



Idaho Commission on Aging  
341 West Washington Street  
Boise, Idaho 83702

Dear Idaho Commission on Aging,

On behalf of the U.S. Administration for Community Living we would like to convey our congratulations on the submission and acceptance of your ADRC 5 year plan. As you are aware, all states receiving a FY 2009 ADRC grant were responsible for submitting a detailed 5 year plan to ACL developed with input from key stakeholders in the state and approved by the directors of the State Unit on Aging, State Medicaid Agency, and State Disability Agency.

This plan was designed to help states realign and more optimally coordinate the existing information and access functions of the state and federal programs it administers in order to operationalize ADRCs statewide that are capable of performing the functions specified in Title II Section 202(b)7 of the OAA. This plan also helped identify the variety of existing funds/ programs that could be used to support various ADRC functions as well as helping your state identify projected cost savings that would be achieved as a result of statewide implementation.

Based upon comprehensive review and detailed input from your ACL Regional Administrator, David Ishida and ACL State Liaison, Jeanette Burket your plan has been **Approved**. As a result, your state has fully met this performance requirement in as outlined in the Aging and Disability Resource Centers Grant Program (HHS-2009-AoA-DR-0915) Cooperative Agreement.

Once again on behalf of ACL, thank you for your continued effort and excellence in ensuring person centered information and access to long-term services and supports for older adults and persons with disabilities in Idaho.

Sincerely,

A handwritten signature in blue ink, appearing to read "K Foley", is written in a cursive style.

Kevin Foley  
U.S. Administration for Community Living  
Center for Disability & Aging Policy  
Office of Integrated Programs



# IDAHO COMMISSION ON AGING

▪ 341 W. Washington, 3<sup>rd</sup> Floor Boise, Idaho 83702    ▪ P.O. Box 83720 Boise, Idaho 83720-0007  
▪ Telephone: 208-334-3833    ▪ Facsimile: 208-334-3033    ▪ Web site: [www.aging.idaho.gov](http://www.aging.idaho.gov)

C.L. "Butch" Otter, Governor

July 30, 2012

Kevin Foley  
U.S. Department of Health and Human Services  
Administration on Community Living/Administration on Aging  
One Massachusetts Ave, NW  
Washington, DC 20201

Dear Mr. Kevin Foley

On behalf of the Idaho Commission on Aging (ICOA) and the ADRC Steering Committee, I am pleased to submit the Idaho Aging and Disability Resource Center Five-Year Strategic Plan. The plan outlines the ICOA's dedication to establish Aging and Disability Resource Centers (ADRC) statewide. Attached are letters of support from our steering committee members to implement the goals and strategies detailed in the plan. (See Attachment G)

ICOA appreciated the feedback from AoA and its partners in the establishment of an ADRC in Idaho. ICOA will continue to strengthen partnerships, streamline processes and eliminate confusion for the people we serve. The document will remain on our website for review and future reference.

<http://www.aging.idaho.gov/Documents/documents.html>

Sincerely,

A handwritten signature in cursive script that reads "Sam Haws".

Sam Haws,  
ICOA Administrator

# AGING AND DISABILITY RESOURCE CENTER

September 1, 2011 to September 30, 2016

Five Year Strategic Plan



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**ATTACHMENTS:**

- Attachment A: Referral Flow Chart**
- Attachment B: House Concurrent Resolution No. 52**
- Attachment C: Steering Committee Purpose**
- Attachment D: Steering Committee Agendas**
- Attachment E: Senior Services State Plan ADRC Goals and Objectives**
- Attachment F: Planning and Service Area Map**
- Attachment G: Letters of Support**
- Attachment H: ADRC Timeline**

<b>ACRONYMS AND ABBREVIATIONS</b>	
AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ADRC	Aging and Disability Resource Center
ADSSP	Alzheimer's Disease Supportive Services Program
AIRS	Alliance of Information and Referral Systems
AoA	Administration on Aging
CDSMP	Chronic Disease Self-Management Program
CIL	Centers for Independent Living
CPPW	Communities Putting Prevention to Work
CTAI	Community Transportation Association of Idaho
DOF	Department of Finance
DOH	Department of Health
DOI	Department of Insurance
FCSP	Family Caregiver Support Program
FFY	Federal Fiscal Year
FTE	Full-Time Employees
HUD	Housing and Urban Development
I & A	Information and Assistance
ICDD	Idaho Council on Developmental Disabilities.
ICOA	Idaho Commission on Aging
IDHW	The Idaho Department of Health and Welfare
ISSA	Idaho Senior Services Act
LIS	Low Income Subsidy
LTCPASC	Long Term Care Policy Advancement Steering Committee
MDS	Minimum Data Set
MIPPA	Medicare Improvements for Patients and Providers Act
MIS	Management Information System
MFP	Money Follows the Person
MOU	Memorandum of Understanding
MSP	Medicare Savings Program
NCOA	National Commission on Aging
OAA	Older Americans Act
PCPP	Person Centered Planning Project
PCTP	Person Centered Transition Planning
PSA	Planning Service Area
SAMS	Social Assistance Management Software
SART	Semi-Annual Report
SHIBA	Senior Health Insurance Benefit Advisors
SILC	State Independent Living Council
SMP	Senior Medicare Patrol
Steering Committee	Idaho Aging and Disability Resource Center Steering Committee
TAE	Technical Assistance Exchange
VA	Veteran's Administration
VR	Vocational Rehabilitation
WIPA	Work Incentives Planning and Assistance

## Idaho's ADRC Statewide Plan

### *Contact Information*

<b>Idaho Commission on Aging (ICOA)</b>	
<b>Grantee contact person</b>	Raul Enriquez
<b>Contact telephone</b>	208-577-2853
<b>Contact email</b>	Raul.enriquez@aging.idaho.gov

### **Steering Committee Members**

Members involved in the state plan development held in August 2010 \*

<b>Name &amp; Title</b>	<b>Organization</b>
Robbi Barrutia	Idaho State Independent Living Council
Sarah Toevs*	Boise State University
Russ Spearman*	Idaho State University
Jim Cook*	Idaho Legal Aid Services
Roger Howard*	Living Independence Network Center
Natalie Peterson*	Idaho Department of Health and Welfare
Marilyn Sword*	Developmental Disability Council
Cathy McDougall*	AARP
Gina Stamper	Veterans Services
Sister Anthony Marie Greving	Southeast Idaho Council of Government (AAA V)
Joan Krosch	Department of Insurance

AAA directors added to the Steering Committee as of September 20, 2011

<b>Name &amp; Title</b>	<b>Organization</b>
Pearl Bouchard	North Idaho College (AAA I)
Jenny Zorens	Community Action Partnership (AAA II)
Sarah Scott	Sage Community Resources (AAA III)
Jim Fields	College of Southern Idaho Office on Aging (AAA IV)
Nick Burrows	Eastern Idaho Community Action Partnership (AAA VI)

In September of 2011, the ICOA reduced the steering committee membership from 40 to 10 for efficiency and added the AAA directors for a total of 15 members. The Steering Committee's name was also changed from the Long Term Care Policy Advancement Steering Committee to the Idaho Aging and Disability Resource Center Steering Committee (Steering Committee). All of the members were provided with the new 5 year plan and were given the opportunity to provide feedback. The members met in December of 2011 for an ADRC update and a discussion for future ADRC development.

**Section I. INTRODUCTION AND OVERVIEW**

A. The initial development of the Idaho ADRC began with a three year federal grant in 2005 awarded to the IDHW-Division of Medicaid. The IDHW - Division of Medicaid partnered with the ICOA to establish the Aging and Disability Resource Center (ADRC) pilot program. State officials, realizing the overwhelming costs of Long Term Care both for Medicaid and for seniors, passed House Concurrent Resolution 52 during the 2006 legislative session. **(Attachment B: House Concurrent Resolution 52)** This Resolution supported the establishment of an ADRC in Idaho and to incorporate Long Term Care Options Counseling as a primary function of the ADRC. In 2006 Idaho established the first ADRC pilot program, Aging Connections, in Northern Idaho serving five northern counties and satellite locations in Coeur d’Alene, Kellogg, and Sandpoint. The program was hosted within the local Coeur d’Alene AAA. In October 2009, the ICOA was awarded a three year ADRC federal grant from AoA to further expand Idaho’s ADRC efforts to a statewide model.

The ICOA, in collaboration with the steering committee members, commits to the implementation of the goals and strategies of the ADRC Five Year Plan. **(Attachment G: Letters of Support)** In conjunction with the AAAs, the ICOA will establish designated sites in the six regions for statewide coverage. The vision of the Idaho ADRC falls in line with the direction of the newly formed Administration for Community Living to increase access to community supports while focusing attention and resources on the unique needs of older Americans and people with disabilities.

Below are specific milestones in the development of the vision, goals and strategies’ for the ADRC five year plan.

<b>ADRC Five Year Plan Development Milestones</b>	
<b>Date</b>	<b>Milestone</b>
June 10, 2009	Long Term Care Symposium held in Boise where stakeholders were invited to discuss the challenges of long term care issues. <b>(Attachment C: ADRC Meeting Agendas)</b>
May 5, 2010	Strategic Planning with Stakeholders and initial draft created of the ADRC Values, Purpose and Vision. <b>(Attachment C: Steering Committee Purpose, Attachment D: ADRC Meeting Agendas)</b>
August 27, 2010	Strategic Planning with stakeholders and established first draft of strategies. <b>(Attachment D: ADRC Meeting Agendas)</b>
July 6, 2011	First submission of the ADRC Five Year Plan to AoA.
September 20, 2011	AAA Directors invited to the ADRC Steering Committee.
October 10, 2011	Presentation of the Five year Plan to the AAA Directors.
December 08, 2011	Five Year Plan presented to the ADRC Steering Committee during quarterly meeting.
December 27, 2011	AoA provided further guidance and input on the five year plan

	specifically incorporate sustainability.
January 27, 2012	ICOA incorporated a sustainability plan in the ADRC five year plan and submitted to AoA for review.
June 28, 2012	Final Draft Presented to the ADRC Steering Committee for final Review.

## Section II: Vision and Goals

### A. Vision, Values, Purpose

#### 1. Vision

To seamlessly integrate lifespan supports and services into a continuum that provides options for consumers and caregivers that are easy to access and easy to understand.

#### 2. Values

We believe:

- That demonstrating dignity and respect for people requires us to facilitate consumer’s access to and choice in their own lifespan supports Solution.
- That teamwork built on trust will allow us to provide consumers high quality, lifespan supports and services.
- That simplicity, clarity and flexibility must permeate our thinking and our system.
- That through collaborative and proactive leadership, we can build a sustainable, quality system of supports.

#### 3. Purpose

To improve people’s lives through integrated, high quality, consumer driven, lifespan supports and services.

### B. Goals: Approach, Measures, Barriers and Timelines

#### Goal 1: Strengthen existing ADRC Partnerships and obtain consumer feedback

##### Description of Approach

Objectives to be accomplished include

#### 1. Identify roles and responsibilities of Steering Committee

- a. Identify ADRC sustainability over long term.
- b. Identify existing resources that can be built into the ADRC.
- c. Market the ADRC in their local businesses and agencies.

#### 2. Develop a consumer based “needs assessment” for ADRC services (accessibility, long term care planning...)

- a. Contract services to develop a “needs assessment” for ADRC Planning.
- b. Annually address ADRC needs and build objectives and strategies within the AAA PSA updates and the ICOA Strategic Plan.

**3. The ICOA will formally designate ADRC sites**

- a. Utilize ADRC Technical Exchange Readiness Assessment to evaluate and prepare sites for formal designation.
- b. Launch ADRC Sites.

**How will you measure progress toward your goal**

**1. Identify roles and responsibilities of Steering Committee**

- a. Establish a sustainability plan based on committee input.
- b. Resources will be identified for ADRC development.
- c. Steering committee members will share website links for the ADRC.

**2. Develop a consumer based “needs assessment” for ADRC services (accessibility, long term care planning...)**

- a. Completed needs assessment survey.
- b. Include survey results in PSA and the ICOA Strategic Plan.

**3. The ICOA will formally designate ADRC sites**

- a. Evaluate ADRC Readiness Assessment submitted by AAAs and provide input to the ADRC sites on development.
- b. All designated ADRCs will meet required criteria based on grant requirements of fully functioning ADRCs.

**What are your anticipated Barriers? How will you address these challenges?**

**1. Identify roles and responsibilities of Steering Committee**

- a. Barrier: Limited resources in the building of sustainability.
  - i. Solution: Identify and utilize existing member and non-member resources.
- b. Barrier: Ongoing commitment of Steering Committee members.
  - i. Solution: Keep members engaged by collaboration of resources.

**2. Develop a consumer based “needs assessment” for ADRC services (accessibility, long term care planning...)**

- a. Barrier: Difficulty in surveying rural and hard to reach populations.
  - i. Solution: Utilize website, local AAA directories, Senior Centers, Refugee Centers, mailings and Aging Network partners.
- b. Barrier: Not able to meet all statewide needs that have been identified in the assessment.
  - i. Solution: Collaborate with all partners to identify existing resources to meet those needs.

**3. The ICOA will formally designate ADRC sites**

- a. Barrier: Not all Readiness Assessment questions are resolved at the local level.

- i. Solution: Identify questions on the Readiness Assessment that will be addressed by the ICOA and communicate with the AAAs.
- b. Barrier: ADRC sites do not meet all components of the Readiness Assessment
  - i. Solution: Monitor monthly ADRC progress reports and require action plans if necessary.

**What are your overall timeline and key dates for Goal 1?**

<b>Identify roles and responsibilities of Steering Committee</b>		
<b>Task Description</b>	<b>Projected Start Date</b>	<b>Projected End Date</b>
Establish a sustainability plan based on committee input.	February, 2012	September, 2012
Obtain guidance from Steering Committee members on resources that will support the sustainability of the ADRC.	March, 2012	September, 2012
Steering committee members will share website links for the ADRC.	March, 2012	September, 2012
Quarterly ADRC Steering Committee Meetings.	December, 2011	Ongoing
<b>Needs Assessment</b>		
Completed needs assessment survey.	February, 2012	May, 2012
Include survey results in PSA and the ICOA Strategic Plan.	March, 2012	October, 2012
<b>The ICOA designation of ADRCs</b>		
Evaluate ADRC Readiness Assessment submitted by AAAs and provide input to the ADRC sites on development.	May, 2012	August, 2012
All designated ADRCs will meet required criteria based on grant requirements of fully functioning ADRCs.	September, 2012	October, 2013
Formal launch ADRC sites.	December, 2012	January, 2013

**Goal 2: Strengthen existing Information and Assistance program and establish centralized phone number for service access**

**Description of Approach**

- Objectives to be accomplished include.
1. **Collaborate with partners in the development of a searchable database for consumers to access services:**
    - a. Idaho Medicaid with MFP: incorporate a needs assessment database that identifies services based on self-assessment and employment tool results.

- i. Coordinate with Health and Welfare to ensure that ADRC access information is incorporated into their marketing plan.
  - b. Community Transportation Association of Idaho (CTAI): Link ADRC to statewide transportation directory.
    - i. Add database directory access to ADRC website.
- 2. Establish a centralized phone number**
  - a. 211 CareLine: Utilize existing 211 CareLine information database that provides community service resources and telephone referrals for seniors and people with disabilities.
    - i. Market 211 CareLine.
      - 1. List phone number on website and other marketing materials.
    - ii. Train 211 CareLine staff.
      - 1. Provide staff training on screening criteria and referral procedures.
      - 2. Provide ADRC sites contact information to 211 CareLine staff.
    - iii. Establish shared taxonomy with 211 CareLine operators.
      - 1. Coordinate communication between ADRC sites and 211 CareLine.
- 3. Ensure consistency in the collection and the reporting of data**
  - a. Utilize ADRC SART to establish reporting requirements for ADRC sites.
    - i. Train ADRC sites on how to complete SART report.

#### How will you measure progress toward your goal

- 1. Collaborate with partners in the development of a searchable database for consumers to access services:**
  - a. The ICOA will coordinate with Idaho Medicaid to develop a web based self-assessment and employment tool:
    - i. The ADRC access information will be incorporated in the MFP marketing plan.
    - ii. Completion of self-assessment and employment tool.
    - iii. Link self-assessment tool to ADRC website.
  - b. The ICOA will coordinate with the CTAI to integrate a statewide transportation directory.
    - i. Consumers will be able to access transportation resources through the ADRC website.
- 2. Establish centralized phone number**
  - a. Analyze 211 CareLine data to track and measure ADRC referrals.
  - b. Complete 211 CareLine staff referral training.
  - c. Standardized Taxonomy with current 211 CareLine resource database.
- 3. Ensure consistency in the collection and the reporting of data:**
  - a. Complete SART report training to the AAAs.

**What are your anticipated Barriers? How will you address these challenges?**

- 1. Collaborate with partners in the development of a searchable database for consumers to access services:**
  - a. Barrier: Conflicting administrative procedures in the distribution and sharing of consumer data.
    - i. Solution: Do a compatibility analysis of existing database systems.
- 2. Establish centralized phone number**
  - b. Barrier: 211 CareLine as a new ADRC partner is not set up to meet the ADRC reporting requirement.
    - i. Solution: Work with 211 CareLine to integrate ADRC requirement into their processes and procedures.
  - c. Barrier: Statewide ADRC training materials have not been developed for 211 CareLine.
    - i. Solution: Utilize the ADRC pilot experience of AAA region 1 to help develop training materials.
- 3. Ensure consistency in the collection and the reporting of data:**
  - d. Barrier: The current collection of data varies between ADRC sites.
    - i. Solution: The ICOA and ADRCs will collaborate in the development of standardized data collection procedures.

**What are your overall timeline and key dates for Goal 2?**

<b>Task Description</b>	<b>Projected Start Date</b>	<b>Projected End Date</b>
<b>Develop a searchable database for consumers to access services:</b>		
The ADRC access information will be incorporated in the MFP marketing plan.	April, 2012	September, 2012
Completion of self-assessment and employment tool.	April, 2012	January, 2013
Link self-assessment tool to ADRC website.	December, 2012	January, 2013
Consumers will be able to access transportation resources through the ADRC website.	May, 2012	December, 2012
<b>Establish centralized phone number</b>		
Analyze 211 CareLine data to track and measure ADRC referrals.	March, 2012	Ongoing
Complete 211 CareLine staff referral training.	January, 2012	February, 2012
Standardized Taxonomy with current 211 CareLine resource database.	January, 2012	December, 2013
<b>Ensure consistency in the collection and the reporting of data</b>		
Completed SART reporting training to the AAAs.	February, 2012	July, 2012

### **Goal 3: Provide consumers with access to streamlined eligibility and Options Counseling**

#### **Description of Approach**

Objectives to be accomplished include.

- 1. Utilize national program materials to establish standards for Options Counseling**
- 2. Establish roles and responsibilities for Options Counseling**
  - a. Present these to ADRC steering committee for feedback.
  - b. In collaboration with the SILC, AAAs and CILs establish criteria for Options Counseling for ADRC sites.
  - c. Initiate MOUs between CILs and the AAAs on referral processes.
- 3. Identify training needs through collaboration with the AAAs**
  - a. Utilize national Options Counseling materials.
- 4. Provide a web page to share documents with the AAAs and partner agencies**
  - a. Provide access to manuals and documents via <http://www.aging.idaho.gov/about/documents.html>, such as: Medicare Part D, LIS, and MSP. (Other examples; meeting minutes, manuals for services, and current events...)

#### **How will you measure progress toward your goal**

- 1. Utilize national program materials to establish standards for Options Counseling**
  - a. Established standards for ADRC sites.
- 2. Establish roles and responsibilities for Options Counseling**
  - a. The committee members will provide input based on national standards.
  - b. Develop MOUs between AAAs and CILs that identify roles and responsibilities.
  - c. Protocols and procedures for Options Counseling established at the local ADRC sites.
- 3. Identify training needs through collaboration with the AAAs**
  - a. AAAs use national standards materials for training needs identified in the ADRC readiness assessment.
- 4. Provide a web page to share documents with the AAAs and partners**
  - a. Shared documents available on <http://www.aging.idaho.gov/about/documents.html>.

#### **What are your anticipated Barriers? How will you address these challenges?**

- 1. Utilize national program materials to establish standards for Options Counseling**
  - a. Barrier: National standards may not address individual needs at local level.
    - i. Solution: Modify national standards to meet needs.
- 2. Establish roles and responsibilities for Options Counseling**
  - b. Barrier: Different interpretations on how Options Counseling will be defined for Idaho.

- i. Solution: Utilize national standards and best practices from other states.

**3. Identify training needs through collaboration with the AAAs**

- a. Barrier: AAA training needs will be individual to their specific region.
  - i. Solution: AAAs will identify their needs and communicate what specific training they will require to become and continue as ADRC sites.
- b. Barrier: AAAs unable to send staff to trainings due to travel costs.
  - i. Solution: Seek out on-line training and support from ADRC-TAE website.

**4. Provide a web page to share documents with the AAAs and partners**

- a. Barrier: Due to the newly launched ADRC website, some partners will be unfamiliar with website location.
  - i. Solution: Additional marketing to partners of the ADRC website through email, conferences, brochures, and word of mouth.

**What are your overall timeline and key dates for Goal 3?**

Task Description	Projected Start Date	Projected End Date
<b>Utilize national program materials to establish standards for Options Counseling</b>		
Establish Options Counseling program for ADRC sites based on AoA standards.	June, 2012	September, 2012
<b>Establish roles and responsibilities for Options Counseling</b>		
The committee members will provide input based on national standards.	March, 2012	July, 2012
The ICOA will establish a Statewide definition for the roles and responsibilities of Options Counseling.	July, 2012	August, 2012
Develop MOUs between AAAs and CILs that identify roles and responsibilities processes.	March, 2012	January, 2013
Protocols and procedures for Options Counseling implemented at the local ADRC sites.	June, 2012	September, 2012
<b>Identify training needs through collaboration with the AAAs</b>		
Acquire suggested training ideas and provide the AAAs with resources to meet their individual training needs.	June, 2012	Ongoing
<b>Provide a web page to share documents with the AAAs and partners</b>		
Shared documents available on <a href="http://www.aging.idaho.gov/about/documents.html">http://www.aging.idaho.gov/about/documents.html</a> , such as: Medicare Part D, LIS, and MSP.	February, 2012	March, 2012

**Goal 4: Develop Person Centered Transition Planning**

**Description of Approach**

Objectives to be accomplished include.

- 1. Collaborate with key agencies to build Person Centered Transition Planning (PCTP) through Medicaid MFP/ADRC supplemental grant**
  - a. Regularly convene PCTP work group comprised of SILC, Medicaid, AAA Directors, and other key partners.
  - b. Coordinate with Medicaid to leverage ADRC centralized phone number to serve as the access point for MFP.
  - c. SILC and CILs will develop a referral process and standardized criteria for PCTP.
    - i. Determine a referral process for people with disabilities under 60 that initiate PCTP at the AAA/ADRCs.
    - ii. Determine a referral process for non-Medicaid consumers
  - d. Obtain feedback on the standardized criteria for PCTP with Idaho State University's PCPP.
- 2. Support ADRC sites in establishing PCTP for their region.**
  - a. Identify local efforts in the building of PCTP and report in the SART.
  - b. Collaborate with local ADRC sites on future grant opportunities to establish PCTP in their areas.
  - c. Through collaboration with the Idaho State University-Institute of Rural Health identify and target high readmission rate hospitals.

<b>How will you measure progress toward your goal</b>
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- 1. Collaborate with key agencies to build PCTP through Medicaid MFP/ADRC supplemental grant**
  - a. Consistent meetings with PCTP work group.
  - b. The 211 CareLine will provide the ICOA with the number of consumers referred to the MFP.
  - c. The ADRCs will provide statistics of the number of referrals to MFP.
  - d. PCTP Training materials with standardized criteria and processes.
- 2. Support ADRC sites in establishing PCTP for their region.**
  - a. Evidenced based PCTP established in two ADRC Sites.
    - i. Agreements in place with Critical Pathway Providers clarifying referral processes between facilities such as hospitals and the ADRCs.
  - b. Consumers assisted in evidenced based PCTP recorded on the Semi Annual Report.

<b>What are your anticipated Barrier? How will you address these challenges?</b>
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- 1. Collaborate with key agencies to build PCTP through Medicaid MFP/ADRC supplemental grant**
  - a. Barrier: Limitations in staff resources.

- i. Solution: Utilize MFP/ADRC supplemental grant to incorporate PCTP into AAA processes.
  - b. Barrier: How to track information statewide.
    - ii. Solution: Building MFP criteria into existing statewide tracking system.
  - c. Barrier: Not knowing what PCTP materials would apply to all regions.
    - iii. Solution: Collaboration with CILs and AAAs.
- 2. Support ADRC sites in establishing PCTP for their region.**
- a. Barrier: Difficult to get buy in from Critical Pathway Providers such as Hospitals.
    - i. Solution: Initiate feedback from Critical Pathway Providers in the implementation of various grants such as the MFP/ADRC supplemental grant.

**What are your overall timeline and key dates for Goal 4?**

Task Description	Projected Start Date	Projected End Date
<b>Collaborate with key agencies</b>		
Consistent meetings with PCTP work group.	August, 2012	Ongoing
The 211 CareLine will provide the ICOA with the number of consumers referred to the MFP.	March, 2012	Ongoing
The ADRCs will provide statistics of the number of referrals to MFP.	October 31, 2012	Semi-Annual Report
PCTP Training materials with standardized criteria and processes.	April, 2012	January, 2013
<b>Establish PCTP at ADRC sites</b>		
Evidenced based PCTP established in two ADRC Sites.	July, 2012	June, 2013
Consumers assisted in evidenced based PCTP recorded on the Semi Annual Report.	July, 2012	April, 2013

**Goal 5: Evaluate the effectiveness of the ADRC program and program sites**

**Description of Approach**

Objectives to be accomplished include:

- 1. Develop a customer satisfaction survey that consists of:**
  - a. Consumer knowledge of how to access ADRC website.
  - b. Ease of website navigation.
  - c. Ability to find pertinent information.
  - d. Consumer follow-up to ensure services were accessed.
- 2. Provide opportunity for Steering Committee members to provide feedback on the five components of the ADRC**
  - a. Information and Awareness.

- b. Options Counseling.
- c. PCTP.
- d. Consumer populations and stakeholder involvement.
- e. Quality assurance.

**3. Validate resource information on the ADRC website**

- a. Set an annual validation schedule.

**How will you measure progress toward your goal**

**1. Develop a customer satisfaction survey:**

- a. The survey for the website will be measured by the following methods.
  - i. Measure the distribution of the survey.
  - ii. Identify sample size of survey.
  - iii. Consumer survey results will be analyzed for ADRC improvements.
    - 1. Percent of individuals who indicate ADRC information and counseling contribute to informed decision making.

**2. Provide opportunity for Steering Committee members to provide feedback on the five components of the ADRC**

- a. Semi-annual progress report that tracks performance of the five components to identify opportunities for improvement.

**3. Validate resource information on the ADRC website**

- a. Report findings to steering committee with corrective action plans.

**What are your anticipated Barrier? How will you address these challenges?**

**1. Develop a customer satisfaction survey:**

- a. Barrier: Determining prioritizing of customer feedback.  
Solution: Share client feedback with the ADRC sites to assist in prioritizing consumer concerns.

**2. Provide opportunity for Steering Committee members to provide feedback on the five components of the ADRC:**

- a. Barrier: Getting full committee participation.
  - i. Solution: Set up subcommittees to make prioritization recommendations.

**3. Validate resource information on the ADRC website:**

- b. Barrier: Staff or contracting expense to validate information on website.
  - i. Solution: Identify and collaborate with partners who have established resource database.
  - i. Solution: Leverage existing Title III or other funds to support validation and updating information.

**What are your overall timeline and key dates for Goal 5?**

Task Description	Projected Start Date	Projected End Date
<b>Develop a customer satisfaction survey:</b>		
Website Survey provided and analyzed.	August, 2012	January, 2013
<b>Provide opportunity for Steering Committee members to provide feedback on the five components of the ADRC</b>		
Semi-annual progress report that tracks performance of the five components to identify opportunities for improvement.	February, 2013	March, 2013
<b>Validate resource information on the ADRC website</b>		
Report findings to steering committee with corrective action plans.	December, 2012	Ongoing

### Section III: Partner Involvement

#### Who are the key players and responsible parties

**A. Idaho Area Agencies on Aging:**

Idaho’s six AAAs have been designated as ADRC sites and are members of the Steering Committee. The ADRCs will provide input to the Steering Committee indicating best practices and barriers to provide services. The ADRCs will administer the Information and Awareness, Options Counseling and Benefits Counseling component of the ADRC.

**B. Centers for Independent Living:**

A Steering Committee representative of the CILs will advise the ADRCs regarding best practices for serving the disability population. The CILs and ADRCs will improve communication; minimize duplicated efforts, cross train staff and share resources.

**C. Veterans Administration**

A Steering Committee representative of the VA will advise the ADRCs regarding services available to veterans. Partnerships between the VA and ADRCs will provide new grant and funding opportunities, minimize duplication of efforts and streamline consumers’ access to services.

**D. Idaho Department of Health and Welfare**

A Steering Committee representative from IDHW will provide ADRCs with pertinent information to eligibility criteria necessary for proper referral of consumers. Partnership of the ADRCs and IDHW will promote a collaborative effort by both agencies to streamline referral processes, minimize duplicative expenses and ensure ease in access

to benefits and services for the aging and disabled population. This partnership maximizes opportunities for both agencies to access new grants and funding.

**E. Idaho Council on Developmental Disabilities**

The ICDD will provide guidance to the ADRC through the Steering Committee. ADRC and ICDD partnership will ensure input regarding the needs of the developmentally disabled population. The input of ICDD to the ADRC is invaluable as their council members are consumers of services and their participation will ensure the voice of people with developmental disabilities will be heard in future planning of the ADRC. The ADRC development of PCTP services will be improved through this partnership as the ICDD can provide cross training and share best practices.

**F. Idaho State Independent Living Council**

The Idaho State Independent Living Council will provide ICOA with guidance on how to approach the development of the ADRC and the outreach to persons with disabilities. As well, through the MFP/ADRC supplemental grant, the SILC will assist in the development of Options Counseling standards and the training of AAA staff in Person Centered Planning. The ICOA serves on the SILC council to keep informed on community events centered on disability issues.

**G. American Association of Retired Persons (AARP)**

The AARP can assist the ADRCs to provide information to consumers about private pay options for supplemental and long term care insurance. The AARP can assist the ADRCs with this function and provide advice on how to best approach this component of Options Counseling.

**H. Idaho Department of Insurance**

A representative from the Department of Insurance will sit on the Steering Committee and suggest best practice for ADRCs to consider services offered to seniors vulnerable to identity theft and scams. The department of insurance will also be a good resource to promote partnerships with Senior Health Insurance Benefit Advisors program.

**I. Boise State University**

Boise State University which houses the Center for the Study of Aging, will advise the Idaho ADRC in the development of quality assurance and evaluation metrics. Boise State University also has experience in conducting the ICOA's statewide needs assessment that will serve as a guide for future planning and policy development.

**J. Idaho State University**

Idaho State University which houses the Institute of Rural Health, will advise the ADRCs in the outreach of consumers who live in rural areas. Idaho State University also has experience with Person Centered Training, which will coincide with ADRC efforts in establishing this service for consumers.

## Section IV: Sustainability Plan

### A. Project Overview –

The ICOA designated Idaho's six AAAs as the future sites for the local ADRCs and has provided them with funding through the ADRC 2009- 2012 grant. The six AAAs are ideal candidates as the local ADRCs because their combined PSA's cover the state and their area of expertise is in long term care options. **(Attachment F: PSA Map)** A Steering Committee has been established and will serve as a guide as we implement the goals of the five year plan.

The ICOA established an agreement with 211 CareLine to be the centralized phone number for the ADRC and this agreement will provide streamlined access to services for consumers. The 211 CareLine operators will screen and refer to the ADRC sites and also to our partners such as the MFP program offered through IDHW. Along with building local sites, ADRC third year funds will support the development of an online resource database and online consumer decision tools. Supplemental grants such as the MFP/ADRC and the MIPPA grant have been awarded to the ICOA to further assist in the strengthening of the ADRC and its functions to benefit the consumers we serve.

### B. Essential Elements that will be sustained –

#### 1. 211 CareLine established as the centralized phone number to long term care services

- a. The centralized phone number is established and was officially launched with our website on January 3, 2012. Ongoing training will be provided to the 211 CareLine operators to keep them informed of updates and ensure referrals are being appropriately placed to the ADRC and MFP. 211 CareLine also serves as the referral agency for MFP.

#### 2. Standards for Options Counseling will be established for statewide consistency.

- a. All the AAAs have initiated trainings on Options Counseling and have restructured positions to incorporate Option Counselors in staffing. Options Counseling will be established statewide utilizing standards developed by AoA. All the AAAs have a person on staff that is AIRS certified and our goal is to establish PCTP services at each AAA. As well, a partnership has been established with IDHW, SILC and the ICOA to provide information and further trainings to AAAs on MFP and PCTP.

#### 3. IT and MIS enhancements

- a. In collaboration with Access Idaho, our new ADRC website was officially launched January 3, 2012. Access Idaho is an IT support for state agencies to establish websites at minimal to no costs. Included on our website is an interactive map linking clients to our local agencies for AAA and ADRC

services. Training for Medicare Part D, eligibility for LIS, and Medicare Savings Programs will be available for Options Counselors. An online Self-Assessment tool including senior, disabled, and MFP resources will be available on the website as well.

**4. Through the building of the Idaho ADRC, strong partnerships have been established at the state and local level.**

- a. The ICOA has successfully established both strong informal and formal relationships with ADRC stakeholders. The Steering Committee is in place (p.4) and includes agencies that will help support the ADRC and its core functions. An agreement with 211 CareLine is in place to be the centralized phone number for the ADRC. Agreements with the AAAs have been established to restructure and enhance their organization to become ADRC sites. The ICOA and the Department of Insurance were awarded the MIPPA grant to provide information and training for Options Counselors.

**C. Strategies to Ensure Sustainability –**

*The different strategies and approaches that each grantee purposefully used or plans to use to help sustain the essential elements of their projects. The strategies cover all stages of the project, from initial planning through project implementation and evaluation.*

**1. 211 CareLine established as the centralized phone number to long term care services.**

- a. Continue with the evaluation of the referral agreement with 211 CareLine. Identify areas to improve through the collection of client data from 211 CareLine database.
- b. Promote and market 211 CareLine as the centralized phone number on the ICOA website and marketing cards.
- c. Explore various “No Wrong Door” models established in other states and implement a model for Idaho. 211 CareLine will be the access point for the ADRC/No Wrong Door Idaho initiative.

**2. Standards for Options Counseling will be established for statewide consistency.**

- a. Establish Options Counseling standards for Idaho. Include CILs in the establishment of standards to encourage cross trainings between the CILs and the AAAs.
- b. Ensure procedures are in place for Options Counseling staff and job descriptions to include core competencies for Options Counselors.
- c. Establish referral processes for PCTP, utilizing MFP-ADRC supplemental grant.

- d. Continue to work closely with SILC, AAAs and IDHW with the ADRC MFP grant.
- e. Initiate referral agreements at the local AAA level with Hospitals and Nursing Homes for consumers transitioning into the community.
- f. Once Options Counseling Standards are finalized and national certification is established incorporate into the Idaho ADRC Program

### **3. IT and MIS enhancements**

- a. Website will continue to be hosted by government supported website.
- b. Seek out public and private grant opportunities that will support the online self-assessment tool, online training for Options Counselors on Medicare Savings Plans.
- c. Include website information on all marketing materials.
- d. Establish an inclusion and exclusion criteria when developing a web based self-assessment tool.
- e. Explore opportunities to share electronic data information with other public programs such as; Medicaid and the Veterans Administration.

### **4. Through the building of the Idaho ADRC, strong partnerships have been established at the state and local level.**

- a. Continue meeting with Steering Committee members on a quarterly basis after 3<sup>rd</sup> year ADRC funds are completed.
- b. Collaborate with Steering Committee members in the establishment of Options Counseling for Idaho.
- c. Partner with other public agencies on grant opportunities such as MIPPA and MFP.
- d. Solicit advice from the Steering Committee members to establish a sustainability plan.
- e. Establish referral agreements at the local level between ADRC sites and CILs.
- f. Establish and Memorandum of Agreement with IDHW to provide billable Medicaid services through the ADRCs.

## **D. Facilitators of Sustainability**

*Features, conditions, or characteristics of project staff, organizations or the broader community that the grantees' expect will help ADRC activities and programs to endure when grant funding ends.*

### **1. 211 CareLine established as the centralized phone number to long term care services.**

- a. 211 CareLine is identified as the one-stop phone number for statewide community resources.

- b. 211 CareLine is recognized by consumers 18 and older as resource to find services.
- c. 211 CareLine is also the referral source for MFP and also with other agency partners.
- d. Agreement with 211 CareLine requires compliance with AIRS Standards.

**2. Standards for Options Counseling will be established for statewide consistency.**

- a. CILs and AAAs have established working relationships through cross trainings and agreements.
- b. CILs will continue to provide Options Counseling training opportunities for AAAs.
- c. The Options counselors will receive training derived from the Independent Living Philosophy through the CILs on Options Counseling and Person Centered Planning.
- d. All AAAs have a person on staff that is AIRS certified.

**3. IT and MIS enhancements**

- a. The ICOA website is hosted through Access Idaho.
- b. The ICOA staff was trained by Access Idaho on updating website.
- c. Survey currently on website to measure customer satisfaction and also a web tool was incorporated to track page hits.
- d. Current partnership with IDHW through the MFP-ADRC 2 year supplemental grant in the development of a self-assessment tool.

**4. Through the building of the Idaho ADRC, strong partnerships have been established at the state and local level.**

- a. The ICOA and DOI were awarded the MIPPA grant and agreements are in place with AAA I, V and VI to identify low income Medicare beneficiaries and educate them about the advantages of applying for Low Income Subsidy and Medicare Savings Program.
- b. The ICOA, utilizing the MIPPA-ADRC grant funds has established an agreement with AAA VI to establish online training for Options Counselors.
- c. The award of the MFP-ADRC grant will support partnership between AAA, SILC, CILS and The ICOA by working together in the establishment of standardized processes for PCTP.
- d. A MOU is established with 211 CareLine with training scheduled to provide AAA and ADRC information to the CareLine operators.
- e. The ICOA staff currently sit on advisory boards for the SILC, IDHW-MFP and ICDD.

**E. Challenges and Barriers to Sustainability** the primary challenges to sustainability encountered by grantees.

**1. Idaho's established centralized phone number to Long Term Care Services.**

- a. Provide continuous training to 211 CareLine operators and keeping information up to date will require additional staff time.
- b. Services vary from region to region, making it difficult to provide universal training that applies to all regions.
- c. Overcoming timing issues, in particular calls being transferred to voice mail.

**2. Standards for Options Counseling will be established for statewide consistency.**

- a. Integrity of the standards maintained over the five year period.
- b. Core Competencies of staff will need to be changed over time as benefits to services change and the needs of the consumers change.

**3. IT and MIS enhancements**

- a. Funding used to develop self-assessment tools will end and continued funding will be required to sustain these tools along with the staff time to maintain them.
- b. Increase website functionality, while maintaining user friendliness.

**4. Through the building of the Idaho ADRC, strong partnerships have been established at the state and local level.**

- a. A barrier to keep these strong partnerships will be to keep our partners engaged overtime after the ADRC grant and other shared grants have ended.
- b. After the official designation of the ADRC sites there will be the challenge of ensuring that the ADRC core services remain intact after the ADRC funds end.

**F. Next Steps – the grantees’ planned and upcoming activities.**

**1. 211 CareLine established as the centralized phone number to long term care services.**

- a. Plan a discussion with the ADRCs, CILs, and IDHW on how to approach the future training of the 211 CareLine operators.
- b. Request topics from 211 CareLine program specialists and compile topics for future trainings.
- c. Have start-to-finish tracking of the entire ADRC process. Begin tracking with the initial call to 211, and follow the client through each step until the final referral or service is provided.

**2. Standards for Options Counseling will be established for statewide consistency.**

- a. Send out first draft of Idaho’s Options Counseling to AAAs and CILs for input.
- b. Establish core competencies of Options Counselors along with Idaho’s draft.

**3. IT and MIS enhancements**

- a. Pursue the development of a self-assessment tool with contractor.

- b. Contractor will build the self-assessment tool along with protocols and procedures on maintaining the tool.
- c. Identify future partnerships with other publicly funded organizations to collaborate on parallel IT and MIS projects, for example: Access Idaho, Idaho Transportation Department, IDHW MFP, 211 CareLine, and SILC.

**4. Through the building of the Idaho ADRC, strong partnerships have been established at the state and local level.**

- a. Solicit input from the steering committee on the sustainability plan to keep members engaged in the ADRC efforts.
- b. Collaborate and partner with Steering Committee members on grants opportunities such as the Idaho Home Choice Program, MIPPA, SMP, and ADSSP. Also, continue memberships on partner advisory councils such as the Money Follows the Person Grant, Idaho council on Developmental Disabilities, State Independent Living Council.
- c. Request from the AAAs sustainability plans for their ADRC designation.

**G. ADRC Sustainability Grant Strategies**

- a. ICOA will collaborate with IDHW and identify duplicated tasks between OAA and Medicaid programs and develop a plan on streamlining processes. Such as, shared forms, eligibility to programs and collection of client information.
- b. Develop a financially sustainable ADRC model that includes revenue from multiple public programs (including Medicaid, Medicare and Veterans Health Administration).
- c. A formal Agreement will be established between the ICOA and IDHW to makes some of the tasks performed by the ADRC eligible for Federal Medicaid reimbursement.
- d. ICOA will establish a pilot site to serve as a model for the state on tasks that are reimbursable from multiple public programs such as Medicaid and Veterans Administration. Task examples:
  - i. Outreach
  - ii. Screening/assessing individuals for Long Term Services and Supports
  - iii. Working with individuals and their families to develop service plans
  - iv. Linking individuals to the services they need through the use of self-directed service models
  - v. Assisting individuals in determining their eligibility for public programs, and follow up.

**What existing funds/programs are currently being used to carry out ADRC activities?**

- A. ADRC grant** - will continue to support the building of the statewide ADRC and the establishment of local ADRCs until the grant ends. The ICOA will utilize grant funds to build an online self-assessment tool. The grant funds a full-time staff person at the ICOA to facilitate steering committee meetings, complete five year plan objectives, communicate with AAA directors, and report to the grantor AoA through the SART report. Funds were awarded to AAAs to strengthen and enhance their current services and processes to meet the requirements of an ADRC site based on grant standards. The AAA's were tasked through contract to complete the ADRC readiness assessment and to strengthen areas identified as weaknesses on the assessment.
- B. ADSSP project-** provides opportunities for the ICOA to enhance partnerships with AAAs and other not-for-profit and public agencies. Building Better Caregivers is a free, online workshop that teaches self-direction strategies to caregivers of persons with Alzheimer's Disease or a related dementia. Workshops are hosted online by the NCOA and funded through a grant to the ICOA. Caregivers in Idaho can register anytime during 2012 to join a workshop at [www.caregivers.selfmanage.org](http://www.caregivers.selfmanage.org). The ICOA partners with the AAAs, Boise State University Center for the Study on Aging, other not for profit organizations and public agencies to provide outreach and recruit participants to the workshops. Using the same approach as Stanford University's widely tested CDSMP, the Building Better Caregivers workshop helps caregivers:
- Find practical ways to manage fatigue and stress
  - Discover how to manage difficult care partner behaviors and feelings
  - Make good decisions and future plans for loved ones and self
  - Learn what to do to improve sleep, eat better, and stay active
- C. CDSMP project-** called Living Well in Idaho provides opportunity for the IDHW, DOH, and the ICOA to work cooperatively. Participants in the Living Well in Idaho workshops learn strategies for self-direction and chronic disease management. CDSMP also provides opportunity for partnership development, a venue to providing information about resources such as the ADRC to the public, and capacity building opportunities for the implementation partners. There are eight Living Well Centers in Idaho implementation sites serving five of the six state's PSA's. The implementation sites consist of senior centers, a local not-for-profit organization, a small rural hospital, a federally qualified health clinic, a AAA, and a community college. All sites conduct multiple CDSMP workshops per year at which participants learn how to manage their specific chronic conditions. The workshops offer a venue for providing participants with local resource information about services, benefits, and programs for which they may be eligible.
- D. ISSA-** will provide the AAAs with support to deliver Options Counseling through Case Management services. Case Managers currently assist seniors transitioning from a facility to their homes and also assist with the application of benefits for government

programs such as Medicaid. The Ombudsman program will also assist in the implementation of the MDS 3.0 Section Q. The state Ombudsman at the ICOA is currently the Local Contact person to respond to and provide information for referrals from nursing facility staff. State Ombudsman will provide feedback and input on the training of Nursing Home staff in regard to the MDS 3.0 Section Q.

- E. MIPPA project-** provides outreach to enhance benefits counseling and increases the partnership between Area Agencies on Aging (ADRCs) and SHIBA. Three of the six AAAs conduct outreach activities solely or in conjunction with the SHIBA program in their regions. The national MIPPA program provides information to the state that allows the AAAs to focus on areas in their jurisdiction with concentrations of persons identified as eligible but not yet enrolled in the LIS or Extra Help program for Part D of Medicare, (i.e. prescription drug program) and the MSP. The MSP provides help by paying for Medicare Part A (hospital insurance) and/or Part B (medical insurance) premiums. The AAAs educate consumers about changes in Medicare, new wellness benefits of Medicare, as well as provides information on disease prevention education and information about accessing other pertinent programs to beneficiaries in the process. The IT/MIS enhancement of offering online ADRC staff training about LIS and MSP will aid in sustaining the program. Outreach activities include:
- Developing and disseminating marketing materials (i.e. pens, sticky note pads) through presentations to organizations (i.e. churches, civic groups)
  - Dissemination by being temporarily stationed in facilities (i.e. HUD housing complexes)
  - Dissemination at health fairs or other community events
  - Developing and disseminating information through the media (i.e. video prepared for cable television)
- F. Money Follows the Person and ADRC Supplemental Grant-** Through contracts with IDHW and the Idaho Home Choice Program, the SILC will facilitate training between the CILs and the ADRC sites on PCTP and MFP. The CILs will provide Benefits Counseling information to Options Counselors on programs such as WIPA, VR and other specific disability programs. The ICOA will contract with IDHW to incorporate MFP resources into the ADRC web self-assessment tool. The IDHW will establish online training for Nursing Facility staff on the MFP program and MDS 3.0 Section Q.
- G. OAA Funding-** will continue to fund ADRC functions, in particular the functions mentioned in the sustainability portion of this five year plan. Funds will continue to support AAAs in providing the following ADRC services: Information and Referral, Options Counseling, PCTP, IT, and MIS functions. FCSP funds will also contribute to the support of Options Counselors and I & A Specialist to provide Options Counseling to caregivers. Funds will support ICOA staff time to facilitate steering committee meetings,

complete objectives of the five year plan, communicate with AAA directors, and also to report to the grantor AoA through the SART report

- H. **SMP project**- provides an opportunity for a network of volunteers and staff of partnering agencies to be trained in benefits counseling and enhances the partnership ICOA has with SHIBA, the DOF, the AAAs, AARP Idaho, the CILs (three in state), and other not for profit organizations and public agencies. The SMP Project Director coordinates with Idaho's DOI's, SHIBA and others, to ensure that there are trained staff and volunteers across the state to educate Medicare beneficiaries, which includes those who are limited in speaking English. Education includes trainings on healthcare fraud, as well as other types of fraud and scams; such as financial exploitation, identity theft, computer scams, and mail and telemarketing scams.
  
- I. **211 CareLine**- is the centralized phone number for the Idaho ADRC. An agreement with 211 is in place to ensure appropriate referrals are transferred to the local ADRCs. 211 CareLine adheres to AIRS standards and maintains a comprehensive database with community resources. An analysis of the agreement will be conducted on a quarterly basis to identify areas such as the number of connected calls, types of referrals and age of callers. The 211 operators have the ability to warm transfer phone calls to efficiently connect clients to the local ADRCs.

#### **What are the projected cost savings?**

We anticipate the projected cost savings from implementing the ADRC functions are:

- Through options counseling we will refer more consumers to private pay options therefore reducing waitlists and preserving funds to serve consumers with less-resources.
- Coordinate with the CTAI to incorporate the statewide transportation directory into the ICOA's website.
- Prevent consumers from early admittance to nursing homes through long term care planning. Reduce hospital remittance through PCTP, therefore reducing cost to the consumer, hospital and community resources.
- Through partnerships we will develop processes that will prevent duplication of services.
- The ADRC website will direct consumers that can access information on the web to the right contacts. This will reduce the amount of phone calls received by I&A.
- Utilization of an existing referral agency, 211 CareLine.
- Access to existing training for Options Counselors through CILs.

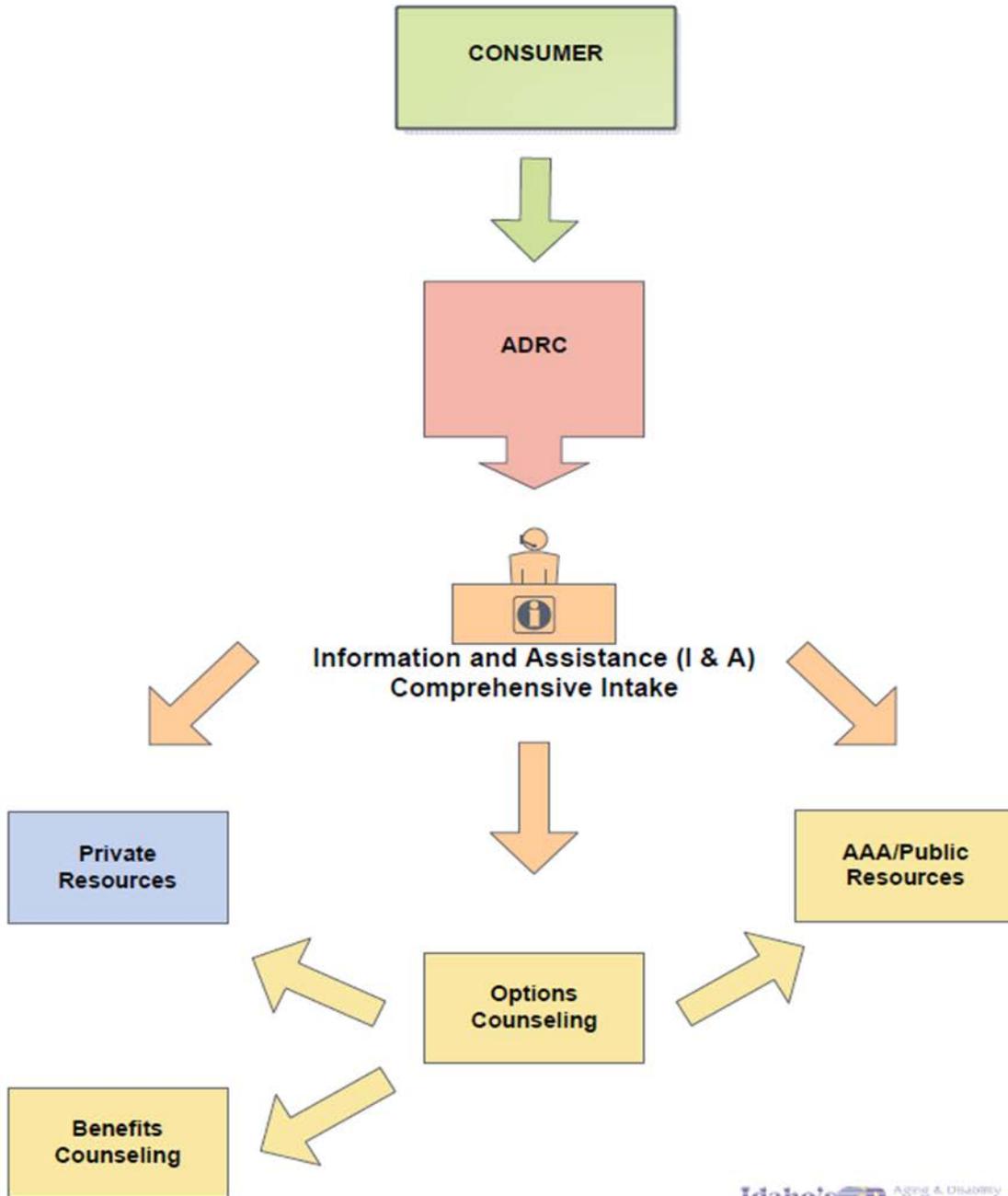
- Utilizing Access Idaho to host the ICOA website and provide IT support for website maintenance.

Project Checklist	Yes	No
Are these goals reflected in the State Plan on Aging? ( <b>E: Goal ICOA State Plan Goals</b> )	X	
Do these goals require changes that must be proposed through the current budget cycle?		X
Does implementing these goals require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?	X	
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards these goals?	X	

**Attachment A:**

**Referral Flow Chart**

# Referral Flow Chart



**Attachment B:**

**House Concurrent Resolution No. 52**

# HOUSE CONCURRENT RESOLUTION NO. 52

View [Bill Status](#)

View [Bill Text](#)

View [Statement of Purpose / Fiscal Impact](#)

Text to be added within a bill has been marked with Bold and Underline. Text to be removed has been marked with Strikethrough and Italic. How these codes are actually displayed will vary based on the browser software you are using.

**This sentence is marked with bold and underline to show added text.**

~~*This sentence is marked with strikethrough and italic, indicating text to be removed.*~~

## Bill Status

HCR052.....by STATE AFFAIRS  
LONG-TERM CARE - Stating findings of the Legislature; encouraging the Department of Health and Welfare to proceed with development of a long-term care options counseling program as part of the Planned Aging Resource Center Initiative; and requesting a report to the Legislature.

02/23 House intro - 1st rdg - to printing

02/24 Rpt prt - to Health/Wel

03/13 Rpt out - rec d/p - to 2nd rdg

03/14 2nd rdg - to 3rd rdg

03/15 3rd rdg - ADOPTED - 59-0-11

AYES -- Anderson, Andrus, Barraclough, Barrett, Bastian, Bayer, Bedke, Bell, Bilbao, Black, Block, Boe, Bolz, Brackett, Bradford, Cannon, Collins, Deal, Denney, Edmunson, Eskridge, Field(18), Garrett, Hart, Harwood, Henbest, Henderson, Jaquet, Kemp, Lake, LeFavour, Loertscher, Martinez, Mathews, McGeachin, McKague, Miller, Moyle, Nielsen, Pasley-Stuart, Pence, Raybould, Ringo, Roberts, Rusche, Rydalch, Sali, Schaefer, Shepherd(2), Shepherd(8), Shirley, Skippen, Smith(30), Smith(24), Smylie, Snodgrass, Stevenson, Trail, Wood

NAYS -- None

Absent and excused -- Chadderdon, Clark, Crow, Ellsworth, Field(23), Mitchell, Nonini, Ring, Saylor, Wills, Mr. Speaker

Floor Sponsor - McGeachin

Title apvd - To Senate

03/16 Senate intro - 1st rdg - to Health/Wel

03/22 Rpt out - rec d/p - to 10th Ord

03/24 10th Ord - ADOPTED - voice vote

Floor Sponsor - Broadsword

Title apvd - to House

03/27 To enrol

03/28 Rpt enrol - Sp signed

03/29 Pres signed - To Secretary of State

## Bill Text

]]]] LEGISLATURE OF THE STATE OF IDAHO ]]]]  
Fifty-eighth Legislature Second Regular Session - 2006

IN THE HOUSE OF REPRESENTATIVES

HOUSE CONCURRENT RESOLUTION NO. 52

BY STATE AFFAIRS COMMITTEE

1 A CONCURRENT RESOLUTION  
2 STATING FINDINGS OF THE LEGISLATURE AND ENCOURAGING THE DEPARTMENT OF HEALTH  
3 AND WELFARE TO PROCEED WITH DEVELOPMENT OF A LONG-TERM CARE OPTIONS COUN-  
4 SELING PROGRAM AS PART OF THE PLANNED AGING RESOURCE CENTER INITIATIVE AND  
5 REQUESTING A REPORT TO THE LEGISLATURE.

6 Be It Resolved by the Legislature of the State of Idaho:

7 WHEREAS, the Medicaid Program in the state of Idaho is unsustainable in  
8 its current form and should be reformed so that eligibility, benefits and  
9 delivery systems match client health needs; and

10 WHEREAS, Medicaid financed long-term care is one of the most expensive  
11 Medicaid benefits and contributes to rapidly increasing Medicaid costs; and

12 WHEREAS, the use of reverse mortgages and similar vehicles for seniors to  
13 finance their own long-term care promotes individual responsibility for long-  
14 term care costs and avoids the need for publicly funded support; and

15 WHEREAS, long-term care options counseling promotes alternatives to Medic-  
16 aid financed long-term care and greater consistency of advice to Idaho  
17 seniors.

18 NOW, THEREFORE, BE IT RESOLVED by the members of the Second Regular Ses-  
19 sion of the Fifty-eighth Idaho Legislature, the House of Representatives and  
20 the Senate concurring therein, that the Department of Health and Welfare is  
21 encouraged to proceed with the development of a Long-Term Care Options Coun-  
22 seling Program.

23 BE IT FURTHER RESOLVED that the Legislature encourages the Department of  
24 Health and Welfare to develop this program as part of the planned Aging  
25 Resource Center Initiative. The Legislature further encourages the Department  
26 of Health and Welfare to provide that, except for necessary personnel and  
27 operating costs excluded by the grant, this initiative be funded by a federal  
28 grant award.

29 BE IT FURTHER RESOLVED that the Department of Health and Welfare is  
30 requested to report the results of this program change to the First Regular  
31 Session of the Fifty-ninth Idaho Legislature along with recommendations for  
32 any further legislative action.

## Statement of Purpose / Fiscal Impact

### STATEMENT OF PURPOSE

RS 16134

This House Concurrent Resolution requests that the Legislature encourage the Department of Health and Welfare to develop a Long-Term Care Options Counseling program as part of the Aging Resource Center initiative. Long-term care options counseling promotes alternatives to Medicaid-financed long-term care. This will result in long-term cost savings to the Medicaid program. The Department of Health and Welfare will report the results of this program to the Legislature along with recommendations for further legislative action.

### FISCAL NOTE

The implementation of the long-term care counseling program will result in savings to the General Fund of \$79,500 in fiscal year 2007.

### Contact

Name: Representative Janice McGeachin  
Phone: (208) 332-1000

STATEMENT OF PURPOSE/FISCAL NOTE

HCR 52

**Attachment C:**

**Steering Committee Purpose**

# **State of Idaho Aging and Disability Resource Center Steering Committee**

## **A. Purpose of the Steering Committee**

The role of the Idaho Aging and Disability Resource Center Steering Committee (IASC) is to advise the Idaho Commission on Aging (ICOA) on the design and operations of the Aging and Disability Resource Center (ADRC). The committee is composed of individuals representing all populations served by the program, including adult individuals who have a disability or a chronic condition, public and private agencies that provide services to individuals served by the program, and government agencies and others participating in the program.

In practice this role is performed by:

- Attendance and participation at the IASC quarterly meetings
- Participation in IASC ADRC five year Strategic Plan Development
- Formal acceptance of the ADRC five year Strategic Plan

## **B. Steering Committee Member Roles and Responsibilities**

- It is intended that the ADRC leverage the experiences, expertise and insight of its committee members
- The IASC members should review the project goals and objectives of the five year plan
- Help balance inconsistent priorities and resources
- Help identify gaps in services or other barriers to functioning fully as an ADRC
- Foster positive communication within and outside of the Committee regarding ADRC progress and outcomes
- Report on ADRC progress to those responsible within their organizations, such as executive management groups or heads of agencies
- Obtain feedback from clients and report to the ADRC on their behalf.

## **C. Steering Committee Meeting Schedule**

The Steering Committee will meet quarterly to review the progress of the strategic plan. It is anticipated that the majority of the committee work will be conducted through email or conference calls.

**Attachment D:**

**Steering Committee Agendas**

*Long Term Care Symposium - Improving Systems of Care*  
*Wednesday, June 10, 2009*  
*The Boise Centre on the Grove*

*Symposium Agenda – draft*  
*Presented by Aging Connections and the Idaho Commission on Aging*

**Wednesday, June 10, 2009**

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8:00 am – 8:30 am    **Registration & Beverages .....Lobby**

8:30 am – 9:15 am    **Welcome and Opening Panel .....The Summit**  
***Where We Are and Where We are Going***

Panel members: David Ishida AoA, Dick Armstrong H & W, Terry Duffin AoA, Carissa Miller BSU, Leslie Clement H & W, Sharon Duncan H & W, Kim Toryanski ICOA

9:15 am – 9:30 am    **Break**

9:30 am - Noon      **Breakout Sessions .....The Glen**  
Round Robin Style  
25 min. each with 5 min. break between  
Please attend all sessions

**Home and Community Based Services Through:**

Session 1    **Health and Welfare**

- Medicaid Aged & Disabled Waiver – Who can it help

Speakers: Melanie Belknap and Susie Cummins

Session 2    **Aging**

- I'm Aging – What Services Are Available

Speakers: Genii Hamilton, Sister Anthony Marie Greving

Session 3    **Veteran's Administration**

- I've Served My Country – What Benefits Are Available

Speakers: David Brasuell

Session 4 **Disability Community**  
• Finding the Right Fit – What’s Ahead For Me  
  
Speakers: Marilyn Sword &

Session 5 **Private Day**  
• What Are My Options  
  
Speakers: Sharon Duncan & Lori Brelia

Noon – 1:30 pm **Lunch Speaker .....The Waters  
*What Other States Are Doing – What Is Working***  
  
Keynote Speaker: Martha Roherty, NASUA

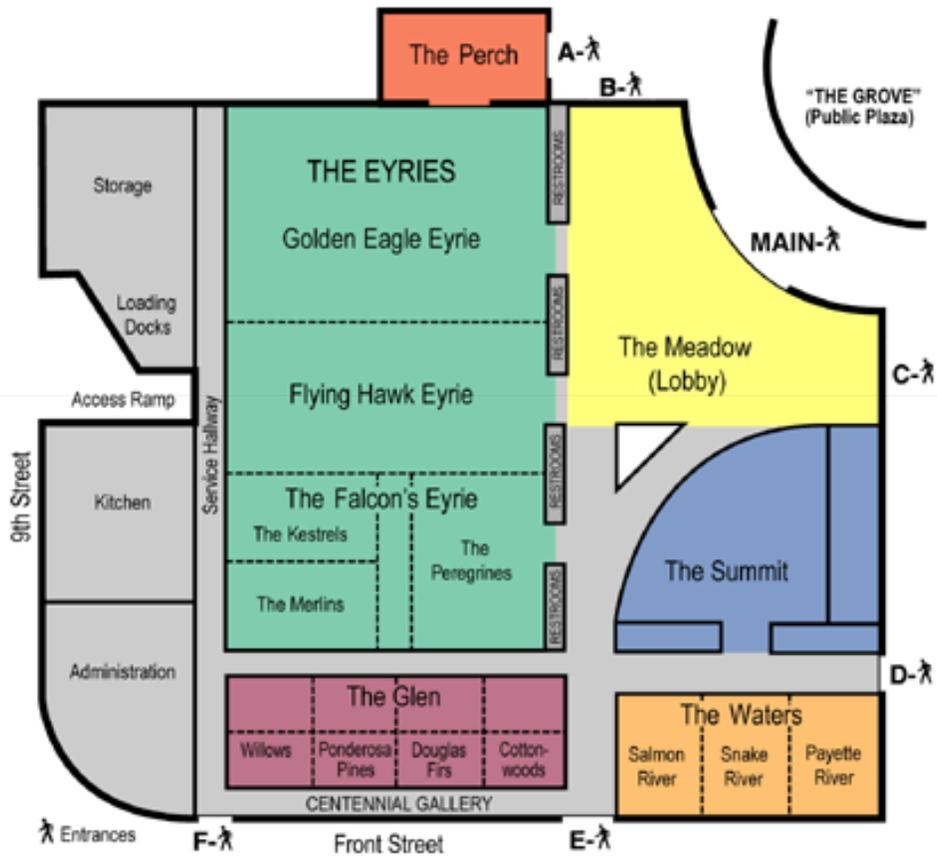
1:30 pm – 2:30 pm **Legislative Panel Session .....The Summit  
*What’s Important to Idaho***  
  
Panel Members:

2:30 pm – 2:45 pm **Break & Refreshments**

2:45 pm – 4:00 pm **Panel Discussion .....The Summit  
*What Are The Challenges We Face***  
Comments and Questions from the audience  
  
Panel Members: Paul Leary H & W, Pearl Bouchard Aging and Adult Services, David Ishida AoA, Terry Duffin AoA, Carissa Miller BSU, Dick Armstrong H & W, Kim Toryanski ICOA, Sharon Duncan H & W

4:00 pm – 4:30 pm **Wrap Up and Next Steps ..... The Summit**  
  
Speaker: Kim Wherry Toryanski, Idaho Commission on Aging

# Map of Facility



# Boise Centre Parking



## Parking Rates:

*First Hour FREE*

All Day: \$12.00

Hourly: \$2.50

## City Centre Garage Designated Event Parking

Corner of 9th and Front Streets,

Entrance on 9th Street

(208) 424-7855

## Hours:

\*6:30 am - 11:00 pm, 7 days a week

on Main and Idaho Streets

(208) 336-1068

## Hours:

Open 24 hours a day, 7 days a week

## Eastman Garage

Main and Idaho Streets, Entrances

on Main and Idaho Streets

(208) 336-2662

## Hours:

Monday - Friday: 6:30 am - 9:00 pm

Saturday: 8:30 am - 9:00 pm

Sunday: Closed

## Additional Parking

### Capitol Terrace Garage

Main and Idaho Streets, Entrances

**IDAHO'S LONG TERM CARE POLICY**  
**ADVANCEMENT STEERING COMMITTEE**

**WEDNESDAY, MAY 5, 2010 9:00 AM – 3:00 PM**

**POWERHOUSE EVENT CENTER**

**621 S. 17<sup>TH</sup> BOISE, IDAHO**

**208-433-0197**

**AGENDA**

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
<b>9:00-9:30</b>	Welcome/Introduction ADRC Overview	Kim Wherry Toryanski, Administrator Idaho Commission on Aging
<b>9:30-11:00</b>	Steps to Transformation	Phil Eastman, Leadership Advisors Group
<b>11:00-12:00</b>	Disease Management Grant Hospital Discharge Grant Quality Assurance Role in ADRC	Jaime Harding, DHW Russ Spearman, ISU Rural Health Dr. Elizabeth Hannah, BSU Community & Environ. Health
<b>12:00-1:15</b>	Lunch and Keynote Speaker "What Is Self Direction"	Roger Howard, Director of Living Independence Network Corp.
<b>1:15-2:30</b>	Vision of ADRC	Phil Eastman
<b>2:30-3:00</b>	Planning the 2010 Long Term Care Symposium	Kim Wherry Toryanski and Phil Eastman



**ADRC  
Long Term Care Policy Advancement Steering Committee  
Planning Session  
August 27, 2010**

**Location: Boise Centre on the Grove 850 West Front Street  
Entrance D - Summit Auditorium**

***Outcomes***

- Review and adopt the ADRC Direction
- Finalize our Charter
- Determine a governance structure and sub-committee membership
- Review the draft strategic plan and provide tactics

***Agenda***

- 8:30 to 9:00 Registration
- 9:00 to 9:15 Welcome-Kim Toryanski in Summit Auditorium
- 9:15 to 9:45 Review the ADRC Direction -Kim Toryanski
- 9:45 to 10:15 Our Charter-Kim Toryanski
- 10:15 to 10:30 Break - move to Waters Room
  
- 10:30 to 11:00 Review Dimensional Strategy and Governance Structure-Phil
  - Structure
  - Sub-Committee Membership
- 11:00 to 12:00 Strategic Plan-Sharon Duncan/ Jody Erickson
  - Tactics-Phil Eastman
- 12:00 to 1:00 Guest Speaker
- 1:00 to 3:45 Strategic Plan (continued)-Sharon / Jody
  - Tactics-Phil
- 3:45 to 4:00 Next Steps



## **Direction**

### **Values**

We believe:

- That demonstrating **dignity** and **respect** for people requires us to facilitate consumer's **access** to and **choice** in their own lifespan care solution
- That **teamwork** built on **trust** will allow us to provide consumers **high quality**, lifespan care services and supports
- That **simplicity, clarity** and **flexibility** must permeate our thinking and our system
- That through **collaborative, proactive** leadership we can build a **sustainable, quality** lifespan care system and supports

### **Purpose**

To improve people's lives through integrated, high quality, consumer driven, lifespan care services and supports.

### **Vision**

To seamlessly integrate lifespan care components into a continuum that provides options for consumers and care-giver that are easy to access and easy to understand.

**Attachment E:**

**Senior Services State Plan ADRC Goals and Objectives**

## Idaho Senior Services Strategic Plan (ADRC specific only)

Below are the Goals, Objective and Strategies identified in the Idaho Senior Services Plan that are specific to the sustainability of the ADRC.

### ICOA GOAL 1

**G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans.**

**Objective 1: Increase outreach efforts to target population.**

<p><b>Strategy 3:</b> Coordinate ADRC outreach information and education resources with other agencies including PERSI in health promotion fairs and outreach events: For example, assisting low-income older minority individuals through Hispanic and Tribal community health fairs, Central District Health immunization events/promotions and senior centers for low-income older individuals, etc.</p>	<p><b>Performance Measure:</b> ICOA coordinates with two programs: SHIBA and Living Well to help distribute ICOA and senior service material.</p> <p><b>Benchmark:</b> Add two new partners per year to help promote ADRC and aging network.</p>
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**Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.**

<p><b>Strategy 1:</b> Modify AoA Options Counseling Standards for Idaho and incorporate into referral procedures and implement through collaboration with the ADRC and Centers for Independent Living (CIL) sites.</p>	<p><b>Performance Measure:</b> 1. No standard criteria for options counseling. 2. ADRCs have not been officially designated. 3. No MOUs between ADRCs and CILs.</p> <p><b>Benchmark:</b> Finalize Option Counseling standards. Officially designate six ADRCs. Have MOUs between ADRCs and CILs.</p>
<p><b>Strategy 2:</b> Provide 211 Careline with ADRC taxonomy and ADRC site referral training to support streamline access for consumers. In particular, strengthen database to cover resources for seniors with limited income.</p>	<p><b>Performance Measure:</b> 1. Initial training with 211 Careline completed. 2. Six month data for 211 Careline was two hundred and eleven calls transferred to AAAs from July to Dec 2011. 3. 211 Careline on website but not other literature.</p> <p><b>Benchmark:</b> Provide annual 211 Careline Training. Promote 211 Careline through ICOA partners and include in literature.</p>
<p><b>Strategy 3:</b> Establish website tools such as the online self-assessment and online MIPPA training and link to other agency directories to sustain ADRC functions. Utilize website tools to generate management report to track progress.</p>	<p><b>Performance Measure:</b> 1. Website tools in place include: interactive map, site survey, Google Analytics, Facebook and Twitter. 2. Resource directory links include: 211 Careline, AAA VI, Community Transportation Association of Idaho (CTAI) and State Independent Living Counsel (SILC) directories.</p>

<p>Target Population: low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, caregivers of individuals with Alzheimer's, and individuals with Alzheimer's.</p>	<p><b>Benchmark:</b> Increase the number of website tools, such as: individual needs assessments and links to other agency directories. Monitor referrals that are being made to AAAs to make sure they are appropriate.</p>
<p><b>Strategy 4:</b> Sustain the ADRC by identifying new partners with mutual benefits: For example Medicaid, CILs, Idaho Legal Aid Services, Transportation etc.</p>	<p><b>Performance Measure:</b> 1. ADRC Steering Committee, 6 AAAs, Veteran's Administration, Centers for Independent living, State Independent Living Counsel, BSU, American Association of Retired Persons, Legal Aid Services, Idaho Council on Developmental Disabilities, Idaho State University, Living Independents Network Cooperation, Department of Insurance, Idaho Department of Health and Welfare.</p> <p><b>Benchmark:</b> Identify benefits for different types of partners. Increase number of new partnerships and inclusion of links to their information on the ADRC.</p>
<p><b>Strategy 5:</b> Increase community awareness of the ADRC by providing "ADRC 101" to organizations such as AARP, Retirement Community Groups, hospital discharge planners, and consumer groups such as Kiwanis, Veterans groups, retired teacher groups, etc. Content will include helpful information about older residents of Idaho, including minority individuals, those with limited English proficiency, and individuals with Alzheimer's.</p>	<p><b>Performance Measure:</b> 1. ADRC 101 education materials created. 2. ICOA provided ADRC 101 training to 211 Careline. 3. AAA have not included ADRC education in local areas.</p> <p><b>Benchmark:</b> ICOA increases ADRC outreach and education. AAA identify ADRC outreach and measures in Area Plans.</p>

<p><b>Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.</b></p>	
<p><b>Strategy 1:</b> Make sure technical Alliance of Information and Referral Systems (AIRS) standards are incorporated into data collection systems: For example, standards for options counseling, assessment tools, directories, key word searches, multi-agency terminology, etc.</p>	<p><b>Performance Measure:</b> 1. Two data collection systems meet AIRS standards: Social Assistance Management Software (SAMS) and Information Referral Software (IRIS).</p> <p><b>Benchmark:</b> Identify other areas that could benefit from AIRS compatibility and make them compliant.</p>
<p><b>Strategy 3:</b> Incorporate senior services offered for tribes in the ADRC resource database to better serve low-income</p>	<p><b>Performance Measure:</b> One tribal resource for Nez Perce is identified on the ADRC website under the "Partners and Resources" page.</p>

minority individuals as well as older individuals with limited English proficiency.	<b>Benchmark:</b> Coordinate with all Tribes to include them in ADRC resource database.
<b>Strategy 4:</b> Utilize consumer evaluation and input for feedback on ease of use and material content of the ADRC website. Engage local consumer groups through AARP and collaborate with ICOA's administrator and commissioners to play a major role in the content and usability of the ADRC services, such as services for individuals with Alzheimer's and their caregivers.	<b>Performance Measure:</b> 1. Customer survey section set up on ADRC site and data is being analyzed.
	<b>Benchmark:</b> Provide semi-annual report to Administrator with corrective action plan if needed.

## ICOA GOAL 2

<b>G2: Strengthen existing home and community-based and evidence-based services.</b>	
<b>Objective 2: Build participation in evidence based-services.</b>	
<b>Strategy 2:</b> Collaborate with the Veterans Administration, Vocational Rehabilitation, local Veterans Administration medical centers and network with AAAs, home health and non-profit organization to implement the Veteran-Directed Home and Community Based Service (VD-HCBS).	<b>Performance Measure:</b> No existing service.
	<b>Benchmark:</b> Coordinating with partnering agencies and applying for grant.

## ICOA GOAL 3

<b>G3: Promote healthy and active life styles for Idahoans.</b>	
<b>Objective 4: Increase health promotion and disease prevention outreach through materials and education.</b>	
<b>Strategy 1:</b> Coordinate the distribution of free community fitness and health programs and technical assistance to low-income seniors through the ADRC website.	<b>Performance Measure:</b> Many senior centers sponsor fitness and health programs, like: Fit and Fall Proof and Wii Bowling. The ICOA will conduct a study of senior centers and identify free fitness programs that are in place as the established baselines.
	<b>Benchmark:</b> Number of programs identified. Build access through ADRC website.

**Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.**

**Strategy 2:** Link to an online transit directory and other transportation resources from the ADRC website. Target Population: low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

**Performance Measure:** 1. Veterans Administration is developing a statewide transit directory. 2. ICOA has linked to transportation resources through the Community Transportation Association of Idaho's website.

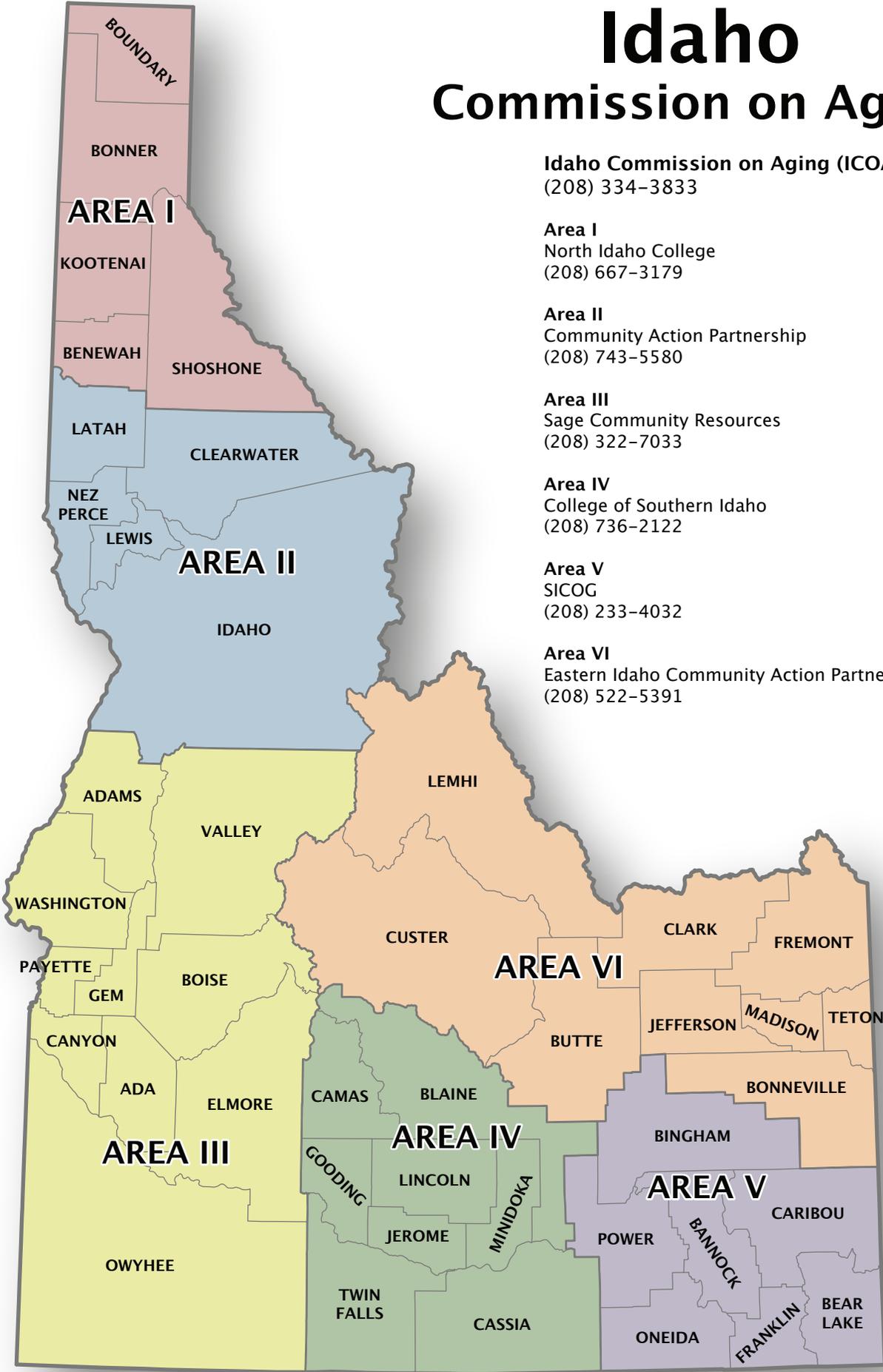
**Benchmark:** Increase state and local links to transportation resources through ADRC website.

**Attachment F:**

**AAA Planning Service Area Map**

# Idaho

## Commission on Aging



**Idaho Commission on Aging (ICOA)**  
(208) 334-3833

**Area I**  
North Idaho College  
(208) 667-3179

**Area II**  
Community Action Partnership  
(208) 743-5580

**Area III**  
Sage Community Resources  
(208) 322-7033

**Area IV**  
College of Southern Idaho  
(208) 736-2122

**Area V**  
SICOG  
(208) 233-4032

**Area VI**  
Eastern Idaho Community Action Partnership  
(208) 522-5391

**Attachment G:**

**Letters of Support**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

NATALIE PETERSON - Bureau Chief  
Bureau of Long Term Care  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 364-1968  
FAX: (208) 332-7283

July 23, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Idaho Department of Health and Welfare, Division of Medicaid is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Idaho Department of Health and Welfare, Division of Medicaid supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

**NATALIE PETERSON**, Bureau Chief  
Bureau of Long Term Care

NP/my



**Idaho State Independent Living Council**

816 West Bannock, Ste. 202 (83702)  
P.O. Box 83720  
Boise, Idaho 83720-9601

July 18, 2012

Sam Haws, Administrator  
The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Administrator Haws;

The Idaho State Independent Living Council is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Idaho State Independent Living Council supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Together we can create a better Idaho for all Idahoans.

Sincerely,

A handwritten signature in blue ink that reads "Robbi Barrutia".

Robbi Barrutia  
Executive Director



State of Idaho  
**DIVISION OF VETERANS SERVICES**  
*"Caring for America's Heroes"*



**C.L. "BUTCH" OTTER**  
Governor

351 Collins Road  
Boise, ID 83702-4519  
(208) 577-2310

**DAVID E. BRASUPELL**  
Division Administrator

July 19, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Idaho Division of Veterans Services is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Idaho Division of Veterans Services supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

A handwritten signature in blue ink that reads "David E. Brasuell".

David E. Brasuell, Administrator  
Idaho Division of Veterans Services



700 W. State St.  
JRW Building  
First Floor West  
Boise, ID 83702-5868  
Phone: 208-334-2178  
1-800-544-2433  
Fax: 208-334-3417

C. L. "Butch" Otter  
Governor

Denise Wetzel  
Chair

Marilyn B. Sword  
Executive Director

July 23, 2012

Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Administrator Haws:

The Idaho Council on Developmental Disabilities is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

The Council firmly believes in collaboration as a key to successful policies and programs. The ADRC model is based on that practice. It requires states to serve consumers across the spectrum – different income levels, various types of disabilities, culturally diverse groups, underserved populations, and the array of paid and natural care givers that may support these populations. The ADRC can serve as a “gateway” to information and options about services, connecting consumers with those that best meet their needs with a focus on maintaining independence in their communities. As such, it will increase access in a user-friendly way.

The Idaho Council on Developmental Disabilities serves on the ADRC Steering Committee, allowing us to provide input and information into the implementation of the ADRC plan in Idaho. We have experience with person-centered planning, having worked with the Center on Disabilities and Human Development at the University of Idaho on a federal CMS grant to develop a training curriculum and provide intensive training to a cadre of individuals across the state who can now be a resource to the ADRC initiative. As part of that grant effort, we also developed a website that provides a searchable database to anyone looking for services in communities across Idaho.

The DD Council also has considerable knowledge about self determination and has worked in partnership with others on designing and implementing self-directed Medicaid long-term care services in Idaho communities. With an increased shift toward this model within the aging community, this has been and will be an asset. Our Council can also help disseminate information regarding the initiative through our website, email list serves, and social media.

As a member of the Idaho ADRC Steering Committee the Idaho Council on Developmental Disabilities supports Idaho’s initiative to develop and implement the ADRC Five Year Strategic Plan and is pleased to be a partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

Marilyn B. Sword  
Executive Director



1878 W Overland Rd  
Boise, ID 83705  
V/TTY (208) 336-3335  
Fax (208) 384-5037

July 30, 2012

Dear Idaho Commission on Aging;

The Living Independence Network Corporation (LINC), a center for independent living, is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee LINC supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

*Roger Howard*

Roger Howard, Executive Director

*An Affirmative Action/Equal Opportunity Employer*

 *Information & Referral*

 *Advocacy*

 *Independent Living Skills*

 *Peer Support*

 *Self-directed Attendant Care*

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

C.L. "BUTCH" OTTER  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

**WILLIAM W. DEAL**  
Director

July 19, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Idaho Department of Insurance is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

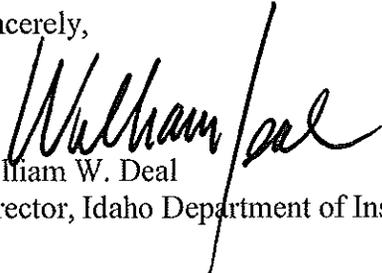
It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

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As a member of the Idaho ADRC Steering Committee the Idaho Department of Insurance supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

  
William W. Deal  
Director, Idaho Department of Insurance





# IDAHO LEGAL AID SERVICES

Administrative Office  
[www.idaholegalaid.org](http://www.idaholegalaid.org)

310 North 5<sup>th</sup> Street  
Boise, ID 83702-5907  
208/336/8980  
Fax 208/342/2561

July 23, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

Idaho Legal Aid Services is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. My firm welcomes this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Idaho Legal Aid Services supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

James Cook  
Deputy Director

#### Area Offices

310 N 5<sup>th</sup> Street  
Boise, ID 83702  
208/345/0106

1104 Blaine Street  
Caldwell, ID 83605  
208/454/2591

410 Sherman Ave, Ste 303  
Coeur d' Alene, ID 83814  
208/667/9559

482 Constitution Way  
Idaho Falls, ID 83402  
208/524/3660

633 Main St., Ste 103  
Lewiston, ID 83501  
208/743/1556

150 S Arthur, # 203  
Pocatello, ID 83204  
208/233/0079

475 Polk St, Ste 4  
Twin Falls, ID 83301  
208/734/7024



# Idaho State UNIVERSITY

## Institute of Rural Health

921 South 8th Avenue, Stop 8174 • Pocatello, Idaho 83209-8174  
ISU-Meridian Health Science Center • 1311 E. Central Drive • Meridian, Idaho 83642

July 23, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Institute of Rural Health at Idaho State University is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Institute of Rural Health at Idaho State University supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,



Russell C. Spearman M.Ed.  
Principal Investigator, Hospital Discharge Model Grant



**AARP Idaho**  
3080 E. Gentry Way  
Suite 100  
Meridian, ID 83642

T 1-866-295-7284  
F 208-288-4424  
TTY 1-877-434-7598  
[www.aarp.org/id](http://www.aarp.org/id)

July 24, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

AARP Idaho is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

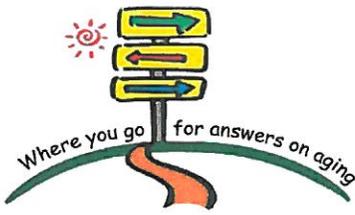
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As a member of the Idaho ADRC Steering Committee AARP supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

Mark H. Estess  
State Director



## Area Agency on Aging of North Idaho

2120 Lakewood Drive, Suite B • Coeur d'Alene, ID 83814  
208-667-3179 • 800-786-5536 • Fax 208-667-5938 • [www.aaani.org](http://www.aaani.org)

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July 18, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Area Agency on Aging of North Idaho is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Area Agency on Aging supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

Pearl Bruno Bouchard, Director



*Community Action Partnership is a catalyst for building relationships that inspire and equip people to end poverty in our community*

124 New 6th Street  
Lewiston, Idaho 83501

PHONE: 208.746.3351 | 1.800.326.4843  
FAX: 208.746.5456

[www.cap4action.org](http://www.cap4action.org)

July 23, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Sam Haws, Administrator

Community Action Partnership/*North central Idaho Area Agency on Aging* is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the *North central Idaho Area Agency on Aging* supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

Jenny Zorens, Director

Community Action Partnership  
North-central Idaho Area Agency on Aging  
124 New 6th Street  
Lewiston, Idaho 83501



# IDAHO COUNCIL OF GOVERNMENTS

*Connecting Business, Community, Government in Southwest Idaho*

125 E. 50TH STREET | GARDEN CITY, ID 83714 | P (208) 322-7033 | (800) 859-0321 | F (208)322.3569

July 24, 2012

The Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Area Agency on Aging *Serving Southwest Idaho* is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

It is our belief that gathering stakeholder perspectives concerning the ADRC functions will lead to the ultimate goal of streamlining access to lifespan supports and services. Such input will be used to seamlessly integrate long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. We welcome this opportunity to collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Area Agency on Aging *Serving Southwest Idaho* supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

A handwritten signature in cursive script that reads "Sarah E. Scott".

Sarah E. Scott, Director



COLLEGE OF  
SOUTHERN  
IDAHO

315 Falls Avenue  
P.O. Box 1238  
Twin Falls, ID 83303-1238  
Phone (208) 736-2122 or Fax 736-2126

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OFFICE ON AGING

July 23, 2012

Raul Enriquez  
Idaho Commission on Aging  
341 W. Washington, 3<sup>rd</sup> Floor  
Boise, ID 83702

Dear Mr. Enriquez:

The College of Southern Idaho's Office on Aging supports the efforts of providing ADRC long term care supports and services information, planning and help for all peoples of Idaho. The Idaho Commission on Aging has worked hard to prepare and coordinate Idaho's ADRC's five year plan, to develop and implement ADRC in Idaho.

We recognize and applaud the ICOA's efforts to build better partnerships with other state organizations. This enhances similar working efforts at the local levels throughout the state.

We will continue to serve on the ADRC Steering Committee and provide ADRC long term care supports and services locally, for people in south central Idaho.

Sincerely,

  
James R. Fields  
Director



P.O. Box 6079 • Pocatello, ID 83205-6079  
Phone: (208) 233-4032  
Fax: (208) 233-4841

*Building Bridges to Communities*

July 3, 2012

**Bannock County**

Arimo  
Chubbuck  
Downey  
Inkom  
Lava Hot Springs  
McCammon  
Pocatello

Sam Haws, Administrator  
Idaho Commission on Aging  
341 West Washington Street, 3<sup>rd</sup> Floor  
Boise, ID 83702

Dear Sam:

**Bear Lake County**

Bloomington  
Georgetown  
Montpelier  
Paris  
St. Charles

The Southeast Idaho Council of Governments/ Area Agency on Aging is excited to be part of this five year plan for the ADRC, especially with Options Counseling and Benefits Counseling. We are happy to participate in the collaborative partnerships which you and your staff have designated in the Plan.

**Bingham County**

Aberdeen  
Atomic City  
Basalt  
Blackfoot  
Firth  
Shelley

The ADRC concept is the wave of the future for traditional aging programs which began in the 1970's. Its evolution could not be at a better time in our history when collaboration with other agencies is critical, and our participation in assisting those elderly and disabled individuals to make those much needed long term support decisions is essential for them to stay in their own home localities.

**Caribou County**

Bancroft  
Grace  
Soda Springs

We look forward to working closely with you and the Idaho Commission on Aging to further this concept of the ADRC in the state of Idaho. Our southeast Idaho area is very rural in nature, and many elderly need support services that cannot be found readily in these remote communities. But through neighborhoods and local medical facilities, through partnerships with grocery stores and public health departments, the basic need for services could be fulfilled. To this end, we will join our agency's vision and mission to the statewide mission and vision as stated in your plan to "seamlessly integrate lifespan supports and services into a continuum that provides options for consumers and caregivers that are easy to access and easy to understand".

**Oneida County**

Malad

Therefore, the Area V Agency on Aging makes a firm commitment to enthusiastically enter as a partner with you to this statewide five year plan for the good of our elderly and disabled in the state and for the betterment of information systems to the client, their families and caregivers.

**Power County**

American Falls  
Rockland

**Japanese American  
Citizens League**

**National Association  
for the Advancement  
of Colored People**

Sincerely,

**Pocatello Central  
Labor Council**

**The Shoshone  
Bannock Tribes**

Area V Agency on Aging  
Director

**Economic & Community  
Development Division**

**Area Agency on Aging**



## EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098  
935 Lincoln Road  
Idaho Falls, Idaho 83405  
(208) 522-5391  
FAX (208) 522-5453  
1-800-632-4813

July 20, 2012

Idaho Commission on Aging  
341 W. Washington  
Boise, Idaho 83702

Dear Idaho Commission on Aging;

The Area Agency on Aging of Eastern Idaho is pleased to write in support of the Idaho Aging and Disability Resource Center Five Year Strategic Plan, which was coordinated by the Idaho Commission on Aging to develop and implement the ADRC initiative in Idaho.

We understand that the development of this plan has been a long process that has involved multiple revisions. We appreciate the efforts of the Idaho Commission on Aging to gather stakeholder perspectives concerning the ADRC functions. This effort will lead to the ultimate goal of streamlining access to lifespan supports and services through integration of long-term services and supports into a continuum that provides options for consumers and caregivers that is easy to access and understand.

The nationwide ADRC initiative requires states to serve consumers of all populations, which includes: different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, and professional or family caregivers. Furthermore, the goal of the ADRC is to serve participants currently receiving both federal and state benefits, such as Veteran's, Older American's Act and Medicaid services and streamline activities between organizations. As an agency with a proud history of providing Older American's Act services to eastern Idaho's seniors, we welcome this opportunity to further collaborate with the Idaho Commission on Aging to ensure quality, well-coordinated care for all Idahoans.

As a member of the Idaho ADRC Steering Committee the Area Agency on Aging of Eastern Idaho supports Idaho's initiative to develop and implement the ADRC Five Year Strategic Plan and agrees to partner in the implementation of the goals.

Thank you for the opportunity to partner in the development of the ADRCs in Idaho.

Sincerely,

A handwritten signature in black ink that reads "Nick Burrows".

Nick Burrows  
Director, Area Agency on Aging  
Eastern Idaho Community Action Partnership



RSVP



**Attachment H:**

**ADRC Objective Timelines**



Goal 3: Provide consumers with access to streamlined eligibility and Options Counseling		2012												2013											
		FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
3.1	Establish Options Counseling program for ADRC sites based on AoA standards.																								
3.2	The committee members will provide input based on national standards																								
3.3	The ICOA will establish a Statewide definition for the roles and responsibilities of Options Counseling																								
3.4	Develop MOUs between AAAs and CILs that identify roles and responsibilities processes																								
3.5	Protocols and procedures for Options Counseling implemented at the local ADRC sites.																								
3.6	Acquire suggested training ideas and provide the AAAs with resources to meet their individual training needs	ONGOING												ONGOING											
3.7	Share documents available on <a href="http://www.aging.idaho.gov/about/documents.html">http://www.aging.idaho.gov/about/documents.html</a> , such as: Medicare Part D, LIS, and MSP.																								
Goal 4: Develop Person Centered Transition Planning		2012												2013											
Key Tasks		FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
4.1	Consistent meetings with PCTP work group.	ONGOING												ONGOING											
4.2	The 211 CareLine will provide the ICOA with the number of consumers referred to the MFP	ONGOING												ONGOING											
4.2	The ADRCs will provide statistics of the number of referrals to MFP	SEMI-ANNUAL REPORT												SEMI-ANNUAL REPORT											
4.3	PCTP Training materials with standardized criteria and processes																								
4.3	Evidenced based PCTP established in two ADRC Sites.																								
4.4	Consumers assisted in evidenced based Person Centered Planning recorded on the Semi Annual Report.																								
Goal 5: Evaluate the effectiveness of the ADRC program and program sites		2012												2013											
Key Tasks		FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
5.1	Website Survey provided and analyzed																								
5.2	Semi-annual progress report that tracks performance of the five components to identify opportunities for improvement																								
5.3	Report findings to steering committee with corrective action plans	ONGOING												ONGOING											