NATIONAL INFORMATION AND REFERRAL SUPPORT CENTER

I&R/A Services in Changing Times
August 26, 2019
The National I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

- Technical Assistance Webinars
- Training: Online training; AIRS certification training; and Train-the-Trainer
- Distribution list for sharing information and resources (to sign up, visit [http://www.nasuad.org/community-opportunities/stay-informed](http://www.nasuad.org/community-opportunities/stay-informed))
- National surveys of Aging and Disability I&R/A Networks
- National training events – like today’s Intensive!

Certification Training (CRS-A/D) and Exam Preparation

- Offered every year at one or more national conferences
  - 2019 National Home and Community Based Services Conference – CRS-A/D training is tomorrow!
- Offered in partnership with aging/disability agencies
  - In-person for groups of 15 or larger
  - Can include exam proctoring
- Offered by webinar

CRS-A/D Train-the-Trainer (T-t-T) Initiative

- Working to build the capacity of agencies to train their staff
- Includes access to a training curriculum and materials
- Training for trainers is offered at national conferences – including the 2019 HCBS Conference – and over the phone/webinar to interested parties

Online training through NASUADiQ – our online learning center
Online Classes about Aging and Disability Programs, Resources and Services

NASUAD iQ
www.nasuadiq.org
ONLINE LEARNING CENTER
Available NASUADiQ Courses

- Adult Protective Services
- Affordable Housing for Older Adults and People with Disabilities
- Certification for Community Resource Specialists in Aging/Disabilities (CRS-A/D) Training
- CRS-A/D Train the Trainer
- Developing Cultural Competence to Serve a Diverse Aging Population
- Disability for I&R Specialists
- Essential Components of the Aging I&R/A Process
- Introduction to Elder Abuse
- Introduction to the Independent Living Movement
- Medicaid 101: What You Need to Know
- Medicaid Managed Care 101
- The Role of MIPPA: Helping Older Adults and Individuals with Disabilities Afford Medicare
- Strengthening Cultural Competence in I&R/A Work with Asian American and Pacific Islander (AAPI) Older Adults
- Strengthening Disability and Cultural Competence in I&R/A Work with People with I/DD and their Families
Training Webinars for I&R/A Professionals

Recent webinars:

- Promoting Access to Transportation Options with the National Aging and Disability Transportation Center (June 25, 2019)
- The Role of Home Modification in Promoting Aging in Place and Community (May 16, 2019)
- Assistive Technology Act Programs: Improving Access to AT for People of All Ages (April 23, 2019)
- An Introduction to the Independent Living Movement (March 20, 2019)
- Status and Trends in Public Financing of Supports and Services for People with Intellectual and Developmental Disabilities (Feb. 27, 2019)
- Findings from the 2018 National Survey of I&R/A Agencies (Jan. 9, 2019)
- Coming up! Webinars on Alzheimer’s Disease: Communication and Challenging Behaviors; Benefits Outreach; CRS-A/D Certification Training; Medicare Basics

National Survey of I&R/A Professionals in Aging and Disability Networks:

- Developed and administered by NASUAD in partnership with the National Council on Independent Living (NCIL)
- Designed to reflect the changing landscape of aging and disability I&R/A programs
- 2018 survey captured trends, developments, challenges, opportunities, and promising practices from the perspectives of state agencies, AAAs, ADRCs, CILs, nonprofit human service organizations, and national organizations
Funding and Sustainability Remain Significant Concerns for I&R/A Agencies

I&R/A Professionals are Serving More Individuals with Multiple and Complex Needs

The Roles of I&R/A Professionals Continue to Expand

The No Wrong Door (NWD) Model is Playing a Growing Role in Consumer Access to Information and Services

Changing Expectations for Effective Service Delivery Support a Focus on Training and Quality Assurance

Diverse Modes of Consumer Access to Information and Assistance are Emerging in I&R/A Practice
I&R/A services in changing times: Serving more people with complex needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of Respondents (N=344)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with multiple and complex needs</td>
<td>80%</td>
</tr>
<tr>
<td>Individuals age 60 and older</td>
<td>60%</td>
</tr>
<tr>
<td>Individuals experiencing homelessness or housing instability</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals age 80 and older</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals with mental health conditions</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals with Alzheimer’s and related dementias</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals with disabilities under age 60</td>
<td>50%</td>
</tr>
<tr>
<td>Caregivers</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals reporting suspected elder abuse, self-neglect, financial exploitation, etc.</td>
<td>50%</td>
</tr>
<tr>
<td>Individuals with substance use disorders</td>
<td>50%</td>
</tr>
<tr>
<td>Veterans</td>
<td>50%</td>
</tr>
<tr>
<td>Transition-age youth</td>
<td>50%</td>
</tr>
</tbody>
</table>

Legend:
- Serving more
- Serving about the same
- Serving fewer
- Serving none
I&R/A services in changing times: Frequently requested services

Most Frequently Requested Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent of Respondents (N=353)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing assistance</td>
<td>42%</td>
</tr>
<tr>
<td>Transportation</td>
<td>38%</td>
</tr>
<tr>
<td>Financial assistance programs</td>
<td>29%</td>
</tr>
<tr>
<td>Homemaker services</td>
<td>24%</td>
</tr>
<tr>
<td>Personal care</td>
<td>19%</td>
</tr>
<tr>
<td>Health insurance counseling</td>
<td>17%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>16%</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>15%</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>14%</td>
</tr>
<tr>
<td>Case management</td>
<td>13%</td>
</tr>
<tr>
<td>Home modifications</td>
<td>12%</td>
</tr>
<tr>
<td>Food assistance</td>
<td>11%</td>
</tr>
<tr>
<td>Medicare</td>
<td>11%</td>
</tr>
<tr>
<td>Independent living skills</td>
<td>10%</td>
</tr>
<tr>
<td>Legal or advocacy services</td>
<td>10%</td>
</tr>
<tr>
<td>Care Transitions</td>
<td>9%</td>
</tr>
<tr>
<td>Dental care</td>
<td>9%</td>
</tr>
<tr>
<td>Congregate meals</td>
<td>8%</td>
</tr>
<tr>
<td>Respite care</td>
<td>7%</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>7%</td>
</tr>
<tr>
<td>Prescription drug assistance</td>
<td>5%</td>
</tr>
<tr>
<td>Employment</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percent of Respondents
I&R/A services in changing times: Unmet service needs

**Most Frequent Unmet Service Needs**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent of Respondents (N=343)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assistance</td>
<td>60%</td>
</tr>
<tr>
<td>Transportation</td>
<td>50%</td>
</tr>
<tr>
<td>Dental care</td>
<td>40%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>30%</td>
</tr>
<tr>
<td>Home modifications</td>
<td>20%</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>10%</td>
</tr>
<tr>
<td>Homemaker services</td>
<td>10%</td>
</tr>
<tr>
<td>LTC/LTSS funding</td>
<td>10%</td>
</tr>
<tr>
<td>Respite care</td>
<td>10%</td>
</tr>
<tr>
<td>Personal care</td>
<td>10%</td>
</tr>
<tr>
<td>Adult day services</td>
<td>10%</td>
</tr>
<tr>
<td>Employment</td>
<td>10%</td>
</tr>
<tr>
<td>Care Transitions</td>
<td>10%</td>
</tr>
<tr>
<td>Family caregiver support</td>
<td>10%</td>
</tr>
<tr>
<td>Health care services</td>
<td>10%</td>
</tr>
<tr>
<td>Veterans Assistance</td>
<td>10%</td>
</tr>
<tr>
<td>Food assistance</td>
<td>10%</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>10%</td>
</tr>
<tr>
<td>Health insurance</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
<tr>
<td>Elder abuse/exploitation</td>
<td>10%</td>
</tr>
<tr>
<td>Benefits Analysis/Assistance</td>
<td>10%</td>
</tr>
<tr>
<td>Health insurance counseling</td>
<td>10%</td>
</tr>
</tbody>
</table>
I&R/A services in changing times: Unmet and complex needs

With less funding for community services, and high unmet needs, individuals are turning to I&R/A programs.

“Unmet needs are prompting multiple calls for assistance with hopes of a different answer.”
I&R/A services in changing times: Enhanced job responsibilities for complex needs

Job Responsibilities in Addition to I&R/A

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Percent of Respondents (N=308)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community outreach and education</td>
<td>90%</td>
</tr>
<tr>
<td>Consumer advocacy</td>
<td>80%</td>
</tr>
<tr>
<td>Eligibility screening and/or determination</td>
<td>60%</td>
</tr>
<tr>
<td>Supervision/management</td>
<td>50%</td>
</tr>
<tr>
<td>Resource database management</td>
<td>45%</td>
</tr>
<tr>
<td>Person-centered counseling/planning</td>
<td>40%</td>
</tr>
<tr>
<td>Options Counseling</td>
<td>35%</td>
</tr>
<tr>
<td>Peer support</td>
<td>30%</td>
</tr>
<tr>
<td>Case management/service coordination</td>
<td>25%</td>
</tr>
<tr>
<td>SHIP counseling</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
</tbody>
</table>
I&R/A services in changing times: Training for multiple job responsibilities
I&R/A services in changing times: Professionals in their own words…

- I find that **I&A and options counseling are connected** and more often than not, I am performing both duties.

- We have stopped using the term Options Counseling in our titles but we continue to do what we call "**enhanced I&R/A.**"

- Calls are getting very detailed and lengthy - often taking 2-3 hours upon initial contact to even begin to assess the situation and then hours and weeks for follow up.

- We are doing **more case management** than we have in the past...

- Increased responsibilities due to position cuts. **Higher acuity of I&A calls**, such as homelessness, elder abuse...

- Job responsibilities have greatly increased in application assistance for public benefits due to office closures and automated phone lines.

- Option Counseling and person-centered models **take more time**.
Changing Times...
Systems of Consumer Access to LTSS: Federal Milestones

- **1973**: I&R becomes a core service of the aging network under amendments to the OAA.
- **1973**: Social Security Act incorporates the Medicaid HCBS waiver program at Section 1915(c).
- **1978**: CILs must offer I&R services under amendments to the Rehabilitation Act.
- **1981**: Olmstead Decision affirms the right of individuals with disabilities to live in the community.
- **1999**: AoA/CMS partner with Veterans Health Administration and encourage states to serve veterans through ADRCs.
- **2003**: Administration for Community Living is established and includes the Administration on Aging, Office on Disability, and the Administration on Intellectual and Developmental Disabilities.
- **2008**: Affordable Care Act allocates $50 million to ADRCs over five years and creates the Balancing Incentive Program (BIP); BIP requires participating states to establish NWD systems of access to LTSS.
- **2009**: NCIL hires an ADRC coordinator to help identify opportunities for collaborating with local ADRC network; ACL defines ADRC core components.
- **2010**: ACL, CMS, and VHA fund first NWD planning grants to 25 states.
- **2011**: ACL, CMS, and VHA define key elements of a NWD system of access to LTSS and award NWD system grants to 13 states.
- **2012**: CMS releases NWD Medicaid Administrative Claiming Guidance.
- **2014**: ACL, CMS, and VHA define key elements of a NWD system of access to LTSS and award NWD system grants to 13 states.
- **2015**: ACL releases a NWD Medicaid Administrative Claiming Workbook and Toolkit to build on CMS’ NWD Medicaid Administrative Claiming Guidance; ACL awards grants to 10 states to quantify the return on investment of NWD systems.
- **2016**: ACL and CMS launch the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) to help states, tribes, and territories implement person-centered practices and systems.

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**Key Events:***
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I&R/A services in changing times: The role of consumer access systems

Most respondent agencies lead, partner with, or oversee an ADRC(s), and half of respondent agencies participate in a No Wrong Door (NWD) system initiative. The influence of the NWD model is reflected in areas such as:

- The provision of *person-centered* training, counseling and planning
- The evolution of ADRC networks into NWD systems
- The development of *state and/or statewide* systems and infrastructure
- The broadening of partnerships and referral networks

“NWD has impacted areas of staff training on person-centered counseling, data sharing, electronic referrals, partnerships and referral networks.”

“We are growing the ADRC to become the state’s No Wrong Door which includes one toll-free number, a consumer database, a provider database and website to link consumers into the system of long-term services and supports.”
I&R/A services in changing times: Participation in NWD system initiatives

Participation in a NWD System Initiative by Agency Type

- **Yes**
  - State Agency Aging (n=38)
  - Area Agency on Aging (n=122)
  - Aging and Disability Resource Center (n=32)
  - Center for Independent Living (n=84)
  - Other Non-Profit Organization (n=49)

- **No**
  - State Agency Aging (n=38)
  - Area Agency on Aging (n=122)
  - Aging and Disability Resource Center (n=32)
  - Center for Independent Living (n=84)
  - Other Non-Profit Organization (n=49)

- **Do not know**
  - State Agency Aging (n=38)
  - Area Agency on Aging (n=122)
  - Aging and Disability Resource Center (n=32)
  - Center for Independent Living (n=84)
  - Other Non-Profit Organization (n=49)

- **My state/community does not have a NWD system initiative**
  - State Agency Aging (n=38)
  - Area Agency on Aging (n=122)
  - Aging and Disability Resource Center (n=32)
  - Center for Independent Living (n=84)
  - Other Non-Profit Organization (n=49)
I&R/A services in changing times: Participation in veteran-directed care

Participation in a Veteran-Directed HCBS Program by Agency Type

- Yes: Becoming a VD-HCBS provider (or subcontractor) is in development
- No
- Do not know

State Agency (n=38)
Area Agency on Aging (n=117)
Aging and Disability Resource Center (n=30)
Center for Independent Living (n=82)
Other Non-Profit Organization (n=48)
Stay Up to Date with Us!
Friday Updates Newsletter

May 3, 2019

In This Issue
* NASUAD: Role of Home Modification in Promoting Aging in Place and Community
* NASUAD: New Brief on Connecting Clients to Benefits
* NASUAD: Directory of ACL National Resource Centers
* NASUAD: Now Seeking Summer Interns!
* NASUAD: New Mailing Address Coming May 1st
* NASUAD: Updates on the 2019 HCBS Conference
* HCBS Clearinghouse: Supports and Tools for Elder Abuse Prevention
* ACL: New Opioids and TBI Grantees Brief
* CMS: Medicaid Rule on Reassignment of Provider Claims

From NASUAD

The Role of Home Modification in Promoting Aging in Place and Community
The National I&R Support Center at NASUAD will host a webinar on The Role of Home Modification in Promoting Aging in Place and Community. This webinar is scheduled for Thursday, May 16, from 3:00 p.m. to 4:00 p.m. ET.

As part of an Administration for Community Living (ACL)-funded project focused on home modification, NASUAD and the University of Southern California (USC) Leonard Davis School of Gerontology invite you to this webinar on the role of the home in promoting aging in place and community. Learn the fundamentals of home modification, different types of agencies and funding sources that offer home modification services and obtain practical skills to use when an older adult or caregiver needs to address fall and safety hazards in the home.

- Free weekly e-newsletter
- National, federal and state updates on a broad range of topics pertaining to aging and disability policy and services
- Over 10,000 recipients!

- Sign up at www.nasuad.org
Nanette Relave, I&R Support Center Director
nrelave@nasuad.org
202-898-2578
National Council on Independent Living
The Independent Living Network

• Local: Centers for Independent Living
• State: Statewide Independent Living Councils, Associations
• National: National Council on Independent Living
• Federal: Independent Living Administration (ACL/HHS)
The Independent Living Network

- CIL Core Services
  - Information & referral
  - Independent living skills training
  - Advocacy
    - Individual
    - Systems
  - Peer counseling
  - Transition
    - From nursing facilities and other institutions to community-based residences
    - Assisting individuals to avoid institutional placement
    - Transition of youth with significant disabilities from secondary education to postsecondary life.

- Additional services (vary by community needs)
Resource: CIL/SILC Directory

The National Council on Independent Living (NCIL) is the longest-running national cross-disability, grassroots organization run by and for people with disabilities.
NCIL’s Structure

- Diversity Committee
  - Women’s Caucus
  - Youth Caucus
  - Queer Caucus
- International Committee
- Executive Committee
- Finance Committee
  - Resource Development
- Human Resources Committee
  - Annual Conference
  - Membership & Nominating
- Regional Representatives Committee
- President’s Task Forces
  - Outcome Measures Task Force
  - Parenting Task Force
  - Electronic Visit Verification Task Force
  - Chronic Pain/ Opioids Task Force
- Legislative & Advocacy Committee
  - ADA / Civil Rights Subcommittee
  - ADRC
  - Education & IDEA
  - Emergency Preparedness
  - Employment- Social Security
  - PAS/Healthcare
  - Housing
  - Mental Health
  - Rehab Act & IL Funding
  - Technology
  - Transportation
  - Veterans
  - Violence & Abuse Task Force
  - Voting Rights Task Force
NCIL’s 2019 Top 10 Legislative Priorities

• Rehabilitation Act/ Independent Living Funding
• Housing
• Personal Assistance Services/ Healthcare
• Civil Rights/ Americans with Disabilities Act
• Transportation
• Mental Health
• Social Security/ Employment
• Voting Accessibility
• Violence & Abuse
• Education
Resource: 2019 Legislative & Advocacy Priorities Guide

For more information:

www.ncil.org/press-room

Legislative & Advocacy Priorities Guide
Resource: Upcoming Events

Upcoming Trainings

IL Partnership with Disability Advisory Councils, Boards, and Commissions- September 10, 2019

Planning for Success – Effective Resource Development and Statewide Independent Living Councils- September 17, 2019

Using Consumer Satisfaction Feedback for Program Improvement- Summer 2019

All upcoming trainings:
www.ncil.org/annual-conference/training/

Training archives can be found here:
www.ilru.org/training-on-demand
Update/Upcoming Event: Provider Accessibility Initiative

• Session on Wednesday at 2:45
• Continuation of 2018 initiative
• Three new states for 2019: FL, KS, NM (2018: IL, TX, OH)
• Competitive grants to support removal of disability access barriers at provider locations
Resource: Visitability.org

- New website hosted by NCIL
- Visitability requirements
  - One zero-step entrance
  - Doors with 32 inches of clear passage space
  - One bathroom on the main floor you can get into in a wheelchair
- Eleanor Smith Inclusive Home Design Act

www.visitability.org
Resource: National Organizing Project

• Effort to advance direct action in support of disability rights and community living
• www.ncil.org/nop
• Webinars:
  • Advocacy: We CAN do it!
  • The Art of Negotiation – Closing the Deal
Resources: Civic Engagement

- Achieving Accessibility for Election Websites and Sample Ballots: A Toolkit for Disability Advocates
- Campaign Skills Webinar Series: www.ncil.org/elevate
- More resources available at www.ncil.org/votingrights/
Upcoming: Presidential Candidate Questionnaire

2020 Presidential Candidate Questionnaire

Dear Presidential Candidate:

In 2020, approximately 23% of the American electorate — over 35 million individuals — will be people with disabilities. As people with disabilities, we want to live independent lives and contribute our talent and energy to the future success of our great nation. There are over 60 million Americans with disabilities who make remarkable and valuable contributions to our communities.

Despite these contributions and despite our numbers, Americans with disabilities continue to face discrimination in many arenas including employment, housing, transportation, health care, and education. Candidates for public office must address these disparities and set forth a vision to ensure the civil rights of people with disabilities and our full inclusion in society.

In an effort to inform our community of your disability policy positions, initiatives, and priorities, the American Association of People with Disabilities (AAPD), the National Council on Independent Living (NCIL), and the REV UP Campaign have developed this presidential candidate questionnaire. We believe the issues addressed in this questionnaire are vital to ensuring all individuals with disabilities have an opportunity to achieve the American Dream and therefore we request your response.
Free Webinar: Findings from the 2018 National Survey of I&R/A Agencies

December 10, 2018 By theadvocacymonitor - Leave a Comment

Wednesday, January 9 from 3:00-4:30 p.m. Eastern
Register online

NASUAD, in partnership with the National Council on Independent Living (NCIL), surveyed aging and disability Information & Referral/Assistance (I&R/A) agencies nationwide in 2018 to learn about important trends and developments in the field. The survey looked at a variety of key topics, including referrals and service needs; partnerships and system building; technology; quality, training and certification; financing and sustainability; and changing inquirer demographics. Join us for this
For additional information or questions:
www.ncil.org

Lindsay Baran, Policy Analyst, NCIL
Lindsay@ncil.org
The Eldercare Locator
National Call Center
1-800-677-1116
Area Agencies on Aging
&
Title VI Native American Aging Programs
The National Aging Service Network

622 Area Agencies on Aging
All AAAs Play A Key Role In...

Planning  Developing  Coordinating  Delivering

A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS to consumers in their local planning and service area (PSA)

National Association of Area Agencies on Aging
All AAAs offer five core services under the OAA:

- **Nutrition**
- **Health & Wellness**
- **Caregivers**
- **Elder Rights**
- **Supportive Services**

The average AAA offers more than a dozen additional services. The most common non-core services offered by AAAs are:

- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)
2018 A Year In Review

1-800-677-1116
eldercare.acl.gov

National Association of Area Agencies on Aging
Call Statistics
Major Findings:

Call Volume
Call Complexity
Emerging Issues

Transportation needs continues to be the most requested service and there has been an increase in help with supportive in-home services.
Emerging Issues

Caller need complexity includes escalated calls regarding reporting of suspected elder abuse, emergency housing and crisis calls.
Welcome to the Eldercare Locator, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at 1-800-677-1116.

Have A Question?

Speak with an Information Specialist
Monday - Friday
9am - 8pm ET

Caregiver Corner
The Eldercare Locator
Eldercare.acl.gov
Online Resources

Caregiver Corner

Caregivers play a critical role in the health and well-being of their loved ones. The Caregiver Corner is here to help with useful links and resources. Everyone’s caregiver story is different, but below are some common questions received at the Eldercare Locator.

1. Who can help me with transportation, in-home care (bathing, dressing, sitter services, preparing meals) and other local services such as respite care that I may not even know about?

2. My father is a veteran. What programs could he or his spouse be eligible for now that they need help in the home?

3. Can I get paid for caregiving?
5. My mother has been diagnosed with dementia. Where can I go to learn more about what to expect?
My mother has been diagnosed with dementia. Where can I go to learn more about what to expect?

Learn more about programs and support services for persons with dementia by calling the Alzheimer’s Association 24/7 Helpline at 1-800-272-3900. In addition, Alzheimers.gov is the federal government portal to information on Alzheimer's disease and related dementias care, research, and support.
9. I am concerned about a situation involving my neighbor. Where do I report suspected elder abuse?
I am concerned about a situation involving my neighbor. Where do I report suspected elder abuse?

In the event of an emergency related to elder abuse, call 911. All instances of suspected abuse, neglect or exploitation involving an older adult should be reported to the designated adult protective services program in your state. All reports are confidential. To find the contact information for the adult protective services program that serves your area, enter your ZIP code or city and state in the search bar at the top of this page. The Eldercare Locator publication, Older Adults and Elder Abuse, provides additional information about elder abuse.
Learn More About

Support Services

Housing

Elder Rights

Insurance and Benefits

Health

Transportation

National Association of Area Agencies on Aging
Welcome to the Eldercare Locator, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at 1-800-677-1116.
1. Information and Assistance
2. Aging and Disability Resource Center
3. Area Agency on Aging
4. Title VI American Indian, Alaskan Native and Native Hawaiian Program
5. State Unit on Aging
6. Elder Abuse Prevention
7. Health Insurance Counseling
8. Legal Service Program
9. Long Term Care Ombudsman
To request an change or update

eldb@n4a.org
Connecting Older Adults and Their Caregivers to Local Resources

1 (800) 677-1116 • www.eldercare.acl.gov

National Association of Area Agencies on Aging
2018 Home For The Holidays
Critical Conversations

Older Adults and Elder Abuse

A survey found that many older adults are isolated, which increases their risk of elder abuse. The National Council on Aging reports that one in every ten older adults has experienced some form of elder abuse. However, it is not always easy to identify. NCOA also offers a free Elder Abuse Resource Guide to help those at risk. This guide provides resources and tools to help them identify, report, and seek help for elder abuse.

Types of Elder Abuse

- Physical abuse: Inflating, or threatening to inflict, physical pain; bodily harm; or deprivation of the older adult's basic needs.
- Emotional abuse: Inflicting mental pain, anguish, or distress through verbal or nonverbal conduct.
- Neglect: Failure or failure by those responsible to provide food, shelter, health care, or protection.
- Self-Neglect: Neglect of one's own care through lack of proper physical, mental care, or medical treatment; failure to provide oneself with adequate food, clothing, or other necessities.
- Abandonment: The desertion by someone who has assumed the responsibility for care or custody.
- Sexual: Non-consensual sexual contact or attempted contact.
- Exploitation: Financial, property, or commitment of funds, property, or assets.

How to Spot Elder Abuse

Although recognizing elder abuse can be difficult, NCOA has identified the following warning signs that may be an indication that further attention and action is needed:

- Isolation or separation from contact with friends and/or family members.
- Confusion or depression.
- Unexplained injuries or sudden changes in weight.
- Sudden changes in financial or estate matters.
- Unlikely behaviors associated with alcohol or drugs.
- Legible sleeping patterns.

Ways to Prevent Elder Abuse

Education is key in preventing elder abuse. In addition, older adults can reduce their risk of experiencing elder abuse through the following:

- Staying engaged in their communities.
- Not hesitating to ask for assistance or to seek help.
- Selling or disposing of assets in writing to protect their interests.
- Working with a financial advisor before making large purchases or investments.

For other signs of elder abuse, visit the Elder Abuse Resource Guide at https://www.aging.org/elder-abuse-prevention-resources.
Eldercare Locator
Critical Conversations

Older Adults and Medication Safety

As they age, older adults may develop health conditions that can be treated with over-the-counter medications, or those that have been prescribed by a physician. Research from the National Institute on Drug Abuse found that more than 75% of older patients took at least one prescription medication on a daily basis, with more than half of this population taking more than five medications on a daily basis.

Given these statistics, it is particularly important that older adults pay special attention to the instructions on their medications. Misuse of medications is critical to one’s health and well-being. In fact, it can be life-saving.

Prescription Opioids

In recent years, doctors have increasingly prescribed medications that are commonly referred to as opioids. While prescription opioids can help alleviate chronic pain and reduce suffering, they can be abused, leading to injury and death. In fact, deaths related to the misuse of prescription opioids have more than quadrupled since 1999. Given the effects of aging on a person’s health, it is essential that older adults take particular care when using these powerful drugs.

Tips for the Wise Use of Medications

In the publication Medications and You: A Guide for Older Adults, the Federal Drug Administration recommends the following tips for the safe use of medications:

- Learn about your medicines. Read medicine labels and package inserts and follow the directions. If you have questions, ask your doctor, pharmacist or other health care professional.
- Talk to your team of health care professionals about your medical conditions, health concerns, and all the prescription and over-the-counter (OTC) medicines you take, as well as dietary supplements, vitamins and herbal supplements. The more your doctors know, the more they can help. Don't be afraid to ask questions.
- Keep track of side effects or possible drug interactions and tell your doctor if you notice any unexpected signs or changes in the way you feel.
- Make sure to go to all doctor appointments and to any appointments for monitoring tests done by your doctor or at a laboratory.
- Use a calendar, pill box or other tool to help you keep track of when medications you need to take and when. Write down information your doctor gives you about your medicines or your health condition.

- Take a friend or relative with you to your doctor’s appointments if you think you may need help understanding or remembering what the doctor tells you.
- Take only your own medicines. Taking someone else’s medicine may hide your symptoms and make diagnosing your illness more difficult for your doctor. It could also create a bad reaction with other medicines you are taking, causing your health to be at risk.
- Always keep medicines in their original containers, and never put more than one kind of medication in the same container.

- Have a “Medication Check-Up” at least once a year. Go through your medicine cabinet to get rid of old or expired medicines at an appropriate disposal site. Also ask your doctor or pharmacist to go over all of the medicines you are taking. Don’t forget to tell them about all of the OTC medicines, vitamins and dietary or herbal supplements you take.
- Keep all medications out of the sight and reach of children.
Helping Older Adults Weather the Storm Before, During and After Disasters

Hurricanes, floods, tornados, earthquakes, chemical spills, oil leaks and other man-made and natural disasters can have long-lasting and sometimes permanent effects on communities and the older adults who live in them. Community services and supports are critical tools that help older adults meet their needs before, during and after disasters, but these tools often are limited on the basis of communities and individuals’ resources. Fortunately, there are steps that can help older adults—particularly those who have chronic illnesses, functional limitations or other dependencies—prepare for, go through and recover from the devastating effects of disasters.

Disasters can strike without warning, but there are steps older adults and their caregivers can take to prepare themselves. The emergency management agency in your state or county will have the most current information that is specific to your community. To find the emergency management agency serving your community, visit www fema gov/emergency management/agency.

The tips provided in this fact sheet will help older adults and their caregivers prepare for disasters.

Before a Disaster

- **Create a communications plan.** Communication is critical during disasters. However, it may be difficult to connect with neighbors, friends and family members if communication is disrupted or during major disasters. Start your plan by creating a list containing the emergency contact information for any family, friends or others you would like to keep in touch with before, during and after any disaster. Your plan should also include information for others to contact you as well as important medical information.

  **Tips:** Program emergency contact information into your cell phones.

- **Make a medical plan.** Many older adults rely on assistive devices to help with mobility and other needs. Many of these devices require electricity to operate. Where possible, ensure that each of these items and their battery backups are fully charged. In addition, make a list of all components to help ensure you have everything you need in the event of a disaster.

  **Tips:** Contact your local utility companies to let them know you have a medical device that requires electricity so they can put your home on a priority list for service restoration.

Eldercare Locator
Critical Conversations
Supports and Tools for Elder Abuse Prevention (STEAP) Initiative

The STEAP Initiative, a partnership between the National Association of Area Agencies on Aging (n4a) and the National Center on Elder Abuse (NCEA), has the mission of both increasing awareness of elder abuse and strengthening elder abuse prevention education and outreach programs.

The centerpiece of this Initiative is a toolkit with practical and customizable elder abuse education and outreach tools.

Download and customize your tools at nceausc.tk/STEAP
National Association of Area Agencies on Aging

1-800-677-1116

eldercare.acl.gov
CERTIFICATION for Community Resource Specialists in Aging/Disabilities

Foundations and Developments

I&R/A Intensive, HCBS Conference
August 26, 2019
CERTIFICATION for Community Resource Specialists in Aging/Disabilities (CRS-A/D)

Evolved through a long-standing relationship between NASUAD, n4a and AIRS
Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance

2018 Survey of Aging and Disability I&R/A Agencies

Findings from the National Survey of I&R/A Agencies

This report shares information on a range of issues from the perspectives of I&R/A professionals. It includes information about services and referrals, technology and social media, partnerships and systems, quality assurance, training and certification, and sustainability.
WHO WE ARE

The Alliance of Information and Referral Systems is the professional membership association for community Information and Referral (I&R). AIRS is the driving force behind the delivery of quality I&R services and the sole source for standards, program accreditation and practitioner certification for the I&R sector.

Our diverse membership consists of individuals, agencies, community organizations, governmental departments and others, located primarily in the United States and Canada, who help connect people to the services they require. Thousands of I&R practitioners in our member organizations answer approximately 28 million inquiries a year about community, social and health services. Read More
CERTIFICATION for Community Resource Specialists in Aging/Disabilities (CRS-A/D)

- Who is CRS-A/D Certification for?
- How does CRS-A/D Certification work?
- What are the benefits of CRS-A/D Certification?
Who is CRS-A/D Certification for?

- It is designed for staff who are working in a variety of front-line roles in aging and disability network agencies such as AAAs, ADRCs, and CILs.

- Traditionally, it was for staff described as performing I&R, I&A or I&R/A.

- But now those staff tend to have broader roles and the Certification has evolved to address those roles and the skills needed to perform them (only about 10% of the 1,900 holders of the CRS-A/D describe themselves as “only” doing traditional I&R/A work).
Informing CRS-A/D Certification: Findings from a 2018 survey of certification holders

<table>
<thead>
<tr>
<th>Does your I&amp;R/A work involve you moving between different roles?</th>
<th>Responses (N=516)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I engage in service coordination</td>
<td>54%</td>
</tr>
<tr>
<td>Yes, I work with the client and family at length to fully determine their needs</td>
<td>58%</td>
</tr>
<tr>
<td>Yes, I engage in person-centered decision-support</td>
<td>67%</td>
</tr>
<tr>
<td>Yes, I help set up their assessment appointments</td>
<td>36%</td>
</tr>
<tr>
<td>Yes, I assist clients to complete applications and forms</td>
<td>60%</td>
</tr>
<tr>
<td>Yes, I engage in case management</td>
<td>31%</td>
</tr>
<tr>
<td>No, I am focused solely on I&amp;R/A work</td>
<td>15%</td>
</tr>
</tbody>
</table>
How does CRS-A/D Certification work?

• Certification is a measurement of an individual’s understanding of the knowledge and skills required to competently handle clients within the broad context of I&R

• Eligible candidates must be working in the field and possess a combination of experience and education that enables them to qualify to take a proctored examination
How does CRS-A/D Certification work?

• More than 300 individuals apply for certification every year

• Recertification is required every two years (assuming there is a demonstration of ongoing professional development) and there are now more than 1,900 current practitioners who are Certified Community Resource Specialists – Aging/Disabilities (CRS-A/D)
How does CRS-A/D Certification work?

• “AIRS” Certification has a 20-year plus history. It requires the passing of a proctored exam and not just the completion of a set curriculum. Once developed, a Certification also needs to be maintained. This credential has been around for a long time and is not going anywhere! It has changed and will continue to change ...

• This professional credential shows the work is much more than answering phone calls.
How does CRS-A/D Certification work?

• A psychometric weighted Job Task Analysis (JTA)

• The current JTA covers rapport, assessment, communication techniques such as active listening, person-centered approaches, confidentiality, concepts of self-determination, problem solving, understanding of Medicare and Medicaid, symptoms of abuse, neglect and exploitation, surrogate decision-making – and much, much more …
How does CRS-A/D Certification work?

• A multi-stage process involves about 60 subject-matter experts (SMEs) drawn across a range of geography and program-types

• Small groups discuss their work and develop an amended JTA
• All current holders are surveyed on the changes and adjustments made
• The current question bank is reviewed against the new JTA
• We determine the number of new questions and their subject area
• A team of SMEs spends two days writing new questions
• Those questions are reviewed/edited
How does CRS-A/D Certification work?

• A multi-stage process involves about 60 subject-matter experts (SMEs) drawn across a range of geography and program-types

  • Another SME team applies a weight to each question (Modified Angoff method)
  • Three new exams are developed and reviewed by another group of SMEs
  • About 10 current holders take each of the new exams in exam format
  • The results of each question are assessed in search of any questions performing improperly
  • Individual question histories are assessed within 3 months of the new exam and every 12 months thereafter
  • After three years, the cycle is repeated
How does CRS-A/D Certification work?

The current JTA reflects the broader roles of CRS-A/D practitioners:

“Although I&R provision remains their core role, nearly all practitioners are involved in providing additional help at the point-of-contact such as eligibility assessment, service coordination, application assistance, appointment setting, and needs assessment. These roles also involve practitioners drawing upon a wide range of techniques such as person-centered counseling, motivational interviewing and options counseling.”

*Job Task Analysis, June 2018*
**Benefits of CRS-A/D Certification**

For the individual, CRS-A/D Certification:

- Adds professional recognition to what specialists do. It addresses the misconception that I&R people “just answer phones”
- Meets agency requirements and provides a transferable qualification. Agencies may require all or a certain number of specialists to become AIRS certified. Others may encourage certification
- Provides a shared base of knowledge among professionals
Benefits of CRS-A/D Certification

For the organization, CRS-A/D Certification:

• Builds confidence among staff – they believe more in their skills if they have been validated by an external body
• Enhances agency quality assurance and consistency of service levels within your own organization and program
• Helps funders and other stakeholders understand and appreciate the professionalism involved in frontline work. It shows that there is an emphasis on quality as the competencies of these positions are defined and externally tested
Benefits of CRS-A/D Certification

For your network, CRS-A/D Certification:

• Enhances agency quality assurance and consistency of service levels between different aging and disability network agencies such as AAAs and ADRCs

• Improves customer service. Staff are aware of the requirements for quality performance and are more ready and capable of meeting them
### CRS-A/D Certification: States make a difference

<table>
<thead>
<tr>
<th>How do state agencies require or encourage certification of I&amp;R/A specialists?</th>
<th>Responses (N=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State policy requirements mandate that I&amp;R/A specialists (all or a certain number) become certified</td>
<td>58%</td>
</tr>
<tr>
<td>I&amp;R/A job descriptions require or encourage certification</td>
<td>58%</td>
</tr>
<tr>
<td>Contract requirements mandate that I&amp;R/A specialists (all or a certain number) become certified</td>
<td>47%</td>
</tr>
<tr>
<td>State standards (for I&amp;A, Options Counseling, etc.) require or encourage certification</td>
<td>47%</td>
</tr>
<tr>
<td>My agency funds/subsidizes the cost of certification exams</td>
<td>32%</td>
</tr>
<tr>
<td>My agency provides training for certification</td>
<td>21%</td>
</tr>
<tr>
<td>Funding/grant opportunities require or encourage certification</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>
CRS-A/D Certification: Variation across states
Benefits of CRS-A/D Certification
Digital Badging
Benefits of CRS-A/D Certification Digital Badging

• Digital Certification Badges can be added to an individual’s email signature, Facebook page, LinkedIn Profile, Networker profile, etc.

• It is secure in so far as a person’s failure to renew automatically withdraws their badge

• Visually cool – more than an acronym!

• Brings attention to the certificate holder, the holder’s organization and the professionalism of our work
CRS-A/D Certification: Resources for Information and Training

• Visit AIRS.org for information on the AIRS Certification Program/FAQs
• The AIRS Standards and Quality Indicators for Professional Information and Referral (available online at www.airs.org/standards)
• The AIRS I&R Training Manual
• AIRS online training
CRS-A/D Certification: Resources for Information and Training

- Visit NASUAD for information on I&R/A training (http://www.nasuad.org/initiatives/information-and-referralassistance/ira-training)
- Training webinars from the National I&R Support Center
- Training events from the National I&R Support Center
- NASUADiQ, NASUAD’s online learning center
CRS-A/D Certification: Final thoughts

CRS-A/D Certification can serve as a foundation for enhanced roles with its focus on core skills, transferable techniques, and quality standards.
CRS-A/D CERTIFICATION

• QUESTIONS AND CLARIFICATIONS ??

Clive Jones, Executive Director, AIRS, clive@airs.org
Nanette Relave, I&R Support Center Director, nrelave@nasuad.org
WHOSE PLAN IS IT ANYWAY?

*Person-Centered Options Counseling in NH’s No Wrong Door System*

Kate Crary  
Project Director, Center on Aging and Community Living

Thom O’Connor  
Administrator, Division of Long Term Services and Supports, Bureau of Elderly and Adult Services, NH Department of Health and Human Services

Carissa Elphick  
Director, ServiceLink Resource Center For Belknap and Carroll Counties
Goals for Today

- Understand NH’s training and certification approach
- Discuss the philosophy behind NH’s Person Centered Options Counseling delivery
- Explore challenges and opportunities to demonstrate the importance of continued support across NH’s NWD System
WARNING

Participant Activity Alert
A little history....
“It is in the psychological process that culture has its ultimate power. Culture as a set of basic assumptions defines for us what to pay attention to, what things mean, and what actions to take in various kinds of situations.”

- Schein (2004)
Culture: The foundation of Person-Centered Practices

Cotton & Fox, 2011

The demonstration of a deliberate culture

The messaging of values supported by a deliberate culture

Our shared assumptions, values, and principles
Online Modules

One-Day In-Person Course

NH PCOC Certification

Mentoring

Written Portfolio
PCOC Certification Component: Online Modules

- NH-Based Curriculum
- Consistent Approach
- Baseline Knowledge
- Platform made tracking easy
- Expansion to other professions
Federal Online Modules

One-Day In-Person Course

NH PCOC Certification

Mentoring

Written Portfolio
Warning!

WARNING
THIS SIGN
IS ONLY A
DISTRACTION

Activity Break
## PCOC Certification Component: One-Day In-Person Course

### Important To Candidates:
- Feel supported
- Feel confident
- Have “back pocket” problem solving strategies
- Have current practices validated
- Be able to share experiences
- Have flexibility in approach when working with clients
- Be able to ask questions and challenge ideas
- Grapple with supporting a person-centered approach in a medical model

### Important For Candidates:
- To have a shared, organization-wide understanding of Person-Centered Philosophy.
- To be able to practice skills in a safe, creative environment
- To feel supported by their organization and leadership
- Have skill development align with individual experience level
- Understand that there is no “one way”
- To have freedom to choose strategies that will work best for the individual options counselor

**Important To/ Important For tool developed by The Learning Community:**
[https://tlcpcp.com/](https://tlcpcp.com/)
Person-Centered Options Counseling

- Trust Building
- Discovery
- Pre-Options Counseling Assessment
- OC Delivery Framework
PCOC Certification Component: One-Day In-Person Course
PCOC Certification Component:
One-Day In-Person Course
PCOC Certification Component: One-Day In-Person Course
PCOC Certification Component: One-Day In-Person Course
PCOC Certification Component: One-Day In-Person Course
PCOC Certification Component: One-Day In-Person Course
Fidelity to Support a Person-Centered Culture

- Culture
- Value
- Independence
- Creativity
- Choice
- Freedom
- Control
- Flexibility
- Family
- Strengths
- Self-determination
Fidelity to Support a Person-Centered Culture

Assessment  Eligibility  Program Availability
Payments    ADL's       Applications
            Algorithms  Denials
            
Appeals    Testing    Diagnosis
            Compliance  Medical Necessity
Federal Online Modules

One-Day In-Person Course

NH PCOC Certification

Mentoring

Written Portfolio
PCOC Certification Component: Mentoring and Shadowing

The No Wrong Door Competency Framework Self-Assessment

- Domains
- Why we have this
- How it is shared
- Other learning opportunities
The NWD Competency Framework
Self Assessment

COMPETENCY SELF-ASSESSMENT

This tool can be used to self-assess competency in any or all of the key topic areas. Review the descriptions for a particular area and identify areas of strength, areas for improvement and areas of need. Based on this assessment, determine your level of competence.

Name______________________________ Date of Self-Assessment __________
Reviewed with _____________________ Date of Review __________

<table>
<thead>
<tr>
<th>Competency</th>
<th>Areas of Strength</th>
<th>Areas for Improvement</th>
<th>Areas of Need</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Wrong Door System Vision, Values and Structure</td>
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<tr>
<td>Person-Centered Counseling</td>
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<tr>
<td>Complex Needs and Disabilities</td>
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</table>
PCOC Certification Component: Mentoring and Shadowing

Mentors and Candidates Meeting

- Initial meeting
- Choose mentoring experience
- Minimum hours required
- Approach
- Establish norms and shared expectations
PCOC Certification Component: Mentoring and Shadowing

Shadowing Experience

- Practice in safe way
- Stretch skills
- Mentors are important!
- Experiences with low risk
- Creating safe learning environment….but a REAL one
PCOC Certification Component: Mentoring and Shadowing

Process Recording and Feedback

- Structure of process recordings
- How they are reviewed
- Practice Lens
- Not shared with supervisors
- Truly a learning instrument
Person-Centered Options Counseling Certification
Process Recording Template
Date of Shadowing Experience:
Location of Shadowing Experience:
Mentor Name:
Candidate Name:

<table>
<thead>
<tr>
<th>Content</th>
<th>Skill Used</th>
<th>Gut Reaction – how did you feel?</th>
<th>Analysis</th>
<th>Supervisors Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Mentors and Candidates – Working Together

- Requires meetings
- Flexibility
- Not supervisors
- Come together to determine next reasonable step
- Process starts over until the hours are filled.
Federal Online Modules

One-Day In-Person Course

NH PCOC Certification

Mentoring

Written Portfolio
PCOC Certification Component: Written Portfolio

Process Recordings

- Online Module Completion
- Mentor Statement
- NWD Administrator Approval
- A Crisp High Five
- In-Person Course Certificate
PCOC Certification Component: Written Portfolio

Process Recordings
- Online Module Completion
- In-Person Course Certificate
- Mentor Statement
- NWD Administrator Approval
- A Crisp High Five

Mentors, Candidates and Supervisors meet to ensure portfolio is complete

Portfolio is shared with NWD Certification Board for review and feedback

If Approved for Certification: NWD Administrator and certifying entity award Certificate

If Not Approved: Candidate is provided with targeted feedback to achieve certification
Federal Online Modules

One-day In-Person Course

Mentoring

Written Portfolio

NEW HAMPSHIRE PERSON-CENTERED OPTIONS COUNSELING CERTIFICATION
PCOC Certification Component: Certification

- **Recertification**
  - Work with supervisors and mentors to determine the best learning opportunities based on the NWD Competency Framework
  - Add continuing education to portfolio
  - Still being finalized – metrics needed for ensuring CE maintains fidelity

- **Mentor Certification**
  - Selected by supervisor
  - Approved by review board
  - Mentors will be automatically recertified in NH PCOC after serving as a mentor
PCOC Certification: Timelines

- There are no specific timelines for certification completion.
- The PCOC certification process is flexible and should be individualized for candidates.
- Timelines should be based on workflow, other training opportunities, and a candidate’s unique circumstances.
## PCOC Certification: Timelines

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7</th>
<th>Month 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Person One Day training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet with Supervisor to assess readiness to begin certification process</td>
<td>Mentor assigned</td>
<td>Begin Shadowing</td>
<td></td>
<td></td>
<td>Continue shadowing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What’s next for New Hampshire?

Expanding across NH’s NWD System
More Mentors
Recertification
Measuring Effectiveness
Reimbursement
Warning!

Activity Break
Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead
Building the Business Case

Person-Centered Options Counseling for Veterans
Agenda

- NWD Business Case Grant Grant
- VDC - Current Evidence-Informed Model
- Targeted improvements for CT’s NWD
- Pilot Development & Business Case Development
No Wrong Door (NWD) Key Elements
Grant Opportunity

- Fund 10 states - 2 year grant
- To develop a business case for high performing, streamlined NWD Systems
- Evidence-informed models:
  - Care transitions from hospitals
  - Care transitions from nursing homes
  - Veteran Directed Care
  - Pre-screening/nursing home diversion programs
Grant Project Goals

- Implement & test methodologies to report on the impact NWD Systems have on multiple populations
- Healthcare utilization
- State/federal return on investment (ROI)
- Build a business case for VDC
ACL Grant Awardees

Connecticut  Georgia  New Hampshire  New York

Indiana  Virginia  Oregon  Washington

Maryland  Wisconsin
Veteran Directed Care (VDC)

Successful program since 2009

Partnership with
Aging & Disability Network Agencies (ADNAs)
and
CT Veteran Healthcare System

Self-directed care by the Veteran
with support from the ADNA Support Broker

Cost Effective

“LIFE-CHANGING”

Robert, an 80-year-old Vietnam Veteran says it best: “I’m just happy to be home.”
Cost-Effective & Veteran-Focused

2013 CT COST-SAVINGS & UTILIZATION STUDY RESULTS

$600,000 savings in nursing home costs

17% ER visits
42% Inpatient bed days of care
44% Inpatient admissions

National Results
CT Grant Partners

- VA CT Healthcare System
- UCONN Health Center on Aging
- CT Department of Veterans Affairs
- 5 Area Agencies on Aging
Veterans in VDC

- Vast majority in CT have a 70% disability rating
- Veterans have complex health issues with significant Activities of Daily Living or cognitive needs
- Veterans would be in nursing homes without VDC support
- CT averages 50 active VDC participants - with no expansion over the past 4 years
Expand the CT VA Programs

- Develop a business case for the current Veterans’ Directed Care model to expand

- Use funds from the grant to fund a pilot program to offer Person-Centered Options Counseling to individuals referred for VA community services
Improve NWD

- Veteran Benefit Advisors
- Municipal Veterans Representatives

- 211
- Area Agencies on Aging
- Attorneys
- State Medicaid
- NWD State website
- Legislative Liaisons

- Department of Veterans Affairs

- Non-VA System

- Veteran Advisory Groups

- VA CT Healthcare System

- ADNAs
- Staff at the VA CT healthcare System
- Mission Act providers

Department of Veterans Affairs

Non-VA System

VA CT Healthcare System

Department of Veterans Affairs
Streamline Access to VA Services

- Provide funding to CT Department of Veterans Affairs
- Revise curriculum for Municipal VA Representatives & offer annual training to include additional VA home services
- Encourage participation in NWD PCC training
- Encourage registration to become NWD Partners
Enhance Training & Connection

- To enhance training to 169 Municipal Veteran Representatives & Aging/Disability networks
- Improve communication between the DVA and VA CT Healthcare System
- Better connect Veterans to benefits and long-term services & supports
List Municipal VA Representatives on 211

- By CT Statute, each town must appoint a Municipal VA Representative
- With 169 distinct town websites - connection is challenging
- Goal: List VA Municipal Representative sites on Connecticut’s 211
- 211 feeds Connecticut’s NWD LTSS website: [www.MyPlaceCT.org](http://www.MyPlaceCT.org)
VA Identified Need

- 22 individuals are referred to VA community services per month
- Average age = 70 years old
- Veterans do not receive conflict-free assessments & the VA Case Manager does not evaluate the home environment
- Some may benefit from more or different referred services or from services/benefits in or out of the VA
VA Community Based Services

- Homemaker
- Home Health Aide
- Adult Day Center
- Nursing services

- Veterans must first be registered with the VA CT Healthcare System
VA Pilot Development

- Half of Veterans referred for community-based services receive person-centered options counseling. A control group receives services with no intervention.

- Options Counseling Intervention:
  - Home evaluation
  - Development of a person-centered plan
  - Ongoing Case Management
  - Connection with other benefits/services they wish to pursue
Sustainability Plan

1. Structure payment similar to VDC
2. Collect data to show why NWD service is needed
3. Compile data for ROI & build a Business Case
4. VA CT Healthcare System funds NWD when grant funds end
Evaluate Consumer Experience

- UCONN Center on Aging to conduct Home & Community Based Services Consumer Assessment of Healthcare Providers & Systems Survey (HCBS CAHPS)
  - Standardized, validated survey (by phone or in-person based on participant’s preference)
  - Survey is being used in CT: Medicaid HCBS and MFP Demonstration Programs
  - Being used in other states
Consumer Experience Surveys

To all Veterans in Veterans’ Directed Care

Sample of veterans in the pilot after 3 & 6 months

Sample of a control group of veterans
Setting up the Veterans’ Pilot
IRB Process

- Meetings were scheduled with the VA CT Healthcare System to review project
- Paperwork was submitted to VA CT Healthcare System for review for the Internal Review Board (IRB)
  - A separate Veteran HCBS CAHPS survey module was developed
  - Included questions on medical care received outside of the VA
University of Connecticut Center on Aging submitted a separate IRB to Connecticut. This process was dependent on the approval process from the VA CT Healthcare System. A script describing the pilot and release will be read by each VA Case Manager before referrals are made. These were developed and submitted for approval by the VA CT Healthcare System.
Current Status

- CT VA Healthcare System approved the project – project is not considered to be “research”
- University of CT Center on Aging – IRB was reviewed & processed
- CT VA Healthcare System has met with VA Case Managers on the referral process and protocols
- VAMCs received training
Developing ROI Calculator

- Grantee meetings with The Lewin Group and ACL
- Develop a national and state specific return on investment calculator (ROI) for the NWD service
- Met with VA CT Healthcare System Informatics to review medical claim data fields
CT ROI Calculator

- VDC: Total cost savings = Hospital Cost Savings + Nursing Home Cost Savings – ER cost savings
  - Cost savings determined by comparing health care utilization 6 months prior to enrollment to 6 months after enrollment
    - Number of acute care days in the hospital
    - Number of bed days in a skilled nursing facility
    - Number of emergency room visits
Return on Investment

- Increased community tenure

- The average number of days spent in a nursing facility 90 days prior to the first intervention \( \times \) average daily cost of nursing home services = Cost of Nursing Home Care – average daily cost of VDC plan of services
Building a Business Case for Expansion

- Why VDC expansion is needed
- How VDC could be expanded
- ROI data comparing VDC with veterans receiving Homemaker/Home Health Aid
- Value Add – Why use the ADNAs?
On average, 52% of people who turn 65 today will develop a severe disability that will require LTSS at some point.

AARP Public Policy Institute, FacSheet 27R, March 2017

Number of Older Veterans Increasing

- 52.86% of CT Veterans are aged 65 or older
- Increased need for LTSS

Source: State_Summaries_Connecticut.pdf

“On average, 52% of people who turn 65 today will develop a severe disability that will require LTSS at some point”.

AARP Public Policy Institute, FacSheet 27R, March 2017
Challenges for Pilot ROI

- Likelihood Veterans may be seeking medical care funded by Medicare outside of the VA
- Measuring impact of additional training and outreach to improve NWD
  - DVA will collect number of referrals to VA CT Medical Center
  - Request Municipal VA Representatives collect number of referrals (not required - voluntary)
  - 211 – number of requests to connect with Municipal VA Representatives
Comparing CAN Scores

- CAN Score – estimates the likelihood of death or hospitalization within a 90-day period

- Every Veteran is given a CAN score based on their health diagnosis, health utilization and other factors.

- Will be an additional source of comparison for the intervention and pilot group
Expected Outcomes

- Cost benefits will be measured using qualitative & quantitative indicators.
- Data collection & reporting systems will be revised & enhanced.
- Protocols & procedures will be implemented for the community services pilot.
- Municipal based service organizations & representatives will be educated on VA community options.
Expected Outcomes

- Documentation of the return on investment will ensure sustainability of the VDC and community-based programs.
- Reduced healthcare costs and increased consumer satisfaction will be achieved through person-centered counseling.
Questions?

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