



Innovative Practice

Integrating Information, Training & Access to Services at an ADRC: New Mexico's Experience

Project Overview

New Mexico has integrated access to a number of programs and services through its comprehensive Aging and Disability Resource Center (ADRC), resulting in increased efficiency of services, a “screen-all” system¹ for beneficiaries, and greater access for older persons and younger adults with disabilities to the services and protections they need. State staff dedicated to answering Adult Protective Services Intake Line calls and conducting intakes for the Adult Protective Services program are co-located with other ADRC staff, including Resource Options Coordinators.

APS Intake Unit is co-located with ADRC staff

*New Mexico created a central point of entry for all its aging and disability services through a statewide **Aging and Disability Resource Center**. The APS intake unit is co-located with ADRC staff, and ADRC Resource Options Coordinators are cross-trained to provide APS Intake when needed*

Project Narrative

Key Stakeholders

- **New Mexico's Aging & Long-Term Services Department**
 - **The Consumer and Elder Rights Division**
 - **Aging and Disability Resource Center**
 - **Adult Protective Services Division**

Background

New Mexico's Aging & Long-Term Services Department (ALTSD) operates both the state's Adult Protective Services (APS) Division and the Aging and Disability Resource Center (ADRC) program, which is part of the Consumer and Elder Rights (CERD) Division.

¹ The “screen all” approach means the Resource Option Counselor, using a short reference sheet, checks each inquirer (phone, in office, at events) for eligibility for public benefits, such as LIS and/or MSP. It does not mean that every inquirer is screened for abuse.

The goal of CERD is to maximize the personal choices and independence of older adults, adults with disabilities, and their families and caregivers through providing access to information, assistance, referral, and coordination of resources for activities of daily living. Since all of the Division's services are accessed through the state's ADRC, there is "no wrong door" for persons seeking help. The New Mexico ADRC operates and integrates the full range of state and federal public benefits:

- Medicare
- Medicaid
- Senior Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP)
- Supplemental Nutritional Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicare Part D
- Low Income Subsidy (LIS) "Extra Help," and
- Medicare Savings Programs (MSPs)

The Adult Protective Services Division's goals include a) strengthening APS' capability to respond to the growing numbers of older adults and adults with disabilities or incapacities who are abused, neglected, or exploited; and b) preventing continued abuse, neglect, and exploitation of adults by providing home and community based service interventions to support them to remain safely in their own homes. A current key APS objective involves intensifying outreach to Aging Network providers on how to recognize, report, and prevent adult abuse, neglect, and exploitation.

History

When New Mexico established the ADRC in 2004, it created a single comprehensive database shared by the ADRC, Area Agencies on Aging (AAAs), and local aging services providers. The database makes it possible to connect callers with multiple public and private community-based programs.

The ADRC operates on a "screen-all" approach for benefits, wherein the counselor takes into consideration the consumer's current needs and preferences, and works with the person to support his or her decisions. The ADRC aids Medicare and Medicaid beneficiaries and veterans in navigating their health insurance and long term support service (LTSS) needs.

ADRC

The primary goal in establishing New Mexico's ADRC was to create a more user-friendly system for people seeking assistance. New Mexico's single toll-free number can be advertised in every community, and New Mexico combines outreach for both the ADRC and APS at many community events. Callers can get help with one phone call – the integrated system means they do not have to contact multiple separate entities.



APS

When a person reports a suspected case of adult abuse to the APS Intake Line, located in the ADRC, an APS intake worker, or in some cases a Resource Options Coordinator, conducts the intake and enters the report into the APS system. The report is then transmitted to the appropriate county APS field office. The local APS supervisor reviews the report, determines appropriateness for investigation, prioritizes, and assigns the investigation to an APS caseworker. After-hours, weekend and holiday intakes are handled directly by the APS program.

Coordination

The New Mexico ADRC and the APS Intake Unit share the same space. APS intake staff answers calls to the dedicated APS Intake Line during business hours and enters reports directly into the APS system. ADRC Resource Options Coordinators are cross-trained to provide back-up to APS Intake.

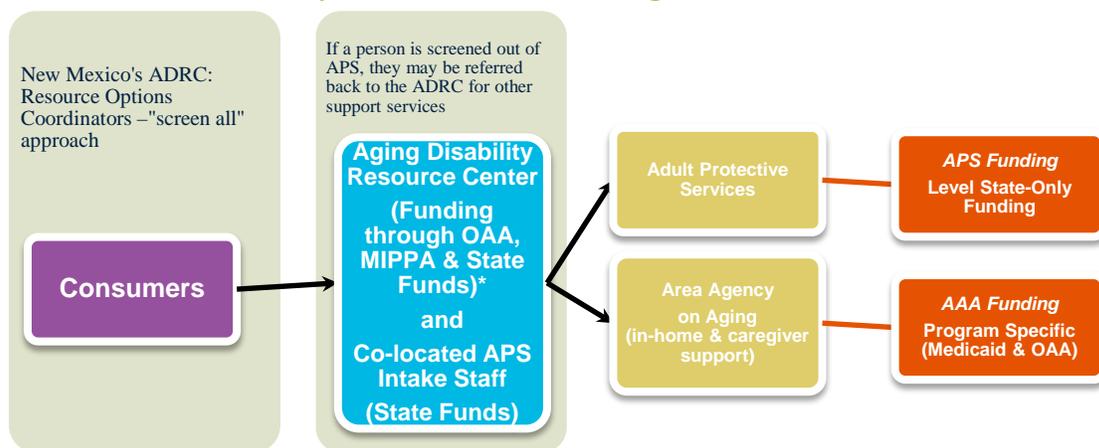
As a part of their 2010 ADRC grant, the ADRC worked with APS to develop criteria that identified screened-out referrals which could be assisted by the ADRC. When a self-neglect report is screened-out of APS (determined not to need or be eligible for it) the APS supervisor may refer the report back to an ADRC Resource Options Coordinator for assistance. The Resource Options Coordinator uses the ADRC database to help the client find other services from which they may benefit. APS caseworkers also refer individuals for whom abuse, neglect, or exploitation are not confirmed, but who may benefit from assistance with locating resources.

Most importantly, the ADRC electronically tracks the services of each individual referred to the ADRC and follows-up with them.

Model

The figure below provides a functional overview of the New Mexico model.

Flow of Calls and Funding Sources



*OAA – Older Americans Act *MIPPA – Medicare Improvements for Patients & Providers Act

Budget

In 2003, New Mexico received \$1.6 million, half from the Administration on Aging and half from the Centers for Medicare & Medicaid Services (CMS), to build their ADRC and also to adopt innovations to improve the effectiveness and efficiency of their Medicaid services.² Together these grants laid the foundation for today's comprehensive ADRC.

In 2011, the ADRC had a \$2.3 million budget and 37 full-time-equivalent staff. About half of the funding was from the state's general fund/Medicaid match, and the rest was from various grants, including those for ADRCs, the Senior Health Insurance Assistance Program (SHIP) and Senior Medicare Patrols (SMPs).

The co-located APS intake staff are paid through the APS budget, which is all state-funded. APS staff are also responsible for all intakes which come in after-hours or on weekends or holidays.

Challenges

Adequate staffing for the APS Intake Line is a challenge, since APS intakes on average require much more time than calls for resource information. When there is turnover within the small APS Intake Unit, cross-trained ADRC call center staff can assist with the APS line if they are available, although they are then pulled away from ADRC calls for significant periods of time. Live response time declines and calls may be dropped when there are not enough intake workers to cover the live call volume. ADRC staff, particularly if they have not had extensive APS training, experience APS calls as very stressful, since cases may involve reports of violence, criminal activity, medical emergencies and callers may be upset or angry.

Flexibility is the Key

The cornerstone of New Mexico's ADRC model is its flexibility. Because the ADRC is made up of several different programs and services, it has greater capacity to respond to people's needs.

² The funding from CMS System Transformation Grant went towards a number of initiatives and only a portion went to building-out the ADRC.



ADRC Services in 2011

- **45,763 Requests for Assistance**
- **11,774 APS Intake (31.3% of call volume)**
- **19,830 Options Counseling services**
- **5,979 Information and Assistance**
- **8,180 Community Assistance**

Project Outcomes

New Mexico’s integrated aging and disability services network, which includes the ADRC, Area Agencies on Aging and Adult Protective Services, has resulted in the following:

- A network focus on persons in the greatest need of community-based, one-on-one counseling: older adults, people with disabilities, low-income people and/or persons with limited English proficiency;
- An emphasis on partnerships with community-based organizations in order to best serve consumers; and
- Enabling individuals to easily access all of the benefits for which they are eligible with one phone call.

The integration of multiple programs in the ADRC also has the potential to streamline administrative processes, thereby reducing state and local costs.

According to the New Mexico 2011 Annual Report on the ADRC, the following have been achieved:

- More people are living safely at home and avoiding costly institutional care
- Money has been saved
- More consumers have been served
- Individual choice is honored
- Consumers have increased access to social services and benefits.

Current Status of Project

The APS Intake Line and Intake Unit staff remain co-located with the ADRC, New Mexico’s single point of entry for aging and disability services. The APS Intake Unit has recently expanded to a staff of six employees, and APS is considering possible options to accommodate on-line reports from law enforcement and health care professionals.

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References

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http://www.nmaging.state.nm.us/pdf_files/ALTSDStrategicPlanSFY2012.pdf

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