not correct or it was incomplete and you had to start the process again** | 4 | 6.23 |
| **Provider did not have the information – had to start the process again** | 61 | 48.35 |
| **Don't Know** | 21 | 14.48 |
| **Refused** | 1 | 0.11 |
| **Total** | 126 | 100 |

*This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5.

| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? [RECORD RESPONSE BELOW (CODING WILL BE DONE IN POST PRODUCTION)] * | | |
|---|---|---|
| | **Frequency** | **Percentage \*\*** |
| **Safe and affordable housing options** | 5 | 2.06 |
| **Peer support services/groups** | 1 | 0.28 |
| **HCBS Medicaid Waiver Programs** | - | - |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | 2 | 0.21 |
| **Nutrition Programs** | - | - |
| **Employment Services** | - | - |
| **Education services** | - | - |
| **Opportunities to develop advanced directives** | - | - |
| **Transportation services** | 1 | 0.11 |
| **Opportunities for socialization/recreation** | - | - |
| **Mental health services** | 2 | 0.39 |
| **Ombudsman services** | 1 | 0.28 |
| **Health prevention and screening services** | 5 | 4.06 |
| **Emergency services/crisis intervention** | - | - |
| **Transition programs (from hospitals, nursing homes etc.)** | 3 | 0.50 |
| **Nursing home (institutional) diversion program** | 1 | 4.77 |
| **Nursing home/residential beds** | 1 | 1.28 |
| **Income Assistance** | - | - |
| **Energy assistance** | 2 | 0.39 |
| **Personal Care services** | 2 | 1.35 |
| **Medicaid Waiver Assistance** | - | - |
| **Independent living services (e.g., skills training, peer support)** | 7 | 4.63 |
| **Other, please specify** | 56 | 37.74 |
| **None** | 1 | 0.11 |
| **DK** | 22 | 23.16 |
| **REF** | - | - |

\* This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5. Responses to this question are available in the appendix with supplemental questions.
\*\*Percentages do not add up to 100% as respondents could select more than one option.

| E.8. What was the result of the referral? [READ FROM THE FOLLOWING LIST AND CHECK THE MOST APPROPRIATE RESPONSE] | Frequency | Percentage |
|---|---|---|
| You/your [insert PP2] received services | 52 | 43.33 |
| You/your [insert PP2] did not receive services | 19 | 20.46 |
| It's too soon to tell | 52 | 33.80 |
| Don't Know | 2 | 2.31 |
| Refused | 1 | 0.11 |
| Total | 126 | 100 |

*This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5.

| E.9. You said that you/your [insert PP2] did not receive the services through the referral; why do you think it is? [RECORD RESPONSE; CODING WILL BE DONE IN POST PRODUCTION] * | Frequency | Percentage |
|---|---|---|
| The services were not what [insert PP2] wanted/needed | 2 | 37.39 |
| The service/program is not accepting applications/there is a waitlist | 1 | 6.09 |
| It is too expensive | 1 | 0.52 |
| There is no transportation | - | - |
| The service or program is not available at times needed | 1 | 6.78 |
| [insert PP2] is not eligible | 3 | 1.57 |
| I tried to contact the service or program that was referred, but was busy/unavailable | - | - |
| Line was busy | - | - |
| Wait time was too long | - | - |
| Other, _____ | 6 | 8.70 |
| Have not yet contacted, but plan to | 4 | 2.09 |
| Have no plans to contact the service or program Please specify _____ | - | - |
| DK | 1 | 36.87 |
| REF | - | - |
| Total ** | 19 | 100 |

*Responses to this question are available in the appendix with supplemental questions.

**This question was asked of all those who responded "You/your [insert PP2] did not receive services" to question E8.

# Section E1. Assistance with Medicaid Eligibility Determination

| E.1. The next set of questions has to do with information and help that you may have received from [insert PP1] on whether or not you/your [insert PP2] are/is eligible for the Medicaid program in this state. | Frequency | Percentage |
|---|---|---|
| Continue | 447 | 80.87 |
| (VOL) Already receive Medicaid benefits | 34 | 7.19 |
| (VOL) Did not talk about being eligible for Medicaid benefits | 71 | 11.93 |
| Total | 552 | 100 |

| E.1.1 Did you receive specific information on applying for financial assistance for healthcare and residential support services from the federal government? | Frequency | Percentage |
|---|---|---|
| Yes | 146 | 33.78 |
| No | 273 | 58.19 |
| Don't Know | 28 | 8.02 |
| Refused | - | - |
| Total | 447 | 100 |

*This question was asked of all those who responded "Continue" to the Section E1 screener.

| E1.2 Did you complete an application for financial assistance for healthcare and residential support services from the federal government? | Frequency | Percentage |
|---|---|---|
| Yes | 70 | 46.74 |
| No | 94 | 49.28 |
| Don't Know | 10 | 3.99 |
| Refused | - | - |
| Total | 174 | 100 |

*This question was asked of all those who **did not** respond "No" to question E1.1.

## E1.2a Why not?
*Responses to this question are available in the appendix with supplemental questions.

| E1.3 Were you provided with the help by the [insert PP1] in completing the application for financial assistance for healthcare and residential support services from the federal government? | Frequency | Percentage |
|---|---|---|
| Yes | 39 | 70.14 |
| No | 29 | 27.48 |
| Don't Know | 2 | 2.38 |

**E1.3 Were you provided with the help by the [insert PP1] in completing the application for financial assistance for healthcare and residential support services from the federal government?**

|  | Frequency | Percentage |
|---|---|---|
| **Refused** | - | - |
| **Total *** | 70 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

**E1.4 Did the [insert PP1] help explain what information concerning your finances and care needs might be needed to determine if you were eligible for federal assistance for healthcare and residential support services?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 60 | 94.91 |
| **No** | 7 | 2.57 |
| **Don't Know** | 3 | 2.52 |
| **Refused** | - | - |
| **Total *** | 70 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

**E1.5 How long did you wait to find out if you/your [insert PP2] [are/is] eligible for financial assistance for healthcare and residential support services from the federal government?**
**[DO NOT READ RESPONSES, CHECK APPROPRIATE RESPONSE]**

|  | Frequency | Percentage |
|---|---|---|
| **One day or less** | 10 | 15.75 |
| **Two to six days** | 8 | 11.73 |
| **One week** | 7 | 10.76 |
| **More than one week but less than a month** | 18 | 28.36 |
| **Over a month** | 5 | 6.69 |
| **Still waiting** | 19 | 24.72 |
| **Don't Know** | 3 | 1.99 |
| **Refused** | - | - |
| **Total *** | 70 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

**E1.6 Did the [insert PP1] mention they were helping you to apply for Medicaid program, or did they use a different name to describe the financial assistance program?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes, Medicaid** | 40 | 68.10 |
| **No, Some other program** | 15 | 8.29 |
| **Don't Know** | 15 | 23.61 |
| **Refused** | - | - |
| **Total** | 70 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

**E1.6a. What was the name of this program?**
*Responses to this question are available in the appendix with supplemental questions.

**E1.7. Were you given information by the agency about other insurance, including private coverage and other types of government insurance, besides Medicaid/ [answer from E1.6a]?**
**[PROGRAMMER NOTE: IF ANSWER TO E1.6a. Is "Don't know" OR "REFUSED", SKIP TO E2.1]**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 87 | 20.41 |

| No | 330 | 74.23 |
|---|---|---|
| **Don't Know** | 23 | 5.36 |
| **Refused** | - | - |
| **Total*** | 440 | 100 |

*This question was asked of all those who responded "Continue" to the Section E1 screener, and who **did not** answer "Don't Know" or "Refused" to question E1.6a.

**E1.7a   Which other insurance resources were you given information on?**
*Responses to this question are available in the appendix with supplemental questions.

## Section E2. Assistance with One-on-One Options Counselling

| E2.1.Did you request a conversation with someone to talk with about understanding and selecting the long term services beyond information and referral, such as home delivered meals, personal care, help around the house, transportation, or similar kinds of services? | Frequency | Percentage |
|---|---|---|
| **Yes** | 126 | 20.11 |
| **No** | 416 | 78.33 |
| **Don't Know** | 10 | 1.55 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

| E2.2. Did you have a conversation with someone about understanding and selecting the long term services beyond information and referral? | Frequency | Percentage |
|---|---|---|
| **Yes** | 65 | 53.12 |
| **No** | 54 | 44.44 |
| **Don't Know** | 7 | 2.44 |
| **Refused** | - | - |
| **Total *** | 126 | 100 |

*This question was asked of all those who responded "Yes" to question E2.1.

| E2.3. Did the person you talked to about understanding and selecting the long term services visit you at your home/your [PP2] s home? | Frequency | Percentage |
|---|---|---|
| **Yes** | 26 | 60.43 |
| **No** | 38 | 39.35 |
| **Don't Know** | 1 | 0.22 |
| **Refused** | - | - |
| **Total *** | 65 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

| E2.4. Following the first conversation, did the person  follow up with either by phone calls and/or additional in home visits? | Frequency | Percentage |
|---|---|---|
| **Yes** | 37 | 69.25 |
| **No** | 25 | 27.03 |

| | | |
|---|---|---|
| **Don't Know** | 2 | 3.51 |
| **Refused** | 1 | 0.22 |
| **Total \*** | 65 | 100 |

**\***This question was asked of all those who responded "Yes" to question E2.2.

| E2.5. Did the information and support from the person you talked to about understanding and selecting the long term services help you to:[READ CHOICES] [RANDOMIZE ITEMS] * | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Yes, definitely | | Yes, probably | | No, probably not | | No, definitely not | | Don't Know | | Refused | | Total | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Better understand your/your [insert PP2]'s long term service and support options? | 41 | 65.66 | 12 | 15.84 | 5 | 8.89 | 5 | 3.44 | 1 | 0.29 | 1 | 5.88 | 65 | 100 |
| Make a decision about long term support services? | 27 | 36.27 | 10 | 4.66 | 7 | 8.39 | 15 | 29.75 | 4 | 8.60 | 2 | 12.33 | 65 | 100 |
| Get in touch with public programs? | 30 | 47.81 | 11 | 25.88 | 2 | 0.43 | 12 | 18.14 | 8 | 7.31 | 2 | 0.43 | 65 | 100 |
| Get in touch with private services including services that you have to pay for yourself? | 19 | 24.87 | 4 | 10.97 | 9 | 2.15 | 24 | 48.32 | 9 | 13.69 | - | - | 65 | 100 |
| Obtain long term support planning or services that fit within your budget? | 24 | 50.61 | 8 | 9.61 | 7 | 6.09 | 14 | 20.07 | 10 | 12.83 | 2 | 0.79 | 65 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

| E2.6. How satisfied or dissatisfied are you with the service you received from the person you talked to about understanding and selecting the long term services?[READ CHOICES] | Frequency | Percentage |
|---|---|---|
| Very satisfied | 38 | 68.53 |
| Somewhat satisfied | 17 | 24.44 |
| Somewhat dissatisfied | 4 | 1.08 |
| Very dissatisfied | 5 | 3.44 |
| Don't Know | 1 | 2.51 |
| Refused | - | - |
| Total | 65 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

## Section E3. Care Transition Services

| E3.1. Based on your contact with [insert PP1], did you/your [insert PP2] receive services that helped you/your [insert PP2] to transition from a hospital or other acute care facility into the community? | Frequency | Percentage |
|---|---|---|
| Yes | 28 | 3.47 |
| No | 516 | 95.73 |
| Don't Know | 8 | 0.80 |
| Refused | - | - |
| Total | 552 | 100 |

| E3.2. Based on your contact with [insert PP1], did you/your [insert PP2] receive any of the following services? [READ CHOICES] | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Yes | | No | | Don't Know | | Total | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **A contract before discharge to assess your/your [insert PP2]'s discharge needs** | 16 | 77.26 | 11 | 21.41 | 1 | 1.32 | 28 | 100 |
| **An explanation of your/your [insert PP2]'s discharge instructions** | 20 | 87.64 | 7 | 11.70 | 1 | 0.66 | 28 | 100 |
| **Post discharge services such as transportation to the doctor, help filling prescriptions, or household help** | 17 | 78.59 | 10 | 13.69 | 1 | 7.73 | 28 | 100 |
| **Follow-up phone call or visit within 48 hours of discharge** | 12 | 29.14 | 13 | 39.29 | 3 | 31.57 | 28 | 100 |

*This question was asked of all those who responded "Yes" to question E3.1.

| E3.3. How satisfied or dissatisfied are you with the transition service you/your [insert PP2] received? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Very satisfied** | 22 | 72.41 |
| **Somewhat satisfied** | 5 | 19.87 |
| **Somewhat dissatisfied** | - | - |
| **Very dissatisfied** | - | - |
| **Don't Know** | 1 | 7.73 |
| **Refused** | - | - |
| **Total** | 28 | 100 |

*This question was asked of all those who responded "Yes" to question E3.1.

## Section F. Services Received from the [insert PP1]

**F.1. Did you/your [insert PP2] ever receive the service for [insert PES A.2 if answered; else insert PP6] that you were seeking based on your contact with [insert PP1]? [READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| Yes, within one week of contact | 151 | 31.95 |
| Yes, after more than a week | 70 | 11.05 |
| No | 311 | 52.65 |
| Don't Know | 20 | 4.35 |
| Refused | - | - |
| Total | 552 | 100 |

**F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? [READ CHOICES] [RANDOMIZE ORDER] [MULTIPLE SELECTION] [WAIT FOR RESPONSE AFTER EACH CHOICE]***

|  | Frequency | Percentage ** |
|---|---|---|
| The services were not available | 47 | 14.81 |
| You/your [insert PP2] is on a waitlist | 30 | 14.87 |
| You/your [insert PP2] could not get to the services (e.g., hours of operation, transportation barriers) | 18 | 5.25 |
| The information/help received from [insert PP1] was not useful | 33 | 9.91 |
| You/your [insert PP2] did not follow-up on the information and/or referral. | 52 | 11.17 |
| You/your [insert PP2] no longer need the services | 36 | 9.08 |
| Difficulties filling out paperwork | 35 | 10.88 |
| Not being the right age for these services | 17 | 5.27 |
| Some other reason, specify_____ *** | 115 | 40.3 |
| Don't Know | 25 | 9.08 |
| Refused | - | - |

\* This question was asked of all those who responded "No" to question F.1.
\*\*Percentages do not add up to 100% as respondents could select more than one option.
\*\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**F.3. Since contacting the [insert PP1] on [insert PP5], have you been in touch with any other agencies similar to [insert PP1] to receive [insert PES A.2 if answered; else insert PP6]? ***

|  | Frequency | Percentage |
|---|---|---|
| Yes | 83 | 9.08 |
| No | 463 | 89.22 |
| Don't Know | 6 | 1.7 |
| Refused | - | - |
| Total | 552 | 100 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**F.3a. What other agencies or organizations were contacted?**
\*Responses to this question are available in the appendix with supplemental questions.

**F.4 Were there any needs that this other agency or organization was able to meet that [insert PP1] was NOT able to meet? ***

|  | **Frequency** | **Percentage** |
|---|---|---|
| **Yes** | 30 | 26.50 |
| **No** | 43 | 70.97 |
| **Don't Know** | 10 | 2.53 |
| **Refused** | - | - |
| **Total\*\*** | 83 | 100 |

**\***Free text responses accompanying this question are available in the appendix with supplemental questions.
**\*\*** This question was asked of all those who responded "Yes" to question F.3.

**F.4a  What needs was this other agency or organization able to meet?**
*Responses to this question are available in the appendix with supplemental questions.

| **F.5. As a result of your conversations with [insert PP1] staff, did you realize that you/your [insert PP2] had a need or concern that you did not know that you/your [insert PP2] had before contacting the [insert PP1]?** | | |
|---|---|---|
|  | **Frequency** | **Percentage** |
| **Yes** | 84 | 15.48 |
| **No** | 447 | 77.57 |
| **Don't Know** | 21 | 6.95 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

| **F.6. Did the [insert PP1] follow up with you to find out how useful the information was or how the referral turned out?** | | |
|---|---|---|
|  | **Frequency** | **Percentage** |
| **Yes** | 188 | 37.40 |
| **No** | 336 | 59.63 |
| **Don't Know** | 28 | 2.97 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

| F.7. On the following scale, as a result of your contact with [insert PP1], how satisfied or dissatisfied are you with… * [RANDOMIZE ORDER FOR ITEMS 1 7, ALWAYS ASK ITEM 8 LAST] | Very Satisfied | | Somewhat Satisfied | | Somewhat Dissatisfied | | Very Dissatisfied | | N/A | | Don't Know | | Refused | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| The services that you/your [insert PP2] received directly from [insert PP1] ** | 211 | 63.09 | 39 | 9.16 | 15 | 6.86 | 19 | 1.83 | 57 | 16.95 | - | - | 17 | 2.12 | 358 | 100 |
| Comprehensiveness of the information or services provided? | 339 | 67.37 | 112 | 15.14 | 31 | 8.39 | 40 | 4.47 | 28 | 4.44 | 2 | 0.20 | - | - | 552 | 100 |
| The personalization or individualization of the services offered? | 315 | 61.53 | 119 | 18.11 | 36 | 5.50 | 50 | 10.46 | 32 | 4.40 | - | - | - | - | 552 | 100 |
| The accuracy of the information provided? | 361 | 70.42 | 115 | 20.63 | 25 | 1.83 | 31 | 4.80 | 20 | 2.32 | - | - | - | - | 552 | 100 |
| The support you received related to decision-making? | 292 | 54.69 | 107 | 16.14 | 32 | 2.67 | 39 | 5.97 | 81 | 20.47 | 1 | 0.06 | - | - | 552 | 100 |
| The professionalism of the organization or staff? | 421 | 82.42 | 79 | 10.62 | 19 | 2.44 | 21 | 2.11 | 12 | 2.41 | - | - | - | - | 552 | 100 |
| The ease of working with [insert PP1] to | 346 | 68.10 | 102 | 18.59 | 33 | 3.01 | 29 | 5.27 | 42 | 5.03 | - | - | - | - | 552 | 100 |

| F.7. On the following scale, as a result of your contact with [insert PP1], how satisfied or dissatisfied are you with… * [RANDOMIZE ORDER FOR ITEMS 1 7, ALWAYS ASK ITEM 8 LAST] | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Very Satisfied | | Somewhat Satisfied | | Somewhat Dissatisfied | | Very Dissatisfied | | N/A | | Don't Know | | Refused | | Total | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| resolve the issue related to [insert PES A.2 if answered or PP6] | | | | | | | | | | | | | | | | |
| The services that you/your [insert PP2] received from agencies you were referred to by [insert PP1]? *** | 111 | 43.92 | 45 | 14.59 | 9 | 4.86 | 22 | 7.39 | 38 | 15.84 | - | - | 45 | 13.41 | 270 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

** This question was only asked of those who responded "Directly ([insert PP1] provided the service)" or "Both/some services provided by [insert PP1] staff and some through referrals" to question E.1.

*** This question was only asked of those who responded "Indirectly (you were referred elsewhere)" or "Both/some services provided by [insert PP1] staff and some through referrals" to question E.1.

**F.8. As a result of your contact with the [insert PP1], would you say that you are… [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Much more certain about your/you [insert PP2]'s long term care options** | 179 | 37.14 |
| **A little more certain** | 120 | 20.59 |
| **About the same** | 145 | 25.80 |
| **A little more confused** | 48 | 9.32 |
| **Much more confused** | 30 | 4.56 |
| **Don't Know** | 29 | 2.53 |
| **Refused** | 1 | 0.06 |
| **Total** | 552 | 100 |

**F.9. To what degree has the information you received from [insert PP1] been useful to you as you select the long term care options that are best for you/your [insert PP2]? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Very Useful** | 247 | 45.43 |
| **Somewhat useful** | 145 | 23.26 |
| **Not too useful** | 36 | 5.46 |
| **Not useful at all** | 71 | 14.18 |
| **Don't Know** | 52 | 10.64 |
| **Refused** | 1 | 1.03 |
| **Total** | 552 | 100 |

**F.10. Would you tell a friend or relative who needed help to contact the [insert PP1]?**

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 493 | 94.05 |
| **No** | 53 | 5.24 |
| **Don't Know** | 6 | 0.71 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

**F.11. How likely is it that you would contact the [insert PP1] if you needed services in the future? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Very Likely** | 425 | 85.32 |
| **Somewhat likely** | 64 | 6.39 |
| **Somewhat unlikely** | 15 | 3.16 |
| **Very unlikely** | 41 | 4.34 |
| **Don't Know** | 7 | 0.79 |
| **Refused** | - | - |
| **Total** | 552 | 100 |

# Section G. Heath and Demographic Information

| G.1. Do/Does you/your [insert PP2] have any of the following types of health insurance? Record all that apply. [READ CHOICES] | Yes | | No | | Don't Know | | Refused | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Medicare** | 436 | 74.09 | 107 | 24.13 | 5 | 1.40 | 4 | 0.38 | 552 | 100 |
| **Private Health Insurance** | 243 | 39.10 | 300 | 59.12 | 5 | 1.40 | 4 | 0.38 | 552 | 100 |
| **Some other kind of health insurance (specify)___ *** | 152 | 27.72 | 391 | 65.94 | 5 | 1.40 | 4 | 0.38 | 552 | 100 |
| **No Insurance** | 24 | 7.19 | 519 | 91.03 | 5 | 1.40 | 4 | 0.38 | 552 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| G.2. At the present time, would you say your/your [insert PP2] s health is excellent, good, fair or poor? | Frequency | Percentage |
|---|---|---|
| **Excellent** | 36 | 4.83 |
| **Good** | 117 | 25.39 |
| **Fair** | 192 | 29.61 |
| **Poor** | 194 | 37.55 |
| **(VOL) [insert PP2] has passed** | 7 | 1.76 |
| **Don't Know** | 4 | 0.11 |
| **Refused** | 2 | 0.74 |
| **Total** | 552 | 100 |

| G.3. Have/has you/your [insert PP2] been admitted to a hospital in the past 6 months? | Frequency | Percentage |
|---|---|---|
| **Yes** | 208 | 34.23 |
| **No** | 339 | 64.36 |
| **Don't Know** | 4 | 1.14 |
| **Refused** | 1 | 0.27 |
| **Total** | 552 | 100 |

**G.4. What is your date of birth? [month/day/year]**
*Data not included in dataset provided to IMPAQ

**G.5. What is the date of birth of the person for whom you contacted the agency? [month/day/year]**
*Data not included in dataset provided to IMPAQ

| G.6. What is your/your [insert PP2] s gender? [BY OBSERVATION UNLESS NEEDED] | Frequency | Percentage |
|---|---|---|
| **Male** | 160 | 29.84 |
| **Female** | 391 | 69.90 |
| **Don't Know** | - | - |
| **Refused** | 1 | 0.27 |

| | Frequency | Percentage |
|---|---|---|
| **Total** | 552 | 100 |

**G.7. What is the highest grade or year of school you/your [insert PP2] have/has completed? [READ AS NEEDED TO PROBE]**

| | Frequency | Percentage |
|---|---|---|
| **No formal Schooling** | 8 | 1.39 |
| **First through 7th grade** | 23 | 4.60 |
| **8th grade** | 23 | 4.17 |
| **Some high school** | 55 | 14.22 |
| **High school graduate** | 208 | 38.35 |
| **Some college** | 94 | 13.88 |
| **Associates degree** | 29 | 4.04 |
| **Four-year college graduate** | 49 | 7.08 |
| **Some graduate school** | 9 | 2.17 |
| **Graduate and professional degrees** | 24 | 4.53 |
| **(VOL) Don't Know** | 23 | 3.00 |
| **(VOL) Refused** | 7 | 2.56 |
| **Total** | 552 | 100 |

**G.8. Are you/ Is your [insert PP2] Hispanic, Latino, or of Spanish origin?**
**[INTERVIEWER NOTE: IF RESPONDENT SAYS THEY ARE MEXICAN, MEXICAN AMERICAN, CHICANO, PUERTO RICAN OR CUBAN, COUNT THEM AS A YES'.]**

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 47 | 4.41 |
| **No, not of Hispanic, Latino, or Spanish origin** | 501 | 94.98 |
| **Don't Know** | 2 | 0.29 |
| **Refused** | 2 | 0.32 |
| **Total** | 552 | 100 |

**G.9. What is your/your [insert PP2] s race? One or more categories may be selected.**
**[READ LIST AND MULTIPLE RECORD]**

| | Frequency | Percentage* |
|---|---|---|
| **White** | 465 | 94.25 |
| **Black or African American** | 74 | 4.31 |
| **American Indian or Alaska Native** | 20 | 3.35 |
| **Asian or Asian American** | - | - |
| **Native Hawaiian or other Pacific Islander** | 1 | 0.27 |
| **(VOL) Other (Specify)*** | 8 | 0.81 |
| **(VOL) Don't Know** | - | - |
| **(VOL) Refused** | 3 | 0.59 |

* Percentages do not add up to 100% as respondents could select more than one option.
** Free text responses accompanying this question are available in the appendix with supplemental questions.

**G.10a. And now, what was your/your [insert PP2] s total household income last year from all sources before taxes? Include your/your [insert PP2] s income and income from anyone else living in your/your [insert PP2] s household. Do not tell me the amount. Please just tell me the answer that best represents your/your [insert PP2] s household income.**

**[CHECK APPROPRIATE RESPONSE] [READ CHOICES] [ PROBE: Your best estimate is fine.]**

| | Frequency | Percentage |
|---|---|---|
| **Less than or equal to $40,000** | 454 | 82.91 |

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**G.10a. And now, what was your/your [insert PP2] s total household income last year from all sources before taxes? Include your/your [insert PP2] s income and income from anyone else living in your/your [insert PP2] s household. Do not tell me the amount. Please just tell me the answer that best represents your/your [insert PP2] s household income.**

**[CHECK APPROPRIATE RESPONSE] [READ CHOICES] [ PROBE: Your best estimate is fine.]**

| | Frequency | Percentage |
|---|---|---|
| More than $40,000 to $80,000 | 39 | 7.04 |
| More than $80,000 | 10 | 2.12 |
| (VOL) [insert PP2] has passed away | 2 | 0.05 |
| (VOL) Don't Know | 27 | 4.85 |
| (VOL) Refused | 20 | 4.85 |
| Total | 552 | 100 |

**G.10b. Was that…?**

| | Frequency | Percentage |
|---|---|---|
| Less than or equal to $20,000 | 332 | 71.10 |
| More than $20,000 | 111 | 26.05 |
| (VOL) Don't Know | 10 | 2.82 |
| (VOL) Refused | 1 | 0.03 |
| Total | 454 | 100 |

**G.10c. Was that…?**

| | Frequency | Percentage |
|---|---|---|
| Less than or equal to $60,000 | 23 | 58.22 |
| More than $60,000 | 16 | 41.78 |
| (VOL) Don't Know | - | - |
| (VOL) Refused | - | - |
| Total | 39 | 100 |

**G.10d. Was that…?**

| | Frequency | Percentage |
|---|---|---|
| Less than or equal to $100,000 | 5 | 19.13 |
| More than $100,000 to $150,000 | 3 | 3.25 |
| More than $150,000 | - | - |
| (VOL) Don't Know | 2 | 77.62 |
| (VOL) Refused | - | - |
| Total | 10 | 100 |

**G.11. What is your/your [insert PP2] s marital status? Are you/Is your [insert PP2]….?**

| | Frequency | Percentage |
|---|---|---|
| Married | 140 | 26.75 |
| Living Together | 4 | 0.85 |
| Widowed | 178 | 30.78 |
| Divorced | 134 | 26.89 |
| Separated | 19 | 2.22 |
| Single, never married | 60 | 11.07 |
| (VOL) Don't Know | 4 | 0.27 |
| (VOL) Refused | 6 | 1.17 |
| Total* | 545 | 100 |

*This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

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## G.12. With whom, if anyone, do you/does your [insert PP2] live?

| | Frequency | Percentage |
|---|---|---|
| **Alone** | 236 | 40.86 |
| **With a spouse or a partner** | 132 | 25.20 |
| **With one or more family members** | 130 | 23.11 |
| **With one or more friends/people who are not related to me** | 14 | 2.39 |
| **Other residents (e.g., roommate) in a residential setting** | 26 | 7.00 |
| **(VOL) Don't Know** | 2 | 0.30 |
| **(VOL) Refused** | 5 | 1.15 |
| **Total*** | 545 | 100 |

*This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

## G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in…[READ CHOICES[
[INTERVIEWER NOTE: SEE FAQ FOR DEFINITATIONS OF THESE ITEMS IF NEEDED]

| | Frequency | Percentage |
|---|---|---|
| **My own house or apartment (e.g., free-standing, row house, town house, apartment, etc.)** | 437 | 79.82 |
| **Non-medical custodial housing (e.g., group home, congregate house, half-way house, safe-house, recovery house, board and care house, other residential non-medical adult care facility)** | 7 | 0.91 |
| **In an assisted living setting** | 31 | 4.07 |
| **In a nursing home** | 10 | 5.26 |
| **In a continuing care retirement setting** | 4 | 0.34 |
| **In some other setting, specify_____ *** | 51 | 8.66 |
| **(VOL) Don't Know** | 1 | 0.02 |
| **(VOL) Refused** | 4 | 0.91 |
| **Total**** | 545 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.
**This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

## G.14. Have you/ has your [insert PP2] ever lived in an assisted living setting?

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 29 | 3.73 |
| **No** | 485 | 95.14 |
| **(VOL) Don't Know** | 4 | 0.77 |
| **(VOL) Refused** | 3 | 0.37 |
| **Total*** | 521 | 100 |

*This question was asked to all those **did not** respond "In an Assisted Living Setting" to question G.13.

## G.15. Have you/ has your [insert PP2] ever lived in nursing home?

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 42 | 8.08 |
| **No** | 495 | 91.46 |
| **Don't Know** | 2 | 0.09 |
| **Refused** | 3 | 0.37 |
| **Total*** | 542 | 100 |

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| | Mean | Median | Mode | Range | |
|---|---|---|---|---|---|
| | | | | Min | Max |
| G.14a.   How long did you/your [insert PP2] live in the assisted living setting?_ / _ (months/years) * | 19.84 | 6 | 24 | 0 | 144 |
| G.15a.  How long did you/your [insert PP2] live in the nursing home? _ / _ (months/years) | 6.96 | 2 | 1 | 0 | 120 |

*Responses to these questions are available in the appendix with supplemental questions.

## Section PPS. Pre-Populated Information

| PP2. Respondent Type :<br>Responses for Those Answering "Other" |
| --- |
| Spouse |
| Ssa |
| Spouse |
| Spouse |
| Spouse |
| Spouse |
| Grandson |
| Poa |
| Partner |
| Spouse |
| Sister |
| Spouse |
| Friend Of Caregiver |
| Spouse |
| Spouse |
| Payee Service |

| PP6. Other  Reason for Contacting the agency (Client's need at time of the time of contact)  DC 8 |
| --- |
| Assistance with air conditioner |
| Assistance with scooter |
| Financial support for health services needed |
| VA paperwork |
| Help writing monthly checks out |
| Retirement, tax withholding income tax question |
| Counseling |
| To meet with ES |
| Adult foster home |
| Follow up on SNAP request |
| Tax help resources |
| Hospice |
| Financial assistance for hearing aids |
| Retirement/insurance questions |
| XIX questions |
| Medicaid/SNAP |
| SNAP |
| Program information/eligibility - if moves to OR |
| Medicaid services |
| Physician referrals |
| Paid family caregiver |
| Paid caregiver for mom |
| Options for care such as assisted living |
| Independent Choices |
| Options for in home care for wife |
| Independent Choices |
| Options |
| Independent Choices |
| Help with deciding in home care vs. Nursing home |
| Options In-home support |
| Independent Choices |
| Adult day training program |
| Independent Choices |
| Information about Independent Choices |
| Workers w/ disabilities Medicaid |
| Status on elderchoice application |
| Resources for housing repairs |
| Options |
| Options counseling |
| Options counseling for mom |
| Options counseling/vehicle modification |

| PP6. Other  Reason for Contacting the agency (Client's need at time of the time of contact)  DC 8 |
|---|
| Information on elder choices |
| Assist with roof repair/replacement |
| Medicaid for working disabled |
| Options counseling |
| Home Community-Based Services |
| Moving assisstance |
| Had been given number by attorney and was looking for more information |
| Managed care |
| Financial assistance to repair wheelchair lift in van |
| Assistance with finding resources for finding medications |
| Health insurance counseling-non-Medicare |
| Financial assistance for supplies |
| Free phone mn |
| VCN, LTCOC |
| Low cost dental care |
| Verification code |
| LTCOC, VN |
| Tax assistance |
| Lifeline (ERS) info |
| Supports for reading mail |
| Verification code |
| Options counseling |
| Verification code |
| Visual services |
| Dealing with forgetfulness |
| Financial assistance |
| Financial for trip to doctors in Denver |
| Info on all programs |
| Dental (title III grant) |
| Dental (title III grant) |
| Dental grant |
| Dental |
| Weatherization, free cell phone program |
| Medical equipment diversion program |
| Home repair/chore services |
| Nursing home information |
| Legal referral |
| Legal question |
| Long term planning for parent |
| Chore services - snow removal |
| Legal services |

| PP5. Date of Contact   DC1 |
| --- |
| 18-Jun-13 |
| 26-Jun-13 |
| 24-Jun-13 |
| 19-Jun-13 |
| 29-Oct-13 |
| 15-Nov-13 |
| 9-Jul-13 |
| 13-Aug-13 |
| 11-Jul-13 |
| 3-Jul-13 |
| 17-Jul-13 |
| 31-May-13 |
| 14-Jun-13 |
| 7-Jun-13 |
| 3-Jun-13 |
| 19-Jun-13 |
| 18-Jul-13 |
| 6-Jan-14 |
| 6-Jan-14 |
| 15-Jan-14 |
| 12-Jun-13 |
| 15-Jan-14 |
| 12-Jun-13 |
| 11-Jun-13 |
| 13-Jun-13 |
| 2-Jul-13 |
| 18-Jul-13 |
| 31-Jul-13 |
| 28-Jun-13 |
| 26-Jul-13 |
| 19-Jun-13 |
| 8-Aug-13 |
| 5-Jul-13 |
| 25-Jul-13 |
| 13-Sep-13 |

| |
|---|
| 23-Sep-13 |
| 19-Oct-13 |
| 22-Oct-13 |
| 21-Oct-13 |
| 6-Nov-13 |
| 26-Nov-13 |
| 26-Nov-13 |
| 18-Nov-13 |
| 13-Nov-13 |
| 18-Nov-13 |
| 27-Jan-14 |
| 5-Feb-14 |
| 18-Jun-13 |
| 19-Jul-13 |
| 19-Aug-13 |
| 22-Aug-13 |
| 25-Oct-13 |
| 10-Dec-13 |
| 18-Dec-13 |
| 23-Oct-13 |
| 11-Feb-14 |
| 27-Sep-13 |
| 17-Oct-13 |
| 6-Dec-13 |
| 10-Oct-13 |
| 18-Jun-13 |
| 17-Jun-13 |
| 17-Jun-13 |
| 13-Jun-13 |
| 28-Jun-13 |
| 7-Jun-13 |
| 11-Jun-13 |
| 21-Jun-13 |
| 9-Oct-13 |
| 8-Oct-13 |
| 10-Jul-13 |
| 9-Jul-13 |
| 9-Jul-13 |
| 9-Jul-13 |
| 9-Jul-13 |
| 9-Jul-13 |

| PP5. Date of Contact   DC1 |
| --- |
| 8-Jul-13 |
| 8-Jul-13 |
| 23-Jul-13 |
| 23-Jul-13 |
| 30-Jul-13 |
| 23-Jul-13 |
| 8-Aug-13 |
| 30-Jul-13 |
| 24-Jul-13 |
| 8-Aug-13 |
| 9-Jul-13 |
| 9-Jul-13 |
| 23-Jul-13 |
| 30-Jul-13 |
| 30-Jul-13 |
| 8-Aug-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 9-Jul-13 |
| 30-Jul-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 15-Aug-13 |
| 24-Jul-13 |
| 9-Jul-13 |
| 15-Aug-13 |
| 26-Jul-13 |
| 22-Aug-13 |
| 22-Aug-13 |
| 22-Aug-13 |
| 22-Aug-13 |
| 9-Jul-13 |
| 15-Aug-13 |
| 22-Aug-13 |
| 23-Jul-13 |
| 30-Aug-13 |
| 29-Aug-13 |
| 30-Aug-13 |

| --- |
| 30-Aug-13 |
| 30-Aug-13 |
| 4-Sep-13 |
| 29-Aug-13 |
| 30-Aug-13 |
| 8-Aug-13 |
| 22-Aug-13 |
| 22-Aug-13 |
| 22-Aug-13 |
| 17-Sep-13 |
| 25-Sep-13 |
| 10-Sep-13 |
| 17-Sep-13 |
| 10-Sep-13 |
| 26-Sep-13 |
| 1-Oct-13 |
| 30-Jul-13 |
| 8-Aug-13 |
| 22-Aug-13 |
| 1-Oct-13 |
| 10-Sep-13 |
| 15-Oct-13 |
| 15-Oct-13 |
| 14-Oct-13 |
| 16-Oct-13 |
| 4-Oct-13 |
| 9-Oct-13 |
| 18-Oct-13 |
| 18-Oct-13 |
| 15-Oct-13 |
| 18-Oct-13 |
| 18-Oct-13 |
| 24-Jul-13 |
| 8-Oct-13 |
| 14-Jun-13 |
| 14-Jun-13 |
| 14-Jun-13 |
| 10-Jun-13 |
| 12-Jun-13 |
| 12-Jun-13 |
| 17-Jun-13 |

| PP5. Date of Contact   DC1 |
| --- |
| 17-Jun-13 |
| 12-Jun-13 |
| 11-Jun-13 |
| 12-Jun-13 |
| 11-Jun-13 |
| 17-Jun-13 |
| 11-Jun-13 |
| 12-Jun-13 |
| 12-Jun-13 |
| 11-Jun-13 |
| 14-Jun-13 |
| 12-Jun-13 |
| 12-Jun-13 |
| 12-Jun-13 |
| 11-Jun-13 |
| 14-Jun-13 |
| 21-Jun-13 |
| 11-Jun-13 |
| 24-Jun-13 |
| 25-Jun-13 |
| 28-Jun-13 |
| 16-Jul-13 |
| 28-Jun-13 |
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| PP5. Date of Contact   DC1 |
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| PP5. Date of Contact   DC1 |
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| 25-Feb-14 |
| 26-Feb-14 |
| 13-Jun-13 |

# Section A.  Initial Contact

| A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert pp1] on [insert pp5]? Response: Other * | Frequency** | Percentage |
|---|---|---|
| Other reason, Uncategorized | 4 | 21 |
| Assisted Living | 2 | 0.70 |
| Home healthcare | 3 | 4.78 |
| Household assistance not relating to personal care (e.g., cooking, cleaning, paying bills) | 2 | 15.99 |
| Medical assistance (unspec.) | 2 | 0.70 |
| Medicaid (unspec.) | 2 | 1.28 |
| Secondary/supplemental insurance coverage | 4 | 1.4 |
| Assistance with medical bills | 2 | 5.02 |
| Total | 21 | 50.88 |

*Responses to the option "Other" are coded and presented in this table. Verbatim responses to this question are available in the next table.

| A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert pp1] on [insert pp5]? Response: Other |
|---|
| I was trying to get information on a secondary insurance to help pay my medical bill because i just had some big ones. |
| Looking for resources for long term health care for |my Father |
| Medical assistance |
| For Parent getting into Assistant living. |
| Question on Supplementel infomation for Medicare |PART B. |
| Supplemental insurance |
| The call was about medicaid not medicare |
| Assistant Living.for my daughter. |
| It had to do with my WILL |
| Also looking for houlsehold servuces and nursing services and anything else available to us |
| Getting assistance for my friend. |
| Hopice for my Mother |
| Medicaire questions |
| Getting info for my husband's grandmother, to get some kind of aide to help her at home |
| In home health care |
| Assistance w/our medical bills |
| Medical assistance |
| Perscription drugs. |
| To get asistance in fillimg out a tax form |
| Help with hospital bills |
| Needed help processing Medicaid Application. |

## A.3. From where did you first find out about [insert PP1]? Other

| |
|---|
| I can't say for sure, but when i started getting meals on wheels i think someone there told me |
| Local senior center |
| Senior center |
| A senior citizens newsletter |
| A receptionist at a senior citizen housing complex |
| A local community center |
| Shared an office with the help line program |
| The welfare board in my town |
| Hospital |
| Through assisted living where my mom is at |
| Through our disability worker.  We adopted an 8 year old boy last october...he has cerebral palsy |
| Case was transfered automatically since i received food stamps |
| I had used them in gresham, so i knew they were here when i needed assistance. |
| Contractior from kaiseer permanente |
| Mother's care-giver (in adult foster-home)\ |
| Employed by them |
| Walking through neighborhood |
| Used them before |
| I've dealt with them for about 10 years (i'm disabled) |
| I worked for them years ago |
| Welfare office |
| I've worked in corrolary fields - i know about these agencies |
| Earlier contact w/northwest, when i'd been awarded food stamps |
| Where we get food stamps |
| Through parent's insurance provider |
| Attorney |
| From various nursing homes |
| From whoever i talked to when i called the governor's office |
| Not sure..either from family member or someone in hosp{ital |
| A friend told me to call the dept of human servces, and they gave me the number |
| Department of human services |
| Dept of human services |
| It was listed on an application i had to fill oult |
| From a hospital |
| Requirement on application |
| Lady came around to my house, telling about the agency |
| Pamphlet found at the dhs office |
| Advertising by carelink, and by step by step |
| I drove by the office, just went in |
| Nurse |
| Looked up gov't services on the web - they were listed under "arkansas" |
| Insurance |

| A.3. From where did you first find out about [insert PP1]? Other |
| --- |
| Through my attorney |
| From my social worker |
| Social worker |
| My attendant care nurse |
| 211 line info |
| Veterans administration |
| Social worker |
| Medicare book |
| Newsletter |
| Place we lived |
| Social security |
| Social worker |
| Center for placement for seniors |
| Neighbor of my mother's |
| County worker |
| Care free center |
| From my case worker |
| Note in the back of a grocery store receipt |
| Human resources |
| Senior expo, got a magnet with their phone number on it |
| My daughterin law contacted them and then she told me |
| Radio ad |
| I called the county |
| Packet in mail, about senior placement |
| Apartment complex that my parent was interested in moving into. |
| Through my insurance |
| Home health care |
| Medical transportation co. |
| Heard someone in drugstore talking about it |
| Previous health agency i worked for |
| I called human resources |
| I had used area on ageing in olympia, washington, so i knew to call in here. |
| Dentist |
| Through unitedway helpline |
| Saw their vehicles driving around |
| She used to work as a substance abuse counselor |
| University of iowa medical service |

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# Section E. Assistance with Services

| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? Other * | | |
|---|---|---|
| | **Frequency**** | **Percentage** |
| Other support or service, Uncategorized | 3 | 21.77 |
| Food stamps/pantry/assistance services | 4 | 5.83 |
| Home healthcare | 5 | 2.06 |
| Hospice services | 2 | 2.49 |
| Non-medical in home assistance (i.e., cooking, cleaning, paying bills) | 13 | 8.68 |
| Medicaid | 4 | 3.84 |
| Medicare | 6 | 6.15 |
| Health insurance other than Medicaid/Medicare | 2 | 7.65 |
| Department of Human Services/Health Services/DHS | 15 | 5.48 |
| SSA/Social Security | 5 | 0.53 |
| VA/Veterans Administration | 4 | 0.46 |

*Responses to the option "Other" are coded and presented in this table. Verbatim responses to this question are available in the next table.
** Total frequencies total more than the number of respondents who selected "Other" since some responses are coded as 2 different types of support. Percentages do not match up for the same reason.

| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? Other |
|---|
| Signing up for medicare if you are still working/elab?/i was still confused, thought i needed to go to a medicare website, but you had to go to social security, but wading thru the data on socical security website was difficult to find medicare |
| She sent me a whole bunch of them, she mailed them to me. /what?/other types of housing agencies. /other?/i think there was a brochure in there about what medicare services are covered, pertaining to home health aids and stuff like that. |
| The va represntative that comes up here once a month: for the forms i got in the mail : i needed his help in filling out the forms from the va. |
| Celine County health |
| Medicare Supplement for insurance |
| Health insurance |
| Refered to someone who can help with house work and transportation |
| The veterens admin. |
| Veterans admin. |
| Good Samaritan home healthcare |
| Social security |
| Services for helping around the house. Need maintenance|around my home. |
| I was reffered to s.e.e.t.a: the idaho food assistance program; also to several community churches and the food bank. Also helped me set up an appointment for home help, a girl now comes in two hours a week, once a week. |
| Elders Choice for living |
| Medicaid worker for Marion County in Oregon |
| Medicaid worker |
| Dekota county health services |
| To the welfare office |

| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? Other |
|---|
| Another agency, like a home health aide. |
| Hospice |
| Independant choices, Elder Care |
| Meals on whheels |
| To the case mgr and financial advisor at woodburn organ, whick is ther medicade dept |
| Dept. Of Human Services |
| Household services and reading services |
| Alzheimners and dimentia support group, also an inhome person to assist in paying bills also we needed a sr advocate person to assess the stage of progression of dimentia |
| A place called home instead,which is an agency that p\|rovides home health care...another agency provided adult day care...i also contacted govt agencies to provide sr waiver programs |
| D.H.S office |
| Home health and personal care giver..i think it is called "elder care" |
| Medicare |
| Home health aide |
| Elders' choice |
| Veterans' administration, social security |
| The dept. Of Health. In faulkner county. |
| Hospice, in-home care |
| Senior citizens' in-home care services |
| Dhs |
| Dep't. Of Human Services, Medicaid Section; an Alzheimers' office in Little Rock, AR (DK name) |
| Part d, medicare |
| Dhs office |
| Dep't of Human Services |
| Human service |
| Dhs |
| New Hampshire Dept. Of Health & Human Services; Meals On Wheels |
| Meals On Wheels; Medical Assitance application |
| Social security |
| The elder choices program |
| Medicare \| |
| Dk, something regarding Social Security benefits |
| Social Security Administration; also Vocational Rehab Services |
| Dhs |
| Dhs. (dept. Of human services) |
| Local DHS offices for various programs |
| In home care services |
| Elders' choice |
| Harvard Pilgrim insurance (school system deals with this agency regarding Medicare) |

| E.9. You said that you/your [insert PP2] did not receive the services through the referral; why do you think that is? Other |
| --- |
| Paperwork was not recieved. |
| I thought I did everything I needed to do\|for Meals on wheels,but haven't heard back from them |
| Denied services. (ELAB) dk - I didn't go on the interview with them  -  my parents are older, and they didn't understand and they still don't understand why they were denied. |
| rep. says I did not file the paper work. MY request\|was denied. |
| They'll meet with us tomorrow, my parent should receive these ser vices tomorrow |
| I didn't follow up on it |

# Section E1.Asistance with Medicaid Eligibility Determination

| E1.2a Why not? | Frequency | Percentage |
|---|---|---|
| **Gave response** | 85 | 80.37 |
| **DK** | 8 | 18.02 |
| **REF** | 1 | 1.61 |
| **Total** | 94 | 100.00 |

| E1.2a Why not? |
|---|
| She gave me a list and i called, they never called me bac (spec) to do with glasses and dental work |
| I dont qualify for medicaid |
| I'm still working |
| Didn't qualify |
| Because i knew i wouldn't qualify and because it didn't apply to me./else/no |
| We are not ready for it yet |
| I don't need medicaid |
| My income is more than the medicaid requirement |
| Didn't know i could |
| We were still gathering information at that time. |
| My father is not eligible for service; has too much money to apply. |
| Just needed info, so then i could go back & talk to the family |
| Mother had too many assets at that time |
| They're waitng for a medicaid worker to call me so i can get an app't w/them |
| Just spent last 2 months preparing a wedding |
| In the process of being taken care |
| Been busy with other responsibilities concerning other relative medical care |
| I made $30 too much |
| Because of their social security income levels, i assume mom had to fill it out |
| I haven't felt all that good yet... I have it started but i haven't finished it yet |
| We withdrew, partly because of money our mother currently has |
| He doesn't qualify |
| Haven't pulled together all the documents necessary yet |
| They haven't provided me that opportunity |
| I had too many assets |
| I didn't have prescriptions to pay for at that time |
| Because he husband at the time alreadyk had |
| I did not fully understand it and i will not fill it oult until i fully ulnderstand it plus i am waiting for an assessment of my father;s medical condfition |
| I am already getting these benefits |
| Me and my mother have had to read over it several times to really understand |
| Just uncertain at that point. My relative was\|too ill at that point. |

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## E1.2a Why not?

Working on it now.

My husband said if he was really able to choose the caregiver he wanted, he would want me (his wife)...my husband said that it was false advertising because it said he could choose whoever he wanted. But that was untru;e because he wanted me (h

The grandmother just didn't want the government involved

My brother has medicaid

My mom was not given more than a few days to live

I'm still in the process of doing it

I'm the daughter who takes care of my mom, it's up to my dad to fill out papers like that, he has to make the decision on this

It's on hold right now - my parents have the application but my mother hasn't filled it out yet

We're still in the process of it (elab) mother just recently got out of the hospital - plus my own time constraints

Parent already has medicaid

We're disqualified - we didn't apply because we knew we're not eligible

I haven't received the application

Because my friend was not here with me that day to ask questions

Father's health deteriorating and he was in a local state hospital, died on 11/30

I ran out of time

Already have medicaid, was interested in possibly keeping medicaid while going back to work

I'd just received it now

Mother was in & out of the hospital... She's had doctor follow up appt's after that... I've been out of work more than normal so we're still looking for that kind of information

I dont remember if i i did it slip my memory

My mother-in law finance's are such|that she would not qualify

When we got to nurisng home we wer told |when my parent finaces run,then we can apply.

I knew myk mom did not need it.  She had enough fulnds

Because i'm not eligible

I think i am just to proud.

My mother wants to be totally monetarily independent.

We are working on that right now

I was already on medicaid

Income is a little to high.

Do not need the service ylet

We are not applying for any medical assistance.

We are not eligible yet

I did not qualify

Parent has enough money for medical, just need caregiver support

At this point, i don't know if we'll even need that in the next few months

My relative has too much money to be eligible

Already done

I'm trying to make her daughter understand the medicaid service|\

We have an eldercare attorney that will handle this for us, the financial aspect.

| E1.2a Why not? |
|---|
| I know i'm not eligible |
| My siblings & i are still discussingh options, trying to decide what to do, keeping our mother in her home, or going to a longterm care facility |
| He, my father, doesn't qualify for those benefits |
| We're in the process of doing that |
| I didn't need to - already applied and have coverage |
| He wouldn't have qualified |
| I was always getting disabiltiy. |
| My mother's still is capable for paying, for the next couple of months |
| The representative said i didn't qualify, i had too much money coming in |
| We already gad federal assistance |
| It's still in the envelope - it's hard for me to turn pages, deal with staples |
| I'm able to provide the aide myself now |
| If my mother's eligible, the money that comes from her social secuity at her nursing home, will be taken from her social security, a portion of it , and will go to pay for the hearing aid. Contingent on what her hearing test shows - we have to |
| According to the standards of who we were talking to, we have too much income |
| I didn't feel it was an issue |

<br>

| E1.6a. What was the name of the program? | | |
|---|---|---|
| | Frequency | Percentage |
| **Gave Response** | 8 | 84.80 |
| **DK** | 7 | 15.20 |
| **Total** | 15 | 100.00 |

<br>

| E1.6a What was the name of the program? |
|---|
| Lifeline |
| Not sure of the name |
| Elder's choice independent choices |
| Aapd waiver |
| Aarp |
| Not sure |
| Dont recall |
| Senior waiver program |

<br>

| E1.7a. Which other insurance resources were you given information? | | |
|---|---|---|
| | Frequency | Percentage |
| **Gave Response** | 61 | 66.23 |
| **DK** | 26 | 33.77 |

| Total | 87 | 100.00 |
|-------|-----|--------|

| E1.7a. Which other insurance resources were you given information? |
|---|
| I don't remember what kind it was |
| Medicaid |
| One was missouri health, and i think i have that, one was rx missouri, but i dont know what that is. Other/no |
| Help with health insurance, gave info. |
| Supplemental plans |
| Medicare, advantage plans |
| On helping to get commodities and payments on medicare |
| For medicare supplemental insurance |
| Medicare supplements, medicare hmos |
| Medicare |
| Aarp program |
| Healthcare through midwise and health insurance program(hip) |
| Veterans' aid |
| Private insurabce |
| S.s.i. |
| Aarp, which my mom already has |
| Ohp |
| Workoregon, aflac |
| Private insurance, dk name |
| Blue cross |
| None in p-articalur just let ,me know that she is eligible for that type of coverage |
| Long term care insurance |
| Aarp |
| Humana, others as well but dk name |
| Medicare |
| Many follows the person |
| Money follow the person |
| Page of names and addresses for care |
| Will not discuss |
| Private insurance (name?) Dk |
| Esate (else) no |
| The different medicare programs it could be covered under |
| Medicare |
| Aarp |
| The special needs program that i referred to earlier |
| Medicare supplements |
| Minnesoota care state funded healthcare program |
| Everything i alreadty have |
| Mille lacs county state or government insurance |

| E1.7a. Which other insurance resources were you given information? |
| --- |
| Comprehensive heaath insurance |
| Was given pasperwork about other private insurance |
| My mom pays for her own long term care..no resources used at all |
| Other low-income... Senior health partners, where you don't hacve to pay th e20% |
| Health partners |
| Nothing specific |
| Representive went through a list of private \|insurence and gov agency with me. |
| Humana |
| Elder waiver or sr waiver, a state run program |
| My direct benefits from medicaire |
| Elderly waiver |
| Blue cross/blue shield, health partners, medica |
| Minnesota care, humana |
| Veterans' affairs assistance |
| Medicare |
| About medicaid |
| Disability |
| No other resources were available |
| Medicare |
| I don't recall |
| Dental |
| Medicare |

# Section F. Services Received from the [insert PP1]

| Responses | Frequency | Percentage |
|---|---|---|
| **F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]?** <br> **Some other reason [SPECIFY] *** | | |
| Some other reason, Unclassified | 24 | 10.11 |
| Not eligible | 21 | 6.01 |
| Still in the planning/beginning stages | 16 | 4.55 |
| Service provider did not follow-up with me/have not heard back from service provider | 30 | 9.92 |
| Have not applied for services | 7 | 2.40 |
| Too expensive/not affordable | 8 | 5.05 |
| Waiting for evaluation/meeting | 9 | 2.26 |
| Total | 115 | 40.3 |

*Responses to the option "Some other reason, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

**F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]?**
**Some other reason [SPECIFY]**

| |
|---|
| Service was needed for emergency purposes. Reason was not on the list. |
| I don't know, I have filled out all paper work. Have not had any follow-up. |
| \|We're still waiting for hearing test results |
| Agency need's 3 pieces of info. (Bank Statment, Insurance, sale agreement on land that\|had been sold). |
| Applying for a "Grant". The paper work has to be sent, I have to get Three\|different Quotes for a stair-Lift and a Ramp. |
| Area IV said they don't do this kind of service, washing down walls on a trailer home |
| Because she's in that loophole of being on Medicare, what Medicare covers and what they don't cover... Guess it has to do with her financials |
| Because there is a lot\|of paper work,just getting started on filling out apps. |
| Called about \|issue with guardianship,but didn't get answer. |
| Case hasnt started yet |
| Currently waiting |
| DHS hasn't finished processing the paperwork she needs as yet |
| Did not qualify\|based on my age |
| Didnot qualify |
| Didn't get the information I needed, that they said they would send |
| Doctor wanted hin to try to walk first |
| Don't really know,\|being told they have to do NEW paper work and starting with\|the older paper work first. Keep calling,and left messages. |
| Dr. Has to evaluate\|my mother first. |
| Everything is still in the process stage right hnow |
| Expecting in-house\|evaluation is tomorrow. |
| Father is deceased |

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? **Some other reason [SPECIFY]** |
|---|
| Going through\|the info now. |
| Have an appointment in a month. |
| Have not \|recieved paper work as yet. |
| Have not filled out application |
| Have to determined\|since I just moved. |
| Have to finish \|filling out paper work. |
| He has not been at home..since the phone call he has been back and forth between a hospital & senior care center |
| He lived with me at home & i was able to cook and prepare the meals |
| I already had been in contact with the facility we ended up placing my mother in |
| I already have a job; i was trying to find out what i needed to do for applying for m.a.p.d. |
| I am not qualified because I am able to dress myself and cook and feed myself,bath my \|self. Therefore I am not qualified for the service. |
| I am waiting to \|see if my husband keep his license |
| I couldn't reach the at the other number - the phone rang and rang |
| I decided to hold off because I wasn't sure if I had a choice in who would be here \|to help me. I didn't want a stranger in my house. |
| I did not really go after the services |
| I didn't call for the service yet because I have glaucoma |
| I didn't complegte the paperwork... I was told she wasn't at a stage where she would qualify for the services she'd need |
| I didn't follow up because it was just too expensive. |
| I didn't understand the person - their accent, they couldn't speak English properly - |
| I don't need it right now |
| I don't qualify |
| I don't remember which agency provided the service |
| I got a call today.\|the Rep. Will contact me a few days for an appointment for an\|evaluation. |
| I had to cancel the evaluation because i was sick all night long, and they never contacted me back; i asked them to contact me, and i'm pissed off because it took me forever to talk to a supervisor to get a |
| I hadn't talked it over w/my son just yet... Transporation would have been a problem... Also, I wasn't sure yet if it would be suitable for my son, being 30 years old and the types of problems he has. I did |
| I have a plan in place for her now - her children, we take of her |
| I have an appointment this coming tuesday and i will bring the application then |
| I have not had my meetintg yet |
| I haven't applied for them |
| I haven't filled out the papers as yet |
| I haven't finished the application as yet |
| I have'nt follow-up.\|My sister was the one taking care of my mother. We will leave it up\|to my sister,we will discuss it what options for mother. Gave info\|to my sister for my mother to look at. |
| I haven't put it in the mail, but i will tomorrow morning! |
| I haven't received papers they sent. |
| I just called for information about Part D - I have no idea about these types of coverage |
| I just were getting information for the future, |
| I lost the referal number they provided, and i've been thinking of doing it this week, but i fell, so i will try next week |
| I made the\|phone calls to Mesa County arch,but one has called back or\|sent info. |

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? <br> Some other reason [SPECIFY] |
|---|
| I made too much money |
| I really don't know most of this - I wasn't contacted at all yet |
| I talked to them at the facility last week, the admistrator said she'd get back to me, tomorrow. |
| I temporarily left the county |
| I think they are not doing their job,it's taking too long. |
| I was not given all the paperwork needed |
| I was previously dropped from medicade |
| I was told by choices in living they don't do these kinds of repairs, I was referred to another agency I don't remember, they said they didn't give that of service either |
| I was told i made too much money in social seculrity |
| I wasn't here when the information arrived in the mail |
| If I had Medicaid I could get the services, I have Medicare |
| I'm just waiting for their decision |
| I'm not old enough, & I'm working, covered by insurance |
| I'm not yet disabled enough to receive Medicaid benefits. |
| I'm waiting on estimates to get back to the agency (WVA&D), and get everything into the mail on Monday, to get the ball rolling |
| It costed money; it was not affordable. |
| It was something they didn't offer - she told me to call White County aging, but she didn't offer to give me the number |
| It was turned back to his case worker at the disability office that we were previously deasling with. They confirmed that he was already on medicaod |
| It's only been 7 days and this takes up to 45 days to recieve. |
| Its too soon just filled out application |
| Just had recent contact about this |
| Just interviewed yesterday with rep. From northwest. |
| Just recieved paper\|work from another program this week. |
| Lack of availability of the housing i requested |
| Mail is slow |
| Money issue\|is holding me back. |
| My appointment in 2 days |
| My husband said if i can not give him the personal care, he does not want anyone else. He feels he is not given his personal choice |
| My son made an\|appointment for me, No one ever contact me. I have called a few\|times,No one has come out to my house yet. I have contacted\|different numbers Northwest gave me,still no answ. |
| My step dad didn't fill out the papers needed |
| Needed Electric \|Wheel chair and was told that "we would have wait a few more\|yrs". (wife had manuel chair). |
| Needed paper work from Social Security, it would take 6 wks. I was not able to follow\|through on my paperwork. |
| Needed to wait one more month  -  she's paying privzately for carde she's gettign now, tyoo many assets for Medicaid |
| Never got to apply for Medicaid or follow up because of my mother's medical emergency |
| NEVER H,AD ANY folowups EITHER BY PHONE OR PERSONAL VISIT OR BY EMAIL |
| No Funding for the Energy program until January, and IF there is enough funding\|there is a Wait List. |
| No funds available |
| No one ever called back |

The Study of LTSS — Long-Term Services and Supports

ACL — Administration for Community Living

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? Some other reason [SPECIFY] |
|---|
| None of the abovde |
| None of these - my parent is receiving services |
| Not eligible yet. |
| Not sure of\|the reason. I think i was not clear of services that i needed. |
| Paperwork is in process of being completed\|\ |
| Reason were financial, my friend chose not to pursue |
| Relative passed away within 5 days of contact |
| Said income was too high |
| She couldn't get it, she didn'thave the insurance for it |
| She got lost in the shuffel? We never received the information packet they told us about |
| She has medicaid and medicaree so the state programs take care of her services |
| She makes too much money and does not live in a nursing home....she lkives with me |
| She transferred property but they told us it would have to be 5 years before she'd be cdovered, or, transfer the proerty back into her name, then she'd be eligible for Medicaid |
| She went to the nursing home and we didn't have time to wait for their response |
| She's still in the skilled nursing facility - not ready to go back to her home |
| Still evaluating her parent's needs. And she got ill again |
| Still waiting for medicaid approval |
| Still waiting for northwest to contact me |
| Still waiting to find out if my mom is eligible for the program |
| The assistant living\|was for my daughter,she is too young right now. |
| The only thing my\|friend has is a nurse that comes to the house 2 hrs per day. I do all\|the bathing and shaving of my friend. |
| The papers haven't been filled out yet |
| The reason service \|recieved is because my Partner needs help. Social security would be\|taken away from her. |
| The reason they gave was, my income was too high, with me & my husband's income |
| The respresentative \|did not understand what I needed. |
| The surgeon dragged his feet, as far as sending the paperwork oking it, this & that. |
| There were no vacancies |
| They are still checking on my financial situation |
| They contacted her but my mother wasn't able to answer the phone - she was unable to answer |
| They couldn't get assistance from Veterans' benefits, you have to have a very low income |
| They did not have any sercvices that covered what I was looking for |
| They don't pay family members, I had wanted to be paid for taking care of my wife who had a stroke - I couldn't even work |
| They don't pay for false teeth, but the representative didn't tell me that. The dentist told me they'd pay $44 out of a bill of $1,000. |
| They have to qualify for the services, my mother has to go through DHS for these services |
| They helped with Electric bill and gas bill in the winter |
| They just thought I wanted Medicare, didn't talk to me about Personal Care |
| They never gave us information about it, not that i can recall |
| They said she had another bank accountj in another state and that is why they refused the mnedicaid |
| They said they'd send me a form to fill out for my son, to put him into the system. I never received that, never got a phone |

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? **Some other reason [SPECIFY]** |
|---|
| call |
| They told me I had to spend certain amount of moeny first |
| They took too long & by the time they got back to me, my husband died |
| They wanted me to let them do whatever, and do the rest myself and I'm 83 years old. They wouldn't plow around my car, or clean my little concrete stoop. |
| They're under new management... She said whenever they get to my father's file they'll start the process |
| This agency does not\|do anything with "walk in bathtubs" |
| Too many medical bills. Just can't afford it. |
| Too soon.Just\|submitted the paperwork. |
| Waiting for the papewrwork to go through |
| We are in the process of recieveing the info now. |
| We did not request it...i just wanted to get some information on that |
| We don't know\|how to approach the subject with my Mother-in law. She lives alone\|and seems to be doing well right now. |
| We filled it out and we're still waiting to hear |
| We have not been out with my parent to see housing because of the waethe conditions. |
| We haven't completely gone through everything yet (SPEC) forms we have to fill out for income management |
| We haven't requested any services, there hasn't been a need for these services; there hasn't been a need |
| We never recieved\|any information for housing (7/24/2013). The first contact said |
| We spoke with several agencies, I can't really talk about seniorlinkage's role in any of this |
| We were given info to help us get into program |
| We were looking for meals, but they're only offering 2 meals, and we needed 3. |
| We were told to call only on Monday, they only dealt w/energy assistance only on Mondays... That Monday there was a snowstorm and we couldn't get out of our driveway. |
| We withdrew because of money our mother has |
| Would like vouchers,\|and Savings (income) is running out. |
| Because you have to qualify for medicaid |
| Explained it takes from 30-45 days to get set up, and that was the last i heard from her |
| Financial reasons |
| His medical condition is still being defined. I am trying to get through his cancer treatment before future assessment on needs can be defined. |
| I come to the conclusion that we weren't eligible |
| I do everything to take care of his needs, so i dont need services from them |
| I'm not having the surgery until next year and i won't qualify for the medicaid until next year |
| It was my choice - ididnt choose to change what he had |
| They didnt get back to me with information |
| They told me i would have to wait for a nurse to come to my home to evaluiate me but so far, they have not sent a nurse. |
| They were not interested in helping |
| We're just filling out the paperwork right now, we havne't gotten started yet with her care |

| F.3.a What other agencies or organizations were contacted? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Gave Response** | 74 | 86.08 |
| **DK** | 9 | 13.92 |
| **Total** | 83 | 100 |

| F.3.a. What other agencies or organizations were contacted? |
|---|
| Just the va |
| Older americans transportation act |
| No other but i asked my h.r. guy at work and he told me to contact the area counsel on aging  area 6. Funny part  area six suggested i contact my company h.r. guy because we have a company insurance plan and they felt that they could answer som |
| Home health care agency (Lake County Home Health Care) |
| Helpline |
| Medicare. |
| I couldn't tell you.  I have a case manager that's working on them |
| Access |
| I contacted the B.R.S. state agency. |
| Various energy assistance agencies but i do not know their names |
| Sunnyside care center in salem, oregon |
| Victim assistance. V.A. office to see\|if we could get assistance from them. IF she was still\|eligible for help through them for counseling and any other \|help they may have . The woman gave us phone #'s and we\|followed throught with phone #'s. |
| The free clinic and THE organ HEALTH CARE PLAN |
| Loving care |
| None |
| P.R.N and Aging America |
| Dept of human services |
| I contacted a home health nurse, also the dept of human services |
| Independent choice |
| Commission for the blind |
| The d.h.s. office -  the department of health and human services |
| Pine bluff daycare. |
| Absolute |
| Area Agency on Aging. |
| Easter seals |
| Medicaid to get me to my appointments. |
| Independent choices. |
| Harris home health |
| Area agency on Aging. |
| Easter seals; pathfinders |
| Independent care; resource living |

## F.3.a. What other agencies or organizations were contacted?

| |
|---|
| Care links |
| Arkansas rehabilitation |
| Alternative living |
| Area Of? On? Aging; spoke to Meals On Wheels |
| Service from a law school (legal services for those who can't afford it, but R was told he's making too much money) |
| Social security administration, vocational rehab |
| Elders at home |
| Division of aging |
| Independent Choice and Healthy  Choice |
| Tri-care, senior ciizens' living facilities |
| Elder choice |
| Fresenises medical care |
| Home health |
| 360 community, churches, dept of human services, first call for help |
| Cancer care,Coney Heath. |
| Churches and volunteer services, and numbers i was given from 211 |
| The county|\ |
| Faith and Action agency. |
| A place for mom. |
| Chicago county/ family pathways |
| Faith in action which is an all volunteer orgabnization made up if members of different churches |
| Veterans' admistration |
| County health & human services |
| Medicare |
| Minnesota seniors |
| St louis countyk |
| 7 county senior citizen federation |
| Human resources of the county |
| Home instead, a non medical organization that does things that give companionship, take people to dr;s office, go shopping| |
| County social worker |
| Ramsey county public health |
| Trans tek mobility from "equip-life". |
| Social security to help get relief from my high medical expenses |
| Attic |
| Adaptive home services |
| Social Security office. |
| Va |
| G s i l (granite state independent living). |
| Va |
| Archuleta county community center |

## F.3.a. What other agencies or organizations were contacted?

| |
|---|
| Hhr |
| A place for mom |
| The administration on aging |

## F.4.a What needs was this other agency or organization able to meet?

| | Frequency | Percentage |
|---|---|---|
| **Gave Response** | 30 | 100 |
| **DK** | - | - |
| **Total** | 30 | 100 |

## F.4.a. What needs was this other agency or organization able to meet?

| |
|---|
| A tombstone for my husbands grave, finished payment on his cremation and the cemetary lot/else/no |
| Yes. This agency is for personal transportation. |
| Social security website. I'm trying to sign up without leaving my office and travelling an hour and a half away from my hometown, by using the social security website. |
| Resource options to help mother stay in her home (SPEC) Equipment we could get that would help her stay in her home... Also Meals On Wheels |
| Clear information on my account. They were\|able to provide info. On Medicare info.that I could not \|get form Nevada County. |
| I signed up for oil assistance |
| Face to face contact |
| Arches supplys a lunch and they supplied info. For\|my niece to call that would be helpful. |
| Residential light cleaning in the house |
| I won't know till after tomorrow, they are meeting me in my home |
| Transportation (else) no |
| Medical |
| Medicaid need and also assisted living in my relative's home, not a nursing home. |
| I don't remember if the first agency did or not but Easter Seals has classes and language therapy that sounds right for my son |
| Short term personal care & therapy (SPEC therapy?) Therapy on my legs |
| Home Healthcare,House keeping services. Home delivered\|meals. Risk accessments. |
| Got a response from Pathfinders - felt my son wasn't suitable for Pathfinders |
| They said they'll send somebody out |
| They help with Hrs. For my mom. (taking care\|of my parent). |
| On SSI, you're required to fill out certain paperwork that onl y they have |
| Tri-Care provides a sitter for after-hours sitter in the home. |
| It was faster service. |

## F.4.a. What needs was this other agency or organization able to meet?

| |
|---|
| During call the represeantative referred my to Family Pathways - home health aides, occupational therapy |
| I got a little money for some care |
| A food program in which you applied for a card which can be used in grocery stores |
| They helped me and point me to the right directions |
| Ramsey County Public Health was able to do the evaluation to get to the next step - this was the step that's needed to say "your level of care is "B", which means she can't stay in her home |
| We were abel to Electric Wheel Chair for my Wife. |
| Representative at social security helped\|me signe up for part "A" & "B" |
| Someone to help deal with new colostomy (ELSE) None |

## F.7.a.1 Please tell me why you were [somewhat or very] dissatisfied with the services that you/your [insert PP2] received directly from [insert PP1]?

| |
|---|
| He never got the services requested |
| Just that I never received the assistance for utilities forms they said they'd send |
| Lack of help |
| They never got back to me |
| I'm still in flux - they have not followed through with contacting either myself or my relative |
| I didn't receive any services from them |
| I didn't receive any services |
| She hasn't received any |
| I still have nort resolved the issue. |
| They did not explain anything to me.  I'd ask a question and neverjh get a direct answer.  Maykbe they just didn't know. |
| Because they didnt explain it to me in the right way |
| I didn't recieve any services |
| It's been almost 4 months and we haven't heard from a nurse |
| Because she didn't get any help; no one helping me to help her |
| She did not receive any services |
| She never received anything from them..she already had to services...i just wanted to get more info on attendant care |
| Didn't receive any services |
| I never got a follow up call about my case |
| Because he did not receive the services he wanted |
| Still waiting to receive paperwork |
| She didnt receive any |
| I received none |
| They have not done anything |
| Because i couldnt go further with the conversation, it wasnt thrie fault - it was my fault because i didnt have time to continue with them |
| He hadn't received any services |
| I didn't receive any serviecs from them |
| Because i didnt receive anything |
| Didnot receive any services there was no info to help me |
| There were too many foreigh reps i couldnot understand |
| Nothing happened |
| I did nbot receive any servuices |
| I didn't receive the money I thought I would |
| The phone call - I called them 3 times and finally left a message there, name address and phone number, they never called |

**F.7.a.1 Please tell me why you were [somewhat or very] dissatisfied with the services that you/your [insert PP2] received directly from [insert PP1]?**

back

They sent a letter saying I wasn't eligible for Part D Medicare.

**F.7.a.2. Please tell me why you were [somewhat or very] dissatisfied with the completeness of the information that you received?**

They just kept me on a waiting list

I don't have an answer from medicare website, or maybe its the social security website, i have no idea: they seem to be linked at the hip, but i don't know.

It was Difficult recieving services from|Nevdad county. Nevada County was contact 11/4/2013|and then no action I called December 4th again called|Jan.4....end of January my app. Was accepted.When|I recieved my BIC card Inncorrect info on my I.D

They mentioned it but no one ever followeed up or gave us direction

Never got information from them

They are not studying what they are suppose to be doing; they give it to the people who don't need it and the people who work don't receive nothing.

That i didn't recieve the form they said they'd send|\|\

Was not looking for services for my self.|need info and services for my partner. (we're not married)

I was lied to from the beginning

No followulp or help hatsoever

I did not get any information

They did not provide any info. That we needed at all.|we are here just to do medical cards and food stamps. They don't do housing, they don't do couseling and they don't give referrals.

Because my dad lost part of his medical and |I did not know.

I didn't receive enough, and nobody cared where i was coming from or what my intentions were. /elab?/i can't get an answer from people who are aware of what my needs are.

I felt the information wasn't accurate, in terms of the Medicaid eligiblity

I haven't received any information

I did not understand that I could have been |too young, they thought I was not in the right age |group.

Didn't get enough informkation

They haven't don anything either/explain?/they cannot do anything: he's not homebound; they took him off hospice because of his heart rate went down.

I DIDN'T RECEIVE ANY SERVICES

Cause we haven't received any/other/no

Because the DH office in ft smith are very rude and also very ignorant; like whenever i call and ask questions they just say i don't know

Because they weren't helpful to me at all

They didn't give me any information i needed, they didn't help me neither

I can't understand why it's taking so long.

Have not recieved the paper work as yet.

Did not get much. Was supposed to get|that form representative.

I didn't receive all the information that I needede, to know what THEY needed

It could have been better explaining who|could be here to help me.

I just didnt' get information I needed

They said within two weeks we would |have someone come out and do an evaluation. We have|not heard from anyone. It's 3 months.

Nobody helped me, they didn't send me to an organization that could help me

They never came to the house, and phone call.

We are not receiving the service and i do not feel we were given enoughinformation

I think since I'm the one that called in for the information, they should have got back in touch with me and tell me why

| **F.7.a.2. Please tell me why you were [somewhat or very] dissatisfied with the completeness of the information that you received?** |
|---|
| they'be being slow about responding to me |
| Received no information |
| Because they didn't answer the question I asked. They gave me phone numbers and I called them and told the person my idea about going out to where he is, and making sure he takes his medications (CLAR "Question"?) He needs help, he's forgetful, |
| Have not yet received the necessary paperwork |
| Because i still dont know any more today than the day i called them |
| I thought they could help. They never told me \|that I could try to get Medicaid...Medicare. I did not\|know that I could apply NOW for it. |
| I got information but it didn't help me |
| You don't hear anything after that phone call... I had to start at the beginning and go again re-applying |
| I felt like I didn't get any information or any help |
| I feel I did not recieve the info. I needed\|to get my parent sign up for a program and could not\|find out what the options were. |
| It wasn't any completeness - like filling out an applicatioln and having them trash it when you leave |
| I never received the information |
| Their inability to provide any kind of service |
| There was not enough of info. To help us. |
| I did not get my alert system |
| Do not feel like I got anywhere; (probe) do not feel like I got the help I needed. |
| Did not receiving any information and still waiting |
| There's no start or finish, no follow up with my father or wtih me |
| The entire thing - they didn't seem to be familiar with the program at all, they thought I was after Medicaid |
| Because i wasnt referred to any agancies |
| Had to explain over and over what i needed to each agency i was referred to |
| They couldnt help me |
| I got no help at all |
| The information i was given most didnt understand because it was foreign reps they were lack of english when explaining to me |
| No one ever contacted us |
| They did not provide anything |
| They only said "Call Good Will" maybe\|be able to get the wheelchair there. |
| They really didn't do anything |
| My neighbor gets it and i don't: they are not old. |
| They need to take more things into consideration than they do (SPEC) You almost have to be bedfast before you get any help, or dead before you can go to the hospital |
| Because no one has followed up to see\|If I qualify for the services. |
| Because I haven't heard anything |
| Because no info and no phone has been recieved. |
| They didn't provide the services I wanted |
| If they don't call you back, you can't find out anything |
| It was unfair that I'm not eligible for Part D, when the government is saying everyone has to have insurance. |
| They didnt do anything |

| **F.7.a.3. Please tell me why you were [somewhat or very] dissatisfied with the degree to which their services met your specific needs ?** |
|---|
| I had no confidence that the case worker on \|my case was actully on my case. |
| If there's something she, my nmother could use, we never heard from them |
| They never met my needs |

| |
|---|
| They are not taking time to get to the person to see what the person need; they need to have more personal connection. |
| Did not get the service realted "Walk in Bathtubs" |
| I had cotacted them and wanted counseling \|directly from them,not a referral to another agency. |
| At that time I was dissatisfied, with their not being able to wash down the trailer walls |
| Did not help with services to my partner. |
| Haven't recieved any calls for follow-up |
| I do not drive, so i have trouble going to my doctors; i can't seem to get transportation from their services. Portland has a lift program, but there doesnt' seem to be a lift program here (monmouth). |
| I've not had a lot of contact with them |
| They did not meet the needs at all |
| Their parameters financially make it difficult for people to get he;lp nowadasyh |
| There was no guidance or services offered.  They just wanted me to fill out the forms |
| Beacuse they did not have any info what so ever.\|"we don't do housing, they just do medical cards and food\|stamps for seniors with disabilities. |
| Still can't get answer for personal care. |
| I will see waht happens when I visit their office\|this wk. |
| I need some help with other resources and I need\|to talk with representative. I have been playing "telephone tag" |
| Level of knowledge related to Medicaid eligibility was less than what I would expect |
| They did not do anything at that point. Spoke\|with them recently and I am not going to deal with them. |
| I couldn't understand them |
| I was told I didn't qualify for anything |
| I'm not receiving the contact back, as I was told I would |

| F.7.a.3. Please tell me why you were [somewhat or very] dissatisfied with the degree to which their services met your specific needs ? |
|---|
| I didn't receive any services |
| Cause i actually thought theyd call back and give me more details and information on what she approved or disapporoved. I'd like to know where i stand. |
| I just felt like maybe the individual should have provided more resources |
| When i would ask something, i would never get a direct answer |
| Because i dont think the services provided were good enough |
| Define what you mean by comprehensive |
| I didn't understand, and they didn't help me understand the stiutation/explain?/situation of the things i needed to get some help for my mother, help with bathing, medicine scheduling, that's about it. |
| They said or did nothing useful.   They did not show any concern |
| Tghey didn't do nothing, didn't get in tohuch with me, kept saying someone would but no one did\|\ |
| Didn't get the information I needed |
| Thy have not done anything for me |
| All I did was fill out paper work. Nothing\|has been done for the agency. |
| I didn't get no help |
| My husband was dissatisfied...if they would not llet me be the caregiver, my husband is not interested in anyone e;se |
| We did not receive any services |
| Their qualifications, my parents qualifitaction, are the same for inhome care as it is for a nursing home, except for one thing, they have to show why you can't take care of yourselves - one has Alzheimers;, the other has dementia. |
| They couldn't help me with what I neeeded (SPEC) With the home health aide |
| They didn't answer my question - they kept on insisting to take him to a nursing home |
| Therhe are no beeds to be met |
| Because i still don't know if my parent qualifies or where i can inquire about it |
| I feel they could sugguested somplace where\|I could have gotten the help. |
| Because it just seems like everything just goes \|nowhere. It's just a bunch of talk. When you get into the \|program for Home Care it's to suited for your loved one.\|We don't want back in the facility because there is abuse\|and neglect. We are |

| g |
| :--- |
| Paperwork, re-apply... I just get "Re-apply." They say I'm ambulatory, and I wouldn't say walking 3 steps is ambulatory |
| I didn't get any information, it just wasn't what I was expecting the way it was phrased in the paper |
| Never could connect to get the options OR even\|apply. We should be able to go the local DHS office \|and get info there instead of contacting someone by phone. |
| I was expecting more from them (SPEC?) Expecting to hear from them, someone to come out for a visit to find out what I needed, see that child |
| They really didn't hel{p me with what I needed |
| They didn't know what they were talking about, didn't have any information for me |
| Still have not received any help |
| They did not seem they did not have knowledge\|of anything,info to help. |
| I was not approved |
| I did not get what i needed |
| They did not meet my needs. |
| At this point she doesn't qualify for the services |
| The way I was answreed as far as having to wait til October, which is when they re-evaluate letting people in on thge list. They look at the applicatiuon then, then determine if you should be helped |

| **F.7.a.3. Please tell me why you were [somewhat or very] dissatisfied with the degree to which their services met your specific needs?** |
| :--- |
| The info I rewceived i got from DHS, NOT from this agency... They're going thorough a mgmt change and if they told me that then I'd knopw if I could qualtify for this, or should I look somewhere else |
| It was confusing... Something went wrong, I don't know what. |
| The service was not available in my area. |
| I couldnt afford the services that i was eligible for |
| They couldnt help me at all |
| Have not heard anything from them as yet. |
| They did not help me at all |
| Because of staff following up. |
| Couldnot understand them languauage barrier |
| Never contacted |
| Amleady mentioned reason and it is not their fault |
| Still have not had a follow-up call. |
| They did not meet any of my needs |
| I thought the services were not complete...there were some grey areas (elab) they were giving me info about hobbies as opposed to giving me business contacts... |
| Needs were not met. Bascially we had a chair for three\|yrs,and we had to wait and that was Not correct. |
| Did not receive any services |
| I had been previously been told that t hey would help with my personal needs but i was told they did not take care of the things i;' needed such as a lift chair, help cleaning my house, amnd relief from medical bills |
| Because they haven't met it. I had no problem getting services for mom, but they have changed proceedures. I never thought i'd need services, but it came down to it. |
| They wouldn't help me, and they didn't suggest anything. She just called and told me "you're not eligible." |
| Still have'nt found out if I qualify for Medicaid. |
| I called in July and I have not heard anything\|for Mesa County arch since. |
| Because if you make too much money you can't get help and if you make too little you can't get help and i have 6 people to support and i'm in the margin where i can 't get help, but its not all their fault, i'm 70 yrs old and cant walk hardly b |
| Small amount of money |
| They didn't pay what I thought they were going to. |
| I called three times, nobody called back |
| Didnt provide services |

*The Study of*
LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

| Out of everything I was looking for,|I only got a "elderly wavier". |
| Ifeel like there was something lacking in the|system now,I don't feel there is enough to offer since|there are older people. |

<table>
<tr><td><strong>F.7.a.4. Please tell me why you were [somewhat or very] dissatisfied with the accuracy of the information provided?</strong></td></tr>
<tr><td>My issues: signing up for medicare only seemed somewhat out of the ordinary for the troubleshooting tools that they are provided.</td></tr>
<tr><td>Because I only got info on my own and then|call Nevada County,and when asked about is available|they never bothered to take action.</td></tr>
<tr><td>I'm sure it exists but we have no evidence of that</td></tr>
<tr><td>They never gave me information</td></tr>
<tr><td>Work since 14 years old until 70 years old; and took the medicaid away from me; charging high prices for medication and cannot afford this.</td></tr>
<tr><td>Staff did not spend much time talking |with me. Nothing through the mail.</td></tr>
<tr><td>It wasn't a representative, and i havent talked to a caseworker yet because i haven't mailed back the forms.</td></tr>
<tr><td>Ot was lies</td></tr>
<tr><td>They did niot explain anything to me...they jusst dumped forms and other info on me..they told me to fill out the forms without telling me about any of the options...i recently had a struck and have difficulty filling out the forms and they did</td></tr>
<tr><td>No contact when I called back. Can not|get through to representive.</td></tr>
<tr><td>Medicaid criteria was not accurate</td></tr>
<tr><td>It left me more confused about what |they offer.</td></tr>
<tr><td>I couldnt' understand a word they were telling me</td></tr>
<tr><td>I didn't get enough information</td></tr>
<tr><td>I haven't gotten any services</td></tr>
<tr><td>I called her back with the medicad number and she hasn't called me back or anything</td></tr>
<tr><td>Because i didn't really get anything from them</td></tr>
<tr><td>Cause i didn't get no information,no help, we still need help/</td></tr>
<tr><td>The person seemed to think it was a game in which they were ib charge of all the rules.</td></tr>
<tr><td>Because i have not gotten any results</td></tr>
<tr><td>No follow up for info.</td></tr>
<tr><td>I went through the pamphlet, did what I was supposed to, but the favor wasn't returned (CLAR) I read this stuff but no one got in touch and said what was expectged of me - I more or less felt written off</td></tr>
<tr><td>Didn't gjet the process done</td></tr>
<tr><td>They should have contacted me by now to let me know something</td></tr>
<tr><td>Didn't help me</td></tr>
<tr><td>You've got to be interested and try to understand what they're saying -</td></tr>
<tr><td>They didn't send any information on this.</td></tr>
<tr><td>They refered me to the internet and once i did i didn't know what do do with it</td></tr>
<tr><td>The person at Choices said there was not a program like I wanted but there were programs where you could get home nursing</td></tr>
<tr><td>It seemed like I got the run around when|I went to get the Application from Choices In Living for|Long term care (elder choices).</td></tr>
<tr><td>They didn't day exactly why I could NOT |get someone to sweep and mop. I am not supposed to|sweeping and moping because of the disability with|my back. I can't stand for very long and when I sweep|it takes about an hr. To do it.</td></tr>
<tr><td>I didn't get any information</td></tr>
<tr><td>Because I felt like I was getting the run-around.|Was not able to talk to a person for Information,</td></tr>
<tr><td>They really didn't give me anything, no help</td></tr>
<tr><td>Beacuse Respresentative was supposed to send |parperwork via E-mail, It can not access the email sent.|She never followed-up to see weather or not I recieved the|info.</td></tr>
<tr><td>They didn't provide accurate information - they referred me to somebody else and when I call the number I hear a message saying the number is no longer in use, or another one, I got somebody that said they didn't know anything about it and that</td></tr>
</table>

## F.7.a.4. Please tell me why you were [somewhat or very] dissatisfied with the accuracy of the information provided?

It was kind of "IFFY" on everything. "IF|they have any ifo, I could get it"....

I expected a little more useful information (SPEC) I asked abourt physical therapy problems - the rep suggested alternate programs,they weren't really helpful

No one returned my phone call

There's no accuracy - they didn't ask about the service, offer follow up with me

The reactions that I got - they were not helpful at all.

They just couldnt help me

Have not recieved musch on info.

Because when the social worker came,she asked|all question about my mother's health...total waste|of time. Needed help on HOUSING.

Didbot tell you enough

We were never contacted about anything

They did not help me with anything

Info not helpful.

They were wrong. "said we were not eligeble for|services,and that was wrong.

I don't know, because there has been no results

Not info. Provided for me.

No info given,no one followed up with me.

She should have said "We don't cover dentures."

They didnt do anything to help us.

It wasn't what I wanted - I just wanted a referral, a list of names of people I could hire - it wasn't long-term, I needed the list

It wasn't helpful (ELAB) The presentation of it - how they had to call my mother, and she couldn't answer

## F.7.a.5. Please tell me why you were [somewhat or very] dissatisfied with the support you received related to decision making?

The long waiting list i was on and no help reveived

I felt like she just handed me some panmplets, and I was on my own. She didn't ask me questions, to encourage the sharing of ideas (SPEC) she didn't tell me about options instead of medicaid-eligible or private pay.

We're lost in the shuffle, no one ever contacted us

No support

I could not get no results.

Do you know what kind of support that would be? I don't feel it was ever brought up.

They werhe no help at all

Their was no support

They did give some support but not alot..

No support form the person I spoke with.|No referrals or anything.

When I called,It was like talking to a secretary.|she was going to make the appointment,and they would call|back and set up appoinment. No One called.

They wer telling me what they could & couldn't do, but didn't tell me if they couldn't, who could, or what other information was available

Couldn't understand the person

They haven't got back to me

I havnee't gotten any services, all i got is a packet, my needs have not been met.

Well, because i think they should get information from someone else but i never got it

They did not explain anything to me.  They just sent a form and told me to fill it out...they would not explain anything until the nurse came.

Because i didn't get any information

Because i didn't get the information i needed/elab?/how do i go about getting her some help with her medicine, helping

| F.7.a.5. Please tell me why you were [somewhat or very] dissatisfied with the support you received related to decision making? |
|---|
| her do things around the house. |
| They were accurate in that they said they could not or would not help me |
| No results as yet. |
| Was no follow up. The rep. Never came\|to my house. Canceled first appointment. |
| I didn't understand what they told me |
| They didn't support me - what i got was my hospice, they too care of it all |
| I didn't get the process done, I didn't get anywhere |
| It was the options that were offered. The options\|were not for me. |
| I didn't get hlep |
| They never tried to send anyone evaluate \|my relative. |
| It seems like no one is paying attention to me, no one has ever gotten back to me |
| They did not give me enough info |
| Even after they talked to me, they said they'd send him the information in the mail but he hasn't received it, so they haven't kept their word |
| I heard nothing more from them, after that one conversation |
| Because I didn't get the answers to my question, about helping my brother in the family home, rather than putting him in a nursing home |
| I did not receive what i was suppose to.  His only suppirt is family.. |
| There was no personal communication, all they did was refer me to the internet |
| They refferred to Dept. Of human Services,I went to\|wrong dept. Department,need to be in the Aging Dept. It \|was a long process. Got the application and fill it out\|and have not heard anything from Choices In Living. |
| Because when aasked if I could have someone\|clean my house at twice a week...I was told I can feed myself and\|feed and cloth my self,I ma not able to get this service. |
| When I called, she automatically brought up Medicaid. Not everyone qualifies for Medicaid and I don't like that this is something she automatically brought up |
| I didn't receive any support |
| I didn't get any help |
| I was not given options to make a decision.\|Whenever I called area Agency on aging,and they told me\|to contact the DHS office. Contacted DHS on the phone,\|DHS refeered me to Choices in Living...Never could get\|a response. Called DHS back,they s |
| I received none, didn't get any anyway |
| They didn't know what they were doing, didn't seem to care |
| Parent has not recieved any help yet. |
| I am running out of money to pay for bills and care |
| I don't feel like they helped me. |
| I feel that if someone needs help they should be able to contact the person. |
| Letting people on the list once a year - taht's kind of strange. I called in december and i have to wait a year to find out if i can be helped |
| I haven't seen any support - they said they're sending someone out to do an evaluation and they never came - bad I not called yesterday, I wouldn't have known they have a backlog |
| I didn't get anything from them |
| There was no information provided |
| They didnt help me decide anything. Just gave me referrals |
| Didnot receive services and in the same boat nothing has changed |
| The did not give me anyk help at all nor did they offer a referral for help. |
| Because already figured out where the housing\|was going to be. |
| Didnot recieive right info |
| We were never contacted |
| I could not get the help that i need...the help that i needed was not available in the remote area where i live |
| Don't think they offered waht I was looking for, the ser vices  i needed\ |

## F.7.a.5. Please tell me why you were [somewhat or very] dissatisfied with the support you received related to decision making?

| |
|---|
| Until I find out about my issue. |
| They did not make any decisions. I made all the decisions |
| They didnt answer my question and didnt seem to understand what i was talking about |
| It was decided that i was making too much for a program |
| The General conversation was "your not eligbel".|and that was all. Had to contact some agency out of town. |
| I thought that they could have called and turned me to a different direction for help |
| There was no support, just saying "you are not eligible". |
| Because I didn't get what I was after. |
| They didnt provide any services |
| Because there was not alot of follow through |
| I didn't feel the person I spoke with, was real receptive. I don't know whether they understood what I asked them. |

## F.7a.6. Please tell me why you were [somewhat or very] dissatisfied with the professionalism of the staff?

| |
|---|
| Because i still don't have answers : am i signed up for medicare only, i've got my confirmation number from the website, haven't heard from medicare; area six can't do anything about that. |
| No attention is being giving to my|account. |
| Cause i was not given any support related to decision-making. |
| It seems phony, because they tell us all this stuff and no one ever cdame through |
| Language barrier, sometimes they didn't know how to communicate with her and she's still in the same situation. She needs help with some that can speak spanish. |
| They don't know what they are doings. |
| Never got to talk futher with staff. |
| They were liarhs |
| They just gave me the run around |
| Very unprofessional |
| She was very blunt,and to the point. She said|I would have to make an appointment with her,and she would|have them (mcmiville office) to contact me. |
| They didn't speak English |
| I didn't receive any help for him/she talked about nursing homes and other places i couldn't afford; i was very dissatisfied. |
| I haven't received any support |
| I haven't received any support |
| They would not tell me anykthing.. Theyk sai/d i/ woul/ld have to wait til the nurse came out and she still has not come. |
| Due to the fact i didn't get any support from them in making a decision |
| They didn't give me none |
| There was no help |
| The lady I spoke with was ok,but it is not working out|the way she said it would. |
| Didnot get all the information i needed and no one followed up with me |
| I felt if they thought she (mother) or I was important they wouldv'e got back in touch with me |
| They should've known someone to call or to refer me to somebody |
| I called for a specific thing. Even though they suggested the nursing home, I kept going back to my question about my being a caregiver for my brother |
| I;f it was rtheir dad, they would have sent the papers i need |
| They were very pleasent but didnt follow through |
| The lady was very nice,but I did not recieve the |info. Or direction where I need to go. Every I called,I |could NOT get anyone on the line. |
| There wasn't professionalism at all (SPC) They didn't listen at all 0- as you rattle on, they finally say they're not the right person |
| They didn't know what they were doing |

## F.7a.6. Please tell me why you were [somewhat or very] dissatisfied with the professionalism of the staff?

| |
|---|
| They did not try help or Resolve the issue \|for parent with Energy Assistance. Dad is a Senior Citizen\|and does'nt have much money. |
| I've been calling and leaving messages and no one has returned my phone call. |
| The rep I spoke with had a horrible attitude, she spoke horrible... She was really rude. |
| I didnt receive no support |
| Need to have more contact with staff. |
| Sometimes the were foreigners and i couldnt understand |
| We were never contacted |
| I only spoke to someone once and it just didnt work |
| Rep. Acted like there was Nothing they could do |
| She was never available, and nobody else could do it |
| I don't think the girl knew age elegibility. |

## F.7a.7. Please tell me why you were [somewhat or very] dissatisfied with the ease of working with [insert PP1] to resolve the issue related to [insert PES A.2 if answered or PP6]?

| |
|---|
| They sd they were going to process my\|app. And then they Did NOT. |
| We only had that one initial meeting on the phone, we never received the information they said we would |
| They never called me back |
| They do not know what they are doing.  Seems to have things all backwards. |
| Have not contacted about services |
| There was no resolution |
| I talkd w/them 7/30, but  Icalled them at least 10 days before and I had to leave a messaage on a voicemail. It took at least 10 days for them to call me and just gettign this startecd, getting an interview stgarted - nothing had been sent in t |
| No help whatspever |
| They were not helpful. They did not give any\|resources. They only told me what they supplied. |
| It wasn't as easy as i thought it should be/elab?/i would like to have been in touch who knew what i was looking for and help me find what i was looking for. /looking for?/affordable housing, something we could handle./else?/no |
| I needed paper work from social Secutiy,and called \|the rep again,she was on vacation. I will go their office again\|this wk. |
| When I talked to them she explained everything very clear - she said she would send out a packet with an application for Medicaid and I haven't received anything |
| I really did not understand what the program was.\|I wanted to talk about other avenues for care. They did not\|understand my request. I wanted info. On home health care. |
| I know a little about the aging network... I didn't feel like it was very user-friendly (SPEC) A really complicated phone tree when you call... Get referred to the wrong person; it took me 3 times to get to someone who'd talk to me. My situatio |
| I couldn't understand them |
| I've been trying to move this thing forward, and it's been since the 15th, that's 13 days - it's been a slow follow-up |
| I don't think they understood what I was looking for. I think THEY think I make a lot of money but I don't. |
| From the lack of communication back from them |
| I believe they should have called me back/purpose?/to give me more information on where we stand, do something else, give them more information, you know? |
| I felt like they really wasn't listening when i talked to them |
| All we did was talk to a representative, all they tell me is, "When she gets to you, she gets to you." |
| Because they didn't try to help me./else/didn't refer me to someone else to get some help |
| My questions were not something to play about.  The life of my daughter and granddaughter were at stake |
| It just takes too long. |
| Didn't really get the service my parent needed. |
| No one cared enough to get b ack in contact w/me about what I needed to do |
| Didn't get the process done |

**F.7a.7. Please tell me why you were [somewhat or very] dissatisfied with the ease of working with [insert PP1] to resolve the issue related to [insert PES A.2 if answered or PP6]?**

| |
|---|
| They have not resolved my issue or called me back so i am still in the dark |
| The application was difficult to understand |
| I thought someone would call me by now. I have a nuber to\|call someone,I am trying to figure out what I need and i don't\|need from info. They provided. |
| They didn't help me. They said I need Medicaid, but I have Medicare |
| I am having to stay home to care for my relative. |
| Their was no followup from choices to see if we got the services |
| Lack of contact |
| They really didnt answer any medicaid questions - they just referred me to the internet |
| I feel like they could have told me alot more\|of why they could not help me. They could have told me\|of a place where I could get help,BUT they did not do\|that. |
| You get the same thing, over and over... Like pulling teeth. Fill out papers and wait. |
| It didn't fill my needs. |
| Was unable to speak with someone who could\|give info. On a program for my parent. |
| I'm listening but I really don't hear you, that was the feeling I got about them when I talked to them |
| Seeming lack of knowledge and lack of interest |
| Parent still has not recieved any help for energy assistance. |
| No one has returned my phone call |
| I jsutr think that if a person's trying to take care of his wife, that tghe government should have some program to help the husband - I couldn't work |
| It was just confusing, I'm still confused about it, why they thought I just wanted Medicaid |
| Not in the area,disappointed. |
| Purpose for timing. Needed info faster. |
| They didnot return callls right away |
| We were never contacted |
| As mentioned b efiore, i did not get the help needed |
| Because ther has been no Follow-up. |
| I did not get any answers or any help with anything |
| Because when I try, I make too much money. |
| I only spoke to one person and they didnt understand me |
| Because just kinda "belw me off"...didn't have time\|for me. |
| I couldn't get to the right person, i finally got to a supervisor, but they never followed up, and i could really use the service. |
| Because my neighbors get generations and they are not old, they are just disabled, and i was told i would get help because i am disabled. I felt i was discrimated against, because they get help and i don't. The girl who came to the house was a |
| Because there has not been any follow-up to see\|IF I was eligilbel for the service for personal care. |
| No info, staff has not gotten back to me. |
| They didnt give the equiment because they think he could walk |
| Because of the amount of money that I had to pay. They coiuldn't find a volunteer to come over here and plow. |
| I didn't feel like it wasn't the biggest interest for them, for the day. |

**F.7a.8. Please tell me why you were [somewhat or very] dissatisfied with the quality of the services that you/your [insert PP2] received from agencies you were referred to by [insert PP1]?**

| |
|---|
| People didnt deal with her wheelchair because she didn't buy the wheelchair from them. |
| I don't know if i'm signed up or not at this late date. And this has nothing to do with area six 'because/ive gone thru the website but they haven't commented on whether it is successful. They don't contact me, but i have to go back into their |
| I have not got any connections with any organizations yet. |

| **F.7a.8. Please tell me why you were [somewhat or very] dissatisfied with the quality of the services that you/your [insert PP2] received from agencies you were referred to by [insert PP1]?** |
|---|
| They did not provide the service we needed. |
| Because I am on a waiting list. |
| It was too long in coming, and it was not very personal/elab?/it seems i get left behind/example?/i don't think i can do that |
| When i told her what i need, she said we dont do that, and that was it. |
| They haven't resolved the problem, all they did was send me a packet, i have not filled out the packet. |
| I haven't worked with them on anything./other/no |
| I didn't feel they were interested in talking to me |
| Cause they didn't solve nothing, things are still the same before i even called them, is still need those things and i'm doing it by myself |
| They were not interested in helping me.  It ehy could not help me, they should of at least had a suggestion as to who might be able to help |
| No contact with any referral agency yet. |
| Only services she received was from health department |
| We submitted application for Medicaid for my mom - they went into the interview and were told "You just don't qualify. You don't need these services." Mom said after this interview, they stopped services they'd been getting, like meals, and hou |
| Didn't get any, never received any |
| Nothing has been done. No follow up with agency so far. |
| I was not referred to any services |
| I haven't received anything |
| They referred me to someone else again, they said "we don't know anything about that, try this other person." |
| I haven't heard anything yet| |
| They never got any help from anyone or any contact from anyone. |
| Have not received any information from any other agencies |
| Because the couldnt help me or refer to anyone |
| They couldnt help me with my needs and they didnot have any other referrals for me |
| There was no info to get help elsewhere |
| They asked and i answered many questions and they misinterpreted some of my answers. |
| I was turned down |
| They weren't as helpful as this guy, the guy at Senior Linkage. (ELAB) It's hard to get through, it's a state office. If you do get through, they give you these short answers, they don't really explain it. |
| There is no assistance for her for legal refferal |right now. |

# Section G. Health and Demographic Information

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance [specify] * | Frequency | Percentage |
|---|---|---|
| Some other kind of health insurance, Uncategorized | 35 | 8.04 |
| Medicaid | 94 | 15.48 |
| State/County medical assistance program | 11 | 0.54 |
| TriCare/Champ/Veterans/Military coverage | 6 | 1.15 |
| Supplemental coverage | 10 | 2.64 |
| Total ** | 152 | 27.72 |

*Responses to the option "Some other kind of health insurance, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

** Total frequencies total more than the number of respondents who selected "Some other reason, specify" since some responses are coded as 2 different types of insurance. Percentages do not match up for the same reason.

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance [specify] |
|---|
| Medicaid |
| Medicade |
| Medicade |
| Medicaid |
| Indigent care |
| Medicaid |
| QMB, type of Medicaid |
| State farm; va |
| Vision and dental |
| Blue cross blue shield supplement, and humana for perscriptions |
| C.m.sp (county health care which is niot medicaid |
| Tri-care |
| A smnall long term care policy |
| Medicaid |
| Medicaid |
| Medicade |
| Low-income subsidy, similar to Medicare, goes with Medicare |
| United health care |
| Medicaid |
| Medicaid |
| United Health Care, for prescriptions |
| Organ health care provided through the adoption service and that is medicaid |
| Medicaid |
| Hmo..used to\|called marion polk county. |
| State medical, ohp |
| Medicaid |
| Medicaid |
| \|Some kind of secondary insurance..not sure what it is |
| Has Medical card\|from Seniors and disabilities. |
| Medicaid |
| Medicaid |

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance   [specify] |
| --- |
| Paying for COBRA |
| Prescription Drug coverage |
| Medical |
| Humana drug coverage |
| Medicare part d thru blue cross/blue shield |
| Medicaid |
| Extra help from tjhe dept of human services |
| Medicaid |
| Medicaid |
| Medicaid |
| Humana plus |
| Medicaid |
| Medicaid |
| MEDICAID AND ANOTHER INSURANCE THAT PAYS MY CO-PAYS BECAUSE MY COPAYS COME TO $120-130 A month |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicad |
| Medicaid |
| Medicaid |
| Tricare for life |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid (my Dad has it but Mom doesn't) |
|  Medicaid |
| Medicaid |
| Medicaid |
| Man handler's insurance. |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Q.m.b./ that is a medicaire supplement |
| Supplemental coverage |
| Medicaid |
| Medicaid |
| Care improvement |
| Medicaid |

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance   [specify] |
|---|
| Medicaid |
| Medicaid |
| Medicaid |
| Small policy from AARP, pays me so much a day if I'm in the hospital |
| Care Improvement Plus (affiliated with United Health) |
| Medicaid |
| He is deceased |
| Medicaid |
| Medicaid |
| Tri-care |
| Bluecross/blueshield supplement |
| Long term care |
| Medicaid |
| Medicaid (elder's choice) |
| Medicade |
| Not sure of kind/name |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Teacher retirement insurance |
| No |
| Medicaid |
| Medicade |
| Medicare supplement |
| Medicaid |
| Medicaid |
| Medical assistance |
| State health insurance |
| Silver script and that's for meds |
| Medicaid |
| V.a. |
| Minnesota care, tefra |
| Minessotta care healthcare state program |
| County medica |
| Medi caid |
| Humana |
| Long term care insurance |
| Postal Worker coverage, V-A |
| Medical assistance insurance (m.a.) |
| M.a. medical asssitance |
| Medical assistance through the state |
| Medicaid |
| Medicaid |
| Minnesota care, a state program of medical assistance |
| Medi ca |

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance   [specify] |
|---|
| Military coverage, Tri-Care For Life |
| V-a |
| Nursing home insurance |
| Supplemental health policy; as well as long term care |
| Welfare |
| Blue cross |
| Minnesota Health Care program |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| Indiana medicaid |
| Medicaid |
| Medicaid |
| Medicade |
| Anthem blue cross/blue shield |
| Drug insurance |
| Gha |
| Medicaid; also, Part D |
| HMO plan |
| Medicaid |
| Va |
| Humana |
| Medicaid |
| Supplements |
| Private supplemental care to Medicare |
| Medicaid |
| Medicaid |
| Medicaid |
| Medicaid |
| I have a supplement |

**G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in…….**
**Some other setting, specify ***

| | Frequency | Percentage |
|---|---|---|
| Some other setting, Uncategorized | 15 | 2.32 |
| With Family/Friend/Partner | 36 | 6.33 |
| Total | 51 | 8.66 |

**\***Responses to the option "Some other setting, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

**G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in…….**
**Some other setting, specify**

| |
|---|
| I rent a trailer |
| Live with my son & his family in his mother in law's house |
| My home |
| Her own house on her son's property |
| Guest at friend's house |
| I'm living in a motel |
| Lives with resp (daughter in law) |
| Senior citizen housing |
| Mobile home |
| Certidied adult foster home |
| Live with parents, husb and, and grandmother |
| Boards with friends |
| Skilled bnursing facility |
| Bounces around.|place to place,sometimes friends or family. |
| Rent a room at sister-in-law's home |
| In daughter's home |
| Lives with her daughter |
| In family member's home |
| My own trailerhome |
| She lives with her daughter in the daughter's home |
| House that her son owns, but does not live with her |
| My house, i am her daughter |
| In a 30 foot travel trailer |
| Parnet lives with me, I rent. |
| Lives with parents |
| Respondent's (granddaughter's) house or apartment |
| In my home |
| In a friend's home |
| Lives in my house |
| Lives in home of niece |
| In my sister's house |
| Living w/Respondent |
| Independent senior living |
| In friend's home |
| Lives w/Resp |
| She with Mother-in-law |
| Lives with care giver. |

| G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in……. Some other setting, specify |
| --- |
| Elderly subsidized housing |
| Currently resident in a hospital |
| Duplex apartment, my own |
| In my home |
| Live with a friend |
| With family members |
| Living with 2 friends in their home |
| Has a trailer\|on Son's property |
| Independent living\|apartment |
| Senior housing, not assisted living |
| Living with friend in their home |
| Living with other family members in their home |
| Group facility |
| My mobile home |
| Her daughter's trailer |
| Independent senior living |
| My mother's home |
| HUD Housing apartments |
| Brother's mobile home |
| My brother's trailer |
| Senior park (mobile homes) |
| Living with daughter in daughter's home |
| Son's home |
| Senior hud housing |
| Relatives' house |
| Lives with family |
| In a mobile home |
| My father's home |
| Apartment in a nursing home setting |

| G.14.a How long did you/your [PP2] live in the assisted living setting? * | | |
|---|---|---|
| | Frequency | Percentage |
| Gave Response | 42 | 61.98 |
| DK | 15 | 36.60 |
| REF | 3 | 1.42 |
| Total | 60 | 100 |

| G.14.a. How long did you/your [insert PP2] live in the assisted living setting? |
|---|
| 6 Months |
| 4 Years |
| 1 Months |
| 2 Months |
| 12 Years |
| 2 Years |
| 5 Months |
| 1 Months |
| 6 Months |
| 1 Months |
| 10 Years |
| 2 Months |
| 1 Months |
| 2 Years |
| 9 Months |
| 8 Months |
| 3 Months |
| 2 Years |
| Years |
| 1 Months |
| 6 Months |
| 2 Months |
| 2 Years |
| 2 Years |
| 1 Months |
| 0 Months |
| 2 Years |
| 2 Months |
| 9 Months |
| 6 Years |
| 1 Months |
| 4 Months |
| 1 Months |

| G.14.a. How long did you/your [insert PP2] live in the assisted living setting? | |
|---|---|
| 1 Months | |
| 1 Months | |
| 1 Months | |
| 1 Months | |
| 5 Months | |
| 1 Months | |
| 1 Months | |
| 3 Months | |
| 1 Months | |
| 1 Months | |
| 1 Months | |
| 3 Years | |
| 8 Months | |
| 1 Months | |
| 1 Years | |
| 0 Months | |
| 13 Months | |
| 1 Years | |
| 0 Months | |
| 5 Months | |
| 0 Months | |
| 0 Months | |
| 3 Months | |
| 5 Years | |
| 10 Years | |

| G.15.a How long did you/your [PP2] live in the nursing home? * | Frequency | Percentage |
|---|---|---|
| **Gave Response** | 38 | 70.18 |
| **DK** | 10 | 29.27 |
| **REF** | 3 | 0.55 |
| **Total** | 51 | 100 |

| G.15.a. How long did you/your [insert PP2] live in the nursing home? |
| --- |
| 4 Years |
| 1 Months |
| 6 Months |
| 2 Months |
| 0 Months |
| 1 Months |
| 2 Months |
| 2 Years |
| 2 Months |
| 1 Months |
| 1 Months |
| 3 Years |
| 2 Months |
| 3 Months |
| 4 Months |
| 3 Months |
| 10 Months |
| 6 Months |
| Years |
| 4 Months |
| 3 Months |
| 2 Months |
| 2 Months |
| 1 Months |
| 5 Years |
| 1 Years |
| 10 Years |
| 2 Months |
| 2 Months |
| 0 Months |
| 10 Months |
| 1 Months |
| 1 Months |
| 0 Months |
| 1 Months |
| 1 Months |
| 2 Months |
| 2 Months |
| 2 Years |
| 1 Years |
| 0 Months |
| 3 Months |

| G.15.a. How long did you/your [insert PP2] live in the nursing home? |
|---|
| 0 Months |
| 1 Years |
| 1 Months |
| 1 Months |
| 1 Years |
| 0 Months |
| 1 Months |

The following tables contain tabulations of responses to the Participant Experience Survey questions. Frequencies indicate the number of respondents selecting each response, while percentages are weighted following the methodology outlined in section 1.4 of the Outcome Evaluation Analysis Report. The final sampling weight is a combination of a base weight and an adjustment for nonresponse at the agency-level.

## Section PPS. Pre-Populated Information Based on the Client Screening Tool (ES) and Data Collection (DC) Tools

| Agency Type  ES2 | | |
|---|---|---|
| | Frequency | Percentage |
| AAA Rural | 11 | 23.39 |
| AAA Urban | 62 | 76.61 |
| Total | 73 | 100 |

| Needs Spanish Interpreter   DC6 | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 71 | 95.08 |
| No | 2 | 4.92 |
| Total | 73 | 100 |

| Need TRS service DC 7 | | |
|---|---|---|
| | Frequency | Percentage |
| Yes | 72 | 97.54 |
| No | 1 | 2.46 |
| Total | 73 | 100 |

| Preferred Call Time  DC5 |
|---|
| No Data Available |

| PP1. Agency Name    ES 1 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Aging Partners AAA** | 10 | 14.27 |
| **Albemarle Commission Area Agency on Aging** | 2 | 2.70 |
| **Area Agency on Aging of the Permian Basin** | 18 | 44.25 |
| **Area IX Area Agency on Aging** | 9 | 20.70 |
| **Cape Fear Council of Governments** | 7 | 3.33 |
| **Southwest 8 Senior Services, Inc.** | 2 | 2.85 |
| **WPCOG Area Agency on Aging** | 25 | 11.90 |
| **Total** | 73 | 100 |

| PP2. Respondent Type  ES3 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Self** | 51 | 69.31 |
| **Parent** | 13 | 19.75 |
| **Child** | - | - |
| **Other Relative** | 3 | 1.43 |
| **Friend** | 3 | 4.20 |
| **Neighbor** | - | - |
| **Client/Patient** | 1 | 2.46 |
| **Other*** | 2 | 2.86 |
| **Total** | 73 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| PP3. Study Type  ES 5/ES 6 | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Older Adult** | 33 | 34.18 |
| **Disability** | 3 | 5.15 |
| **Older Adult and Disability** | 35 | 58.76 |
| **Neither Older Adult nor Disability** | 1 | 0.48 |
| **No Response** | 1 | 1.43 |
| **Total** | 73 | 100 |

| PP4. Result of Contact  ES7 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Yes | | No | | No Response | | Total | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| **Information Assistance and/or Referral(s) (not including options counseling)** | 42 | 71.53 | 30 | 26.17 | 1 | 2.30 | 73 | 100 |
| **Options Counseling or Peer Support/Peer Counseling** | 4 | 7.77 | 68 | 89.93 | 1 | 2.30 | 73 | 100 |
| **Benefits Counseling or Eligibility Determination** | 40 | 39.41 | 32 | 58.29 | 1 | 2.30 | 73 | 100 |
| **Transition Assistance** | - | - | 71 | 96.27 | 2 | 3.73 | 73 | 100 |
| **Crisis Intervention** | - | - | 72 | 97.70 | 1 | 2.30 | 73 | 100 |
| **Life skills training or support** | - | - | 72 | 97.70 | 1 | 2.30 | 73 | 100 |

**PP5. Date of Contact – DC1 ***

*Responses to this question are available in the appendix with supplemental questions.

| PP6. Reason for Contacting the Agency (Client s Need at Time of the Time of Contact) | | |
|---|---|---|
| | Frequency | Percentage |
| **Income Assistance** | 7 | 16.26 |
| **Energy Assistance** | 3 | 7.38 |
| **Medicare Questions** | 3 | 7.38 |
| **Medicaid Questions (Including Questions About HCBS Waivers)** | 9 | 13.88 |
| **Housing** | 3 | 3.25 |
| **Personal Care** | - | - |
| **Transportation** | 2 | 2.78 |
| **Nutrition** | 1 | 2.46 |
| **Chronic Health Conditions** | 1 | 1.43 |
| **Employment** | - | - |
| **Support Groups** | - | - |
| **Recreation Opportunities** | - | - |
| **Caregiver/Respite Support** | 5 | 5.23 |
| **Home Modification** | 3 | 5.23 |
| **Attendant Care Services** | - | - |
| **Advocacy** | - | - |
| **Education** | - | - |
| **Services for Emergent Cares/Crisis Intervention** | - | - |
| **Preventative Health Services** | - | - |
| **Ombudsman/Abuse or Neglect Issues** | - | - |
| **Advanced Directives** | - | - |
| **Transition Services** | - | - |
| **Other Independent Living Supports or Services** | - | - |
| **Other** | 36 | 34.73 |
| **Total** | 73 | 100 |

| PP7. Mode of Contact   DC 10 | | |
|---|---|---|
| | Frequency | Percentage |
| **In-person visit** | 32 | 27.20 |
| **Telephone call** | 41 | 72.80 |
| **Total** | 73 | 100 |

| PP8. Respondent Name   DC2 |
|---|
| **No Data Available** |

| PP9. Respondent Age    ES5 | |
|---|---|
| | **Respondent Age** |

| | Frequency | Percentage |
|---|---|---|
| Less than 18 | - | - |
| 18-45 | - | - |
| 46-59 | 3 | 4.28 |
| 60-84 | 60 | 80.01 |
| 85 and above | 9 | 15.15 |
| No Response | 1 | 0.48 |
| Total | 73 | 100 |
| Min | 52 | |
| Max | 101 | |
| Mean | 74.74 | |
| Median | 76 | |
| Mode | 66 | |

### I.1 Is now a good time for the interview about your experiences?

| | Frequency | Percentage |
|---|---|---|
| Yes | 73 | 100 |
| No, this is a bad time | - | - |
| No, I don't remember calling agency | - | - |
| Refused, no I don't want to do an interview | - | - |
| Total | 73 | 100 |

### I.2 When would be a better time to call back to do the interview?

| | Frequency | Percentage |
|---|---|---|
| Not Applicable | 73 | 100 |
| Don't Know | - | - |
| RF | - | - |
| Total | 73 | 100 |

### I.3 Can I ask you why are you not interested in participating?

| | Frequency | Percentage |
|---|---|---|
| Not Applicable | 73 | 100 |
| Don't Know | - | - |
| RF | - | - |
| Total | 73 | 100 |

### I.4 Do you agree to participate in this research study and begin study procedures as we have? discussed?

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 73 | 100 |
| **No** | - | - |
| **Total** | 73 | 100 |

## I.5 Can you tell me why you don't wish to participate in the interview?

|  | Frequency | Percentage |
|---|---|---|
| **Not Applicable** | 73 | 100 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 73 | 100 |

## CP1. Is this number that I called you on a cell phone?
(If asked why: I just want to offer to call you on a land line phone, or at a time when you are not driving if this is a cell phone)

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 17 | 29.42 |
| **No** | 56 | 70.58 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total** | 73 | 100 |

## CP2. Is there a land line where you would prefer me to call to conduct the interview?

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | - | - |
| **No, continue on cell phone** | 17 | 100 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total \*** | 17 | 100 |

\* This question was only asked of those who responded "Yes" to question CP1.

## CP3. Are you currently driving, or someplace else where it IS NOT safe to talk on your cell phone?

|  | Frequency | Percentage |
|---|---|---|
| **Yes/Call me later** | - | - |
| **No, respondent can talk now** | 17 | 100 |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total \*** | 17 | 100 |

\* This question was only asked of those who responded "No, continue on cell phone" to question CP2.

## CP4. Is now a good time to talk?
(Interviewer: IF EVENINGS/WEEKENDS ARE BETTER BECAUSE RESPONDENT IS NOT CHARGED FOR

| CELL USAGE, SCHEDULE CALLBACK AND RECORD COMMENTS) | Frequency | Percentage |
|---|---|---|
| **Yes, now is fine** | 17 | 100 |
| **No, another time is better** | - | - |
| **Refused (Soft)** | - | - |
| **Refused (Hard)** | - | - |
| **Total** | 17 | 100 |

* This question was only asked of those who responded "No, respondent can talk now" to question CP3.

# Section A. Initial Contact

| A.0. Was the initial contact with [insert PP1] a telephone call or in person visit? * | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **In-Person Visit** | - | - |
| **Telephone call** | - | - |
| **Don't Know** | - | - |
| **RF** | - | - |
| **Not Applicable** | 73 | 100 |
| **Total** | 73 | 100 |

\* This question was only asked if PP7 was blank.

| A.0b. I just need to verify your current age to be sure you are eligible for the study. Are you 60 years of age or older? * | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 1 | 0.48 |
| **No** | - | - |
| **Don't Know** | - | - |
| **RF** | - | - |
| **No Response** | 72 | 99.52 |
| **Total** | 73 | 100 |

\* This question was only asked if QES6 had the value "Neither Older Adult nor Disability."

| A.1 When you contacted the [insert PP1], you said that the main reason for your [insert PP7] was insert [PP6]. Is that correct? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 72 | 99.52 |
| **No** | 1 | 0.48 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 73 | 100 |

| A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert PP1] on [insert PP5]? * | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Safe and affordable housing options** | - | - |
| **Peer support services/groups** | - | - |
| **HCBS Medicaid Waiver Programs** | - | - |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | - | - |
| **Nutrition Programs** | - | - |
| **Employment Services** | - | - |
| **Education services** | - | - |
| **Opportunities to develop advanced directives** | - | - |
| **Transportation services** | - | - |
| **Opportunities for socialization/recreation** | - | - |
| **Mental health services** | - | - |
| **Ombudsman services** | - | - |
| **Health prevention and screening services** | - | - |
| **Emergency services/crisis intervention** | - | - |
| **Transition programs (from hospitals, nursing homes etc.)** | - | - |
| **Nursing home (institutional) diversion program** | - | - |
| **Nursing home/residential beds** | - | - |
| **Income Assistance** | - | - |
| **Energy assistance** | - | - |
| **Personal Care services** | - | - |
| **Independent living services (e.g., home modification, attendant care)** | 1 | 100 |
| **Independent Living Skills training** | - | - |
| **Other, please specify** | - | - |
| **(VOL) DK** | - | - |
| **(VOL) REF** | - | - |

| A.2. I'm sorry; please tell me, what was the main reason that you contacted [insert PP1] on [insert PP5]? * | | |
|---|---|---|
| | Frequency | Percentage |
| Total | 1 | 100 |

*Responses to this question are available in the appendix with supplemental questions.

| A.3. From where did you first find out about [insert PP1]? [CHECK MOST APPROPRIATE RESPONSE] | | |
|---|---|---|
| | Frequency | Percentage |
| Family member, friend or other acquaintance | 13 | 22.44 |
| Hospital/Clinic/Doctor | 2 | 4.92 |
| Nursing home/Assisted Living | - | - |
| Phone Book | 2 | 3.73 |
| Brochure/Flyer | 1 | 1.43 |
| Referral from Senior Center | 4 | 5.71 |
| Referral from another agency/organization | 26 | 31.96 |
| Through work | 1 | 0.48 |
| Internet/Website | 6 | 7.61 |
| Media/Newspaper/TV/Radio | 13 | 15.54 |
| Other* | 2 | 1.90 |
| Don't Know | 3 | 4.28 |
| Refused | - | - |
| Total | 73 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

| A.4. Was [insert PP1] the first organization that you contacted about [insert PES A.2 if answered OR PP6] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 57 | 78.03 |
| **No** | 15 | 20.62 |
| **Don't Know** | 1 | 1.35 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

## Section B. Agency Efficiency

**B.1.[ASK ONLY IF PP7 IN PERSON VISIT; ELSE SKIP TO B.2] When you contacted the [insert PP1], how long did you wait during the initial contact to talk with someone who could help you with [insert PES A.2 If answered OR PP6]? [DO NOT READ RESPONSES, PLEASE CHECK APPROPRIATE RESPONSE]**

|  | Frequency | Percentage |
|---|---|---|
| Minimal wait (less than five minutes) | 16 | 58.31 |
| Five to 10 minutes | 6 | 20.99 |
| 10 minutes to 20 minutes | 7 | 12.24 |
| Over 20 minutes | 1 | 1.75 |
| Don't Know | 2 | 6.71 |
| Refused | - | - |
| Total | 32 | 100 |

**B.2. Were you able to talk to a representative during your first [insert PP7] with [insert PP1]?**

|  | Frequency | Percentage |
|---|---|---|
| Yes | 66 | 87.79 |
| No | 6 | 11.74 |
| Don't Know | 1 | 0.48 |
| Refused | - | - |
| Total | 73 | 100 |

**B.3. Do you recall how many additional contacts you had to make before you were able to talk with a representative, including calls where you left a message on a machine? [DO NOT READ RESPONSES] [PROBE: IF NOT SURE, PROBE FOR BEST ESTIMATE AND READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| None | - | - |
| One | 1 | 20.13 |
| Two | 3 | 35.71 |
| Three | 2 | 40.26 |
| Four or more | - | - |
| Don't Know | 1 | 3.90 |
| Refused | - | - |
| Total * | 7 | 100 |

*This question was asked to all those **not** responding "Yes" to question B2.

**B.4. Including the contact that you made [insert PP1] on [insert PP5], how many times have you had to describe your request for services to [insert PP1], or explain what you needed? [DO NOT READ RESPONSES]**

|  | Frequency | Percentage |
|---|---|---|
| One time | 47 | 57.81 |
| Two times | 15 | 22.28 |
| Three or four times | 8 | 15.54 |
| Five or more times | 1 | 1.43 |
| Don't Know | 2 | 2.93 |
| Refused | - | - |

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| Total | 73 | 100 |
|-------|----|----|

| B.5 Throughout your contact with [insert PP1] did any of the following circumstances reduce or prevent your ability to resolve your issue? [READ EACH ITEM TO GET A YES/NO ANSWER] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | | No | | Don't Know | | Refused | | Total | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| [insert PP1]'s hours of operation | 2 | 4.92 | 69 | 90.17 | 2 | 4.92 | - | - | 73 | 100 |
| Difficulty reaching the [insert PP1]'s staff | 7 | 12.21 | 65 | 85.33 | 1 | 2.46 | - | - | 73 | 100 |
| Language or communication problems | 1 | 2.46 | 70 | 94.61 | 2 | 2.93 | - | - | 73 | 100 |
| Lack of staff professionalism | 2 | 2.93 | 69 | 94.13 | 2 | 2.93 | - | - | 73 | 100 |
| Lack of staff knowledge | 3 | 7.38 | 67 | 87.23 | 3 | 5.39 | - | - | 73 | 100 |
| Lack of staff follow through | 7 | 12.21 | 61 | 82.63 | 5 | 5.15 | - | - | 73 | 100 |

# Section C: Effectiveness of Agency Representative

**C.1. Did you feel the representative at [insert PP1] paid close attention to what you were saying? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Yes, definitely** | 65 | 86.28 |
| **Yes, probably** | 6 | 8.80 |
| **No, probably not** | - | - |
| **No, definitely not** | - | - |
| **Don't Know** | 2 | 4.92 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**C.2. In your opinion, how knowledgeable was the representative at [insert PP1] about the reason you contacted them, that is [insert PES A.2 if answered; else insert PP6] ? Were they ..[READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Very knowledgeable** | 58 | 74.23 |
| **Somewhat knowledgeable** | 10 | 15.46 |
| **Not very knowledgeable** | - | - |
| **Not at all knowledgeable** | - | - |
| **Don't Know** | 4 | 7.85 |
| **Refused** | 1 | 2.46 |
| **Total** | 73 | 100 |

**C.3. When you had [insert PP7] with [insert PP1] on [insert PP5], was the information you received from the representative at [insert PP1]……? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| **Very clear and understandable** | 64 | 85.01 |
| **Somewhat clear and understandable** | 7 | 12.05 |
| **Not very clear or understandable** | 1 | 0.48 |
| **Not at all clear or understandable** | - | - |
| **Don't Know** | 1 | 2.46 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**C.4. Based on your request for help with [insert PES A.2 if answered; else insert PP6] when you contacted [insert PP1], did the representative ask questions that made you feel that your needs for which you initially contacted the agency were being correctly assessed?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 66 | 87.79 |
| **No** | 3 | 6.34 |
| **Don't Know** | 4 | 5.87 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**C.5. If the assistance was requested, did the representative at [insert PP1] work with you to develop a plan outlining your next steps in meeting your/your [insert PP2] s ongoing need for services or supports? [INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR AS TO WHAT YOU MEAN BY SERVICES AND SUPPORTS', YOU MAY OFFER THIS DECRIPTION: "SERVICES AND SUPPORTS ARE THE THINGS YOU MAY NEED TO MEET YOUR HEALTH OR PERSONAL CARE NEEDS AND TO ASSIST YOU WITH THE BASIC PERSONAL TASKS OF EVALUATION".]**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 45 | 52.50 |
| **No** | 16 | 31.25 |
| **No assistance requested for long term care needs** | 10 | 13.32 |
| **Don't Know** | 2 | 2.93 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**C.6. Does the plan accurately reflect your/your [insert PP2] s needs and preferences for resolving the issue that you called about, that is [insert PES A.2 if answered; else insert PP6]? [READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| **Yes, definitely** | 36 | 77.49 |
| **Yes, probably** | 4 | 10.57 |
| **No, probably not** | 2 | 5.44 |
| **No, definitely not** | 2 | 1.81 |
| **Don't Know** | 1 | 4.68 |
| **RK** | - | - |
| **Total \*** | 45 | 100 |

\*This question was asked to all those who responded ''Yes'' to question C5.

# Section D. Institutional Diversion

**D.1. When you contacted [insert PP1], were you considering a move to a long term care facility, such as a nursing home, for yourself/your [insert PP2]?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 7 | 9.20 |
| **No** | 66 | 90.80 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**D.2. Did the representative you talked to at the [insert PP1] on [inset PP5] help you to understand other choices for staying in the community to avoid or delay moving to a nursing home or other long term care facility?**

|  | Frequency | Percentage |
|---|---|---|
| **Yes** | 25 | 24.19 |
| **No** | 46 | 73.04 |
| **Don't Know** | 2 | 2.78 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

**D.3. How likely is it that you/your [insert PP2] will have to move into a nursing home within the next five years? Would you say that it is….. [READ CHOICES]**

|  | Frequency | Percentage |
|---|---|---|
| **Very likely** | 6 | 9.67 |
| **Somewhat likely** | 11 | 15.54 |
| **Somewhat unlikely** | 5 | 6.19 |
| **Very unlikely** | 42 | 57.57 |
| **Don't Know** | 8 | 8.56 |
| **Refused** | 1 | 2.46 |
| **Total** | 73 | 100 |

# Section E: Assistance with Services

| E.1. Did you receive access to the service that you/your [insert PP2] needed directly from them or indirectly [INSERT PP1] or indirectly by a referral to another agency? | Frequency | Percentage |
|---|---|---|
| Directly ([insert PP1] provided the service) | 48 | 65.82 |
| Indirectly (you were referred elsewhere) | 12 | 14.43 |
| Both/some services provided by [insert PP1] staff and some through referrals | 5 | 6.03 |
| Don't Know | 8 | 13.72 |
| Refused | - | - |
| Total | 73 | 100 |

| E2. Did the representative of the [insert PP1] help you/your [insert PP2] to connect with the services you/your [insert PP2] needed? | Frequency | Percentage |
|---|---|---|
| Yes | 16 | 58.93 |
| No | 9 | 41.07 |
| Don't Know | - | - |
| Refused | - | - |
| Total * | 25 | 100 |

*This question was asked of all those who **did not** respond "Directly ([insert PP1] provided the service)" to question E1.

| E.3 Did the representative of the [insert PP1] transfer your call to an agency or organization that provided you/your [insert PP2] with your/your [insert PP2] s needed or requested services? | Frequency | Percentage |
|---|---|---|
| Yes | 3 | 21.65 |
| No | 12 | 75.98 |
| Don't Know | 1 | 2.36 |
| Refused | - | - |
| Total* | 16 | 100 |

*This question was asked of all those who responded "Yes" to question E2.

| E.4. Did the representative of [insert PP1] give you contact information (telephone number, address, web address) of an agency or organization that provided you/your [insert PP2] with needed or requested services? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 11 | 87.94 |
| **No** | 2 | 12.06 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total \*** | 13 | 100 |

**\***This question was asked of all those who **did not** respond "Yes" to question E3.

| E.5 Did the representative of [insert PP1] contact the service provider and arrange for them to contact you? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | - | - |
| **No** | 2 | 100 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total \*** | 2 | 100 |

\*This question was asked of all those who responded "No" to question E4.

| E.6. When you contacted the provider about the services you were seeking, did that provider already have the information that you gave to [insert PP1] or did you have to explain your/you [insert PP2] s need again? [READ CHOICES] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Provider had the information** | 4 | 47.39 |
| **Provider had the information but it was not correct or it was incomplete and you had to start the process again** | 2 | 10.43 |
| **Provider did not have the information – had to start the process again** | 8 | 42.17 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total \*** | 14 | 100 |

**\***This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5.

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| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? [RECORD RESPONSE BELOW (CODING WILL BE DONE IN POST PRODUCTION)] * | | |
|---|---|---|
| | **Frequency** | **Percentage **** |
| **Safe and affordable housing options** | 2 | 15.22 |
| **Peer support services/groups** | - | - |
| **HCBS Medicaid Waiver Programs** | - | - |
| **Caregiver Support (i.e. respite program, support groups, or counseling)** | - | - |
| **Nutrition Programs** | 1 | 13.48 |
| **Employment Services** | - | - |
| **Education services** | - | - |
| **Opportunities to develop advanced directives** | - | - |
| **Transportation services** | 1 | 2.61 |
| **Opportunities for socialization/recreation** | - | - |
| **Mental health services** | 1 | 7.83 |
| **Ombudsman services** | - | - |
| **Health prevention and screening services** | 1 | 13.48 |
| **Emergency services/crisis intervention** | - | - |
| **Transition programs (from hospitals, nursing homes etc.)** | - | - |
| **Nursing home (institutional) diversion program** | - | - |
| **Nursing home/residential beds** | - | - |
| **Income Assistance** | - | - |
| **Energy assistance** | - | - |
| **Personal Care services** | - | - |
| **Medicaid Waiver Assistance** | - | - |
| **Independent living services (e.g., skills training, peer support)** | - | - |
| **Other, please specify *** | 4 | 31.74 |
| **None** | 1 | 2.61 |
| **DK** | 1 | 2.61 |
| **REF** | - | - |

* This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5. Responses to this question are available in the appendix with supplemental questions.
**Percentages do not add up to 100% as respondents could select more than one option.

## E.8. What was the result of the referral? [READ FROM THE FOLLOWING LIST AND CHECK THE MOST APPROPRIATE RESPONSE]

| | Frequency | Percentage |
|---|---|---|
| **You/your [insert PP2] received services** | 3 | 23.91 |
| **You/your [insert PP2] did not receive services** | 4 | 36.52 |
| **It's too soon to tell** | 7 | 39.57 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total*** | 14 | 100 |

*This question was asked of all those who responded "Yes" to any of questions E3, E4, and E5.

## E.9. You said that you/your [insert PP2] did not receive the services through the referral; why do you think it is? [RECORD RESPONSE; CODING WILL BE DONE IN POST PRODUCTION]

| | Frequency | Percentage |
|---|---|---|
| **The services were not what [insert PP2] wanted/needed** | - | - |
| **The service/program is not accepting applications/there is a waitlist** | - | - |
| **It is too expensive** | 1 | 36.9 |
| **There is no transportation** | - | - |
| **The service or program is not available at times needed** | - | - |
| **[insert PP2] is not eligible** | - | - |
| **I tried to contact the service or program that was referred, but was busy/unavailable** | - | - |
| **Line was busy** | - | - |
| **Wait time was too long** | - | - |
| **Other, _____** | 1 | 34.52 |
| **Have not yet contacted, but plan to** | 2 | 28.57 |
| **Have no plans to contact the service or program Please specify _____** | - | - |
| **DK** | - | - |
| **REF** | - | - |
| **Total** | 4 | 100 |

*Responses to this question are available in the appendix with supplemental questions.
**This question was asked of all those who responded "You/your [insert PP2] did not receive services" to question E8.

# Section E1. Assistance with Medicaid Eligibility Determination

| **E1.** The next set of questions has to do with information and help that you may have received from [insert PP1] on whether or not you/your [insert PP2] are/is eligible for the Medicaid program in this state. | **Frequency** | **Percentage** |
|---|---|---|
| **Continue** | 56 | 71.77 |
| **(VOL) Already receive Medicaid benefits** | 2 | 3.73 |
| **(VOL) Did not talk about being eligible for Medicaid benefits** | 15 | 24.50 |
| **Total** | 73 | 100 |

| **E1.1 Did you receive specific information on applying for financial assistance for healthcare and residential support services from the federal government?** | **Frequency** | **Percentage** |
|---|---|---|
| **Yes** | 19 | 32.60 |
| **No** | 33 | 61.99 |
| **Don't Know** | 4 | 5.41 |
| **Refused** | - | - |
| **Total \*** | 56 | 100 |

\*This question was asked of all those who responded "Continue" to the Section E1 screener.

| **E1.2 Did you complete an application for financial assistance for healthcare and residential support services from the federal government?** | **Frequency** | **Percentage** |
|---|---|---|
| **Yes** | 7 | 40.70 |
| **No** | 15 | 50.87 |
| **Don't Know** | 1 | 8.43 |
| **Refused** | - | - |
| **Total** | 23 | 100 |

\*This question was asked of all those who **did not** respond "No" to question E1.1.

**E1.2a Why not?**
\*Responses to this question are available in the appendix with supplemental questions.

| **E1.3 Were you provided with the help by the [insert PP1] in completing the application for financial assistance for healthcare and residential support services from the federal government?** | **Frequency** | **Percentage** |
|---|---|---|
| **Yes** | 4 | 70.00 |
| **No** | 3 | 30.00 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total \*** | 7 | 100 |

\*This question was asked of all those who responded "Yes" to question E1.2.

| **E1.4 Did the [insert PP1] help explain what information concerning your finances and care needs might be needed to determine if you were eligible for federal assistance for healthcare and residential support services?** | **Frequency** | **Percentage** |
|---|---|---|

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 7 | 100 |
| **No** | - | - |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total *** | 7 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

| E1.5 How long did you wait to find out if you/your [insert PP2] [are/is] eligible for financial assistance for healthcare and residential support services from the federal government? [DO NOT READ RESPONSES, CHECK APPROPRIATE RESPONSE] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **One day or less** | 1 | 4.29 |
| **Two to six days** | 1 | 12.86 |
| **One week** | - | - |
| **More than one week but less than a month** | 1 | 12.86 |
| **Over a month** | 1 | 22.14 |
| **Still waiting** | 3 | 47.86 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total *** | 7 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

| E1.6 Did the [insert PP1] mention they were helping you to apply for Medicaid program, or did they use a different name to describe the financial assistance program? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes, Medicaid** | 4 | 42.86 |
| **No, some other program** | 2 | 35.00 |
| **Don't Know** | 1 | 22.14 |
| **Refused** | - | - |
| **Total** | 7 | 100 |

*This question was asked of all those who responded "Yes" to question E1.2.

**E1.6a. What was the name of this program?**
*Responses to this question are available in the appendix with supplemental questions.

| E1.7. Were you given information by the agency about other insurance, including private coverage and other types of government insurance, besides Medicaid/ [answer from E1.6a]? [PROGRAMMER NOTE: IF ANSWER TO E1.6a. IS "DON T KNOW" OR "REFUSED", SKIP TO E2.1] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 10 | 13.73 |
| **No** | 42 | 81.35 |
| **Don't Know** | 3 | 4.92 |
| **Refused** | - | - |
| **Total** | 55 | 100 |

*This question was asked of all those who responded "Continue" to the Section E1 screener, and who **did not** answer "Don't Know" or "Refused" to question E1.6a.

**E1.7a  Which other insurance resources were you given information on?**
*Responses to this question are available in the appendix with supplemental questions.

## Section E2. Assistance with One-on-One Options Counselling

| E2.1.Did you request a conversation with someone to talk with about understanding and selecting the long term services beyond information and referral, such as home delivered meals, personal care, help around the house, transportation, or similar kinds of services | Frequency | Percentage |
|---|---|---|
| Yes | 15 | 21.33 |
| No | 58 | 78.67 |
| Don't Know | - | - |
| Refused | - | - |
| Total | 73 | 100 |

| E2.2. Did you have a conversation with someone about understanding and selecting the long term services beyond information and referral? | Frequency | Percentage |
|---|---|---|
| Yes | 8 | 70.63 |
| No | 6 | 17.84 |
| Don't Know | 1 | 11.52 |
| Refused | - | - |
| Total * | 15 | 100 |

*This question was asked of all those who responded "Yes" to question E2.1.

| E2.3. Did the person you talked to about understanding and selecting the long term services visit you at your home/your [PP2] s home? | Frequency | Percentage |
|---|---|---|
| Yes | 3 | 46.84 |
| No | 5 | 53.16 |
| Don't Know | - | - |
| Refused | - | - |
| Total * | 8 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

| E2.4. Following the first conversation, did the person follow up with either by phone calls and/or additional in home visits? | Frequency | Percentage |
|---|---|---|
| Yes | 2 | 31.58 |
| No | 5 | 53.16 |
| Don't Know | 1 | 15.26 |
| Refused | - | - |
| Total | 8 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

| E2.5. Did the information and support from the person you talked to about understanding and selecting the long term services help you to: [READ CHOICES] [RANDOMIZE ITEMS] * | Yes, definitely | | Yes, probably | | No, probably not | | No, definitely not | | Don't Know | | Refused | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| Better understand your/your [insert PP2]'s long term service and support options? | 6 | 75.26 | - | - | - | - | 1 | 9.47 | - | - | 1 | 15.26 | 8 | 100 |
| Make a decision about long term support services? | 3 | 35.26 | 1 | 15.26 | - | - | 2 | 24.74 | 2 | 24.74 | - | - | 8 | 100 |
| Get in touch with public programs? | 5 | 65.79 | 1 | 9.47 | - | - | 2 | 24.74 | - | - | - | - | 8 | 100 |
| Get in touch with private services including services that you have to pay for yourself? | 2 | 18.95 | 1 | 15.26 | 1 | 9.47 | - | - | 4 | 56.32 | - | - | 8 | 100 |

| E2.5. Did the information and support from the person you talked to about understanding and selecting the long term services help you to: [READ CHOICES] [RANDOMIZE ITEMS] * | Yes, definitely | | Yes, probably | | No, probably not | | No, definitely not | | Don't Know | | Refused | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Obtain long term support planning or services that fit within your budget?** | 3 | 28.42 | 1 | 15.26 | - | - | 2 | 30.53 | 2 | 25.79 | - | - | 8 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

| E2.6. How satisfied or dissatisfied are you with the service you received from the person you talked to about understanding and selecting the long term services? [READ CHOICES] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Very satisfied** | 8 | 100 |
| **Somewhat satisfied** | - | - |
| **Somewhat dissatisfied** | - | - |
| **Very dissatisfied** | - | - |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 8 | 100 |

*This question was asked of all those who responded "Yes" to question E2.2.

## Section E3. Care Transition Services

| E3.1. Based on your contact with [insert PP1], did you/your [insert PP2] receive services that helped you/your [insert PP2] to transition from a hospital or other acute care facility into the community? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 4 | 7.61 |
| **No** | 67 | 91.44 |
| **Don't Know** | 2 | 0.95 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

| E3.2. Based on your contact with [insert PP1], did you/your [insert PP2] receive any of the following services? [READ CHOICES] * | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Yes** | | **No** | | **Don't Know** | | **Refused** | | **Total** | |
| | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** | **Freq.** | **%** |
| A contract before discharge to assess your/your [insert PP2]'s discharge needs | 3 | 69.79 | - | - | 1 | 30.21 | - | - | 4 | 100 |
| An explanation of your/your [insert PP2]'s discharge instructions | 2 | 51.04 | 1 | 30.21 | 1 | 18.75 | - | - | 4 | 100 |
| Post discharge services such as transportation to the doctor, help filling prescriptions, or household help | 2 | 48.96 | 2 | 51.04 | - | - | - | - | 4 | 100 |
| Follow-up phone call or visit within 48 hours of discharge | 2 | 51.04 | 2 | 48.96 | - | - | - | - | 4 | 100 |

*This question was asked of all those who responded "Yes" to question E3.1.

| E3.3. How satisfied or dissatisfied are you with the transition service you/your [insert PP2] received? [READ CHOICES] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Very satisfied** | 1 | 18.75 |
| **Somewhat satisfied** | 2 | 62.50 |
| **Somewhat dissatisfied** | - | - |
| **Very dissatisfied** | - | - |
| **Don't Know** | 1 | 18.75 |
| **Refused** | - | - |
| **Total \*** | 4 | 100 |

\*This question was asked of all those who responded "Yes" to question E3.1.

# Section F. Services Received from the [insert PP1]

| F.1. Did you/your [insert PP2] ever receive the service for [insert PES A.2 if answered; else insert PP6] that you were seeking based on your contact with [insert PP1]? [READ CHOICES] | Frequency | Percentage |
|---|---|---|
| **Yes, within one week of contact** | 36 | 45.68 |
| **Yes, after more than a week** | 10 | 11.42 |
| **No, have not yet received the service** | 26 | 41.55 |
| **Don't Know** | 1 | 1.35 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? [READ CHOICES] [RANDOMIZE ORDER] [MULTIPLE SELECTION] [WAIT FOR RESPONSE AFTER EACH CHOICE] * | Frequency | Percentage ** |
|---|---|---|
| **The services are not available** | 3 | 10.5 |
| **You/your [insert PP2] are/is on a waitlist** | 1 | 5.92 |
| **You/your [insert PP2] could not get to the services (e.g., hours of operation, transportation barriers)** | 1 | 1.15 |
| **The information and help received from [insert PP1] was not useful** | 2 | 7.06 |
| **You/your [insert PP2] did not follow-up on the information and/or referral.** | 6 | 15.65 |
| **You/your [insert PP2] no longer need the services** | 2 | 6.87 |
| **Difficulties filling out paperwork** | 2 | 7.06 |
| **Not being the right age for these services** | 2 | 6.87 |
| **Some other reason, specify_____ *** | 12 | 53.63 |
| **Don't Know** | 1 | 1.15 |
| **Refused** | - | - |

\* This question was asked of all those who responded "No" to question F.1
\*\*Percentages do not add up to 100% as respondents could select more than one option.
\*\*\*Free text responses accompanying this question are available in the appendix with supplemental questions.

| F.3. Since contacting the [insert PP1] on [insert PP5], have you been in touch with any other agencies similar to [insert PP1] to receive [insert PES A.2 if answered; else insert PP6]? * | Frequency | Percentage |
|---|---|---|
| **Yes** | 10 | 10.55 |
| **No** | 63 | 89.45 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 73 | 100 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.

**F.3a. What other agencies or organizations were contacted?**

*Responses to this question are available in the appendix with supplemental questions.

| F.4 Were there any needs that this other agency or organization was able to meet that [insert PP1] was NOT able to meet? * | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 3 | 22.56 |
| **No** | 5 | 59.40 |
| **Don't Know** | 2 | 18.05 |
| **Refused** | - | - |
| **Total \*\*** | 10 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.
** This question was asked of all those who responded "Yes" to question F.3.

| F.5. As a result of your conversations with [insert PP1] staff, did you realize that you/your [insert PP2] had a need or concern that you did not know that you/your [insert PP2] had before contacting the [insert PP1]? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 13 | 13.72 |
| **No** | 58 | 81.52 |
| **Don't Know** | 2 | 4.76 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

| F.6. Did the [insert PP1] follow up with you to find out how useful the information was or how the referral turned out? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 16 | 26.96 |
| **No** | 49 | 61.62 |
| **Don't Know** | 8 | 11.42 |
| **Refused** | - | - |
| **Total** | 73 | 100 |

| F.7. On the following scale, as a result of your contact with [insert PP1], how satisfied or dissatisfied are you with… * [RANDOMIZE ORDER FOR ITEMS 1 7, ALWAYS ASK ITEM 8 LAST] | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Very Satisfied | | Somewhat Satisfied | | Somewhat Dissatisfied | | Very Dissatisfied | | N/A | | Don't Know | | Refused | | Total | |
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| The services that you/your [insert PP2] received directly from [insert PP1] ** | 44 | 79.94 | 1 | 1.91 | 2 | 3.93 | 1 | 0.64 | 5 | 8.39 | 1 | 1.91 | 1 | 3.29 | 55 | 100 |
| Completeness of the information that you received? | 55 | 74.78 | 10 | 12.53 | 3 | 5.39 | 2 | 2.93 | 3 | 4.36 | - | - | - | - | 73 | 100 |
| The degree to which their services met your specific needs? | 55 | 71.69 | 6 | 7.77 | 3 | 6.34 | 5 | 8.33 | 4 | 5.87 | - | - | - | - | 73 | 100 |
| The accuracy of the information provided? | 57 | 79.54 | 8 | 8.72 | 3 | 5.39 | 3 | 5.39 | 2 | 0.95 | - | - | - | - | 73 | 100 |
| The support you received related to decision-making? | 54 | 71.45 | 6 | 8.64 | 3 | 3.41 | 5 | 6.34 | 5 | 10.15 | - | - | - | - | 73 | 100 |
| The professionalism of the staff? | 62 | 81.92 | 4 | 6.82 | 2 | 2.93 | - | - | 4 | 5.87 | 1 | 2.46 | - | - | 73 | 100 |
| The ease of working with [insert PP1] to resolve the issue related to [insert PES A.2 if answered or PP6] | 57 | 74.78 | 7 | 11.02 | 2 | 4.92 | 5 | 6.34 | 2 | 2.93 | - | - | - | - | 73 | 100 |

| | Very Satisfied | | Somewhat Satisfied | | Somewhat Dissatisfied | | Very Dissatisfied | | N/A | | Don't Know | | Refused | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **F.7. On the following scale, as a result of your contact with [insert PP1], how satisfied or dissatisfied are you with… * [RANDOMIZE ORDER FOR ITEMS 1 7, ALWAYS ASK ITEM 8 LAST]** | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **The quality of the services that you/your [insert PP2] received from agencies you were referred to by [insert PP1]? *** | 14 | 59.07 | 2 | 8.60 | - | - | - | - | 3 | 9.53 | - | - | 6 | 22.79 | 25 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

** This question was only asked of those who responded "Directly ([insert PP1] provided the service)" or "Both/some services provided by [insert PP1] staff and some through referrals" to question E.1.

*** This question was only asked of those who responded "Indirectly (you were referred elsewhere)" or "Both/some services provided by [insert PP1] staff and some through referrals" to question E.1.

**F.8. As a result of your contact with the [insert PP1], would you say that you are… [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| Much more certain about your/your [insert PP2]'s long term care options | 35 | 47.26 |
| A little more certain | 16 | 20.94 |
| About the same | 14 | 20.22 |
| A little more confused about your/your [insert PP2]'s long term care options | - | - |
| Much more confused | 1 | 0.48 |
| Don't Know | 7 | 11.10 |
| Refused | - | - |
| Total | 73 | 100 |

**F.9. To what degree has the information you received from [insert PP1] been useful to you as you select the long term care options that are best for you/your [insert PP2]? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| Very useful | 45 | 54.88 |
| Somewhat useful | 10 | 14.43 |
| Not too useful | 3 | 3.41 |
| Not useful at all | 9 | 14.99 |
| Don't Know | 6 | 12.29 |
| Refused | - | - |
| Total | 73 | 100 |

**F.10. Would you tell a friend or relative who needed help to contact the [insert PP1]?**

| | Frequency | Percentage |
|---|---|---|
| Yes | 68 | 93.66 |
| No | 4 | 5.87 |
| Don't Know | 1 | 0.48 |
| Refused | - | - |
| Total | 73 | 100 |

**F.11. How likely is it that you would contact the [insert PP1] if you needed services in the future? [READ CHOICES]**

| | Frequency | Percentage |
|---|---|---|
| Very likely | 56 | 76.21 |
| Somewhat likely | 4 | 5.87 |
| Somewhat unlikely | 3 | 3.25 |
| Very unlikely | 6 | 8.80 |
| Don't Know | 4 | 5.87 |
| Refused | - | - |
| Total | 73 | 100 |

# Section G. Heath and Demographic Information

## G.1. Do/Does you/your [insert PP2] have any of the following types of health insurance? Record all that apply. [READ CHOICES]

| | Yes | | No | | Don't Know | | Refused | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Freq. | % | Freq. | % | Freq. | % | Freq. | % | Freq. | % |
| **Medicare** | 66 | 91.83 | 5 | 4.28 | 2 | 3.89 | - | - | 73 | 100 |
| **Private Health Insurance** | 34 | 39.02 | 37 | 57.03 | 2 | 3.89 | - | - | 73 | 100 |
| **Some other kind of health insurance (specify)___ *** | 10 | 11.58 | 61 | 84.53 | 2 | 3.89 | - | - | 73 | 100 |
| **No Insurance** | 2 | 1.90 | 69 | 94.21 | 2 | 3.89 | - | - | 73 | 100 |

*Free text responses accompanying this question are available in the appendix with supplemental questions.

## G.2. At the present time, would you say you/your [insert PP2] s health is excellent, good, fair or poor?

| | Frequency | Percentage |
|---|---|---|
| **Excellent** | 10 | 11.50 |
| **Good** | 23 | 27.99 |
| **Fair** | 23 | 36.72 |
| **Poor** | 13 | 19.90 |
| **(VOL) [insert PP2] has passed away** | - | - |
| **Don't Know** | 2 | 2.93 |
| **Refused** | 2 | 0.95 |
| **Total** | 73 | 100 |

## G.3. Have/has you/your [insert PP2] been admitted to a hospital in the past 6 months?

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 18 | 29.90 |
| **No** | 55 | 70.10 |
| **Don't Know** | - | - |
| **Refused** | - | - |
| **Total** | 73 | 100 |

## G.4. What is your date of birth? [month/day/year]
*Data not included in dataset provided to IMPAQ

## G.5. What is the date of birth of the person for whom you contacted the agency? [month/day/year]
*Data not included in dataset provided to IMPAQ

## G.6. What is your/your [insert PP2] s gender? [BY OBSERVATION UNLESS NEEDED]

| | Frequency | Percentage |
|---|---|---|
| **Male** | 26 | 28.79 |
| **Female** | 47 | 71.21 |
| **Don't Know** | - | - |

| | Frequency | Percentage |
|---|---|---|
| **Refused** | - | - |
| **Total** | 73 | 100 |

<br>

| G.7. What is the highest grade or year of school you/your [insert PP2] have/has completed? [READ AS NEEDED TO PROBE] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **No formal schooling** | - | - |
| **First through 7th grade** | 7 | 12.21 |
| **8th grade** | 1 | 2.46 |
| **Some high school** | 10 | 16.18 |
| **High school graduate or high school equivalency (GED)** | 24 | 31.64 |
| **Some college** | 13 | 13.88 |
| **Associates degree** | 7 | 7.06 |
| **Four-year college graduate** | 2 | 2.93 |
| **Some graduate school** | - | - |
| **Graduate and professional degrees** | 5 | 7.93 |
| **(VOL) Don't Know** | 3 | 5.23 |
| **(VOL) Refused** | 1 | 0.48 |
| **Total** | 73 | 100 |

<br>

| G.8. Are you/ Is your [insert PP2] Hispanic, Latino, or of Spanish origin? [INTERVIEWER NOTE: IF RESPONDENT SAYS THEY ARE MEXICAN, MEXICAN AMERICAN, CHICANO, PUERTO RICAN OR CUBAN, COUNT THEM AS A YES'.] | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 12 | 22.44 |
| **No, not of Hispanic, Latino, or Spanish origin** | 60 | 76.13 |
| **Don't Know** | - | - |
| **Refused** | 1 | 1.43 |
| **Total** | 73 | 100 |

<br>

| G.9. What is your/your [insert PP2] s race? One or more categories may be selected? [READ LIST AND MULTIPLE RECORD] | | |
|---|---|---|
| | Frequency | Percentage * |
| **White** | 51 | 69.15 |
| **Black or African American** | 10 | 10.47 |
| **American Indian or Alaska Native** | 2 | 2.78 |
| **Asian or Asian American** | - | - |
| **Native Hawaiian or other Pacific Islander** | - | - |
| **(VOL) Other (Specify) ** | 5 | 12.29 |
| **(VOL) Don't Know** | 1 | 2.46 |
| **(VOL) Refused** | 4 | 2.86 |

*Percentages do not add up to 100% as respondents could select more than one option.

**Free text responses accompanying this question are available in the appendix with supplemental questions.

**G.10a. And now, what was your/your [insert PP2] s total household income last year from all sources before taxes? Include your/your [insert PP2] s income and income from anyone else living in your/your [insert PP2] s household. Do not tell me the amount.  Please just tell me the answer that best represents your/your [insert PP2] s household income.**
**[CHECK APPROPRIATE RESPONSE] [READ CHOICES] [PROBE: Your best estimate is fine.]**

|  | Frequency | Percentage |
|---|---|---|
| **Less than or equal to $40,000** | 62 | 82.08 |
| **More than $40,000 to $80,000** | 3 | 5.23 |
| **More than $80,000** | - | - |
| **(VOL) [insert PP2] has passed away** | - | - |
| **(VOL) Don't Know** | 7 | 12.21 |
| **(VOL) Refused** | 1 | 0.48 |
| **Total** | 73 | 100 |

**G.10b. Was that…?**

|  | Frequency | Percentage |
|---|---|---|
| **Less than or equal to $20,000** | 44 | 71.79 |
| **More than $20,000** | 15 | 19.42 |
| **(VOL) Don't Know** | 2 | 5.80 |
| **(VOL) Refused** | 1 | 3.00 |
| **Total** | 62 | 100 |

**G.10c. Was that…?**

|  | Frequency | Percentage |
|---|---|---|
| **Less than or equal to $60,000** | 3 | 100 |
| **More than $60,000** | - | - |
| **(VOL) Don't Know** | - | - |
| **(VOL) Refused** | - | - |
| **Total** | 3 | 100 |

**G.10d. Was that…?**

|  | Frequency | Percentage |
|---|---|---|
| **Less than or equal to $100,000** | - | - |
| **More than $100,000 to $150,000** | - | - |
| **More than $150,000** | - | - |
| **(VOL) Don't Know** | - | - |
| **(VOL) Refused** | - | - |
| **Total** | - | - |

**G.11. What is your/your [insert PP2] s marital status? Are you/Is your [insert PP2]….?**

|  | Frequency | Percentage |
|---|---|---|
| **Married** | 25 | 25.30 |
| **Living Together** | - | - |
| **Widowed** | 31 | 47.5 |
| **Divorced** | 12 | 20.06 |

| | | |
|---|---|---|
| **Separated** | - | - |
| **Single, never married** | 4 | 6.66 |
| **(VOL) Don't Know** | - | - |
| **(VOL) Refused** | 1 | 0.48 |
| **Total \*** | 73 | 100 |

\*This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

| **G.12. With whom, if anyone, do you/does your [insert PP2] live? [READ LIST; SELECT ONE]** | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Alone** | 37 | 60.75 |
| **With a spouse or a partner** | 21 | 18.56 |
| **With one or more family members** | 12 | 17.37 |
| **With one or more friends/people who are not related to me** | 1 | 0.48 |
| **Other residents (e.g., roommate) in a residential setting** | 2 | 2.85 |
| **(VOL) Don't Know** | - | - |
| **(VOL) Refused** | - | - |
| **Total \*** | 73 | 100 |

\*This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

| **G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in…[READ CHOICES]** **[INTERVIEWER NOTE: SEE FAQ FOR DEFINITIONS OR THESE ITEMS IF NEEDED]** | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **My/His or her own house or apartment** | 64 | 84.30 |
| **Non-medical custodial housing** | 1 | 1.43 |
| **In an assisted living setting** | 1 | 1.43 |
| **In a nursing home** | 3 | 5.31 |
| **In a continuing care retirement setting** | - | - |
| **In some other setting, specify_____ \*** | 3 | 7.06 |
| **Refused** | 1 | .48 |
| **Total \*\*** | 73 | 100 |

\*Free text responses accompanying this question are available in the appendix with supplemental questions.
\*\*This question was asked to all those **not** responding "(VOL) [insert PP2] has passed" to question G2.

| **G.14. Have you/ has your [insert PP2] ever lived in an assisted living setting?** | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Yes** | 1 | 1.45 |
| **No** | 68 | 93.24 |
| **(VOL) Don't Know** | 2 | 4.83 |
| **(VOL) Refused** | 1 | 0.48 |
| **Total \*** | 72 | 100 |

\* This question was asked to all those who **did not** respond "In an Assisted Living Setting" to question G.13.

| **G.15. Have you/ has your [insert PP2] ever lived in nursing home?** |
|---|

The Study of
LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

| | Frequency | Percentage |
|---|---|---|
| **Yes** | 5 | 6.62 |
| **No** | 63 | 90.45 |
| **Don't Know** | 1 | 2.43 |
| **Refused** | 1 | 0.50 |
| **Total \*** | 70 | 100 |

\* This question was asked to all those who **did not** respond "In a Nursing Home" to question G.13.

| | Mean | Median | Mode | Range | |
|---|---|---|---|---|---|
| | | | | **Min** | **Max** |
| G.14a.  How long did you/your [insert PP2] live in the assisted living setting?_ / _ (months/years) \* | 19.5 | 19.5 | - | 18 | 21 |
| G.15a.  How long did you/your [insert PP2] live in the nursing home? _ / _ (months/years) \*\* | 16.91 | 4 | 1 | 1 | 48 |

\*Only two responses were given for question G.14.a, both of which were equally likely to occur.
\*\*Responses to both questions are available in the appendix with supplemental questions.

## Section PPS. Pre-Populated Information

| PP2. Respondent Type : Responses for Those Answering "Other" |
| --- |
| Spouse |
| Spouse |

| PP6. Other  Reason  for Contacting the Agency (Client s Need at Time of the Time of Contact)  DC 8 |
| --- |
| Medical equipment |
| Home improvement |
| Window repair |
| Incontinence supplies |
| Cashed check she didn't do |
| Walk-in shower |
| Emergency response |
| Emergency response button |
| Emergency response & raised commode |
| Transportation |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Home delivered meals information |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |

| PP6. Other  Reason  for Contacting the Agency (Client s Need at Time of the Time of Contact)  DC 8 |
| --- |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Reverse mortgage counseling |
| Restart meals on wheels |

| PP5. Date of Contact   DC1 |
| --- |
| 14-Jun-13 |
| 21-Jun-13 |
| 14-Jun-13 |
| 12-Jul-13 |
| 24-Jul-13 |
| 19-Jul-13 |
| 12-Jul-13 |
| 1-Aug-13 |
| 19-Jul-13 |
| 1-Aug-13 |
| 10-Jun-13 |
| 2-Jul-13 |
| 9-Sep-13 |
| 2-Oct-13 |
| 9-Sep-13 |
| 1-Jul-13 |
| 28-Jun-13 |
| 28-Jun-13 |
| 1-Jul-13 |
| 1-Jul-13 |
| 1-Jul-13 |
| 1-Jul-13 |
| 8-Jul-13 |
| 9-Jul-13 |
| 8-Jul-13 |
| 8-Jul-13 |
| 19-Aug-13 |
| 13-Aug-13 |
| 15-Aug-13 |
| 5-Aug-13 |
| 6-Aug-13 |
| 4-Sep-13 |
| 12-Feb-14 |
| 11-Feb-14 |

| PP5. Date of Contact   DC1 |
| --- |
| 20-Jun-13 |
| 16-Jul-13 |
| 9-Aug-13 |
| 20-Nov-13 |
| 22-Jul-13 |
| 30-Jul-13 |
| 13-Aug-13 |
| 17-Jun-13 |
| 12-Jun-13 |
| 21-Jun-13 |
| 18-Jul-13 |
| 30-Aug-13 |
| 9-Sep-13 |
| 16-Sep-13 |
| 25-Sep-13 |
| 24-Sep-13 |
| 29-Oct-13 |
| 14-Nov-13 |
| 12-Nov-13 |
| 31-Oct-13 |
| 18-Nov-13 |
| 12-Dec-13 |
| 18-Dec-13 |
| 9-Jan-14 |
| 22-Jan-14 |
| 17-Jan-14 |
| 17-Feb-14 |
| 20-Feb-14 |
| 4-Feb-14 |
| 21-Nov-13 |
| 31-Oct-13 |
| 31-Dec-13 |
| 27-Jan-14 |
| 3-Feb-14 |
| 24-Jan-14 |
| 24-Jan-14 |
| 25-Feb-14 |
| 17-Jan-14 |

| A.3. From where did you first find out about [insert PP1]? Other |
|---|
| Mailings from aaa |
| Know them from my community |
| Home care|(nurse) |
| Elderly fair for seniors at the coleseum: there were several booths and i found out there. |
| Lady from meals-on-wheels told me |
| Texas opportunity |
| Local meeting in my community |
| On tv, someone named fred thompson |
| At a financial institution, was given a list of agencies |
| Liberty mutual |
| From credit union |
| I sell avon at the senior center |

# Section E. Assistance with Services

| E.7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? Other * | | |
|---|---|---|
| | **Frequency\*\*** | **Percentage** |
| Home healthcare | 1 | 13.48 |
| Non-medical in home assistance (i.e., cooking, cleaning, paying bills) | 1 | 7.83 |
| Medicaid | 1 | 7.83 |
| Health insurance other than Medicaid/Medicare | 1 | 2.61 |
| Total | 4 | 31.74 |

**\*Responses to the option "Other" are coded and presented in this table. Verbatim responses to this question are available in the next table.

| E7. As a result of your contact with [insert PP1], to what supports and services were you transferred or referred? Other |
|---|
| I believe they called it "chores" |
| Community services such as home healthcare. |
| Humana |
| Medicaid |

| E.9.You said that you/your [insert PP2] did not receive the services through the referral; why do you think that is? Other |
|---|
| Applied for SNAP...they want more Documentation. |

# Section E1. Assistance with Medicaid Eligibility Determination

| E1.2a Why not? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| Gave response | 13 | 86.86 |
| DK | 1 | 3.43 |
| REF | 1 | 9.71 |
| Total | 15 | 100.00 |

| E1.2a. Why not? |
|---|
| Because i have not yetk given all the information they need |
| Because she didn't move here |
| I never spoke to an actual rep..just someone that answered the phone |
| Problems with the hospital bills |
| I did not want it at th.is point. |
| I have money saved. Once is has run out,|i will qualify. |
| I have veterans benefits, i am a veteran, so i do not need medicaid. |

| E1.2a. Why not? |
|---|
| That's not why i contacted them |
| I just had so much going on, it has to be one thing at a time |
| We had too much income |
| We don't qualify for it. |
| Just haven't got to it yet. |
| We were looking for information an ddecied to    make a decision later |

| E1.6a. What was the name of the program? | | |
|---|---|---|
| | Frequency | Percentage |
| Gave Response | 1 | 36.73 |
| DK | 1 | 63.27 |
| Total | 2 | 100.00 |

| E1.6a What was the name of the program? |
|---|
| Elderly waiver |

| E1.7a. Which other insurance resources were you given information on? | | |
|---|---|---|
| | Frequency | Percentage |
| Gave Response | 4 | 30.00 |
| DK | 6 | 70.00 |
| Total | 10 | 100.00 |

| E1.7a Which other insurance resources were you given information on? |
|---|
| Medicaid (else) the snap program (else) that's all we were eligible for |
| I don't rememember/any/no, i've already got veterans benefits thru the va, so i don't need anything else |
| Fha |
| Other agencies like ssi |

## Section F. Services Received from the [insert PP1]

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? <br> Some other reason [SPECIFY] * | | |
|---|---|---|
| | Frequency | Percentage |
| Some other reason, Unclassified | 2 | 11.83 |

| | | |
|---|---|---|
| Not eligible | 3 | 15.27 |
| Still in the planning/beginning stages | 1 | 3.44 |
| Service provider did not follow-up with me/have not heard back from service provider | 4 | 13.74 |
| Have not applied for services | - | - |
| Too expensive/not affordable | 1 | 3.44 |
| Waiting for evaluation/meeting | 1 | 5.92 |
| Total | 12 | 53.63 |

\*Responses to the option "Some other reason, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

| F.2. Why do you think you/your [insert PP2] have/has not received the services for [insert PES A.2 if answered; else insert PP6]? Some other reason [SPECIFY] |
|---|
| Everybody was sick - first the representatives got sick, then I did |
| got discouraged with medicare |
| Have filled paper work. Not enough volunteers. |
| I got 3 signatures out of the four that I needed - so I couldn't get the deed put back in my name |
| I never received the list of different service that i was told I would get, on which there are services for housekeeping, someone statying in the house w/my mother, just to find out what was available |
| It came down to finances. Your parent did not realiz there was fee that was required.\|it was 10% total cost. She is on a fixed income and couldn't afford it. |
| My telephone\|number was recored wrong, now the represenitive from "Life\|alert" will call me to set appointment. |
| never spoke to an actual rep...the neverh returned my call |
| NOT QUALIFIED BECAUSE OF THE INSURANCE HE'S ON |
| Paper Work!!! |
| PArent still\|has money to support herslef,when she runs out of money,then\|we will contact Aging Partners again. |
| she is over qualified for the services |
| The agency sd it will\|be 3 more months. |
| They weren't interested, when I presented them with the information I found out |
| Told to call\|in OCtober for the Walk-in shower. |
| because we are still completing the steps of selecting the facility |
| moved from a residence ot community living |

| F.3.a What other agencies or organizations were contacted? | | |
|---|---|---|
| | **Frequency** | **Percentage** |
| **Gave Response** | 9 | 95.49 |
| **DK** | 1 | 4.51 |
| **Total** | 10 | 100 |

| F.3.a. What other agencies or organizations were contacted? |
|---|

The Study of LTSS
Long-Term Services and Supports

ACL
Administration for Community Living

| no others |
| --- |
| PEOPLE CITY MISSION  AND THE HOPE PROGRAM |
| v.A. |
| Easter Day |
| Columbus County Senior Center, Housing for Seniors |
| U.S.D. rual developement. Columbus county agency. |
| WEST TEXAS OPPORTUNITY ONC |
| Senor security advisors |
| AAG |

## F.4.a What needs was this other agency or organization able to meet?

|  | Frequency | Percentage |
| --- | --- | --- |
| **Gave Response** | 3 | 100 |
| **DK** | - | - |
| **Total** | 3 | 100 |

## F.4.a.  What needs was this other agency or organization able to meet?

| to take care of the medication he was taking |
| --- |
| Columbus county will put in the|ramps. |
| they told us what we were eligible for as far as $87K - we were eligible for the first six months, $47k. |

## F.7.a.1 Please tell me why you were [somewhat or very] dissatisfied with the services that you/your [insert PP2] received directly from [insert PP1]?  [ONLY ASK IF E.1 = 1 OR 3]

| Because i didnt receive any srevices |
| --- |
| Never received anything |
| Electric company is contacting me about|payment. |

## F.7.a.2 Please tell me why you were [somewhat or very] dissatisfied with the completeness of the information that you received?

| Because i have not got her needs met yet |
| --- |
| They didn't follow up with the information they told me; i never got a phone call. |
| They didn't tell me about support and|no follow-up, |
| Never received any information |
| No info received |

## F.7.a.3 Please tell me why you were [somewhat or very] dissatisfied with the degree to which their services met your specific needs ?

| Never received it |
| --- |
| They never got back in contact with me |
| All the bases were not covered |

**F.7.a.3 Please tell me why you were [somewhat or very] dissatisfied with the degree to which their services met your specific needs ?**

| |
|---|
| Have not recieved the services yet. |
| They were unable to find something affordable to us. |
| Never spoke to a professional |
| Because there was no mention of a fee up front. |
| They did not meet my needs at all |

**F.7.a.4 Please tell me why you were [somewhat or very] dissatisfied with the accuracy of the information provided?**

| |
|---|
| Because it did not meet her needs |
| With all the information they gave, they didn't do anything, they didn't follow up on it |
| Have not had anything done as yet. |
| Because nothing was resolved |
| A professional never called me back |
| They did not give any information |

**F.7.a.5 Please tell me why you were [somewhat or very] dissatisfied with the support you received related to decision making?**

| |
|---|
| Because i was passed from one person to another and it hasn't happened yet |
| I thought someone would come out,look\|at the leak. It's just a little spot,not the whole\|roof. They cut me short about that information. |
| Some of the places they offered were in the Project, and she just came out of the Project and didn't want to go back to it |
| Same answer - never received anything, had nothign to choose from |
| I never got an answer ; i never heard from them, the didn't do nothing. |
| It seems like there has not been any\|decision making on what they are going to ddo. |
| Got no support |
| They did not help at all...they never re-contacted me |

**F.7a.6 Please tell me why you were [somewhat or very] dissatisfied with the professionalism of the staff?**

| |
|---|
| Never received what I was told I would receive |
| The lady who answered the phone said it wasn't her department |

**F.7a.7 Please tell me why you were [somewhat or very] dissatisfied with the ease of working with [insert PP1] to resolve the issue related to [insert PES A.2 if answered or PP6]?**

| |
|---|
| I have not had anyone come by to look and\|give an "yes OR no". |
| Never received anything |
| Taking a longer time than expected. |
| I fjelt that my questions were not answered |
| They have not contacted me, I have given them my phone number, and no follow-up phone call. I \|do all the phone calls,they never call me. |
| Should have more concern about the family |
| Did nothing |

# Section G. Heath and Demographic Information

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance [specify] * | Frequency | Percentage |
|---|---|---|
| Some other kind of health insurance, Uncategorized | 3 | 1.43 |
| Medicaid | 4 | 6.74 |
| State/County medical assistance program | - | - |
| TriCare/Champ/Veterans/Military coverage | 3 | 3.41 |
| Supplemental Coverage | - | - |
| Total | 10 | 11.58 |

*Responses to the option "Some other kind of health insurance, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

| G.1. Do you/Does your [insert PP2] have any of the following types of health insurance? Some other kind of health insurance [specify] |
|---|
| MEDICAID |
| Medicaid |
| Medicaid |
| long term health care program |
| Champ. V.A. |
| MEDICADE |
| Tri-care |
| Military coverage |
| VETERANS ADMINISTRATION |
| Prescription |
| conventry insurance |
| mediciad |

| G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in……. Some other setting, specify * | | |
|---|---|---|
| Responses | Frequency | Percentage |
| Some other setting, Uncategorized | 2 | 4.60 |
| With Family/Friend/Partner | 1 | 2.46 |
| Total | 3 | 7.06 |

*Responses to the option "Some other setting, specify" are coded and presented in this table. Verbatim responses to this question are available in the next table.

**G.13. Of the following choices, which one most closely describes your/your [insert PP2] s living situation? Do you/Does your [insert PP2] live in…….**

**Some other setting, specify**

| |
|---|
| Mobile home |
| Daughter's house |
| Senior citizen apartment, called a "Secure Building" |
| Renting |

**G.14.a How long did you/your [PP2] live in the assisted living setting? ***

| | Frequency | Percentage |
|---|---|---|
| **Gave Response** | 2 | 100 |
| **DK** | - | - |
| **Total** | 2 | 100 |

**G.14.a. How long did you/your [insert PP2] live in the assisted living setting?**

| |
|---|
| 18 Months |
| 21 Months |

**G.15.a How long did you/your [PP2] live in the nursing home? ***

| | Frequency | Percentage |
|---|---|---|
| **Gave Response** | 5 | 54.11 |
| **DK** | 2 | 24.66 |
| **REF** | 1 | 21.23 |
| **Total** | 8 | 100 |

**G.15.a. How long did you/your [insert PP2] live in the nursing home?**

| |
|---|
| 18 Months |
| 4 Years |
| 2 Months |
| 3 Years |
| 4 Months |
| 1 Months |
| 3 Months |

# APPENDIX X. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT GENDER

## Exhibit 1: Information Assistance as Result of Contact

| Information Assistance | Female | Male | Total |
|---|---|---|---|
| No | 18.31 | 5.65 | 14.52 |
| Yes | 81.69 | 94.35 | 85.48 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .001$

## Exhibit 2: Benefits Counseling as Result of Contact

| Benefits Counseling | Female | Male | Total |
|---|---|---|---|
| No | 54.32 | 34.99 | 48.53 |
| Yes | 45.68 | 65.01 | 51.47 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

## Exhibit 3: Transition Assistance as Result of Contact

| Transition Assistance | Female | Male | Total |
|---|---|---|---|
| No | 97.27 | 99.92 | 98.06 |
| Yes | 2.73 | 0.08 | 1.94 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .001$

# APPENDIX Y. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT AGE

## Exhibit 1: Counseling or Peer Support Options as Result of Contact

| Counseling or Peer Support | ≤60 | >60 | Total |
|---|---|---|---|
| No | 80.38 | 69.10 | 72.21 |
| Yes | 19.62 | 30.90 | 27.79 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

## Exhibit 2: Satisfaction with Ease of Resolving the Issue

| Level of Satisfaction | ≤60 | >60 | Total |
|---|---|---|---|
| Very Dissatisfied | 13.37 | 2.50 | 5.55 |
| Somewhat Dissatisfied | 3.77 | 2.94 | 3.17 |
| Somewhat Satisfied | 9.52 | 23.50 | 19.58 |
| Very Satisfied | 73.35 | 71.07 | 71.71 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

# APPENDIX Z. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT EDUCATION

## Exhibit 1: Top Five Reasons for Contact

| Reason | Less than High School Education | High School Education | Greater than High School Education | Total |
|---|---|---|---|---|
| Medicare Questions | 21.75 | 26.39 | 40.66 | 30.40 |
| Medicaid Questions | 24.37 | 47.60 | 23.49 | 32.54 |
| Housing | 12.07 | 4.40 | 14.79 | 10.27 |
| Personal Care | 14.27 | 14.52 | 15.13 | 14.68 |
| Nutrition | 27.55 | 7.09 | 5.924 | 12.11 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

## Exhibit 2: Satisfaction with Degree to which Services Met Needs

| Level of Satisfaction | Less than High School Education | High School Education | Greater than High School Education | Total |
|---|---|---|---|---|
| Very Dissatisfied | 28.47 | 4.53 | 6.80 | 11.53 |
| Somewhat Dissatisfied | 1.04 | 5.53 | 9.80 | 5.74 |
| Somewhat Satisfied | 9.69 | 26.14 | 19.79 | 19.77 |
| Very Satisfied | 60.80 | 63.80 | 63.61 | 62.95 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .01$

## Exhibit 3: Satisfaction with Support Received for Decision-Making

| Level of Satisfaction | Less than High School Education | High School Education | Greater than High School Education | Total |
|---|---|---|---|---|
| Very Dissatisfied | 19.45 | 3.35 | 4.32 | 7.73 |
| Somewhat Dissatisfied | 1.16 | 5.43 | 2.60 | 3.40 |
| Somewhat Satisfied | 17.26 | 22.75 | 21.54 | 20.96 |
| Very Satisfied | 62.14 | 68.48 | 71.54 | 67.92 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

## Exhibit 4: Satisfaction with Quality of Services

| Level of Satisfaction | Less than High School Education | High School Education | Greater than High School Education | Total |
|---|---|---|---|---|
| Very Dissatisfied | 27.01 | 3.68 | 1.84 | 10.62 |
| Somewhat Dissatisfied | 0.24 | 17.05 | 1.31 | 6.97 |
| Somewhat Satisfied | 19.63 | 20.26 | 22.03 | 20.58 |
| Very Satisfied | 53.12 | 59.00 | 74.83 | 61.83 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

## Exhibit 5: Client Recommendation to Others in Need

| Client Would Tell Friends or Relatives to Contact Agency | Less than High School Education | High School Education | Greater than High School Education | Total |
|---|---|---|---|---|
| No | 3.74 | 3.25 | 9.65 | 5.54 |
| Yes | 96.26 | 96.75 | 90.35 | 94.46 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

# APPENDIX AA. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT INCOME

### Exhibit 1: Information Assistance as Result of Contact

| Information Assistance | Income Less than or Equal to $40,000 | Income Greater than $40,000 | Total |
|---|---|---|---|
| No | 15.77 | 3.094 | 14.51 |
| Yes | 84.23 | 96.91 | 85.49 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 2: Transition Assistance as Result of Contact

| Transition Assistance | Less than or Equal to $40,000 | Greater than $40,000 | Total |
|---|---|---|---|
| No | 97.70 | 99.75 | 97.9 |
| Yes | 2.30 | 0.25 | 2.10 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 3: Satisfaction with Services

| Level of Satisfaction | Income Less than or Equal to $40,000 | Income More than $40,000 | Total |
|---|---|---|---|
| Very Dissatisfied | 2.11 | 4.09 | 2.35 |
| Somewhat Dissatisfied | 4.82 | 24.80 | 7.27 |
| Somewhat Satisfied | 13.51 | 1.40 | 12.02 |
| Very Satisfied | 79.56 | 69.71 | 78.35 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

# APPENDIX BB. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT HEALTH

### Exhibit 1: Top Five Reasons for Contact

| Reason | Good Health | Poor Health | Total |
|---|---|---|---|
| Medicare Questions | 45.86 | 13.82 | 33.73 |
| Medicaid Questions | 24.81 | 37.82 | 29.73 |
| Housing | 10.08 | 9.93 | 10.02 |
| Personal Care | 12.13 | 18.89 | 14.69 |
| Nutrition | 7.12 | 19.54 | 11.82 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

### Exhibit 2: Crisis Intervention as Result of Contact

| Life Skills Training or Support | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 99.50 | 99.94 | 99.67 |
| Yes | 0.50 | 0.06 | 0.33 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

### Exhibit 3: Services Were Not Available

| Services Not Available | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 91.34 | 76.61 | 84.71 |
| Yes | 8.66 | 23.39 | 15.29 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

### Exhibit 4: Did not Receive Service Because They Were on a Waitlist

| Did Not Receive Services Because of Waitlist | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 78.32 | 92.27 | 84.60 |
| Yes | 21.68 | 7.73 | 15.4 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

### Exhibit 5: Could Not Get to Services

| Could Not Get To Services | Good Health | Poor Health | Total |
|---|---|---|---|

| | 91.15 | 98.73 | 94.56 |
|---|---|---|---|
| No | 91.15 | 98.73 | 94.56 |
| Yes | 8.85 | 1.27 | 5.44 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .01$

## Exhibit 6: Information Was Not Useful

| Information Was Not Useful | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 85.37 | 95.28 | 89.83 |
| Yes | 14.63 | 4.72 | 10.17 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

## Exhibit 7: Client Did Not Follow Up

| Client Did Not Follow Up | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 83.78 | 94.11 | 88.43 |
| Yes | 16.22 | 5.89 | 11.57 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

## Exhibit 8: No Longer in Need of Services

| No Longer in Need of Services | Good Health | Poor Health | Total |
|---|---|---|---|
| No | 95.48 | 84.94 | 90.73 |
| Yes | 4.52 | 15.06 | 9.27 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .05$

## Exhibit 9: Satisfaction with Completeness of Information

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 1.54 | 10.02 | 4.79 |
| Somewhat Dissatisfied | 6.37 | 7.95 | 6.98 |
| Somewhat Satisfied | 13.84 | 20.20 | 16.27 |

| | 78.25 | 61.82 | 71.96 |
|---|---|---|---|
| Very Satisfied | 78.25 | 61.82 | 71.96 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 10: Satisfaction with Degree to which Services Met Needs

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 2.63 | 24.80 | 11.20 |
| Somewhat Dissatisfied | 7.79 | 2.17 | 5.62 |
| Somewhat Satisfied | 16.28 | 19.80 | 17.64 |
| Very Satisfied | 73.29 | 53.23 | 65.54 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

## Exhibit 11: Satisfaction with Support Received for Decision-Making

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 1.36 | 17.37 | 7.68 |
| Somewhat Dissatisfied | 4.07 | 2.51 | 3.45 |
| Somewhat Satisfied | 21.56 | 19.86 | 20.89 |
| Very Satisfied | 73.02 | 60.26 | 67.98 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

## Exhibit 12: Satisfaction with Professionalism of the Staff

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 1.62 | 3.17 | 2.19 |
| Somewhat Dissatisfied | 0.62 | 5.88 | 2.57 |
| Somewhat Satisfied | 12.15 | 7.31 | 10.35 |
| Very Satisfied | 85.62 | 83.64 | 84.88 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 13: Satisfaction with Ease of Resolving the Issue

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 1.26 | 12.64 | 5.65 |
| Somewhat Dissatisfied | 3.32 | 3.06 | 3.22 |
| Somewhat Satisfied | 18.87 | 20.89 | 19.68 |
| Very Satisfied | 76.55 | 63.32 | 71.45 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 14: Satisfaction with Quality of Services

| Level of Satisfaction | Good Health | Poor Health | Total |
|---|---|---|---|
| Very Dissatisfied | 0.67 | 29.76 | 10.62 |
| Somewhat Dissatisfied | 10.12 | 0.91 | 6.97 |
| Somewhat Satisfied | 26.02 | 11.19 | 20.95 |
| Very Satisfied | 63.19 | 58.14 | 61.46 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

# APPENDIX CC. OUTCOME EVALUATION SUBGROUP ANALYSIS BY CLIENT DISABILITY STATUS

### Exhibit 1: Top Five Reasons for Contact

| Reason | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| Medicare Questions | 58.41 | 24.69 | 32.83 |
| Medicaid Questions | 30.06 | 31.88 | 31.44 |
| Housing | 5.15 | 11.22 | 9.75 |
| Personal Care | 0.69 | 18.86 | 14.47 |
| Nutrition | 5.69 | 13.35 | 11.50 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p $\leq$ .01

### Exhibit 2: Transition Assistance as Result of Contact

| Transition Assistance | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 99.91 | 97.45 | 98.07 |
| Yes | 0.09 | 2.55 | 1.93 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p $\leq$ .001

### Exhibit 3: Crisis Intervention as Result of Contact

| Crisis Intervention | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 93.57 | 99.63 | 98.1 |
| Yes | 6.43 | 0.37 | 1.90 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p $\leq$ .01

### Exhibit 4: Could Not Get to Services

| Could Not Get To Services | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 98.96 | 93.72 | 94.75 |
| Yes | 1.04 | 6.28 | 5.25 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p $\leq$ .01

### Exhibit 5: Information Was Not Useful

| Information Was Not Useful | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|

| | | | |
|---|---|---|---|
| No | 97.47 | 88.30 | 90.09 |
| Yes | 2.53 | 11.70 | 9.91 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

### Exhibit 6: Did Not Receive Services Because of Difficulty Filling Out Paperwork

| Difficulty Filling Out Paperwork | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 99.55 | 86.58 | 89.12 |
| Yes | 0.45 | 13.42 | 10.88 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 7: No Longer in Need of Services

| No Longer in Need of Services | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 98.14 | 89.16 | 90.92 |
| Yes | 1.86 | 10.84 | 9.08 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

### Exhibit 8: Did Not Receive Services Because of Age

| Not the Right Age for Services | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| No | 99.70 | 93.52 | 94.73 |
| Yes | 0.30 | 6.48 | 5.27 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 9: Satisfaction with Support Received for Decision-Making

| Level of Satisfaction | Adult without Disability | Adult with Disability | Total |
|---|---|---|---|
| Very Dissatisfied | 0.22 | 10.06 | 7.52 |
| Somewhat Dissatisfied | 4.89 | 2.82 | 3.35 |
| Somewhat Satisfied | 12.32 | 23.09 | 20.31 |
| Very Satisfied | 82.56 | 64.04 | 68.82 |

| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

# APPENDIX DD. OUTCOME EVALUATION SUBGROUP ANALYSIS BY AGENCY LOCATION

### Exhibit 1: Top Five Reasons for Contact

| Reason | Rural | Urban | Total |
|---|---|---|---|
| Medicare Questions | 34.50 | 33.04 | 33.51 |
| Medicaid Questions | 26.98 | 35.51 | 32.76 |
| Housing | 0.00 | 13.87 | 9.41 |
| Personal Care | 19.96 | 8.45 | 12.15 |
| Nutrition | 18.56 | 9.13 | 12.17 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

### Exhibit 2: Information Assistance as Result of Contact

| Information Assistance | Rural | Urban | Total |
|---|---|---|---|
| No | 21.43 | 8.72 | 12.19 |
| Yes | 78.57 | 91.28 | 87.81 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .10$

### Exhibit 3: Counseling or Peer Support Options as Result of Contact

| Counseling or Peer Support | Rural | Urban | Total |
|---|---|---|---|
| No | 49.49 | 84.11 | 74.62 |
| Yes | 50.51 | 15.89 | 25.38 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .001$

### Exhibit 4: Benefits Counseling as Result of Contact

| Benefits Counseling | Rural | Urban | Total |
|---|---|---|---|
| No | 66.13 | 38.96 | 46.38 |
| Yes | 33.87 | 61.04 | 53.62 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
$p \leq .01$

### Exhibit 5: Respondent Requested Options Counseling

| Requested Options Counseling | Rural | Urban | Total |
|---|---|---|---|

| | | | |
|---|---|---|---|
| No | 68.78 | 83.78 | 79.72 |
| Yes | 31.22 | 16.22 | 20.28 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 6: Agency Follow-up about Usefulness of Information

| Agency Followed Up | Rural | Urban | Total |
|---|---|---|---|
| No | 48.46 | 66.13 | 61.18 |
| Yes | 51.54 | 33.87 | 38.82 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

## Exhibit 7: Information Was Not Useful

| Information Was Not Useful | Rural | Urban | Total |
|---|---|---|---|
| No | 99.60 | 87.27 | 90.18 |
| Yes | 0.40 | 12.73 | 9.82 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

## Exhibit 1: Services Were Not Available

| Services Not Available | Medicare | Medicaid | Housing | Personal | Nutrition | Total |
|---|---|---|---|---|---|---|
| No | 89.84 | 92.32 | 41.61 | 85.29 | 100 | 85.40 |
| Yes | 10.16 | 7.68 | 58.39 | 14.71 | 0 | 14.60 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 2: Could Not Get to Services

| Could Not Get to Services | Medicare | Medicaid | Housing | Personal | Nutrition | Total |
|---|---|---|---|---|---|---|
| No | 100 | 82.22 | 99.33 | 97.35 | 100 | 92.24 |
| Yes | 0.00 | 17.78 | 0.67 | 2.66 | 0.00 | 7.76 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

## Exhibit 3: Other Reason for Not Receiving Services

| Had Other Reason | Medicare | Medicaid | Housing | Personal | Nutrition | Total |
|---|---|---|---|---|---|---|
| No | 98.78 | 35.37 | 78.97 | 70.35 | 77.46 | 63.45 |
| Yes | 1.22 | 64.63 | 21.03 | 29.65 | 22.54 | 36.55 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

# APPENDIX FF. OUTCOME EVALUATION SUBGROUP ANALYSIS BY AGENCY COVERAGE

## Exhibit 1: Representative Developed Plan for Next Steps for Services

| Representative Developed a Plan for Next Steps | Local | Statewide | Total |
|---|---|---|---|
| No | 73.57 | 58.71 | 72.52 |
| Yes | 16.12 | 22.18 | 16.55 |
| Not Applicable | 10.31 | 19.11 | 10.93 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 2: Top Five Reasons for Contact

| Reason | Local | Statewide | Total |
|---|---|---|---|
| Medicare Questions | 33.51 | 21.60 | 32.83 |
| Medicaid Questions | 32.76 | 9.88 | 31.44 |
| Housing | 9.41 | 15.43 | 9.75 |
| Personal Care | 12.15 | 52.47 | 14.47 |
| Nutrition | 12.17 | 0.62 | 11.50 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

## Exhibit 3: Method Services Were Received (Directly or Indirectly)

| Method Services Were Received | Local | Statewide | Total |
|---|---|---|---|
| Directly | 66.18 | 51.30 | 65.17 |
| Indirectly | 29.54 | 43.12 | 30.47 |
| Both | 4.28 | 5.58 | 4.36 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

## Exhibit 4: Information Assistance as Result of Contact

| Information Assistance | Local | Statewide | Total |
|---|---|---|---|

| | | | |
|---|---|---|---|
| No | 12.19 | 45.48 | 14.48 |
| Yes | 87.81 | 54.52 | 85.52 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 5: Counseling or Peer Support Options as Result of Contact

| Counseling or Peer Support | Local | Statewide | Total |
|---|---|---|---|
| No | 74.62 | 39.60 | 72.21 |
| Yes | 25.38 | 60.40 | 27.79 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 6: Benefits Counseling as Result of Contact

| Benefits Counseling | Local | Statewide | Total |
|---|---|---|---|
| No | 46.38 | 75.84 | 48.40 |
| Yes | 53.62 | 24.16 | 51.60 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 7: Where Client First Heard About Agency

| How Client First Heard About Agency | Local | Statewide | Total |
|---|---|---|---|
| Family, Friend or other Acquaintance | 38.9 | 28.42 | 38.16 |
| Hospital/Clinic/Doctor | 6.30 | 5.61 | 6.25 |
| Nursing Home/Assisted Living | 2.09 | 5.61 | 2.34 |
| Phone Book | 4.44 | .35 | 4.15 |
| Brochure/Flyer | .44 | 5.61 | 2.34 |
| Referral from Senior Center | 1.61 | 2.46 | 1.67 |
| Referral from another Agency/Organization | 28.63 | 29.82 | 28.72 |
| Work | 2.78 | 4.21 | 2.88 |
| Internet/Website | 4.66 | 10.18 | 5.04 |
| Media/Newspaper/TV/Radio | 8.78 | 4.56 | 8.49 |
| Other | 1.38 | 3.16 | 1.51 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 8: Services That Were Sought After Were Received

| Services Received | Local | Statewide | Total |
|---|---|---|---|
| Yes, within one week of contact | 34.21 | 22.68 | 33.40 |
| Yes, after more than a week | 11.37 | 14.09 | 11.56 |

| No, have not received the service | 54.43 | 63.23 | 55.04 |
|---|---|---|---|
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

### Exhibit 9: Did not Receive Service Due to Waitlist

| Did not Receive Service due to Waitlist | Local | Statewide | Total |
|---|---|---|---|
| No | 84.54 | 91.85 | 85.13 |
| Yes | 15.46 | 8.15 | 14.87 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

### Exhibit 10: Reduction in Ability to Resolve Issue as Result of Difficulty Reaching Staff

| Reduction in Ability to Resolve Issue | Local | Statewide | Total |
|---|---|---|---|
| No | 82.72 | 89.30 | 83.18 |
| Yes | 17.28 | 10.70 | 16.82 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .10

### Exhibit 11: Satisfaction with Services

| Level of Satisfaction | Local | Statewide | Total |
|---|---|---|---|
| Very Dissatisfied | 1.75 | 10.79 | 2.26 |
| Somewhat Dissatisfied | 8.55 | 7.19 | 8.47 |
| Somewhat Satisfied | 10.97 | 17.27 | 11.32 |
| Very Satisfied | 78.74 | 64.75 | 77.95 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

### Exhibit 12: Satisfaction with Completeness of Information

| Level of Satisfaction | Local | Statewide | Total |
|---|---|---|---|
| Very Dissatisfied | 4.28 | 10.10 | 4.68 |
| Somewhat Dissatisfied | 9.09 | 4.88 | 8.80 |
| Somewhat Satisfied | 15.30 | 23.69 | 15.88 |
| Very Satisfied | 71.33 | 61.32 | 70.64 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages

### Exhibit 13: Satisfaction with Support Received for Decision-Making

| Level of Satisfaction | Local | Statewide | Total |
|---|---|---|---|
| Very Dissatisfied | 7.30 | 10.15 | 7.52 |
| Somewhat Dissatisfied | 2.91 | 8.65 | 3.35 |
| Somewhat Satisfied | 19.81 | 26.32 | 20.31 |
| Very Satisfied | 69.98 | 54.89 | 68.82 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 14: Satisfaction with Professionalism of the Staff

| Level of Satisfaction | Local | Statewide | Total |
|---|---|---|---|
| Very Dissatisfied | 1.99 | 4.44 | 2.16 |
| Somewhat Dissatisfied | 2.36 | 4.44 | 2.50 |
| Somewhat Satisfied | 10.48 | 16.38 | 10.89 |
| Very Satisfied | 85.17 | 74.74 | 84.45 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 15: Satisfaction with Ease of Resolving the Issue

| Level of Satisfaction | Local | Statewide | Total |
|---|---|---|---|
| Very Dissatisfied | 5.56 | 5.46 | 5.55 |
| Somewhat Dissatisfied | 2.83 | 8.00 | 3.17 |
| Somewhat Satisfied | 19.34 | 22.91 | 19.58 |
| Very Satisfied | 72.28 | 63.64 | 71.71 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 16: Client Recommendation to Others in Need

| Client Would Tell Friends or Relatives to Contact Agency | Local | Statewide | Total |
|---|---|---|---|
| No | 4.82 | 11.49 | 5.28 |
| Yes | 95.18 | 88.51 | 94.72 |
| Total | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

# APPENDIX GG. OUTCOME EVALUATION SUBGROUP ANALYSIS BY NUMBER OF CONSUMERS SERVED

## Exhibit 1: Counseling or Peer Support as Result of Contact

| Counseling or Peer Support | 0 500 Consumers | 500 2500 Consumers | Greater than 2500 Consumers | Total |
|---|---|---|---|---|
| No | 26.42 | 68.73 | 83.91 | 72.21 |
| Yes | 73.58 | 31.27 | 16.09 | 27.79 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

## Exhibit 2: Benefits Counseling as Result of Contact

| Benefits Counseling | 0 500 Consumers | 500 2500 Consumers | Greater than 2500 Consumers | Total |
|---|---|---|---|---|
| No | 94.81 | 41.06 | 47.55 | 48.40 |
| Yes | 5.19 | 58.94 | 52.45 | 51.6 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

# APPENDIX HH. OUTCOME EVALUATION SUBGROUP ANALYSIS BY NUMBER OF FTES IN ADRC

### Exhibit 1: Counseling or Peer Support as Result of Contact

| Counseling or Peer Support | 0 5 FTEs | 5 15 FTEs | Greater than 15 FTEs | Total |
|---|---|---|---|---|
| No | 72.76 | 52.06 | 79.28 | 72.21 |
| Yes | 27.24 | 47.94 | 20.72 | 27.79 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 2: Benefits Counseling as Result of Contact

| Benefits Counseling | 0 5 FTEs | 5 15 FTEs | Greater than 15 FTEs | Total |
|---|---|---|---|---|
| No | 21.34 | 96.38 | 48.21 | 48.4 |
| Yes | 78.66 | 3.62 | 51.79 | 51.6 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .001

### Exhibit 3: Reduction in Ability to Resolve Issue as Result of Hours of Operation

| Reduction in Ability to Resolve Issue | 0 5 FTEs | 5 15 FTEs | Greater than 15 FTEs | Total |
|---|---|---|---|---|
| No | 88.44 | 85.22 | 97.46 | 92.35 |
| Yes | 11.56 | 14.78 | 2.54 | 7.65 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .05

### Exhibit 4: Client Recommendation to Others in Need

| Client Would Tell Friends or Relatives to Contact Agency | 0 5 FTEs | 5 15 FTEs | Greater than 15 FTEs | Total |
|---|---|---|---|---|
| No | 0.00 | 10.52 | 6.79 | 5.28 |
| Yes | 100 | 89.48 | 93.21 | 94.72 |
| Total | 100 | 100 | 100 | 100 |

*Reported results are weighted percentages
p ≤ .01

The following is the list of variables used as covariates in the outcome evaluation regression models. A sub-set of these variables were used for sub-group analysis.

| Type* | # | Variable | Source |
|---|---|---|---|
| Individual Characteristics | 1 | Older Adult (60 years or above) | Participant Experience Survey |
| | 2 | Individual with disability | |
| | 3 | Gender (Male=1) | |
| | 4 | Race (White, non-Hispanic compared to all others) | |
| | 5 | Less than High School Education | |
| | 6 | High School Education | |
| | 7 | More than High School Education | |
| | 8 | Income Less than or equal to $40,000 | |
| | 9 | Marital Status | |
| | 10 | Age | |
| | 11 | Poor health | |
| | 12 | Living alone | |
| | 13 | Reason for contact: Medicare, Medicaid, Personal care | |
| ADRC Characteristics | 14 | Rural or urban ADRC | Process Evaluation Survey |
| | 15 | Number of consumers | |
| | 16 | Number of FTEs | |
| | 17 | Number of partners | |
| | 18 | Statewide vs Local ADRCs | ACL |
| Community - Population, Race | 18 | # Population 60+ years | American Community Survey (ACS) 5-year 2012 |
| | 19 | # White | |
| | 20 | # Hispanics | |
| Community – Education, Resources | 21 | # 25+ yrs with Less than High School Education | ACS 5-year 2012 |
| | 22 | # 25+ yrs with High School Education | |
| | 23 | # 25+ yrs with More than High School Education | |
| | 24 | # in poverty | |
| | 25 | # Individuals with any Disability | ACS 5-year 2012 |
| | 26 | # of Home Health Agency per 1000 60+years population | Area Resource File, 2013 |
| | 27 | # of Nursing home beds per 1000 60+ years population | |

*All the community-level variables are at the ADRC service area level

The following is a summary of variables from the regression analysis.

| Independent Variables | Obs. | Mean | Standard Deviation | Min | Max |
|---|---|---|---|---|---|
| *Client Characteristics* | | | | | |
| Age | 541 | 68.73 | 15.73 | 7 | 99 |
| Married (1=Yes) | 541 | 0.26 | 0.44 | 0 | 1 |
| Education (1=High School) | 541 | 0.43 | 0.50 | 0 | 1 |
| Education (1=More than High School) | 541 | 0.37 | 0.48 | 0 | 1 |
| Income less than or equal to $40,000 (1=Yes) | 541 | 0.91 | 0.29 | 0 | 1 |
| Poor health (1=Yes) | 541 | 0.35 | 0.48 | 0 | 1 |
| Older (1=Yes) | 541 | 0.74 | 0.44 | 0 | 1 |
| Disabled (1=Yes) | 541 | 0.82 | 0.39 | 0 | 1 |
| Gender (1=Male) | 541 | 0.29 | 0.46 | 0 | 1 |
| White, Non-Hispanic (1=Yes) | 541 | 0.77 | 0.42 | 0 | 1 |
| Living Alone (1=Yes) | 541 | 0.42 | 0.49 | 0 | 1 |
| *ADRC Controls* | | | | | |
| Rural ADRC (1=Yes) | 541 | 0.14 | 0.35 | 0 | 1 |
| Statewide ADRC (1=Yes) | 541 | 0.55 | 0.50 | 0 | 1 |
| *Community Characteristics* | | | | | |
| # Home health agencies (per 10,000 60 years and above) | 541 | 21.27 | 9.33 | 0 | 72.12 |
| # Nursing home beds (per 1000 60 years and above) | 541 | 1.23 | 1.33 | 0 | 6.53 |
| # 60 years and older population (in 1000s) | 541 | 445.0 | 369.1 | 0.15 | 962.9 |
| # Whites in ADRC service area (in 1000s) | 541 | 1920.9 | 1701.6 | 0.65 | 4524.1 |
| # Hispanics in ADRC service area (in 1000s) | 541 | 139.0 | 92.9 | 0.08 | 250.3 |
| # Poverty in ADRC service area (in 1000s) | 541 | 342.9 | 263.3 | 0.12 | 617.2 |
| # Disability in ADRC service area (in 1000s) | 541 | 294.6 | 227.0 | 0.08 | 524.1 |
| # Less than High school Degree (>25 years, in 1000s) | 541 | 180.8 | 138.3 | 50 | 320.6 |
| # High school Degree (>25 years, in 1000s) | 541 | 469.5 | 379.4 | 116 | 955.8 |
| # More than High school Degree (>25 years, in 1000s) | 541 | 1318.8 | 1289.6 | 589 | 3420.7 |

## Exhibit 1: Efficiency and Effectiveness of ADRCs

| | Representative Paid Close Attention | Representative Explained Choices |
|---|---|---|
| | b/se | b/se |
| Age | 0.000 | 0.004 |
| | (0.001) | (0.003) |
| Married (1 = Yes) | -0.079** | 0.014 |
| | (0.029) | (0.066) |
| 60+ or Disabled 60+ (1=Yes) | 0.054 | 0.062 |
| | (0.030) | (0.107) |
| Disabled or Disabled 60+ (1=Yes) | -0.049*** | 0.195*** |
| | (0.013) | (0.055) |
| Male (1=Yes) | 0.005 | 0.021 |
| | (0.020) | (0.056) |
| White, Non-Hispanic (1 = Yes) | 0.02 | 0.103* |
| | (0.018) | (0.052) |
| High School Degree (1=Yes) | 0.070** | 0.096 |
| | (0.025) | (0.131) |
| More than High School (1=Yes) | 0.014 | 0.083 |
| | (0.022) | (0.106) |
| Income Less than or equal 40K (1=Yes) | 0.083 | -0.023 |
| | (0.047) | (0.065) |
| Poor Health (1=Yes) | -0.034* | 0.196*** |
| | (0.017) | (0.052) |
| Living Alone (1 = Yes) | -0.016 | -0.113* |
| | (0.020) | (0.050) |
| Rural (1 = Yes) | 0.119*** | 0.212* |
| | (0.002) | (0.101) |
| Statewide ADRC (1=Yes) | 0.112*** | -0.318*** |
| | (0.001) | (0.010) |
| # HHA per 10,000 60+ population | 0.177*** | 0.01 |
| | (0.021) | (0.006) |
| # of Nursing Home Beds per 1000 60+ population | -0.541*** | 0.002 |
| | (0.063) | (0.012) |
| # Less than HS (in 1000s) | -0.001*** | 0.000* |
| | (0.000) | (0.000) |
| # of HS Graduates (in 1000s) | 0.000*** | -0.000*** |
| | (0.000) | (0.000) |
| # More than HS (in 1000s) | 0.000*** | -0.000** |
| | (0.000) | (0.000) |

| | Representative Paid Close Attention | Representative Explained Choices |
|---|---|---|
| # of Whites (in 1000s) | -0.070*** | 0.067*** |
| | (0.010) | (0.020) |
| # of Hispanics (in 1000s) | -0.040*** | -0.002 |
| | (0.005) | (0.001) |
| # of Individuals in Poverty (in 1000s) | 0.086*** | -0.015*** |
| | (0.010) | (0.004) |
| # of Individuals with Disability (in 1000s) | 0.014*** | 0.026* |
| | (0.002) | (0.012) |
| # of Individuals over 60+ years (in 1000s) | 0.288*** | -0.052** |
| | (0.037) | (0.016) |
| N | 532 | 527 |
| * p<0.10, ** p<0.05, *** p<0.01 | | |

**Average Marginal Effect calculated from probit regressions are provided above with standard errors in parenthesis.

# Exhibit 2: Reasons for Contact

| | Medicare | Medicaid | Personal Care |
|---|---|---|---|
| Age | 0.001 | 0.001 | 0.000 |
| | -0.002 | -0.002 | -0.001 |
| Married (1 = Yes) | 0.128** | -0.148** | 0.048* |
| | (0.040) | (0.046) | (0.021) |
| 60+ or Disabled 60+ (1=Yes) | -0.056 | 0.059 | 0.007 |
| | (0.052) | (0.083) | (0.027) |
| Disabled or Disabled 60+ (1=Yes) | -0.008 | 0.093 | 0.103*** |
| | (0.114) | (0.051) | (0.014) |
| Male (1=Yes) | -0.044 | 0.085 | -0.019 |
| | (0.096) | (0.067) | (0.019) |
| White, Non-Hispanic (1 = Yes) | 0.06 | 0.176*** | -0.079* |
| | (0.092) | (0.017) | (0.034) |
| High School Degree (1=Yes) | -0.002 | 0.019 | -0.011 |
| | (0.049) | (0.065) | (0.034) |
| More than High School (1=Yes) | -0.031 | -0.009 | 0.008 |
| | (0.111) | (0.086) | (0.042) |
| Income Less than or equal 40K (1=Yes) | -0.247 | -0.08 | 0.028 |
| | (0.127) | (0.158) | (0.024) |
| Poor Health (1=Yes) | -0.155 | 0.06 | -0.003 |
| | (0.087) | (0.080) | (0.015) |
| Living Alone (1 = Yes) | 0.105*** | -0.033 | -0.026 |
| | (0.019) | (0.058) | (0.016) |
| Rural (1 = Yes) | 0.09 | 0.07 | 0.420*** |
| | (0.293) | (0.098) | (0.084) |
| Statewide ADRC (1=Yes) | 0.725*** | 0.749*** | -0.039 |
| | (0.022) | (0.030) | (0.607) |
| # HHA per 10,000 60+ population | -0.004 | 0.001 | -0.012*** |
| | (0.007) | (0.004) | (0.003) |
| # of Nursing Home Beds per 1000 60+ population | -0.072 | -0.048* | 0.031** |
| | (0.038) | (0.022) | (0.012) |
| # Less than HS (in 1000s) | -0.000* | 0.000 | 0.000 |
| | (0.000) | (0.000) | (0.000) |
| # of HS Graduates (in 1000s) | 0.000 | 0.000 | 0.000 |
| | (0.000) | (0.000) | (0.000) |
| # More than HS (in 1000s) | -0.000* | 0.000 | 0.000 |
| | (0.000) | (0.000) | (0.000) |
| # of Whites (in 1000s) | 0.003 | 0.007 | -0.004 |
| | (0.024) | (0.015) | (0.012) |
| # of Hispanics (in 1000s) | 0.009 | -0.003** | 0.003*** |
| | (0.006) | (0.001) | (0.001) |
| # of Individuals in Poverty (in 1000s) | 0.013 | 0.001 | 0.003 |
| | (0.009) | (0.004) | (0.003) |
| # of Individuals with Disability (in 1000s) | 0.091 | -0.016 | 0.030*** |
| | (0.054) | (0.008) | (0.009) |
| # of Individuals over 60+ years (in 1000s) | -0.026 | 0.014* | -0.021** |
| | (0.020) | (0.007) | (0.008) |
| N | 541 | 541 | 541 |

| | Medicare | Medicaid | Personal Care |
|---|---|---|---|
| * p<0.10, ** p<0.05, *** p<0.01 | | | |

**Average Marginal Effect calculated from probit regressions are provided above with standard errors in parenthesis.

## Exhibit 3: Challenges Faced in Resolving Issues

| | Difficulty Reaching Staff | Lack of Staff Follow Through |
|---|---|---|
| Age | 0.004 | -0.002* |
| | (0.003) | (0.001) |
| Married (1 = Yes) | -0.022 | 0.007 |
| | (0.058) | (0.040) |
| 60+ or Disabled 60+ (1=Yes) | -0.212 | 0.041 |
| | (0.115) | (0.048) |
| Disabled or Disabled 60+ (1=Yes) | -0.09 | 0.095* |
| | (0.115) | (0.037) |
| Male (1=Yes) | -0.013 | -0.001 |
| | (0.038) | (0.042) |
| White, Non-Hispanic (1 = Yes) | -0.114 | 0.017 |
| | (0.125) | (0.060) |
| High School Degree (1=Yes) | 0.016 | 0.012 |
| | (0.054) | (0.037) |
| More than High School (1=Yes) | 0.137* | 0.047 |
| | (0.054) | (0.052) |
| Income Less than or equal 40K (1=Yes) | 0.102 | -0.03 |
| | (0.071) | (0.059) |
| Poor Health (1=Yes) | 0.035 | -0.002 |
| | (0.058) | (0.039) |
| Living Alone (1 = Yes) | 0.008 | 0.011 |
| | (0.070) | (0.026) |
| Rural (1 = Yes) | -0.142** | -0.178 |
| | (0.054) | (0.110) |
| Statewide ADRC (1=Yes) | -0.231*** | -0.057 |
| | (0.010) | (0.583) |
| # HHA per 10,000 60+ population | 0.011* | 0.009 |
| | (0.005) | (0.006) |
| # of Nursing Home Beds per 1000 60+ population | -0.024 | -0.018 |
| | (0.019) | (0.022) |
| # Less than HS (in 1000s) | 0.000 | 0.000 |
| | (0.000) | (0.000) |
| # of HS Graduates (in 1000s) | -0.000* | 0.000 |
| | (0.000) | (0.000) |
| # More than HS (in 1000s) | 0.000 | -0.000* |
| | (0.000) | (0.000) |
| # of Whites (in 1000s) | 0.003* | 0.003 |
| | (0.001) | (0.001) |
| # of Hispanics (in 1000s) | -0.003 | -0.001 |

| | Difficulty Reaching Staff | Lack of Staff Follow Through |
|---|---|---|
| | (0.004) | (0.005) |
| # of Individuals in Poverty (in 1000s) | -0.002 | -0.008 |
| | (0.011) | (0.011) |
| # of Individuals with Disability (in 1000s) | -0.021 | -0.013 |
| | (0.015) | (0.030) |
| # of Individuals over 60+ years (in 1000s) | 0.022 | 0.028 |
| | (0.016) | (0.017) |
| N | 536 | 518 |
| * $p<0.10$, ** $p<0.05$, *** $p<0.01$ | | |

**Average Marginal Effect calculated from probit regressions are provided above with standard errors in parenthesis.

## Exhibit 4: Satisfaction with Services Received

| | Comprehensiveness of Information | Personalization of Services | Accuracy of Information | Support in Decision Making |
|---|---|---|---|---|
| Age | 0.002 | 0.000 | 0.000 | 0.000 |
| | (0.002) | (0.002) | (0.001) | (0.002) |
| Respondent Type (1=Self) | (0.007) | -0.124*** | -0.053 | -0.057* |
| | (0.049) | (0.033) | (0.028) | (0.023) |
| Married (1 = Yes) | 0.007 | 0.036 | -0.05 | -0.100** |
| | (0.036) | (0.062) | (0.037) | (0.036) |
| 60+ or Disabled 60+ (1=Yes) | 0.02 | -0.08 | 0.053 | 0.088 |
| | (0.050) | (0.084) | (0.049) | (0.072) |
| Disabled or Disabled 60+ (1=Yes) | 0.025 | -0.056 | -0.043 | 0.07 |
| | (0.081) | (0.082) | (0.027) | (0.052) |
| Male (1=Yes) | -0.015 | 0.008 | -0.01 | 0.059** |
| | (0.037) | (0.055) | (0.023) | (0.022) |
| White, Non-Hispanic (1 = Yes) | 0.08 | 0.059 | 0.049 | -0.027 |
| | (0.102) | (0.055) | (0.045) | (0.037) |
| High School Degree (1=Yes) | 0.086 | 0.150*** | 0.093** | 0.111 |
| | (0.075) | (0.032) | (0.032) | (0.066) |
| More than High School (1=Yes) | 0.057 | 0.054 | 0.064* | 0.131* |
| | (0.058) | (0.057) | (0.028) | (0.053) |
| Income Less than or equal 40K (1=Yes) | 0.306* | 0.052 | 0.081 | 0.036 |
| | (0.126) | (0.112) | (0.044) | (0.034) |
| Poor Health (1=Yes) | -0.066* | -0.101 | -0.034 | -0.107*** |
| | (0.034) | (0.068) | (0.019) | (0.024) |
| Living Alone (1 = Yes) | -0.141** | 0.059 | -0.037 | -0.121** |
| | (0.045) | (0.068) | (0.027) | (0.041) |
| Rural (1 = Yes) | 0.122** | 0.171** | 0.065 | -0.008 |
| | (0.041) | (0.059) | (0.035) | (0.129) |

| | Comprehensiveness of Information | Personalization of Services | Accuracy of Information | Support in Decision Making |
|---|---|---|---|---|
| Statewide ADRC (1=Yes) | -0.653 | -0.506 | 0.122*** | 0.164*** |
| | (0.756) | (0.894) | (0.002) | (0.003) |
| Reason for contact: Medicare | -0.105** | 0.070** | -0.033 | -0.039 |
| | (0.035) | (0.024) | (0.033) | (0.035) |
| Reason for contact: Medicaid | 0.003 | 0.107 | 0.058* | 0.093*** |
| | (0.080) | (0.060) | (0.023) | (0.022) |
| Reason for contact: Personal Care | -0.142 | 0.085 | -0.002 | 0.050*** |
| | (0.114) | (0.069) | (0.020) | (0.008) |
| # HHA per 10,000 60+ population | 0.008** | 0.018*** | 0.015*** | 0.035*** |
| | (0.003) | (0.005) | (0.004) | (0.007) |
| # of Nursing Home Beds per 1000 60+ population | -0.004 | -0.020 | -0.058*** | -0.159*** |
| | (0.019) | (0.023) | (0.014) | (0.026) |
| # Less than HS (in 1000s) | -0.000*** | -0.000* | -0.000** | -0.000*** |
| | (0.000) | (0.000) | (0.000) | (0.000) |
| # of HS Graduates (in 1000s) | 0.000** | 0.000 | 0.000** | 0.000*** |
| | (0.000) | (0.000) | (0.000) | (0.000) |
| # More than HS (in 1000s) | -0.000* | 0.000* | 0.000 | -0.000* |
| | (0.000) | (0.000) | (0.000) | (0.000) |
| # of Whites (in 1000s) | -0.003*** | -0.006* | -0.003* | -0.011*** |
| | (0.001) | (0.003) | (0.001) | (0.002) |
| # of Hispanics (in 1000s) | 0.004* | 0.007 | 0.011*** | 0.033*** |
| | (0.002) | (0.005) | (0.003) | (0.004) |
| # of Individuals in Poverty (in 1000s) | 0.009 | 0.005 | 0.001 | 0.002 |
| | (0.006) | (0.007) | (0.003) | (0.009) |
| # of Individuals with Disability (in 1000s) | 0.002 | 0.038* | 0.014 | 0.014 |
| | (0.008) | (0.015) | (0.009) | (0.021) |
| # of Individuals over 60+ years (in 1000s) | 0.014 | 0.003 | -0.002 | 0.029 |
| | (0.009) | (0.010) | (0.005) | (0.024) |

| | Comprehensiveness of Information | Personalization of Services | Accuracy of Information | Support in Decision Making |
|---|---|---|---|---|
| N | 511 | 510 | 522 | 463 |
| * p<0.10, ** p<0.05, *** p<0.01 | | | | |

**Average Marginal Effect calculated from probit regressions are provided above with standard errors in parenthesis.

# Exhibit 5: Usefulness of Information Provided by ADRC

|  | Degree of Usefulness of Information |
|---|---|
| Age | -0.007** |
|  | (0.002) |
| Married (1 = Yes) | 0.062 |
|  | (0.082) |
| 60+ or Disabled 60+ (1=Yes) | 0.123 |
|  | (0.108) |
| Disabled or Disabled 60+ (1=Yes) | 0.017 |
|  | (0.095) |
| Male (1=Yes) | -0.009 |
|  | (0.037) |
| White, Non-Hispanic (1 = Yes) | 0.068 |
|  | (0.058) |
| High School Degree (1=Yes) | 0.05 |
|  | (0.113) |
| More than High School (1=Yes) | -0.117 |
|  | (0.081) |
| Income Less than or equal 40K (1=Yes) | 0.146 |
|  | (0.179) |
| Poor Health (1=Yes) | -0.084 |
|  | (0.048) |
| Living Alone (1 = Yes) | -0.011 |
|  | (0.085) |
| Rural (1 = Yes) | -0.017 |
|  | (0.063) |
| Statewide ADRC (1=Yes) | -0.697*** |
|  | (0.186) |
| Reason for contact: Medicare | -0.079 |
|  | (0.045) |
| Reason for contact: Medicaid | 0.033 |
|  | (0.084) |
| Reason for contact: Personal Care | 0.047 |
|  | (0.025) |
| # HHA per 10,000 60+ population | 0.014*** |
|  | (0.004) |
| # of Nursing Home Beds per 1000 60+ population | 0.007 |
|  | (0.014) |
| # Less than HS (in 1000s) | -0.000** |
|  | (0.000) |
| # of HS Graduates (in 1000s) | 0.000 |

| | Degree of Usefulness of Information |
|---|---|
| | (0.000) |
| # More than HS (in 1000s) | 0.000 |
| | (0.000) |
| # of Whites (in 1000s) | -0.002* |
| | (0.001) |
| # of Hispanics (in 1000s) | 0.001 |
| | (0.003) |
| # of Individuals in Poverty (in 1000s) | 0.005 |
| | (0.006) |
| # of Individuals with Disability (in 1000s) | 0.005 |
| | (0.009) |
| # of Individuals over 60+ years (in 1000s) | 0.023 |
| | (0.012) |
| N | 490 |
| * p<0.10, ** p<0.05, *** p<0.01 | |

**Average Marginal Effect calculated from probit regressions are provided above with standard errors in parenthesis.

# APPENDIX KK. OUTCOME EVALUATION SURVEY DISTRIBUTION OF ADRC CHARACTERISTICS

## Exhibit 1: Distribution of Characteristics of ADRCs Participating in the Outcome Evaluation Survey

| Agency | Number of Consumers | Number of FTEs | Number of Partners | Percentage in Poverty | Percentage 60+ | Percentage Disabled | Percentage White |
|---|---|---|---|---|---|---|---|
| Ability Resources | 684 | 18 | 8 | 14.57% | 18.06% | 14.11% | 70.99% |
| Adult Resources for Care and Help (ARCH): Larimer County | 1339 | 2 | 5 | 13.74% | 17.43% | 8.88% | 90.53% |
| Aging Partners Area Agency on Aging | 12000 | 137 | 33 | 12.88% | 17.35% | 9.46% | 88.82% |
| Albemarle Commission Area Agency on Aging | 1000 | 4 | 17 | 16.73% | 22.04% | 15.12% | 71.32% |
| Appalachian Agency for Senior Citizens | 1513 | 7 | 13 | 20.27% | 23.83% | 27.24% | 96.62% |
| Area Agency on Aging of the Permian Basin | 3211 | 10 | 11 | 15.61% | 15.71% | 13.55% | 77.03% |
| Area IV Agency on aging and Community Action Programs (Area 4) | 6468 | 31 | 19 | 16.69% | 17.39% | 11.68% | 89.02% |
| Area IX Area Agency on Aging | 6743 | 31.15 | 78 | 12.24% | 21.13% | 11.23% | 95.46% |
| Area V - Southeast Idaho | 1180 | 19 | 8 | 16.38% | 16.95% | 12.91% | 87.58% |
| Area VI Agency on Aging | 685 | 4 | 11 | 21.24% | 27.27% | 16.87% | 83.17% |
| Cape Fear Council of Governments | 391 | 23 | 23 | 18.43% | 23.29% | 14.50% | 77.30% |
| Choices in Living Resource Center | 726 | 7 | 11 | 18.86% | 20.13% | 16.45% | 77.00% |
| Community Choices: North Central Region | 993 | 53.1 | 31 | 11.36% | 19.85% | 10.78% | 74.94% |
| Concho Valley ADRC | 141 | 10.8 | 23 | 17.69% | 25.44% | 13.07% | 85.11% |
| Coos County ServiceLink | 2354 | 5 | 20 | 13.78% | 26.82% | 18.49% | 96.94% |
| Essex County ADRC | 1032 | 4 | 2 | 16.84% | 16.49% | 10.64% | 42.59% |
| Generations | 465 | 9 | 21 | 13.50% | 21.13% | 13.27% | 96.07% |
| Kiamichi Economic Development District of Oklahoma (KEDDO) Area | 85 | 9 | 9 | 21.88% | 23.10% | 21.94% | 72.06% |

| Agency | Number of Consumers | Number of FTEs | Number of Partners | Percentage in Poverty | Percentage 60+ | Percentage Disabled | Percentage White |
|---|---|---|---|---|---|---|---|
| Agency on Aging | | | | | | | |
| LifeLong Links ADRC Heritage AAA | 3076 | 6 | 10 | 12.00% | 17.69% | 9.83% | 90.78% |
| Mesa County ADRC | 1331 | 38 | 3 | 11.21% | 18.11% | 10.75% | 88.38% |
| Nevada County ADRC | 1023 | 8.67 | 8 | 12.00% | 28.35% | 12.61% | 91.36% |
| North West Senior and People with Disabilities | 5414 | 61 | 12 | 17.76% | 19.65% | 13.90% | 82.03% |
| Northwest Missouri Area Agency on Aging (NWAAA) | 386 | 5 | 5 | 14.01% | 21.25% | 13.77% | 94.55% |
| San Juan Basin ARCH | 1105 | 6 | 9 | 17.74% | 21.75% | 10.87% | 92.56% |
| Senior Linkage Line | 39606 | 95 | 20 | 11.64% | 18.15% | 9.88% | 85.30% |
| Southwest 8 Senior Services Inc. | 636 | 7.5 | 16 | 12.92% | 22.52% | 14.35% | 94.94% |
| WPCOG Area Agency on Aging | 2324 | 9.5 | 13 | 17.40% | 21.48% | 15.29% | 85.12% |
| West Virginia Aging and Disability Resource Center - Fairmont Site | 687 | 4 | 9 | 17.48% | 19.97% | 15.31% | 93.32% |
| **Summary Statistics Based on PES Participant Sites** | | | | | | | |
| Minimum | 85 | 2 | 2 | 11.21% | 15.71% | 8.88% | 42.59% |
| 25th Percentile | 684.5 | 5.5 | 8.5 | 12.90% | 17.88% | 10.83% | 77.17% |
| Mean | 3449.93 | 22.31 | 16 | 15.60% | 20.80% | 13.81% | 84.68% |
| Median | 1068.5 | 9 | 11.5 | 16.00% | 20.63% | 13.41% | 87.98% |
| 75th Percentile | 2715 | 27 | 20 | 17.72% | 22.81% | 15.20% | 92.94% |
| Maximum | 39606 | 137 | 78 | 21.88% | 28.35% | 27.24% | 96.94% |
| **Summary Statistics Based on Process Evaluation Participant Sites** | | | | | | | |
| Minimum | 7 | 0.75 | 1 | | | | |
| 25th Percentile | 717 | 6.12 | 7 | | | | |
| Mean | 4365.31 | 22.23 | 13.65 | | | | |
| Median | 1729 | 13.25 | 12 | | | | |
| 75th Percentile | 4448 | 26.5 | 19 | | | | |
| Maximum | 59366 | 283.25 | 41 | | | | |

## Exhibit 2: Comparison of Characteristics of ADRCs Participating in the Process and Outcome Evaluation Surveys

| Measures | ADRCs from Process Evaluation Survey | ADRCs from Participant Experience Survey |
|---|---|---|

| Number of FTEs | Frequency | Percentage | Frequency | Percentage |
|---|---|---|---|---|
| 0-5 | 86 | 18.22 | 6 | 28.57 |
| 6-15 | 138 | 29.24 | 8 | 38.10 |
| >15 | 172 | 36.44 | 7 | 33.33 |
| Missing data | 76 | 16.10 | - | - |
| **Number of Consumers** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| 0-500 | 84 | 17.80 | 4 | 19.05 |
| 501-2500 | 171 | 36.23 | 13 | 61.90 |
| >2500 | 147 | 31.14 | 4 | 19.05 |
| Missing data | 70 | 14.83 | - | - |
| **Number of Partners** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| 0-8 | 125 | 26.48 | 7 | 33.33 |
| 9-15 | 131 | 27.75 | 8 | 38.10 |
| >15 | 143 | 30.29 | 6 | 28.57 |
| Missing data | 73 | 15.48 | - | - |
| **Type of ADRC\*** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| Urban | 332 | 70.49 | 11 | 52.38 |
| Rural | 129 | 27.39 | 8 | 38.10 |
| Statewide | 10 | 2.12 | 2 | 9.52 |

\* Excludes *West Virginia Aging and Disability Resource Center - State ADRC Office* which participated in the Local ADRC survey; this ADRC was not coded as a rural, urban or statewide ADRC.