

Strengthening How Clients are Connected to Benefits: Findings from the 2023 Information and Referral/Assistance National Survey



Executive Summary

Information and Referral/Assistance (I&R/A) programs play a key role in connecting individuals to services and benefits. Public benefits, such as Medicaid and the Medicare low-income subsidies, that is Medicare Savings Programs (MSPs) and Low-Income Subsidy/Extra Help with Medicare Prescription Drug Costs Program (LIS/Extra Help), as well as the Supplemental Nutrition Assistance Program (SNAP), and the Low-Income Home Energy Assistance Program (LIHEAP), help individuals access health care, prescription medications, food, and home heating and cooling. Benefits play a critical role in assisting with financial needs, helping to cover Medicare and other costs, and freeing up income to pay for an individual's transportation, utilities, and food, among other expenses. I&R/A agencies and professionals serve as a gateway to state and local aging and disability services. Over the years, and markedly with the COVID-19 pandemic, the roles of I&R/A specialists have expanded to include screening, application assistance, outreach, and other functions. This brief shares results from a national survey of I&R/A agencies and provides an opportunity to learn about benefits screening, assistance, and outreach within I&R/A aging and disability networks.

Background and Methodology

ADvancing States, with support from the National Council on Aging (NCOA), works to further Medicare Improvements for Patients and Providers Act (MIPPA) education and outreach to increase enrollment into the Medicare low-income subsidies.¹ MIPPA is a multi-faceted piece of legislation through which federal funding is allocated to states and tribes for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and a technical resource center, which is run by NCOA, to provide outreach to low-income assistance programs.

In 2023, the National Information & Referral Support Center administered by ADvancing States, in partnership with the National Council on Independent Living (NCIL), conducted a national survey to assess the state of I&R/A systems serving older adults, persons with disabilities, and caregivers. The results from the survey highlight trends and developments in the provision of I&R/A service and help to inform and strengthen the knowledge base on aging and disability I&R/A.

The National Information & Referral Support Center developed the instrument for the 2023 I&R/A Survey with input from a workgroup of national, state, and local aging and disability professionals. In

¹ Medicare Improvements for Patients and Providers Act of 2008, Public Law 110-275, <https://www.govinfo.gov/content/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf>.

collaboration with NCIL, the survey was administered to agencies primarily within the aging and disabilities networks that provide or oversee I&R/A services. Responses were collected through a web-based survey tool in April-May of 2023. A total of 285 respondents completed this survey, including representatives from AAAs (112 respondents), ADRCs (49 respondents), CILs (42 respondents), state agencies on aging and/or disabilities (35 respondents), other non-profit organizations (34 respondents), and 211s (13 respondents). 211 programs provide information and referral (I&R) services to all community members in areas served by 211. While respondents could only select one agency type for their organization, some respondents likely work in organizations that include more than one type of agency. For example, a respondent may work in a AAA that is also the lead agency for an ADRC.

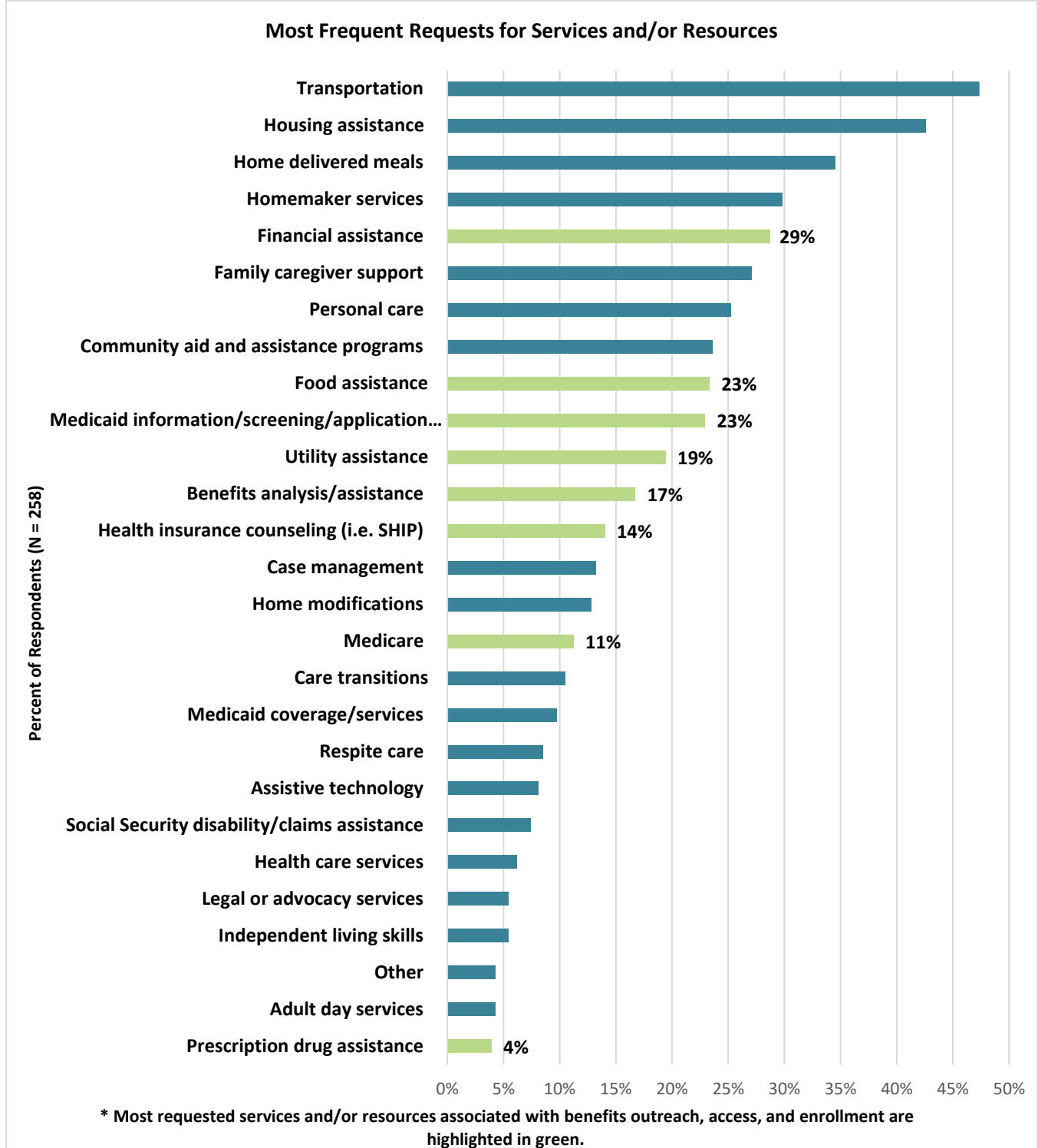
General Survey Results

Frequently Requested Services and Unmet Service Needs

Data on the needs and unmet needs of inquirers is useful in understanding community needs, service gaps, and trends over time. The I&R/A process – which includes assessing an individual’s needs; providing information, service referrals, and/or assistance; and follow-up – offers a window into the service needs and unmet service needs of inquirers. I&R/A encounters and follow-ups generate rich data on the service needs and unmet needs of communities and populations. The 2023 survey asked respondents to identify the most frequent service and/or resource requests and most frequent unmet service and/or resource needs to provide a national snapshot of the service needs and unmet needs of inquirers served through aging and disability I&R/A networks.

Among responses for most requested services were several services associated with benefits outreach, access, and enrollment, including financial assistance, food assistance, Medicaid assistance, utility assistance, benefits analysis/assistance, health insurance counseling, Medicare, and prescription drug assistance (see Figure 1).

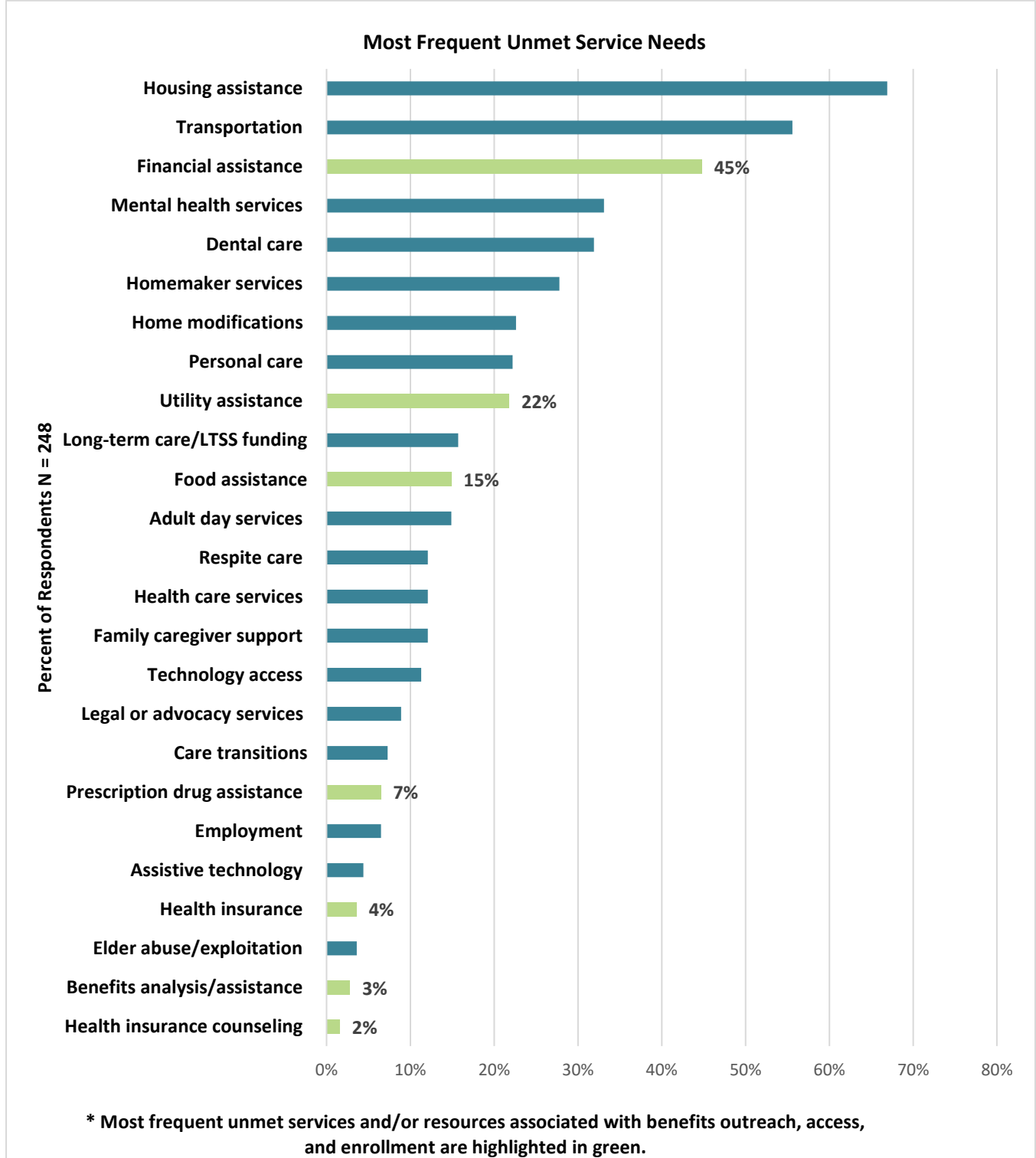
Figure 1



Along with asking respondents to identify the most frequently requested services, the survey also asked respondents to select the most frequent unmet service needs identified in the past year. In the I&R field, unmet needs may reflect both system-level and individual barriers to accessing services. For example, system-level barriers can include long waitlists for services, a lack of providers, and gaps in transportation options. Individuals may face certain barriers to services, such as failing to qualify for services based on detailed eligibility assessments or being unable to meet cost-share requirements. I&R data on unmet needs is a valuable indicator of gaps and limitations within the service delivery system.

As with frequently requested services, several unmet needs were associated with benefits outreach, access, and enrollment including financial assistance, utility assistance, food assistance, prescription drug assistance, health insurance, benefits analysis/assistance, and health insurance counseling (see Figure 2).

Figure 2



The survey data on frequently requested services and unmet service needs demonstrates that benefits related to financial assistance, utility assistance, food assistance, and Medicare low-income subsidies are frequently requested services, but that sometimes these needs are going unmet. In some cases, this finding reflects systemic service gaps. For example, millions of individuals are eligible for Medicare Savings Programs and LIS/Extra Help but are not enrolled. Additionally, the utility assistance data reflects the fact that programs often run out of funds and cannot serve all individuals who might qualify for help. At the same time, this demonstrates an opportunity for I&R/A programs, through efforts such as screening, application assistance, and outreach, to connect individuals to other benefits that may help address household financial needs.

Growing Needs and Changing Roles

Survey respondents identified that their agencies are serving more individuals with multiple and complex needs and that the role of I&R/A specialists is continuing to change and job responsibilities are expanding. The 2023 survey builds on a 2018 survey of aging and disability I&R/A programs and as noted in the previous survey, trend data indicates that I&R/A specialists are taking on more responsibilities concerning community outreach and education, and eligibility screening and assessment to help connect clients to benefits and services (see Figure 3). Related to growing needs, 61 percent of survey respondents reported that the number of calls over the past year increased with the majority (88 percent) noting that the increase in calls ranged from over ten percent to more than 30 percent. One respondent shared that “the economy is a major force for calls. The needs for food, financial assistance, housing, and home health care have all been impacted by the current inflation or economy.” Another respondent said that calls “continue to increase over time. There was a large spike with the PHE (Public Health Emergency) associated with COVID-19 starting and it has steadily risen since.” Related to the role of I&R/A specialists, one respondent stated that “[j]ob responsibilities have increased over the last year due to increasing call volume, aging community, and additional options in how clients can contact us (email, text, etc.).” As a result of demographic trends, the COVID-19 pandemic, rising housing and food costs, and other factors, including a reduction in staff, the need for consumer assistance has continued to increase. However, federal funding has not kept pace with this growing demand.

Figure 3

Job Responsibilities in Addition to I&R/A

Over 60% reporting:	Over 50% reporting:	Over 30% reporting:
Community outreach and education	Person-centered counseling	Case management or service coordination
Eligibility screening and/or determination	Options counseling	Vaccination information; vaccination access assistance
Assessment (e.g. needs assessment)	Resource database management or maintenance	Medicare counseling
Consumer advocacy	Supervision/management	Care transitions

The trend continues with I&R/A specialists providing enhanced information and referral. As needs are growing, job responsibilities are changing. As a result, this is increasing I&R/A involvement with benefits screening, application assistance, consumer advocacy, and outreach efforts to connect individuals with benefits.

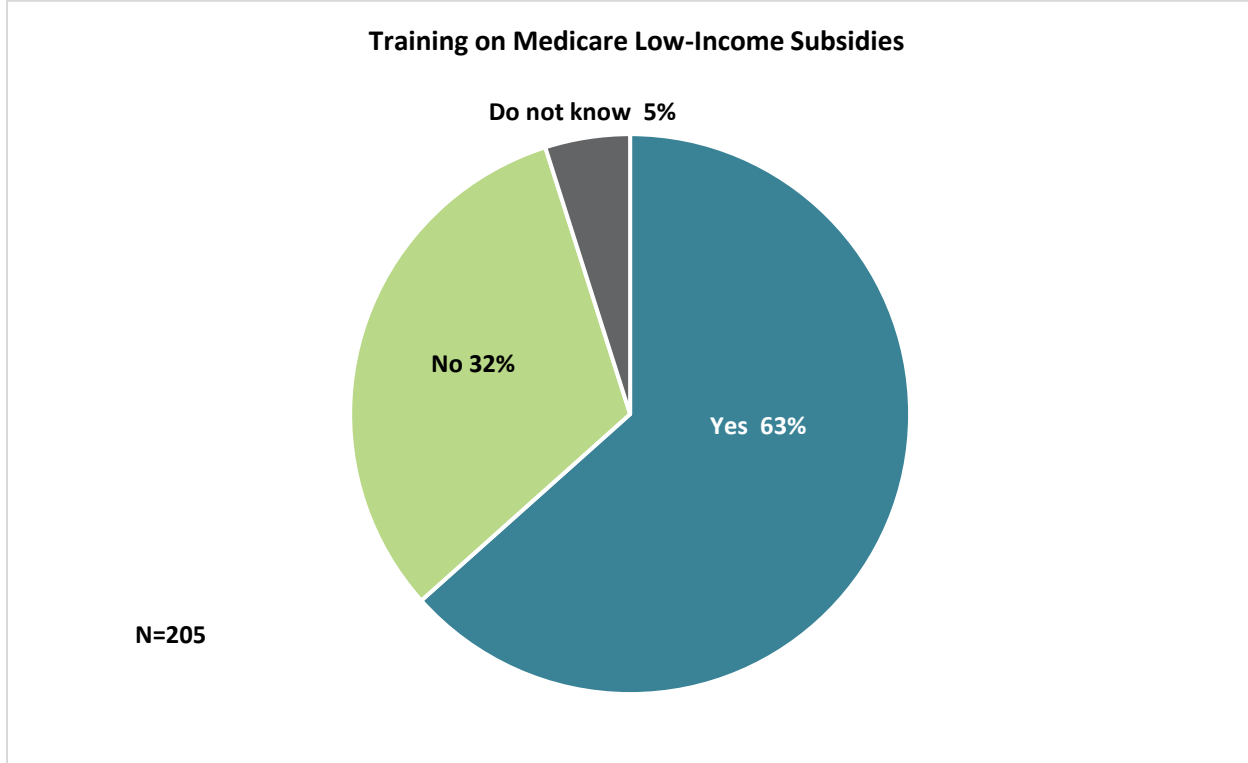
Medicare Low-Income Subsidies

The Medicare low-income subsidies are a set of federally and state-funded programs that help make Medicare more affordable for low-income Medicare beneficiaries. These programs include the Medicare Savings Programs (MSPs) and the Medicare Part D Low-Income Subsidy (LIS/Extra Help). The MSPs include the Qualified Disabled Working Individual (QDWI) program; the Qualifying Individual (QI) program; the Specified Low-Income Medicare Beneficiary (SLMB) program; and the Qualified Medicare Beneficiary (QMB) program. Each program has income and resource eligibility limits. There are federal criteria for MSP limits, though states may choose to be less restrictive. For instance, states may increase asset limits, eliminate asset tests, have higher income limits, and/or have higher standard income disregards. The Social Security Administration handles LIS/Extra Help applications and eligibility determination. LIS/Extra Help has federal income limits set at 150% of the Federal Poverty Level and asset limits that change each year.

Training for Medicare Low-Income Subsidies

The survey asked participants if I&R/A specialists are given training on Medicare low-income subsidies. Sixty-three percent said yes; 32 percent said no; and five percent said they did not know. With growing numbers of Medicare beneficiaries, agencies that do not provide training may wish to consider how training on these programs could benefit the individuals that they serve (see Figure 4).

Figure 4



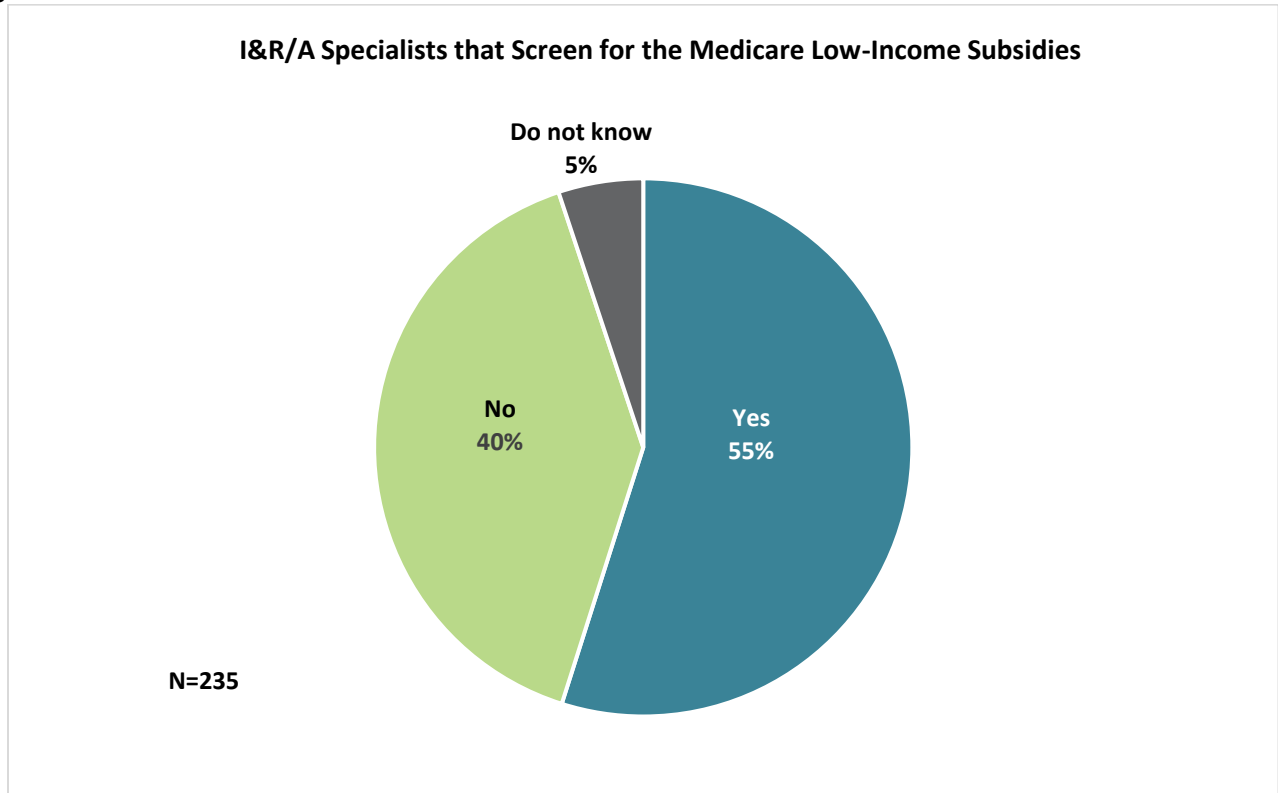
Screening for Medicare Low-Income Subsidies

The survey asked respondents if I&R/A specialists in their agency screen for potential eligibility for the Medicare low-income subsidies, that is MSPs and LIS/Extra Help. Over half, 55 percent, of respondents said yes; 40 percent said no; and five percent said that they did not know (see Figure 5).

Agencies that said their I&R/A specialists screened for potential eligibility for Medicare low-income subsidies described the tool that their specialists use. The type of screening tool ranged widely across respondents. Common responses included:

- agency-specific tools, such as intake forms;
- state assessments and state tools;
- having a conversation with the individual about program eligibility standards and the individual's income;
- State Health Insurance Assistance Program (SHIP) tools; and
- program specific tools.

Figure 5



Application Assistance for Medicare Low-Income Subsidies

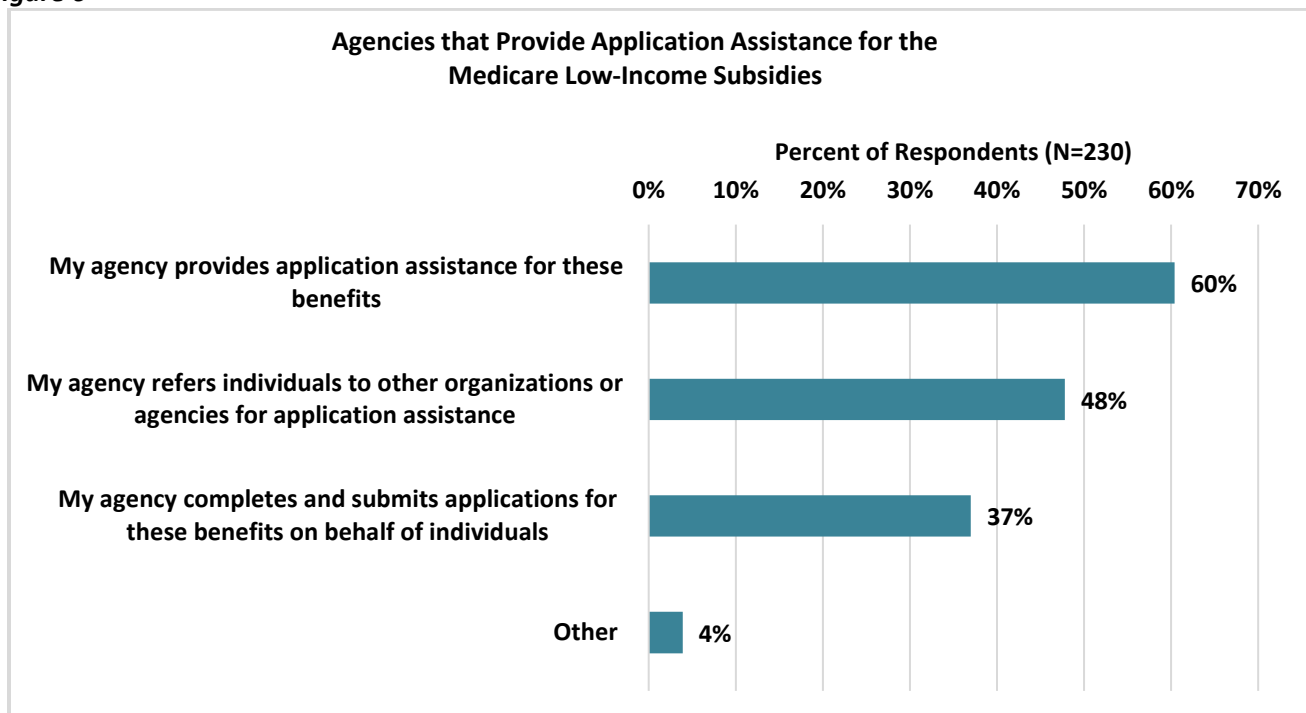
The survey also asked participants if their agency provides application assistance or other support to individuals applying for Medicare low-income subsidies. Respondents could select more than one response. Note that the questions that asked about screening specifically asked if I&R/A specialists screen, whereas questions that asked about application assistance were kept broader and asked if the agency, rather than specifically I&R/A specialists, provides application assistance.

Sixty percent of respondents said that their agency provides application assistance, such as explaining the application process or providing assistance with the application form; 48 percent said that their agency refers individuals to other organizations for application assistance; 37 percent said that their agency completes and submits applications for benefits on behalf of individuals, and four percent said other (see Figure 6). The most common referral was to SHIPs. Among survey respondents, more AAAs said that they tend to provide application assistance and complete applications rather than refer; ADRCs, CILs, and other non-profit organizations said that they primarily provide application assistance and refer individuals, and state agencies and 211s said that they tend to refer rather than provide application assistance. Given that AAAs tend to provide SHIP counseling and many ADRCs are also

connected to AAAs, it is not surprising that AAAs may provide direct application assistance for the Medicare low-income subsidies.² For example, one AAA said, “Our I&A unit includes SHIP, MIPPA, and the NCOA Benefits Enrollment Center, and we are the AAA + ADRC, so it's an in-house agency.” Another said, “Refer to Medicaid at times, we will assist with application completion and submission, answer questions about the application, whatever the individual needs..”

Given these findings, agencies should ensure that I&R/A specialists are knowledgeable on the MSP and LIS/Extra Help programs and equipped with strong referral resources so that individuals are referred to the most helpful resources available. Additionally, more organizations could explore the possibility of providing application assistance for Medicare low-income subsidies. There are a variety of administrative practices that can facilitate application assistance. ADvancing States has a tip sheet and other material available as education and reference tools for aging and disability professionals. Visit ADvancing States’ website for more information: advancingstates.org/mippa.

Figure 6



² According to US Aging’s [2023 Chartbook-More Older Adults, More Complex Needs](#), over half of AAA respondents partner with SHIPs and 63% of respondents reported other AAA roles include SHIP functions and activities.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) is a program to help participants afford their food costs. SNAP is a federally funded program that is administered through the states. There are federal criteria for income and resource limits, though states can set more liberal income and resource limits or eliminate asset tests altogether. See [NCOA's SNAP page](#) for more information.

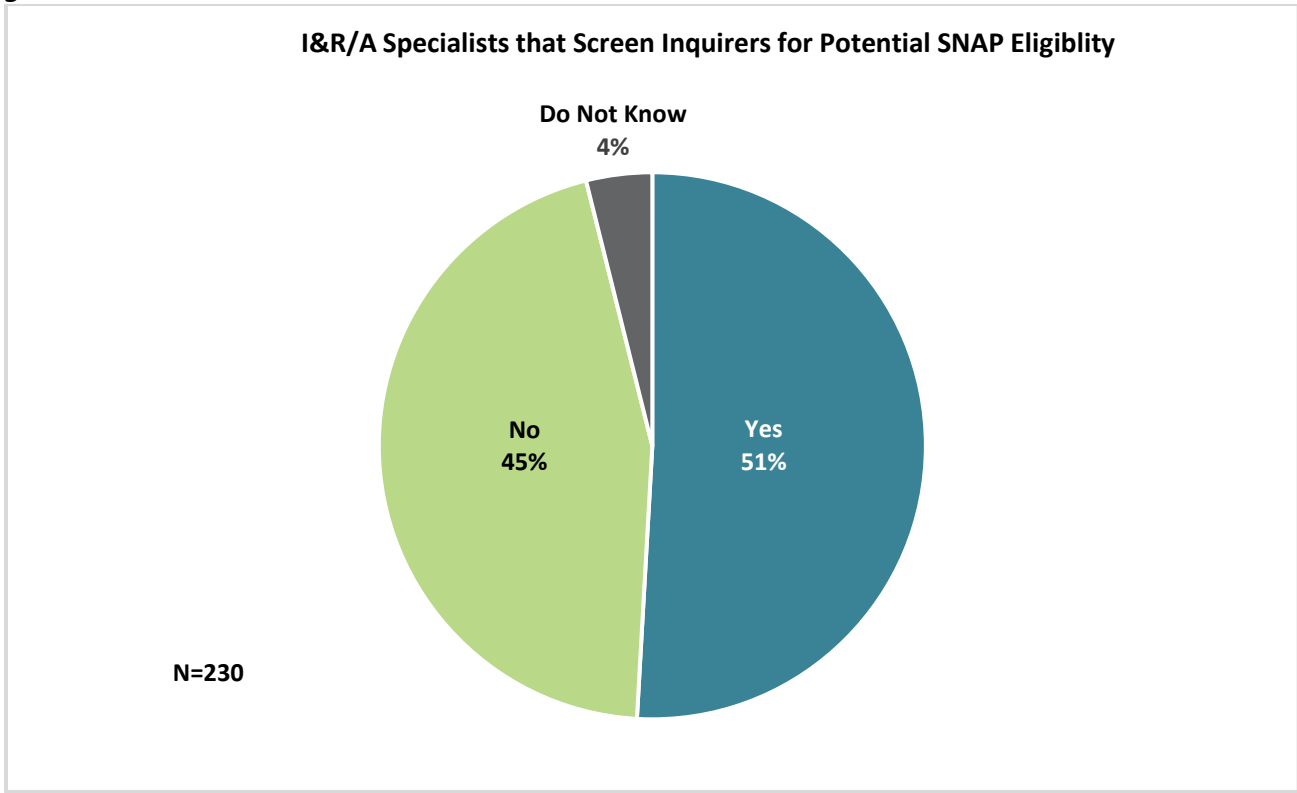
Screening for SNAP

The survey asked participants if I&R/A specialists in their agency screen for potential eligibility for SNAP. Fifty-one percent of respondents said yes; 45 percent said no; and four percent said that they did not know (see Figure 7). Even though some agencies reported that they did not screen, they still provided variations of support. For example, one AAA said that they do not screen for SNAP but will help with applications. An ADRC shared that they do not screen for SNAP but give information on SNAP and how to apply to anyone who indicates food insecurity or is seeking financial assistance.

Agencies who said that their I&R/A specialists screen for potential eligibility for SNAP also described the tool that their specialists use. The type of screening tool utilized ranged widely across respondents, though common responses included:

- knowledge of the SNAP program guidelines and eligibility criteria;
- agency-specific tools; and
- intake forms.

Figure 7



Application Assistance for SNAP

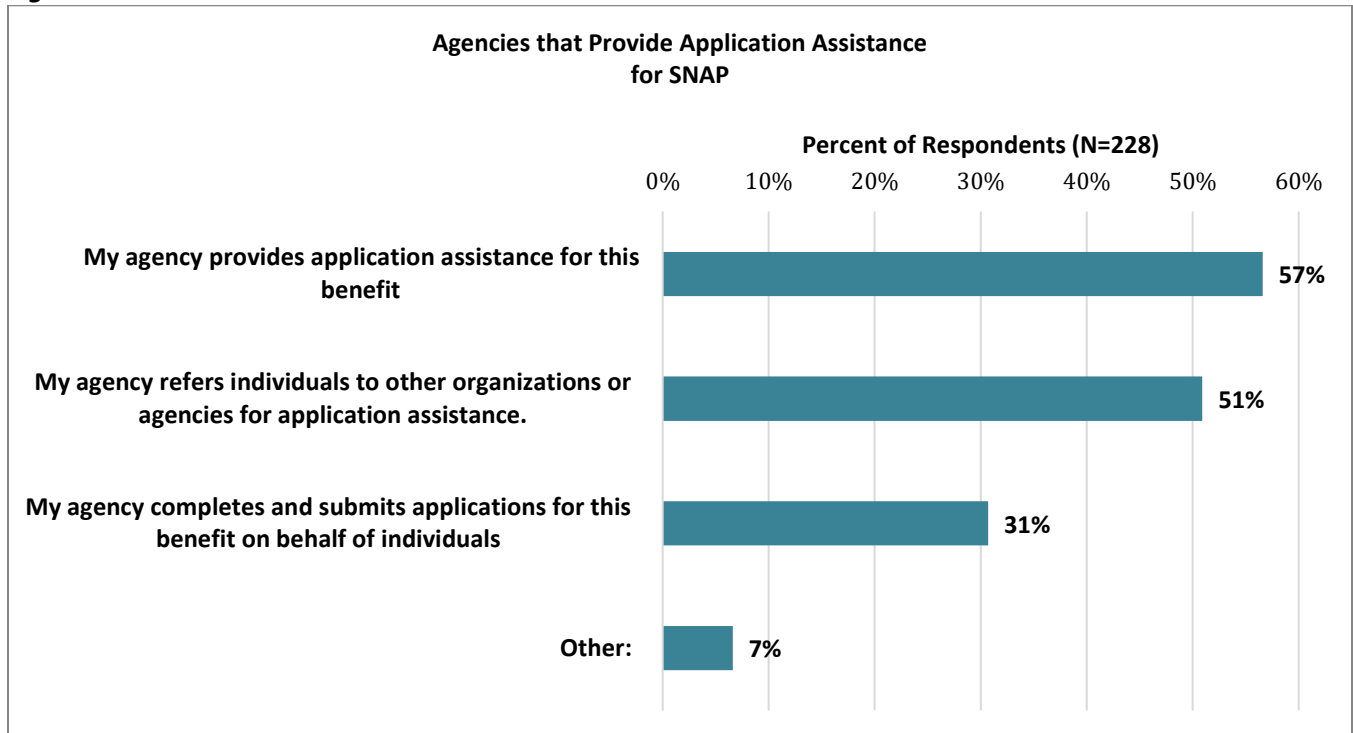
When asked if their agencies provide application assistance or other support to individuals applying for SNAP, 57 percent of respondents said that their agency provides application assistance to individuals applying for SNAP; 31 percent said the agency completes and submits applications on behalf of the individuals; 51 percent said that their agency refers individuals to other organizations or agencies for assistance, and seven percent said other (see Figure 8). Among survey participants, AAAs were more likely to complete and submit applications, as well as provide application assistance and refer individuals. ADRCs, CILs, and other non-profit organizations responded that they tend to provide application assistance for SNAP and refer individuals to other organizations, and state agencies and 211s said that they tend to not provide application assistance but rather refer individuals.

Overall, over half of agencies reported that they provide SNAP application assistance, and just over half refer individuals to other organizations. I&R/A organizations who said that they referred individuals

shared that they refer individuals to state Medicaid offices or local community organizations, including food banks and other resources.³

While not all agencies screen or provide application assistance for SNAP, lessons can be learned from agencies who do provide this type of assistance to clients. Additionally, while some organizations may not focus on, or have the capacity to provide SNAP assistance, some organizations still educate their staff about the basics of SNAP so that they can provide referrals or basic assistance if the need for food assistance arises.

Figure 8

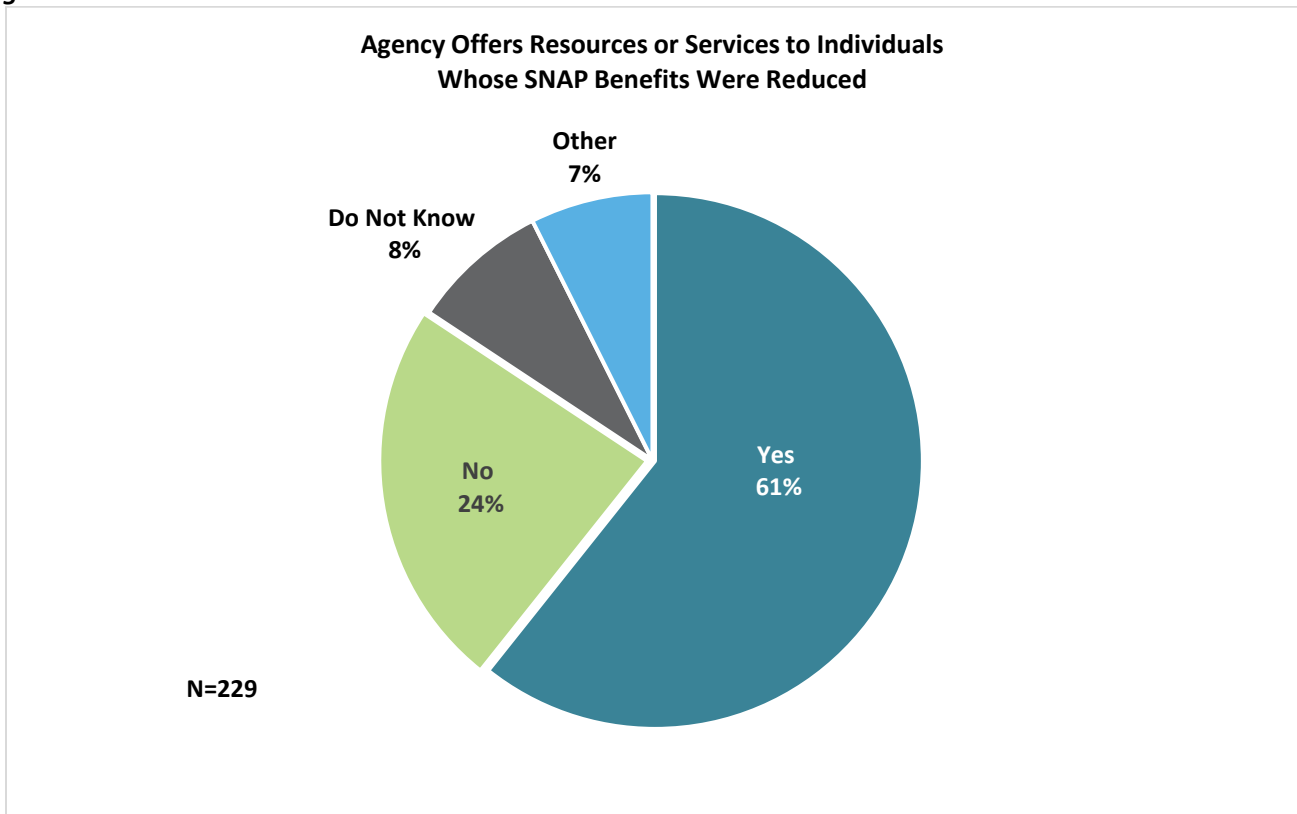


³ Some states offer an integrated application for benefits programs, such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and the Temporary Assistance for Needy Families (TANF) program.

Resources or Services for Reduced SNAP Benefits

During the COVID-19 Public Health Emergency, federal temporary emergency allotments for SNAP permitted state agencies to issue additional benefits to recipients. The emergency allotments were granted to address food insecurity and ended in February 2023. The reduction in food benefits along with a Social Security cost-of-living increase for individuals who receive Social Security benefits could result in individuals seeing a significant reduction in their SNAP benefits. When asked if their agency provides or will provide resources or services to individuals whose SNAP benefits are reduced, 61 percent of respondents said that their agency offers resources or services to assist individuals whose SNAP benefits are reduced; 24 percent said that their agency does not provide resources or services; eight percent said that they do not know; and seven percent said other (see Figure 9). Some respondents said that they refer individuals whose SNAP benefits were reduced to local food banks or pantries, home-delivered meals, such as Meals on Wheels, local faith-based institutions, and other community programs. Several respondents indicated that supplemental funds in their state were provided to address the gap.

Figure 9



Low-Income Home Energy Assistance Program

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program that helps low-income individuals with energy costs. This program helps with home heating and cooling costs, and it may also help with weatherization improvements and some emergency situations. LIHEAP is a block grant⁴ to states, and Community Action Agencies typically administer the grant locally.⁵

Screening for LIHEAP

Thirty-nine percent of survey respondents said that I&R/A specialists in their agency screened for potential eligibility for LIHEAP; 57 percent said no; and five percent said that they did not know (see Figure 10). Some respondents said that they will only screen for LIHEAP if the individual identifies a need for assistance. Additionally, several participants who do not screen individuals for LIHEAP said that they will provide information about the program as a resource and refer individuals to other agencies or organizations.

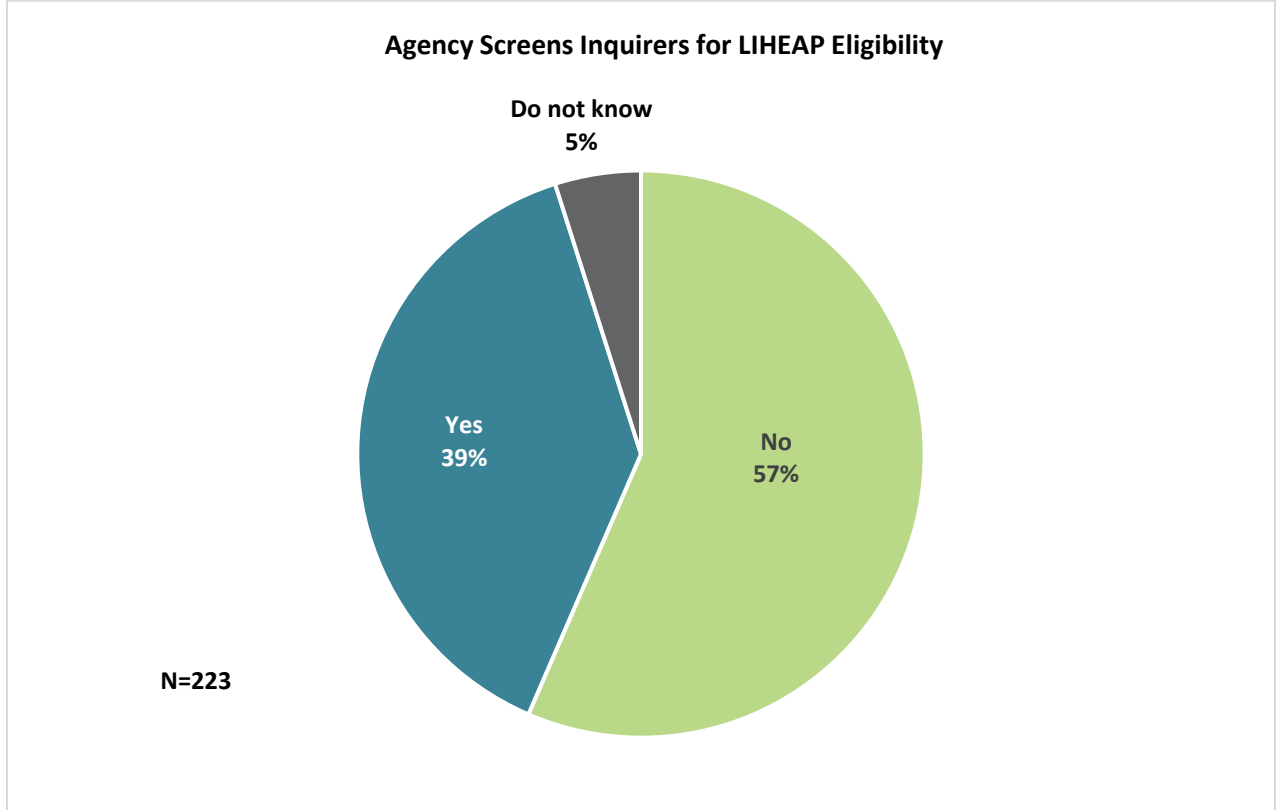
Agencies who said that their I&R/A specialists screen for potential eligibility for LIHEAP described the tool that their specialists use. The type of screening tool ranged widely across respondents, though, common responses included:

- knowledge of the program's eligibility guidelines and the individual's income and assets;
- agency-specific tools; and,
- intake forms.

⁴ Block grants are capped allotments, usually to a state, to provide benefits.

⁵ For information about Community Action Agencies, see ncaf.org/faq.

Figure 10



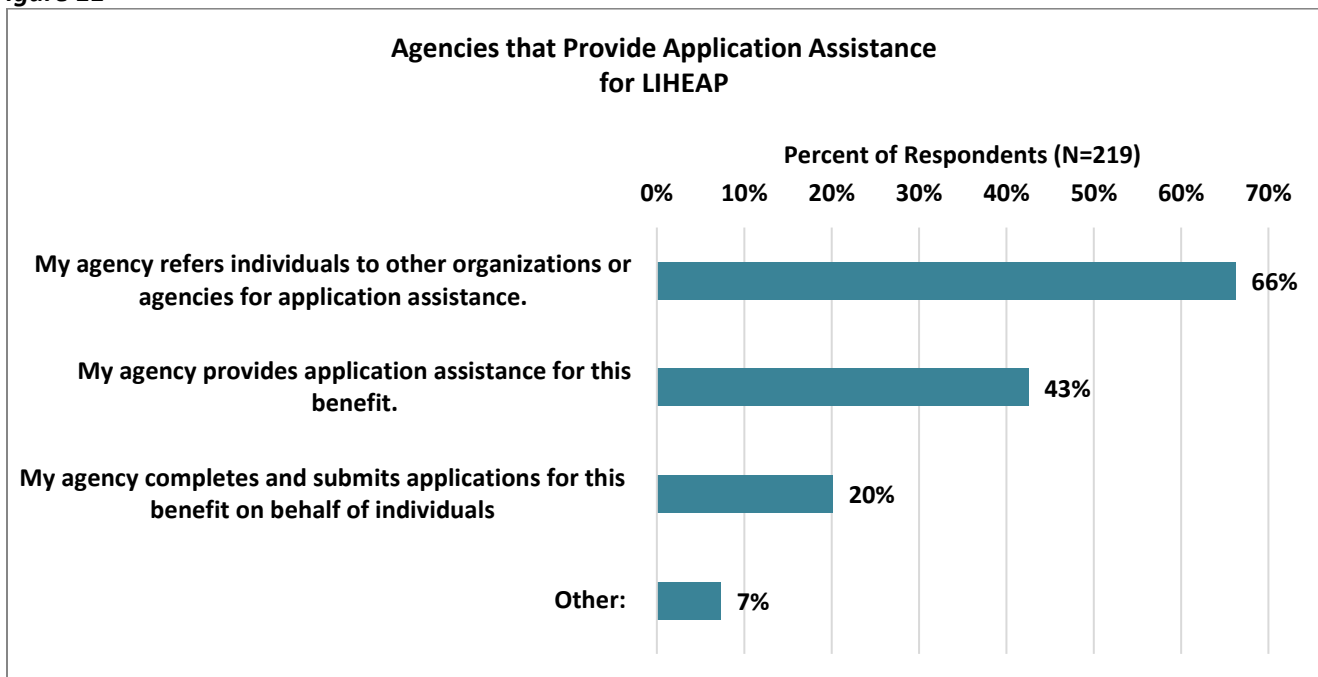
Application Assistance for LIHEAP

When asked if their agencies provide application assistance or other support to individuals applying for LIHEAP, 66 percent of respondents said that refer individuals to other organizations; 43 percent said that their agency provides application assistance; 20 percent said their agency completes and submits applications on behalf of individuals; and seven percent said “other” (see Figure 11). Among survey respondents, ADRCs, AAAs, and CILs were more likely to report that their agencies provide application assistance for LIHEAP than other types of respondent agencies.

Several participants said that they refer individuals for application assistance for LIHEAP, such as Community Action Agencies. For instance, an ADRC said that the agency refers individuals to “Community Action or other local utility assistance resources.” One AAA said, “We refer to the community partners that we fund (some are Disability Networks or Community Action Agencies).” A CIL respondent said “If someone is having trouble paying their bills, we will discuss the program and how to apply. If potentially eligible, we will refer to the local LIHEAP application agency.”

Overall, while Community Action Agencies administer LIHEAP in many local communities, I&R/A agencies still provide eligibility screening and application assistance, and they have relationships with or knowledge about their local Community Action Agency.

Figure 11

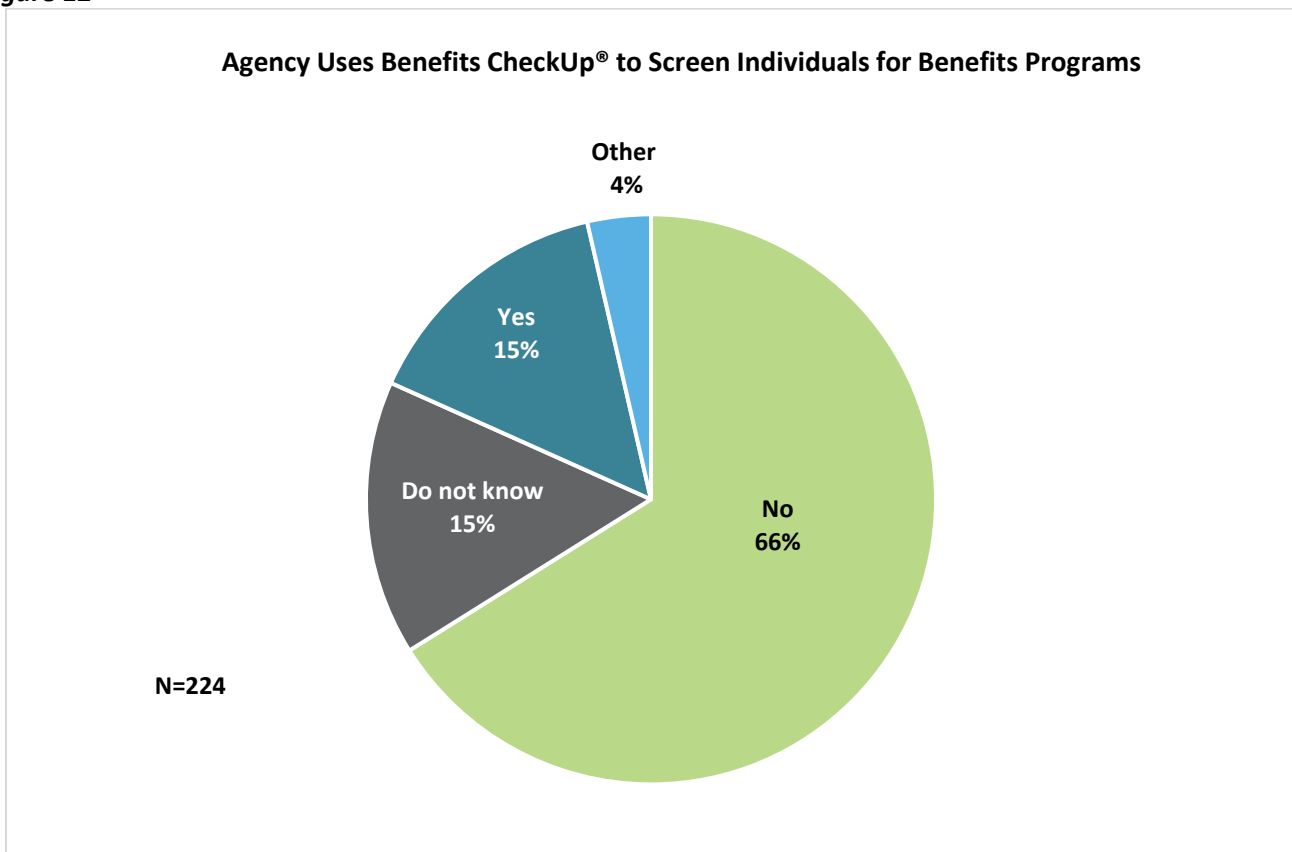


BenefitsCheckUp®

BenefitsCheckUp® is an online tool from NCOA that connects older adults with benefits they may qualify for. It can be used to screen for many benefits including the Medicare low-income subsidies, SNAP, and LIHEAP. This is a tool that is free and publicly available.

Sixty-six percent of respondents said that their agency did not use BenefitsCheckUp® to screen individuals for potential eligibility for benefit programs; 15 percent said yes; 15 percent said they did not know; and four percent said “other” (see Figure 12). Some respondents who selected “other” said that they occasionally use the tool. A state agency reported that they will use BenefitsCheckUp® to screen for benefits a person may be eligible for and will share the list of resources with the individual. An AAA said “all screening for application assistance is completed through BenefitsCheckUp®”. Additionally, an ADRC said “When assisting a client our resource coaches are trained to screen for all services a client may need or benefit from. The BenefitsCheckUp® tool is extremely useful when trying to find additional services and supports that our ADRC or agency does not offer.” BenefitsCheckUp® is another education and reference tool available to assist aging and disability professionals, clients, and caregivers.

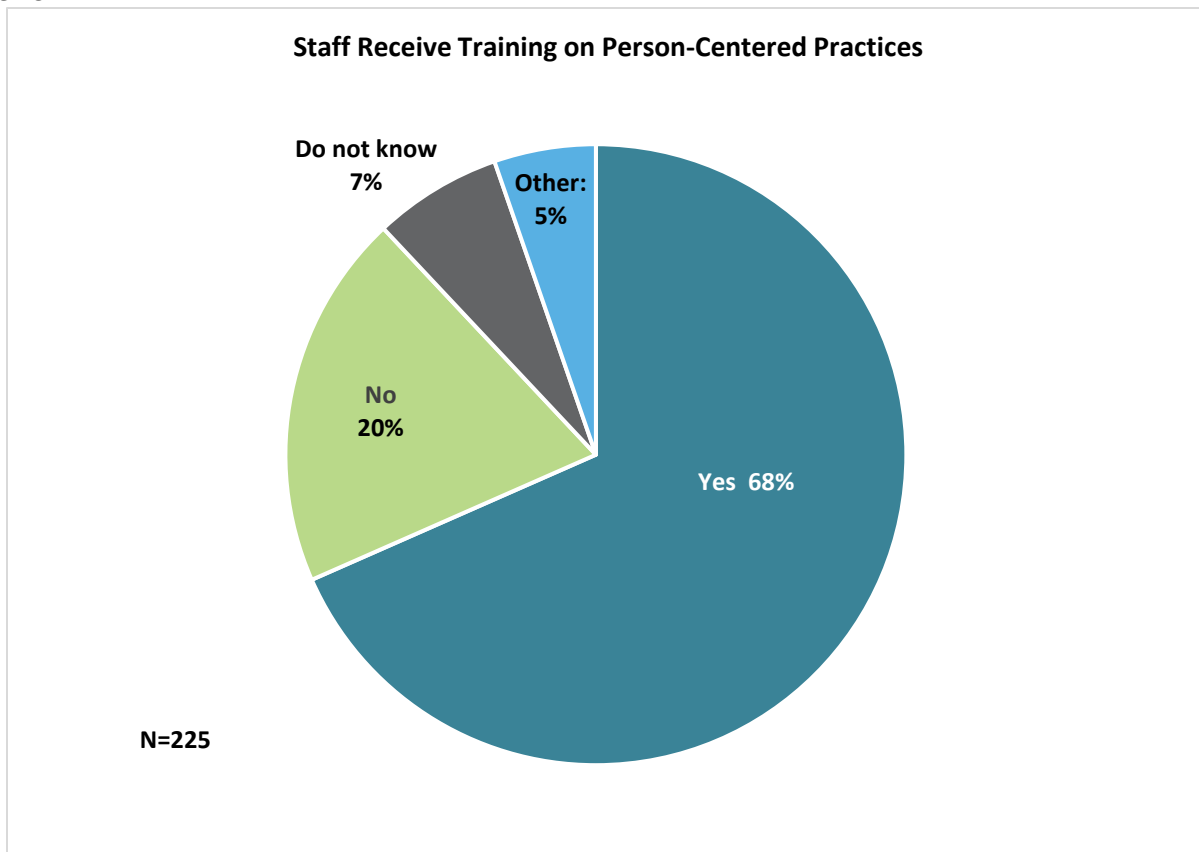
Figure 12



Training on Person-Centered Practices

The survey asked if staff at the respondent's agency receive training on person-centered approaches such as person-centered thinking or counseling, to support benefits counseling. Sixty-eight percent of respondents said yes; 20 percent said no; seven percent said they do not know; and five percent said "other" (see Figure 13). Some respondents said they received training on person-centered practices through their agency, state, or specific training on person-centered approaches (e.g., university-based training and the [Charting the LifeCourse™](#) framework). For example, an ADRC shared that the agency provides "intensive training to our resource coaches to ensure they demonstrate empathy and are up to date on services, laws, or any other useful information that will aid them in the person-centered process to provide the best service when it comes to benefits counseling." A CIL respondent said, "We are always working in collaboration with our other CILs and even AIRS (now Inform USA) training modules to support this counseling."

Figure 13



The MIPPA initiative at ADvancing States focuses on identifying and disseminating promising practices for MIPPA outreach at the state and local levels. For more information, including resource guides, tips sheets, and outreach materials, please visit www.advancingstates.org/mippa. To learn more about MIPPA, visit ADvancing States' online learning center to access the free course "The Role of MIPPA: Helping Older Adults and Individuals with Disabilities Afford their Medicare Costs". For more information, please visit: advancingstatesiq.org/.

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