Why a CRC Makes Sense as an LCA

First – What are

- NC Community Resource Connections for Aging and Disabilities (CRCs) are set up to function in counties across the state as **highly visible** and **trusted places** for consumers seeking answers to their long term care issues.

- NC CRCs offer a **uniform point** of entry for access to public long term support programs and benefits where people of all incomes and ages can get information on the full range of long term support options

What a CRC IS NOT …

- A new physical location
- A new organization or a business
- A change in program management, responsibilities or eligibility criteria
- A replacement of existing services

Community Resource Connections

NC CRC

for Aging & Disabilities

s ARE About….

- Strengthening relationships between existing providers through creating formal linkages, partnerships and referral protocols

- Streamlining service access that will limit repeated collection of the same information from consumers seeking long-term support

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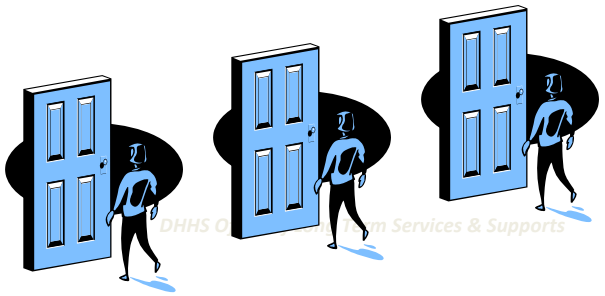
chose "*No Wrong Door*" Model for CRCs

- No Wrong Door (*NWD*) to services means *more than one* entry point or location at the community level.
- The process of access experienced by individuals is uniform across all entry points and consistent in content and quality.
  - ***NWD*** access to public programs ensures that individuals have information they need to make informed decisions and that people reliant on public support are not admitted to a service(s) without information about all of their options.



CRC Target Population

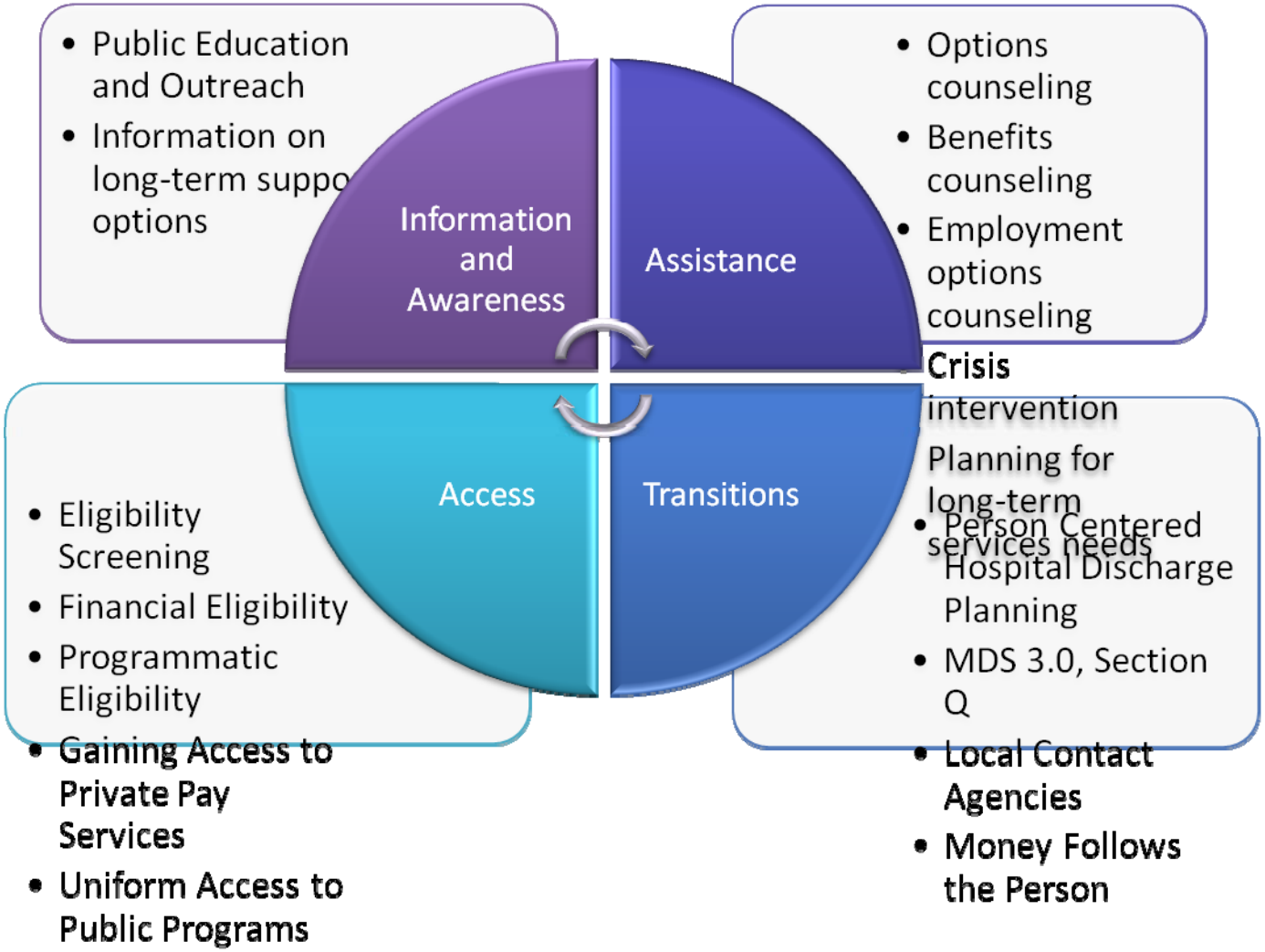
CRCs deliver services, at a minimum, to **older adults** and **their caregivers** and **people (adults 18+) with any disability(s).**

- "Older adults" is defined as 60 and above as specified in the Older Americans Act.
- "Disability" is defined by the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such impairment."

Core Collaborators for CRCs

- Local Aging Services Agencies
- Centers For Independent Living (CILs)
- Vocational Rehabilitation/Independent Living
- Senior Centers
- Community Action Agencies
- Dept. of Social Services
- Area Agencies on Aging (AAAs)
- Local Management Entities (LMEs)
- Hospitals
- Long Term Facilities
- Veterans Administration
- Social Security
- Hospice
- Community Care Network (CCN)

Four(4)Required Community Resource Connections NC CRC for Aging & Disabilities Functions



Collaborative Operating Entity (COE)

- Individual organizations/agencies (whether physical or virtual) making up the CRC Collaborative; the majority of which will be responsible for delivering the required 4 CRC functions (Information and Awareness, Assistance, Access, and Transition Support) on behalf of the CRC Collaborative

Memorandums of Understanding*

- Collaborative Operating Entities (COEs) sign agreements (MOUs) to deliver one or more of the 4 required functions of a CRC
- An agency may sign an agreement (MOUs) to become an "*Affiliate*" to inform others, support and promote the CRC, but <u>not</u> provide any of the required CRC functions

**Note: MOUs may be signed at State, Regional or Local Level with a "Lead" CRC COE*

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And Why does a CRC Makes Sense as an LCA ?

- ✓ Existing or established Relationships with Local Service Providers that could help meet needs of individuals transitioning out of facilities
- ✓ Partnerships (MOUs) with organizations that can help support facility transitions (AAAs, CILs, LMEs, Home Health Agencies, etc.) and local operational procedures
- ✓ Established protocols for providing Options Counseling *(in the works)* and Transition Assistance (LCA Tool Kit)

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More on Why a CRC Makes Sense as an LCA

- ✓ Embraces the Person-Centered Thinking Concept (*required* training for appropriate staff of all CRC COEs)
- ✓ Through CRC Outreach and Education function, can ensure that residents, caregivers and families, as well as health care professionals (discharge planners, nursing home staff, social workers, etc.) are aware of options at long term care decision points

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And….Even More on Why a CRC Makes Sense as an LCA

- ✓ Acting as the LCA that receives and processes information gathered during a face to face visit with a facility resident, the CRC can identify **gaps** in services and initiate dialogue with appropriate stakeholders (example: Community Transition Resource Team) about how to fill these gaps
- ✓ Can break down barriers (*real or perceived*) to community based living by providing facility staff and residents information about the complete spectrum of service available or *not* available in the community.

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