

TESTIMONY

FOR THE

Agency Performance Oversight Hearing on Fiscal Year 2011 - 2012

BEFORE THE

COUNCIL OF THE DISTRICT OF COLUMBIA

COMMITTEE ON AGING AND COMMUNITY AFFAIRS

THE HONORABLE MARION BARRY, CHAIR

SUBMITTED BY

Judith Levy, Coordinator

THE DISTRICT OF COLUMBIA LONG TERM CARE COALITION

IN THE COUNCIL CHAMBERS (ROOM 500)

MARCH 8, 2012

Location: John A. Wilson Building

Good morning Chairperson Barry and members of the Committee on Aging and Community Affairs.. My name is Judith Levy and I am representing the District of Columbia Long Term Care Coalition and have been a member of the Coalition since the 1990s. I request that my entire statement be included in the record although in the interest of time, I will only read the highlights. I am pleased to testify regarding the District of Columbia Office on Aging. Today I will focus on the Aging and Disability Resource Center also known as the ADRC.

The DC Coalition on Long Term Care has worked with the DC government for over 16 years to develop and implement home and community care options for low-income DC residents with chronic care needs. Its consumers, advocates and health care providers have assisted in the development and implementation of expanded Medicaid home care; the regulations of assisted living residences and home care agencies and the improvement of the workforce essential to these programs

Single Point of Entry vs. No Wrong Door

The Aging and Disability Resource Center (ADRC) was created by the Administration on Aging and the Center for Medicare and Medicaid services to streamline access for long term care and services. ADRCs currently exist in all 50 states and the District of Columbia. The ADRC was envisioned to be a single point of entry for all DC residents in need of aging and disability services, ensuring that all clients have easy access to all resources available to them, cutting out the confusion and frustration often involved in finding and connecting to assistance. Ideally, clients should be able to call the ADRC, speak to a knowledgeable and helpful worker at the Information & Referrals number, and receive accurate information or referral to either a social worker at the ADRC or to a different agency. However, currently, this process breaks down at multiple points.

First, ADRC workers have not provided consistent, knowledgeable service to consumers. There have been instances of ADRC workers calling Information & Referral at Lead Agencies asking for information about resources when they do not know the answers to client questions. If the ADRC is going to be the entry point for all consumers, caregivers, and professionals looking for disability and aging services, they should be knowledgeable about resources and have the answers. This has been addressed by many ADRCs through the creation and maintenance of a common, comprehensive resource database that both

Lead Agencies and the ADRC can access and use to provide information to clients. As of February 2011, 33 states had comprehensive, state-wide databases that could be accessed online by service providers and consumers alike. Implementing such a database in DC would eliminate conflicting or incomplete information and ensure that the ADRC is aware of all available services in the area.

Another problem that consumers and agencies have encountered with the ADRC is that clients calling for assistance are often sent back and forth and must make several phone calls before they get the assistance they were looking for. Lead Agencies have been encouraged to refer new callers and consumers to the ADRC so that it may serve as the single entry point for services, but in the past this has resulted in clients being referred back to the agency they originally contacted. Clients in need should not have to tell their whole story just to be told that they need to call someone else, and they should not have to make call after call to receive information or a referral for services. Many individuals may simply give up before they find the answers they were looking for.

There are a few solutions that could address this problem and increase efficiency in meeting consumer needs. One recommendation is an integrated phone system, which would allow the ADRC and lead agencies to transfer phone calls with the push of a button. This would cut out the work and frustration for consumers as well as workers at the ADRC and lead agencies. An integrated phone line, especially when combined with a common resource database, would save money, time, and frustration, enhancing the efficiency of service providers and the quality of services provided.

By creating a common resource database and integrating phone lines, the currently failing single point of entry model could easily be transformed into a no wrong door design. Instead of all clients going through the ADRC first, they could call any agency and receive information and referrals. The no wrong door approach has been successful in Massachusetts and expanded upon in Virginia, where another entry point has been added online, increasing the number of ways that consumers can get in touch with the services they need. Creating a no wrong door system would require some cross training and a comprehensive resource database, as mentioned earlier, but would greatly improve our ability to reach consumers in need.

Recommendations

1. Creation of a comprehensive resource database to ensure that all agencies have access to accurate, up-to-date resources.
2. Integration of phone lines to allow the ADRC and agencies to transfer calls with the push of a button, eliminating confusion and frustration among consumers and workers.
3. Transition from a “single point of entry” design to the “no wrong door” model, which would allow consumers to gain access to relevant resources from any entry point, rather than needing to go through the ADRC and being referred back and forth several times before receiving an answer.

Conclusion

The District of Columbia Coalition for Long Term Care would like to thank Chairperson Barry and members of the committee, as well as the District of Columbia Office on Aging for hearing our testimony on the Aging and Disability Resource Center. Overall we have seen improvement in the ADRC over the years, and we applaud them for changing and growing. We believe that there is always room for improvement and hope our recommendations will help the ADRC continue to move forward.