LOOKING BACK/LOOKING AHEAD: CORE FOUNDATIONS AND TRENDS IN I&R/A PRACTICE

Aging and Disability I&R/A Summit
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Core Foundations and Trends

Connecting People to Services: Fundamental to I&R/A Practice and a Window onto Changing Needs
National I&R/A survey findings:
Frequently requested services

Most Frequently Requested Services

- Housing assistance
- Transportation
- Financial assistance
- Home delivered meals
- Personal care
- Health insurance counseling
- Medicaid
- Medicare
- Independent living skills
- Food assistance
- Legal or advocacy services
- Care Transitions
- Dental care
- Congregate meals
- Respite care
- Adult Protective Services
- Employment
- Prescription drug assistance
- Adult day services

Percent of Respondents (N=384)
National I&R/A survey findings: Unmet service needs

Most Frequent Unmet Service Needs

- Financial assistance
- Transportation
- Housing assistance
- Dental care
- Mental health services
- Home modifications
- Homemaker services
- Utility Assistance
- LTC/LTSS funding
- Respite care
- Personal care
- Adult-day services
- Employment
- Prescription drug assistance
- Family caregiver support
- Legal or advocacy services
- Care Transitions
- Health care services
- Veterans Assistance
- Food assistance
- Health insurance
- Assistive Technology/services
- Elder abuse/exploitation
- Benefits Analysis/Assistance
- Youth transition programs/services
- Other
- Health insurance counseling
Wisconsin Key Statistics on Top Service Needs:
- Benefits
- Home Care
- Housing
- Insurance
- Food
- Transportation
- Assisted Living
- Caregiving
- Health
- Financial Assistance

Wisconsin Key Statistics on Common Unmet Needs:
- Home Care (non-medical)
- Utility Assistance
- Prescription Medication
- Mental Health
- Dental care
Eldercare Locator
Service Requests

- Transportation is the most requested service.
- There has been an increase in requests for supportive in-home services.
- Combined, these two service requests comprise 41% of the calls into the Eldercare Locator.
National I&R/A survey findings: How do people find you?

Origin of Referrals to I&R/A Service

Percent of Respondents (N=415)

- Referral by community partners
- Family/friends/caregivers
- Self-referrals
- Professional relationships
- Healthcare Providers
- Referral by other state/local...
- Community events or presentations
- Agency’s Website
- Printed Resources
- Statewide 800 number
- Referral by federal government agency
- 211
- Agency run Social Media sites
- ElderCare Locator

Legend:
- Frequently
- Some of the Time
- Rarely
- Never
National I&R/A survey findings: Changing characteristics of consumers

Individuals Seeking I&R/A Services Over the Last Two Years

- Serving more
- Serving about the same
- Serving fewer
- Serving none

Percent of Respondents (N=362)
How do callers find the Eldercare Locator?

58% Federal Agencies
13% Professionals/Partners
8% Internet Search
4% Insurance Provider
3% Family/Friend/Employer
Eldercare Locator
Emerging Issues

Increase in complex calls
Unexpected events continue to cause spikes in calls to the Eldercare Locator.
Helping Older Adults Weather the Storm Before, During and After Disasters

 Hurricanes, floods, tornadoes, earthquakes, chemical spills, wildfires 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 crucial tools that help older adults meet their needs before, during and after disasters. While these vital services can be limited for individuals, communities, and individuals as they recover, fortunately there are steps that can help older adults—particularly those with chronic illnesses, functional limitations or other impairments—maintain their independence as they 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-agencies.

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

Before a Disaster

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

  *Tip: Program emergency contact information into your cell phone.*

- **Make a medical plan.** Many older adults rely on assistive devices to help with mobility and other needs. Many of these devices, which may include oxygen machines, hearing aids and ultralowers, 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.

  *Tip: 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.*

- **Make a disaster kit.** In the event of a disaster, you will need to have a disaster kit prepared in each room of the house. Kits should include nonperishable food, water, medications, first-aid supplies and important documents.

  *Tip: Include a can opener, a battery-powered radio, and a flashlight with extra batteries.*

- **Make a family emergency plan.** A family emergency plan is crucial for emergency situations. It should include a list of family members and their contact information, as well as the locations of your household, transportation and healthcare providers.

  *Tip: Include contact information for family members who live in other communities or states.*

- **Make a “go-bag.”** A go-bag is a backpack filled with things you will need in the event of an emergency, such as medications, first-aid supplies, water, snacks, and important documents.

  *Tip: Include a copy of your family emergency plan and a list of essential items.*

- **Make a list of important documents.** Important documents include identification, medical records, insurance policies, and bank and financial records.

  *Tip: Keep a copy of these documents in a secure location.*

- **Make a list of essential items.** Essential items include clothing, personal electronics, medications, and important documents.

  *Tip: Include a copy of your family emergency plan and a list of essential items.*

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Eldercare Locator
Critical Conversations

Older Adults and Elder Abuse

As they age, older adults may need assistance from others with getting to and from medical appointments, managing their finances, preparing meals, personal care, and performing other activities that enable them to continue living in their homes and communities. Unfortunately, increasing numbers of older adults experience abuse from the very people they trust to provide them with this much-needed assistance.

According to the National Center on Elder Abuse (NCEA), elder abuse most often occurs when older adults are mistreated by someone with whom they have a trusting relationship—most often a spouse, sibling, child, friend or caretaker. Educational settings, like nursing homes, assisted living facilities and hospitals, are other areas where elder abuse can occur when older adults are mistreated by someone who has a legal or contractual obligation to provide them with care or protection.

While it can be difficult to quantify the precise number of individuals who experience elder abuse, the National Center on Elder Abuse notes research indicating that approximately one in 10 older adults have experienced some form of elder abuse. However, for many reasons, elder abuse is under-reported. NCEA也指出，纽约已执行了“批判性对话”以确保为每一位老年虐待事件的受害者，24小时内通知有关部门。如果您是受害者，立即通过Eldercare Locator与当地服务联系。

Types of Elder Abuse

While there are many types of elder abuse, they all have one thing in common: the violation of an older adult’s autonomy. NCEA provides the following definitions for some of the most common forms of elder abuse:

- **Physical Abuse**: Injuring or threatening to injure, physical pain, bodily harm, injury, or degrading the older adult of a basic need.
- **Emotional Abuse**: Injuring mental pain, anguish or distress through verbal or nonverbal acts.
- **Neglect**: Failure or refusal by those responsible to provide food, shelter, health care or protection.
- **Self-Neglect**: Neglect of one’s own care through failing to meet personal or personal or personal needs.
- **Abandonment**: The departure by anyone who has assumed the responsibility for care or custody.
- **Sexual**: Non-consensual sexual contact of any kind, consent to witness sexual behavior.
- **Exploitation**: Illegal taking, misuse or concealment of funds, property or assets.

How to Spot Elder Abuse

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

An older adult may be experiencing elder abuse if it appears that they:

- are socially isolated or cut off from contact with family and friends.
- are confused or depressed.
- are unduly influenced or isolated;
- appear dirty or have unexplained bruises or bed sores;
- are not receiving care for health problems, injury, or disability;
- are being neglected or abused;
- are being denied access or atención;
- have trouble sleeping.

For more information on elder abuse, visit [https://www.eldercare.gov](https://www.eldercare.gov) or [https://www.nceaconline.org/amigos](https://www.nceaconline.org/amigos).

Ways to Prevent Elder Abuse

Education is critical to preventing elder abuse. In addition, older adults can guard against risk of experiencing elder abuse through the following:

- staying engaged in their communities;
- not providing personal information, such as Social Security numbers, over the phone;
- reviewing their wills periodically and ensuring that a long-term or advance directive is in place to protect their wishes and assets;
- working with a financial adviser before making large purchases or investments.

For information on elder abuse prevention resources, visit [http://www.aging.org/elder-abuse-prevention-resources](http://www.aging.org/elder-abuse-prevention-resources).
Older Adults and Medication Safety

A significant number of older adults may be taking medications that can affect their health and well-being. The National Institute on Drug Abuse has found that more than 80 percent of older patients take at least one prescription medication on a daily basis, with more than half of this population taking more than five medications or supplements daily.

Given these statistics, it is particularly important that older adults pay special attention to the instructions on their medications. Wise use of medications is critical to one’s health and well-being. In this guide, we will cover some tips for the wise use of medications.

Tips for the Wise Use of Medications

- **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 one medication:** Taking separate medications may increase your risk of adverse reactions and make your doctor’s advice more difficult for your doctor.
- **Always keep medicines in their original containers:** Always keep medicines in their original containers, and never put more than one kind of medication in the same container.
- **Be a “Medication Check-Up” at least once a year:** Go through your medication schedule and review all of the products you use, including both prescription medications and OTC medicines.

- **Use a calendar, pill box, or other tool to help you remember what medications you must take:** Write down information your doctor gives you about your medications or your health condition.

- **Learn about your medicines:** Review medicine labels and package inserts and follow the directions. If you have questions, ask your doctor, pharmacist, or other health care professional.

- **Tell your team of health care professionals about your medical conditions, health concerns, and all the prescription and over-the-counter (OTC) medications you take:** This includes 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:** Ask your doctor or pharmacist the way you feel.

- **Make sure to go to all doctor appointments:** If you have an appointment for medication, make sure to go.

- **Use a calendar, pill box, or other tool to help you remember what medications you must take:** Write down information your doctor gives you about your medications 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.
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National I&R/A survey findings:
Call volume - a barometer of need

I&R/A TELEPHONE CALL VOLUME OVER THE PAST TWO YEARS

- Calls increasing, 64%
- Calls about the same, 26%
- Calls decreasing, 4%
- Do not know, 6%

N=367
Wisconsin Key Statistics:

- Aging & Disability Resource Centers (ADRCs): 46
- Tribes with Aging and Disability Resource Specialists: 7
- Tribes as full partners with ADRCs: 7
- ADRC Annual Contacts: 555,387 (2017)
2017 Call Statistics

Total Calls - 357,605
Chats - 3,231
Emails - 2,422

73% Callers are female
75% Older adults seeking services
9% under age 60
Effective I&R/A Service Delivery: From Core Foundations to New Expectations
National I&R/A survey findings: Standards-based I&R/A services

I&R/A Standards

- AIRS Standards exclusively: 30%
- ADRC standards: 25%
- Do not know: 20%
- We have developed our own standards: 15%
- Modified AIRS Standards: 10%
- My agency does not use professional I&R/A standards: 5%
- Other: 0%

Percent of Respondents (N=296)
National I&R/A survey findings:
Supporting professionalism - training

Training for I&R/A Specialists

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Percent of Respondents (N=230)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community resources/programs</td>
<td>100%</td>
</tr>
<tr>
<td>Communication skills</td>
<td>97%</td>
</tr>
<tr>
<td>I&amp;R/A process</td>
<td>92%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>88%</td>
</tr>
<tr>
<td>Diversity/cultural competency</td>
<td>81%</td>
</tr>
<tr>
<td>Disaster/emergency preparedness</td>
<td>78%</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>69%</td>
</tr>
<tr>
<td>Person-centered counseling/planning</td>
<td>65%</td>
</tr>
<tr>
<td>I&amp;R and/or case management software</td>
<td>60%</td>
</tr>
<tr>
<td>Use of resource database</td>
<td>57%</td>
</tr>
<tr>
<td>Options Counselling</td>
<td>53%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>
National I&R/A survey findings: Supporting certification: agency practices

Certification Requirements

- All I&R specialists must become AIRS Certified: 33%
- My agency does not have a certification requirement: 32%
- A certain percentage of specialists must become AIRS Certified: 9%
- Specialists must complete training, but not necessarily certification, on certain I&R/A-related topics: 9%
- Specialists are encouraged but not required to become AIRS Certified: 9%
- Other: 5%
- Specialists must achieve certification in something besides AIRS certification: 1%

Percent of Respondents (N=280)
National I&R/A survey findings:
Supporting certification: state practices

How State Agencies Require or Encourage Certification of I&R/A Specialists

- State policy requirements mandate that I&R/A specialists (all or a certain number) become certified: 60%
- I&R/A job descriptions require or encourage certification: 60%
- Contract requirements mandate that I&R/A specialists (all or a certain number) become certified: 50%
- State standards (for I&A, Options Counseling, etc.) require or encourage certification: 50%
- My agency funds/subsidizes the cost of certification exams: 40%
- My agency provides training for certification: 30%
- Funding/grant opportunities require or encourage certification: 20%
- Other: 10%
National I&R/A survey findings:
Keys to effective and efficient services:
Quality assurance

Quality Assurance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percent of Respondents (N=182)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer satisfaction surveys</td>
<td>90%</td>
</tr>
<tr>
<td>Data collection and analysis</td>
<td>80%</td>
</tr>
<tr>
<td>Consumer follow up calls</td>
<td>70%</td>
</tr>
<tr>
<td>Complaint investigation</td>
<td>60%</td>
</tr>
<tr>
<td>Supervisor reviewing phone calls</td>
<td>50%</td>
</tr>
<tr>
<td>Site monitoring</td>
<td>40%</td>
</tr>
<tr>
<td>Supervisor shadowing staff on home visits</td>
<td>30%</td>
</tr>
<tr>
<td>Contract monitoring</td>
<td>20%</td>
</tr>
<tr>
<td>Consumer focus groups</td>
<td>10%</td>
</tr>
<tr>
<td>Interviewing randomly selected consumers</td>
<td>5%</td>
</tr>
<tr>
<td>Secret Shopper</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>
National I&R/A survey findings:

Keys to effective and efficient services:

Quality improvement

Using Quality Assurance Data for Quality Improvement Activities

- To inform staff training/coaching: 95%
- To identify gaps in services: 80%
- To improve customer service: 80%
- To identify trends: 70%
- To inform development of policies/procedures: 60%
- To inform outreach/education to the public: 50%
- To identify technical assistance activities: 40%
- To educate stakeholders on needs/unmet: 30%
- To adjust service delivery: 20%
- Other: 0%
History of Wisconsin's ADRC Research Studies

Over 17,000 Customers surveyed!
The Business Institute

Vision: To improve the health and well-being of older adults and people with disabilities through improved and increased access to quality services and evidence-based programs.

Mission: To build and strengthen partnerships between aging and disability CBOs and the health care system.
ACL “Trailblazers” Learning Collaborative (TLC)

- Administered by n4a
- Brings together advanced CBOs from the Aging and Disability Networks to develop business acumen solutions to next-generation health care contracting challenges, including those related to:
  - New health care and LTSS payment models
  - Risk sharing/management
  - Marketing 2.0
  - Sales and contract negotiations
  - Quality measurement/performance
  - Data and analytics
Everything But the Kitchen Sink: The Roles of I&R/A Professionals
National I&R/A survey findings:
The growing responsibilities of I&R/A professionals

Job Responsibilities in Addition to I&R/A

Percent of Respondents (N=368)
Most Common Services Provided through Contracts by Organizations Contracting with Health Care Entities

- Case management/care coordination/service coordination: 49.30%
- Care transitions/discharge planning: 29.10%
- Home care: 26.50%
- Nutrition program: 26.00%
- Person-centered planning: 22.00%
- Participant-directed care: 20.60%
- Transportation (medical or non-medical): 20.60%
- Evidence-based programs: 19.70%

Data source
### Survey of CIRS-Aging/Disabilities (CIRS-A/D) Holders

#### Does your I&R/A work involve you moving between different roles?

<table>
<thead>
<tr>
<th>Role Description</th>
<th>Responses (N=516)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I engage in service coordination</td>
<td>54% 279</td>
</tr>
<tr>
<td>Yes, I work with the client and family at length to fully determine their needs</td>
<td>58% 300</td>
</tr>
<tr>
<td>Yes, I engage in person-centered decision-support</td>
<td>67% 346</td>
</tr>
<tr>
<td>Yes, I help set up their assessment appointments</td>
<td>36% 186</td>
</tr>
<tr>
<td>Yes, I assist clients to complete applications and forms</td>
<td>60% 309</td>
</tr>
<tr>
<td>Yes, I engage in case management</td>
<td>31% 162</td>
</tr>
<tr>
<td>No, I am focused solely on I&amp;R/A work</td>
<td>15% 75</td>
</tr>
</tbody>
</table>

**Total Respondents:** 516
<table>
<thead>
<tr>
<th>Does your work include any of the following?</th>
<th>Responses (N=499)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service coordination</td>
<td>57% 286</td>
</tr>
<tr>
<td>Eligibility screening</td>
<td>82% 408</td>
</tr>
<tr>
<td>Eligibility determination</td>
<td>49% 244</td>
</tr>
<tr>
<td>Service appointments</td>
<td>36% 182</td>
</tr>
<tr>
<td>Follow-up</td>
<td>81% 406</td>
</tr>
<tr>
<td>Needs and/or functional assessments</td>
<td>62% 310</td>
</tr>
<tr>
<td>Case management</td>
<td>34% 169</td>
</tr>
<tr>
<td></td>
<td><strong>499</strong></td>
</tr>
</tbody>
</table>
I&R/A 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 often refer to option counselors as "traveling I&R".

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

- Anything and everything...

- 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

- I wear a lot of hats and it doesn't matter if I am wearing my Options Counseling hat or providing transportation for someone to go to the doctor, **I&R is always coming 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.

- Since I am located in a rural area, I wear many "hats".
Eldercare Locator’s model
The role of I&R/A Professionals: Wisconsin’s model

Activities include:
- Outreach
- Information and Assistance
- Options Counseling
- Enrollment Counseling (HCBS Waivers)
- Short-term service coordination
Change and Continuity in the CIRS-A/D Certification Program

The Certification for I&R Specialists in Aging/Disabilities (CIRS-A/D) program is a reflection of the roles and activities of I&R/A professionals, and the skills and knowledge needed to perform these activities.

2018 is an important year for the CIRS-A/D program!
- Surveyed CIRS-A/D holders on their job activities
- Engaging with subject matter experts (I&R/A professionals) from across the country
- Revising the CIRS-A/D Job Task Analysis
- Validation of Job Task Analysis
- Review of exam questions and development of new questions
Group Discussions
Looking Back/ Looking Ahead

- How do we maintain our strong foundations?
- How do we respond to growing needs?
- How do we adapt to changes in aging and disability services and funding?
- How do we create value for our work?
- How do we show the value of this work?

Questions for reflection
FOR MORE INFORMATION

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202-898-2578