

Community Living Connections (CLC) Information and Assistance Standards

Community Living Connections is part of the federal Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) initiative. The CLC concept is a network of state and community organizations that coordinate to provide consumers of all ages and disabilities with seamless access to private pay and/or publicly funded long-term services and supports (LTSS) options in their local community; regardless of what program or organization they may contact or currently utilize.

Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

Lexie Bartunek Community Living Connections Program Manager
360.725.3548 lexie.bartunek@dshs.wa.gov

TABLE OF CONTENTS

Community Living Connections (CLC) Information and Assistance Standards	1
Table of Contents	2
CLC Organizational Requirements	3
Introduction	3
Structure	3
Code of Ethics	3
Confidentiality.....	3
Mandatory Reporting.....	4
Target Population	4
Introduction	4
Advocacy	4
Program Publicity and Awareness (Outreach).....	4
Client Management System.....	5
Staff Qualifications and Training.....	5
Staff Requirements	5
Continuing Education.....	5
Medicaid Administrative Claiming.....	5
Quality Assurance	5
CLC Service Delivery.....	6
Program functions.....	6
Introduction	6
Structure	6
Accessibility.....	7
Communication Availability	8
Information and Assistance to Access Long Term Services and Supports (LTSS)	9
Introduction	9
Information Giving	9
Assistance.....	9
Case Finding	10
Follow up.....	10
Documentation	10

CLC Organizational Requirements

INTRODUCTION

Washington State's Community Living Connections (CLC) is a statewide integrated system of functions designed to assist older adults with disabilities, family caregivers and advocates to identify, understand and effectively access resources available to them, including long-term service and support options. Services shall be person-centered, and consumer directed; and shall encourage self-efficacy. The goal is to provide information and the opportunity to access resources; to encourage people to proactively plan to meet their own long-term service and support needs; and to solve their own problems with a sense of confidence and empowerment.

Aging and Long-Term Support Administration (AL TSA), under the Department of Social and Health Services (DSHS), supports the statewide Community Living Connections network through the long-standing infrastructure of Area Agencies on Aging.

CLC Programs provided include, but are not limited to: Information Giving, Assistance, Case Finding, Person-Centered interactions, Options Counseling, Care Transitions, Care Coordination, and Resource Directory Management. CLC functions outlined in these standards can be performed within multiple departments of CLC agency including, but not limited to ADRC, Case Management, Community Services, etc. Specific guidelines for these programs can be found in appendices.

STRUCTURE

As a program managed within local Area Agencies on Aging, it is expected that local CLC Providers will follow organizational standards identified within local area planning. CLC Network partners can be either direct Area Agencies on Aging or subcontractors. For more information on agency policy requirements, refer to the AAA Policies and Procedures Manual. [AL TSA - AAA Policy & Procedure Manual \(wa.gov\)](#)

CODE OF ETHICS

CLC agencies must have a written document that establishes fundamental values and professional standards of conduct for staff in their relationships with their colleagues, clients and other providers in the community.

Confidentiality

CLC agencies must have written confidentiality policy that conforms to laws and regulations to protect and safeguard client information contained in paper files and electronic client management system. Agencies will ensure that client information remains confidential in accordance with state and federal law and program requirements.

The client must give the CLC Specialist explicit written or verbal consent for information to be disclosed to another agency or person. Release of information without consent is only permissible only when the CLC Specialist reports suspected abuse, neglect, abandonment and/or exploitation or when the client is in imminent danger to self or others.

Mandatory Reporting

All CLC staff are Mandatory Reporters. More information on mandatory reporting can be found online at <https://www.dshs.wa.gov/altsa/home-and-community-services/mandatory-and-permissive-reporters>.

TARGET POPULATION

Introduction

CLC programs are funded primarily through the Older Americans Act (OAA) and the Senior Citizens Services Act (SCSA). Services for CLC programs should be targeted to older individuals, unpaid caregivers and individual with disabilities with the greatest economic need and the greatest social need, with particular attention to low-income minority individuals, individuals residing in rural areas and frail individuals (including individuals with any physical or mental functional impairment).

Advocacy

System Advocacy may be undertaken to effect changes in public policy relating to the needs of the CLC target population. Actions may be taken by the CLC to seek changes in state and/or community conditions, structures, or institutions when modifications in the service delivery system are required to ensure the adequate availability of essential community services. Such advocacy may include the collection, analysis, and dissemination of data on human services.

All advocacy efforts shall be consistent with written policies established with the CLC Provider organization.

Program Publicity and Awareness (Outreach)

CLC providers are required to engage in outreach activities in their communities to build awareness of the CLC. The purpose of outreach activities is to inform community members, their representatives, service providers and the public about the availability of CLC as a trusted resource in local communities statewide.

The CLC will develop a local CLC outreach plan to build visibility and trust throughout its service area. This plan should be a live document and reviewed every **two years**. The outreach will inform consumers that the CLC as an access point to community-based resources for long term services and supports. Some examples of outreach would include, but are not limited to, mass media, distribution of printed materials, and group presentations. Outreach materials need to include description of the population served, the telephone number of the CLC, the CLC service area, hours and days of operation, and services provided by the CLC. The CLC will offer outreach materials in other languages as needed and able for the service area. The CLC is encouraged to collaborate with community based organizational partners in a shared outreach strategy to increase public awareness of how to access resource options for long term services and supports in the local community.

Washington State's Community Living Connections Marketing Plan can be used as a guide in developing the local marketing plan and can be found in Appendix C.

Client Management System

In October 2014, Washington implemented a new client management system to support the work and reporting integrity of AAA non-Medicaid programs. This information system is called CLC-GetCare. CLC-GetCare includes a client management component for use by AAA's and other aging and disability network partners, reporting functionality and a resource directory with a public-facing self-service website. CLC-GetCare reporting functionality includes features for recording client assessments, service detail, referrals and other components required for a fully functioning network.

AAAs are required to record data at least monthly for Older Americans Act Performance System (OAAPS) reporting and for area planning. OAAPS is hosted by the Administration for Community Living (ACL) to collect and report on the performance of Older American Act (OAA) and state funded network programs. OAAPS data is compiled by the State Unit on Aging (SUA) and provided to ACL every January. OAAPS reporting periods are based on a federal fiscal year of October 1 through September 30.

AAAs are required to use CLC-GetCare to track and report client data. AAAs will also need to validate Resource Directory entries for accuracy. AAA's and service providers may choose to use CLC-GetCare for additional data elements that are available in the system. Any exceptions to documentation within CLC-GetCare must be approved by ALTSA. Additional information and training resources can be found within CLC-GetCare Help Library and in related management bulletins.

STAFF QUALIFICATIONS AND TRAINING

Staff Requirements

Each CLC provider agency shall develop a staffing plan outlining the basic requirements for a functional aging and disability resource center. Details and staffing requirements can be found in Appendix C of these standards.

Continuing Education

CLC Providers must provide continuing education opportunities for staff on a regular basis. These education topics may include, but are not limited to: crisis interventions, disaster planning, managing difficult callers/situations, person-centered conversations, etc. Opportunities can be available in person or online and can be provided by local agencies, ALTSA, Inform USA (formerly AIRS), ACL, other partners. For assistance with training planning and opportunities, CLC providers can reach out to ALTSA CLC Program Manager.

MEDICAID ADMINISTRATIVE CLAIMING

Many of the functions of the CLC are potentially eligible for Medicaid funding under Title XIX as Medicaid Administrative costs. AAAs could claim some match funding to increase services. AAA's who choose to participate in Medicaid Administrative Claiming must follow process outlined in Appendix B.

QUALITY ASSURANCE

Each CLC agency will have identified quality assurance processes that assess the effectiveness of its services, its appropriate involvement in the community and its overall impact on the people it serves. Quality assurance is included in all aspects of the CLC service including, but not limited to, service

delivery, resource database, reports and measures, cooperative relationships, disaster preparedness and organizational effectiveness. The CLC will use its performance and quality data to assess operational effectiveness, enhance decision making, improve accountability, set meaningful goals and strategic objectives and articulate outcomes in key areas of operation.

CLC Service Delivery

PROGRAM FUNCTIONS

Introduction

Program functions include, but are not limited to: Information Giving, Assistance, Case Finding, Person-Centered interactions, Options Counseling, Care Transitions, Care Coordination, and Resource Directory Management, Client and System Advocacy and Follow- ups.

These services may range from simple provision of requested information to person-centered counseling on additional programs and services available for or on behalf of the individual.

Service delivery access should at minimum include by telephone, e-mail, in person at the office, home visits, community presentations, and web-based 24-hour self-service options. Additional access may be available at outstations.

The CLC shall endeavor to find creative, person-centered, and flexible ways to accommodate and make welcome individuals of varied backgrounds, disabilities, and circumstances.

Structure

If there is one single organization designated as the CLC and serving as the single-entry point in a designated area, that one organization must provide or contract with others to provide all the CLC functions for all populations. If there are multiple organizations designated as CLC operating partners providing multiple entry points in a designated area, each organization does not necessarily need to perform every function for all populations. It is the combination of the organization's highly coordinated efforts which results in a fully functional CLC.

1. If an Area Agency on Aging (AAA) chooses to contract for the CLC, the AAA shall include in their area plan a description of how the CLC will be delivered, coordinated, and monitored, and what resources the AAA will provide.
2. An AAA may choose to contract with a service provider for CLC services or administer them directly. Whether choosing direct or subcontracted provision, each AAA shall ensure that a CLC is established and that all CLC functions are part of the locally, regionally, and nationally integrated and collaborative I&R/A service delivery system with adequate funding, staffing, equipment, technology, and administrative support to perform its mandated functions and maintain these Standards.
3. If any CLC service provider provides other services, the CLC will be established as an administratively separate mechanism for service and fiscal reporting, as well as a separate program function, from the other services. In the event these CLC services are provided out of multiple offices, the administrative functions can be centralized.

Accessibility

In accordance with the Americans with Disabilities Act of 1990 (ADA), the CLC will ensure equal access to services for individuals with disabilities. It will also ensure that services and supports are culturally and linguistically appropriate for both consumers and stakeholders. To meet these requirements, the following minimum criteria will be met:

1. All CLC service providers must provide an accessible and designated space where client interviews and family conferences can be conducted in private.
2. CLC services will be provided free of charge to members of the target population(s). Program donations may be accepted and used in accordance with Aging and Long-Term Support Administration (AL TSA) policy.
3. All agencies providing CLC services must maintain the capability to assist persons who speak and/or correspond in a language other than English. Since CLC does not generally authorize direct services, family interpreters may be used if requested by the individual and available. For those without this resource, this will be accomplished through bi-lingual staff, access to language line telephone services and/or interpreter services, or community interpreters. Similarly, all CLC providers will maintain the capability to provide services to people with vision, speech, hearing, or other communication-related challenges. If CLC's specializing in serving specific populations are available, refer to consumers to them when appropriate.
4. The physical office site(s) will have prominent and appropriate signage, will be accessible by public transportation where available, will be accessible to people with mobility-related issues, and home visits shall be provided as necessary or appropriate to the service and circumstances.
5. All agencies providing CLC services must be conversant with regionally relevant cultural differences and take them into account when delivering services. If a culturally distinct entity (e.g. Native American tribe) provides information and assistance, the AAA or its subcontracted CLC entity will coordinate training, resource updating, etc. as may contribute to the effectiveness of both programs.
6. All agencies providing CLC services must maintain the capabilities to assist clients seeking services via telephone, e-mail, postal mail, internet, walk-in, and home visits when necessary. The capacity to serve clients who require a home visit may be served through referral to AAA Non-Core Case Management; or cases where formal agreements exist, through appropriated community partners providing professional case management services.
7. CLC services may also be provided to the community in a variety of other ways including, but not limited to:
 - a. Established presence at community facilities, such as Senior Centers, community centers, libraries, medical centers or other community locations where inquirers are helped face-to-face (Outstation);
 - b. Participation in a local case management or service provider collaborative.
 - c. Co-location of one or more services and/or community/state partners within one physical location.
 - d. Availability for the public to visit the CLC facility to access the statewide CLC website and resource database or make its information about community resources available through community-based kiosks or similar gateways.

Communication Availability

Through either the telephone or electronic communication options, consumers should be able to confidentially share their stories, contact staff and receive online or in-person assistance. See below for documentation requirements.

1. Telephone Service:

- a. The CLC program must have suitable telephone service to successfully perform the activities for which it is responsible, including but not limited to information-giving, service referrals, screening to determine the need for more extensive services, and assistance. This will include access to Washington Relay services and other necessary telecommunications resources.
- b. There must be sufficient telephone lines so that the CLC staff can call out and people can call in without getting a frequent busy signal or voice mail. If queuing is utilized, there shall be periodic reviews to determine the average length of time in queue and whether additional steps need to be taken to reduce the waiting time.
- c. If the CLC service cannot be reached without a charge, agency must provide reference to statewide toll-free telephone number. Collect calls from people seeking services will be routinely accepted.
- d. If the CLC service does not have 24-hour telephone coverage, the CLC service provider must implement one of the following:
 - i. Contract with an answering service, specifying the information that the service is to give, gather and maintain, including referrals to crisis services providers.
 - ii. Develop a formal, written agreement with another organization to handle crisis calls after CLC working hours and provide training to the staff of this organization so they can effectively deal with older persons and crises.
 - iii. At a minimum, maintain answering machines/voicemails indicating normal office hours for the service, directing the caller to a source(s) for crises and/or emergencies, and having the capability for inquirers to leave messages. All messages must be responded to within 3 business days.

2. Electronic Communication Service:

- a. The CLC will have adequate means to receive email or online requests for CLC services
- b. Each CLC will develop a plan for how it will manage online requests for one-on-one and confidential communications and assistance in accordance with applicable federal and state laws and contractual obligations.
- c. The CLC will conduct an initial response/contact to the requestor within 3 business days, and will provide alerts about the agency's holidays, furloughs, etc.
- d. Each CLC will track receipt and progress of online requests.

3. Other Communication Services

- a. Other communication services that may be used by CLC's could include texting, social media (Facebook, Twitter) and post mail.

INFORMATION AND ASSISTANCE TO ACCESS LONG TERM SERVICES AND SUPPORTS (LTSS)

Introduction

CLC staff can provide information giving and/or access assistance, as requested, by the older adult, individual with a disability, unpaid caregiver, or representative of the individual (hereafter referred to as the consumer) to understand and/or access resource options for long term services and supports in their local community. This information given and/or access assistance support could be short or long process depending on the direction from the consumer and availability of funding to provide such support. If this function is not performed directly by CLC staff, the CLC should have appropriate referral protocols in place to support individuals in accessing this support from other sources. Whenever confidential information is to be shared with another entity, the consumer's verbal consent shall be confirmed, and documentation maintained by the provider in accordance with the DSHS record retention schedule. At all times, self-efficacy, self-determination, and independent follow through of the consumer shall be respected and encouraged. Each consumer is offered a follow-up contact. Through follow-up, consumers can help CLC staff in identifying barriers to accessing resources to long term services and supports, identify resources for LTSS the consumer was able to successfully access, and pinpoint any additional needs a consumer may have.

Information Giving

The purpose of information giving is to provide the consumer and/or their representative(s) with enough information to enable them to locate and obtain needed resources to LTSS in the local community without additional assistance from CLC staff.

1. Objective information on multiple referral options for resources for LTSS in the local community, both public and private pay, will be described and access information provided.
2. Consumers will be encouraged to call back to the CLC if resource and/or referral information proves to be incorrect and/or if further clarification is needed or additional needs for resources are identified.
3. If the simple provision of information giving is not enough to enable the consumer to access needed resources for LTSS, the CLC staff shall provide access assistance to resources for LTSS.

Assistance

The purpose of assistance is to help the consumer to obtain a needed resource. Assistance is provided when the consumer is unable to access the resource on their own and has no informal supports able and willing to act on their behalf. Assistance is a function of the CLC if the consumer will not receive Case Management services.

Assistance may be provided over the telephone, in the field or in the CLC office, as appropriate.

Assistance may include such activities as completing a form, navigating application for long term services and supports, providing housing options and access as needed, providing transportation options and access as needed, etc.

Case Finding

Case Finding is a combination of methods used to identify and connect with individuals who are interested in and/or could benefit from CLC services. A CLC will develop case finding strategies that prioritize individuals at risk of entering institutional care; minorities, especially those who are low-income; individuals with limited English proficiency; individuals with dementia, and individuals who are socially or geographically isolated.

1. The person making the referral can request to remain anonymous.
2. Once a referral is received, it is the responsibility of the CLC to contact the individual referred within three business days.

Follow up

Follow-up is an essential component of providing access and assistance and should be offered to each consumer served. Through follow-up, consumers can help CLC staff in identifying barriers to accessing resources to long term service and supports, identify resources for LTSS the consumer was able to successfully access, and pinpoint any additional needs a consumer may have.

1. Some examples of scenarios to offer a follow-up contact with the consumer could include:
 - a. To gauge the successful completion of LTSS referrals agreed to made by the consumer
 - b. To offer further assistance with application and eligibility processes and confirm receipt by the application by the organization; and
 - c. Quality Assurance of the identified unmet needs of the consumer and the access assistance provided; and
 - d. Follow up appointments requested by the consumer with CLC staff
2. On follow-up, should the original referrals prove unsuccessful, CLC staff will identify substitute resources and referrals if they are available and make another follow up contact as needed

Documentation

Documentation is an essential part of CLC work for the network to be able to show the work to federal partners.

1. All documentation of Information Giving/Access Assistance and Follow Up, including contact attempts, follow-up contacts, call outcomes, and any next steps shall be maintained by the provider in accordance with the DSHS record retention schedule. The recording of service provision shall be provided in CLC-GetCare to OAAPS standards.
2. Contacts documented in the I&A Module will include a call outcome and contacts documented in the CLC Set Module will include a signed progress note by CLC staff.
3. Alternative documentation process must be approved by ALTSA CLC Program Manager.
4. Specific documentation user guides/manuals can be found in the GetCare Help Library.