Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance

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

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National Association of States
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The National Information and Referral Support Center (the Support Center) is administered by the National Association of States United for Aging and Disabilities (NASUAD), with funding provided in part by the Administration on Aging within the Administration for Community Living, U.S. Department of Health and Human Services. The 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. The Alliance of Information and Referral Systems (AIRS), the National Association of Area Agencies on Aging (n4a), and the National Council on Independent Living (NCIL) are key partners in the success of the Center.

The National Association of States United for Aging and Disabilities (NASUAD) represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community-based services for older adults and individuals with disabilities. NASUAD's members oversee the implementation of the Older Americans Act, and many also function as the operating agency in their state for Medicaid waivers that serve older adults and individuals with disabilities. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering long-term services and supports for people who are older or have a disability, and their caregivers.

The National Council on Independent Living (NCIL) is the longest-running national cross disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of individuals with disabilities, and organizations including Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the country. Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL promotes a national advocacy agenda set by its membership and provides input and testimony on national disability policy.
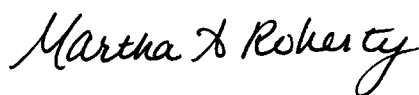
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ABOUT THIS DOCUMENT

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EXECUTIVE SUMMARY

The 2018 National Survey of Aging and Disability Information and Referral/Assistance (I&R/A) Agencies was designed to assess the state of I&R/A programs and systems serving older adults, people with disabilities, and caregivers. To capture trends, challenges, opportunities, and promising practices in I&R/A service delivery, NASUAD, in partnership with NCIL, surveyed agencies within aging and disability networks that provide I&R/A services. Respondent agencies included state agencies on aging and disability, Area Agencies on Aging, Aging and Disability Resource Centers (ADRCs), Centers for Independent Living, and other non-profit human service organizations. The survey gathered data on a range of topics, including services and referrals, technology and social media, partnerships and systems, quality assurance, training and certification, and sustainability. Six overarching themes emerged from the survey data:

- **Theme 1. Funding and Sustainability Remain Significant Concerns for I&R/A Agencies.** The challenge of funding and sustaining services remains a key concern for I&R/A agencies. Fiscal constraints and resource availability both within I&R/A agencies and within the broader network of community service providers are impacting capacity to address the needs of individuals and families. The 2018 survey captured information on the scope of these fiscal concerns as well as on the use of diverse sustainability strategies.

- **Theme 2. I&R/A Professionals are Serving More Individuals with Multiple and Complex Needs.** Serving more individuals with multiple and complex needs is a continuing trend shaping aging and disability I&R/A practice. The 2018 survey gathered data on this trend and on the nature of inquirers' changing needs, including frequently requested services, unmet service needs, and variation in service needs by geographic area served.

- **Theme 3. The Roles of I&R/A Professionals Continue to Expand.** As the needs of individuals seeking I&R/A services have become more complex, so too have the roles of I&R/A professionals. The 2018 survey, building on prior survey findings, collected information on the roles and responsibilities of professionals providing I&R/A services. The survey findings point to an enhanced consumer assistance job function comprised of multiple responsibilities.

- **Theme 4. The No Wrong Door (NWD) Model is Playing a Growing Role in Consumer Access to Information and Services.** Recognizing the role of I&R/A programs in consumer access systems, the 2018 survey explored respondent agencies' participation in ADRC networks and No Wrong Door (NWD) systems. The survey data shows evidence of the influence of the NWD model on I&R/A practices, from the growing provision of training on person-centered counseling to the broadening of referral networks and the development of statewide infrastructure.

- **Theme 5. Changing Expectations for Effective Service Delivery Support a Focus on Training and Quality Assurance.** While the field of Information & Referral has long maintained quality standards, a changing fiscal and policy environment has heightened expectations for effective and person-centered services with documented performance measurement. The 2018 survey examined developments in quality assurance and staff training from a variety of angles, including professional standards for I&R/A services, quality assurance and improvement, outcome measurement, and staff training and certification.

- **Theme 6. Diverse Modes of Consumer Access to Information and Assistance are Emerging in I&R/A Practice.** Providing diverse modes of access to information and assistance is important to meeting the communication needs and preferences of inquirers, yet the emergence and adoption of newer types of service modalities in the I&R/A field has been uneven. While the 2018 survey found a continued increase in agencies' use of social media, there remains reliance on traditional modes of communication for delivering I&R/A services. The 2018 survey explored the use of technology in I&R/A programs in several key areas: social media, service delivery modalities including chat and text, the resource database and consumer access to resource information, information systems/software, and taxonomy.

METHODOLOGY

In 2018, using a web-based survey instrument, the Support Center, in partnership with NCIL, surveyed organizations nationwide that provide information and referral/assistance (I&R/A) within aging and disability networks. The survey was in the field in April 2018 with follow up data gathered in May 2018. This survey was designed to assess the state of I&R/A systems serving older adults, persons with disabilities, and caregivers, and to highlight important trends and developments in the provision of I&R/A services. To gather this information, the survey was organized into 10 sections that collected quantitative and qualitative data in key areas. The 10 sections included the following:

- Section 1: Overview Questions (agency type and respondent information)
- Section 2: Services, Referrals, and Service Needs
- Section 3: Social Media
- Section 4: Partnerships and I&R/A System Building
- Section 5: Information Technology/Management Information System (IT/MIS)
- Section 6: Agency Standards and Quality Assurance
- Section 7: Training and Certification
- Section 8: Sustainability—Private Pay Population
- Section 9: Sustainability—Expanding Roles for I&R/A Agencies
- Section 10: Conclusion and General Comments

The Support Center and NCIL distributed the survey through several dissemination channels. The survey was distributed to NASUAD's state members, who were requested to forward it to the I&R/A lead staff at their agencies as well as to agencies, such as Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs), within their networks. The Support Center also disseminated the survey through its email distribution lists comprised of over 1,900 aging and disability I&R/A professionals in national, state, and local agencies across the country. Additionally, the Support Center disseminated the survey through the AIRS Networker, which reaches close to 7,000 I&R professionals. NCIL distributed the survey to its membership as well as its Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs) distribution lists comprised of CILs and SILCs across the country.

A total of 355 respondents completed the survey, including representatives from state agencies on aging and disability (39 respondents), AAAs (131 respondents), ADRCs (36 respondents), Centers for Independent Living (93 respondents), and other non-profit organizations (56 respondents). The number of respondents from 2-1-1 organizations was too small to allow responses to be categorized by this agency type though responses from 2-1-1s are captured in aggregate data. 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, 28 percent of respondents indicated that their agency is the lead agency for an ADRC. Also of note, the 2018 survey saw a significant increase in the number of respondents from Centers for Independent Living (CILs) as compared to when this survey was last conducted in 2015 (there were 37 CIL respondents in the 2015 survey). It may be helpful to keep this change in mind when reviewing the trend data presented in this report.

The 2018 survey, for the first time, asked respondents to identify their agency's service area based on geographical areas. Forty percent of respondents indicated that their agency serves a rural area; significantly above any other type of geographical area. Twenty-one percent of respondents work in agencies that serve a large urban area and 18 percent work in agencies that serve a small urban area. Given that respondents include state agencies on aging and disability, it is not surprising that 19 percent of respondent agencies serve a statewide area. Under two percent of respondent agencies serve either national or frontier areas. Sixteen percent of respondents further described that their agency serves a multi-county area or a large county or region that includes different geographical areas such as urban and rural areas, or suburban and rural areas.

In the report that follows, the survey data is either presented in the aggregate across respondent organizations as a whole, or by agency type (state agency, AAA, ADRC, CIL, or other non-profit organization). Survey data might also be presented by agency service area to show differences across urban and rural communities.

INTRODUCTION

Information and Referral is described as "the art, science and practice of bringing people and services together."[1] Within aging and disability networks, Information and Referral/Assistance (I&R/A) plays a vital role in connecting older adults, people with disabilities, family members, and caregivers to the range of long-term services and supports (LTSS) that may be available to them. The 2018 survey of aging and disability I&R/A agencies, on which this report is based, captures the perspectives of state agencies on aging and disability, AAAs, ADRCs, CILs, and other non-profit human service organizations that provide I&R/A services to their states and communities. The 2018 survey builds on the 2015 survey of aging and disability I&R/A agencies, also conducted by NASUAD and NCIL. Conducting surveys of I&R/A agencies over time allows for identification of trends and developments in the field. This section of the report will briefly describe aging and disability I&R/A networks to provide context for the types of agencies that responded to the survey.

Aging and Disability I&R/A Networks

I&R/A is a gateway to state and local aging and disability services. Aging and disability I&R/A networks are comprised of several different agency types that provide or coordinate services and supports for older adults, individuals with disabilities, family members, and caregivers. These agency types include state agencies on aging and disability, AAAs, ADRCs, CILs, and other non-profit organizations. I&R/A is also provided through specialized aging and disability networks.

Since the early 1970s, I&R/A has been a mandatory service under the Older Americans Act (OAA). Through the aging network—a national network of state agencies, AAAs, tribal organizations, and service providers—OAA-funded programs and services such as information and assistance, home care, meals, family caregiver support, and transportation assist older adults to live as independently as possible in their homes and communities. Within this network, I&R/A services support older adults and caregivers in assessing needs, identifying appropriate services to meet those needs, linking individuals to the agencies providing these services, and empowering individuals to make decisions and choices about the services that they receive.

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[1] Alliance of Information and Referral Systems. 2018 AIRS I&R Training Manual, Volume 1, page 10.

Information and Assistance under the Older Americans Act

Information and assistance for older individuals: "(A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures […]."[2]

Each type of agency within the aging network has important responsibilities that help connect individuals to services and supports. State Units on Aging (SUAs) plan, coordinate, and oversee OAA activities. Many SUAs are part of a larger state government agency, and as such, are integral to the broader mission of state aging and disability agencies to coordinate access to LTSS for a range of individuals and families. State agencies may coordinate statewide activities that facilitate the provision of I&R/A services, such as developing a statewide resource database platform.

At the community level, all AAAs offer five core services under the OAA; among these are supportive services which include information and referral. Many AAAs also provide decision-support counseling (options counseling and person-centered counseling), as well as Medicare counseling, enabling them to assess multiple service needs and offer enhanced individualized support. The aging network includes over 15,000 service providers and many thousands of volunteers that provide services and supports to nearly one in five older adults.[3]

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[2] Older Americans Act OF 1965 [Public Law 89–73] [as amended through P.L. 114–144, enacted April 19, 2016]. *<https://legcounsel.house.gov/Comps/Older%20Americans%20Act%20Of%201965.pdf>* (2018, October 30)

[3] Administration for Community Living. OAA State Performance Report, FY 2016. Included in presentation at 2018 National HCBS Conference, August 27, 2018, Baltimore, Md. *<http://www.nasuad.org/sites/nasuad/files/Aging%20%26%20Disability%20101%20Combined.pdf>* (2018, October 30)

Information and referral is also a core service of Centers for Independent Living (CILs). CILs are community-based, cross-disability, and consumer directed organizations that provide an array of independent living services to people with disabilities of all ages. CILs must all provide, at a minimum, these core services: peer support; information and referral; individual and systems advocacy; independent living skills training; and transition services, which includes transition assistance from institutions to community living, nursing home diversion, and youth transition services. In addition to I&R serving as the gateway to other CIL services, the information and referrals provided empower consumers to more effectively make informed decisions to achieve their goals for independent living.

With the development of Aging and Disability Resource Centers (ADRCs), and more recently No Wrong Door (NWD) systems, I&R/A services have been incorporated as a function of networks that are intended to serve individuals of all ages and disabilities. ADRCs seek to provide individuals with information, one-on-one counseling, and streamlined access to long-term services and supports. As will be explored further in this report, for a number of specialists, their job responsibilities bridge I&R/A and ADRC roles to provide enhanced decision support. The NWD model, which often incorporates ADRC activities, includes additional elements of state leadership, partnership, management, and oversight. Coordination with key referral sources and the provision of person-centered counseling are other important elements of NWD systems. ADRC networks and NWD systems call for partnerships across a range of agencies and programs, including aging and disability I&R/A services, though partnerships vary across communities and may still be evolving.

While some aging and disability I&R/A agencies or networks aim to serve consumers broadly, other organizations provide information and referral as a function of specialized aging and disability networks. These networks may be comprised of national organizations and their state and local chapters or affiliates. The Arc, for example, has a network of nearly 700 state and local chapters that serve people with intellectual and developmental disabilities of all ages and their families. Chapters provide a variety of services and supports including information and referral, advocacy, family support, employment programs, and other services. The Alzheimer's Association and its local chapters provide information and support to individuals affected by Alzheimer's disease and other dementias, including through a national Helpline that offers information and assistance. These are two examples of specialized aging and disability networks that provide I&R/A to individuals, family members, and caregivers. The perspectives of organizations that participate in specialized networks have also been captured in this survey.

THEME 1. FUNDING AND SUSTAINABILITY REMAIN SIGNIFICANT CONCERNS FOR I&R/A AGENCIES

When asked to identify key issues affecting their agencies, survey respondents overwhelmingly chose funding and sustainability as top agency concerns. This finding mirrors that of the 2015 national I&R/A survey, where 70 percent of respondents selected funding and sustainability as top agency concerns. For respondents to the 2018 survey, this finding is threaded with the theme of "doing more with fewer resources" that was expressed throughout survey responses. Fiscal constraints and resource availability both within I&R/A agencies and within the broader network of community providers are shaping concerns with agencies' capacity to address the needs of individuals and families. At the same time, a growing number of agencies are pursuing diverse sustainability strategies from traditional approaches to innovative initiatives. This section of the report will highlight both fiscal concerns identified by survey respondents and sustainability strategies that they shared.

Figure 1 shows the top agency concerns selected by survey respondents. Sixty-eight percent of respondents chose funding/sustainability as the top issue impacting their I&R/A agency, followed by the issue of limited resources in the community, identified as a key concern by 54 percent of respondents. Both of these issues reflect concerns with fiscal constraints within agencies themselves and within community providers. One respondent described how there is an "Increasing number of clients who are low income and in need of services with less funding and fewer community support agencies." In comments, several respondents noted a lack of affordable housing and growing homelessness as key issues impacting their ability to serve individuals. Staff shortages among direct support workers were also called out.

Other top issues affecting agencies are changes to LTSS delivery systems, staffing (retention and recruitment), capacity for technology improvements, and the resource database (see figure 1). Staffing issues are also tied to funding, as funding constraints can limit staff availability for I&R/A activities. LTSS system changes may bring more individuals of all ages and disabilities to I&R/A agencies. In the area of technology, survey findings suggest a growing recognition of the importance of technology enhancements, though capacity for such varies. One respondent shared, regarding resource database APIs,[4] "Though there are many that are very interested in receiving an API from us; very few have the technological capacity to handle one. Certainly a different flavor of conversation compared to the past."

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[4] API stands for Application Programming Interface. The interface allows software applications to interact. For example, an API can allow sharing of resource data.

Figure 1 — *Top Issues Affecting I&R/A Organizations*

Percent of Respondents (N=282)

- Funding/sustainability — ~68%
- Limited resources in the community — ~53%
- Changes to the LTSS delivery system — ~34%
- Staffing — ~25%
- Capacity for technology improvements — ~20%
- Resource database — ~19%
- Implementation of Medicaid managed care — ~13%
- Partnerships with other agencies — ~13%
- Serving caregivers — ~12%
- Data collection capability — ~11%
- Serving new populations — ~10%
- Other — ~4%

One important driver of fiscal concerns among I&R/A agencies is the sustainability of ADRC activities and networks. ADRCs serve as consumer access points in communities across the country, providing information and referral and person-centered decision support (options counseling and person-centered counseling). Broad federal funding for ADRC grants has decreased significantly in recent years, while funding for NWD activities has been more targeted. One survey respondent commented, "We rely on OAA and some state general funds for services across the state. These funding streams have not increased but the population and costs of services have. In addition, ADRC/NWD Grant funding is minimal."

Survey respondents whose agencies operate an ADRC or participate in an ADRC network were asked to identify the trend of funding for ADRC activities in their states or communities over the past two years. Figure 2 illustrates these funding trends. Of 271 respondents, 22 percent indicated that ADRC funding had decreased, and another six percent indicated that ADRC funding had been eliminated. For 28 percent of respondents, ADRC funding stayed about the same. Yet given that many agencies reported—in other parts of the survey—serving more individuals with complex needs over the past two years, it is likely that level funding is stretched thin. Only eight percent of respondents indicated that ADRC funding had increased. Several respondents noted a change in focus stemming from ADRC funding being provided through Medicaid. One respondent identified, for example, a change in focus to Medicaid eligible individuals. The role of Medicaid funding will be further explored in the section below on sustainability strategies. Other respondents described pulling together multiple funding sources to continue ADRC activities.

Figure 2 — *Funding Trends for ADRC Activities*

Funding has been eliminated
6%

Funding has increased
8%

Do not know
36%

Funding has decreased
22%

N=271

Funding has stayed about the same
28%
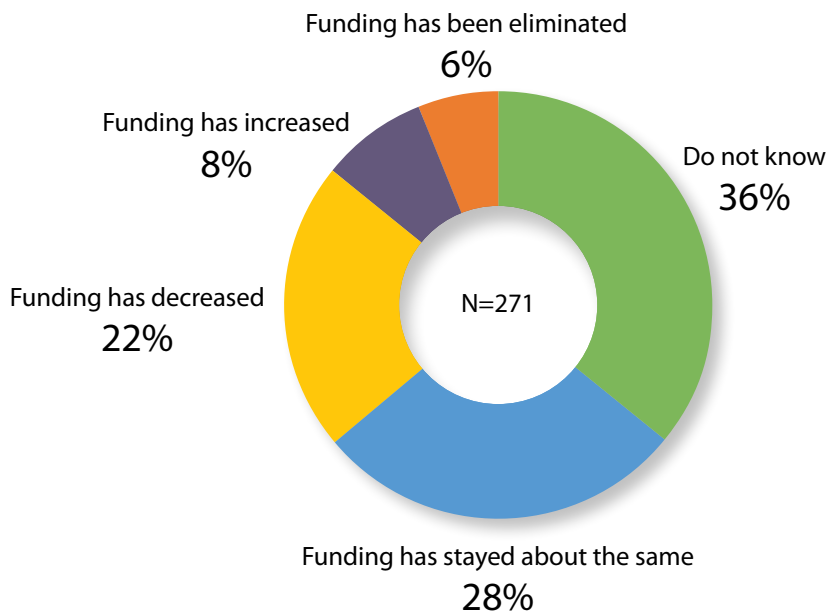
A related area of fiscal concern is the reduction of federal funds available for care transitions. Care transitions are activities to assist individuals to return to and remain in the community. These activities comprise one function of ADRCs and are services that many I&R/A agencies have provided. In the 2015 I&R/A survey, 75 percent of 282 respondents reported that their agency participated in the implementation of care transitions services. Participation in care transitions programs is a logical role for I&R/A agencies as these programs provide information, services, and supports that individuals need to make the transition from a hospital, nursing facility, or other institutional setting to community-based living.[5]

Federal funding through programs including the Money Follows the Person program (MFP), the Community-based Care Transitions Program (CCTP), and the Balancing Incentive Program (BIP) has provided resources for care transitions programs. In the 2018 I&R/A survey, 54 percent of 293 respondents reported that their agency provided care transitions (and/or nursing home diversion) services under one or more of these federal programs. Yet as with ADRC funding, federal funding under MFP, CCTP, and BIP has either expired or is phasing down (barring reauthorization).[6] The 2018 survey asked respondents whose agencies continue to provide care transitions services to describe how their agency is sustaining funding for these activities. A number of respondents mentioned MFP, often noting that this funding

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[5] NASUAD. 2016. The Changing Landscape of Aging and Disability Information and Referral/Assistance: 2015 Survey of Aging and Disability I&R/A Agencies. *<http://www.nasuad.org/sites/nasuad/files/2015%20I&RA%20Survey%20Report.pdf>*

[6] In 2019, Congress passed two separate bills that provided a total of $132 million in additional MFP funding and extended the deadline for CMS to make grant awards to States until September 30, 2021. While these bills provide both an extension and new funding for the program, they do not fully reauthorize MFP.

is phasing down, "We are still able to get the last remaining dollars of the MFP program. Our state has stopped taking applications for MFP." Sustainability strategies beyond MFP mentioned by respondents include: contracting with managed care organizations (MCOs) to provide these services, partnering with hospitals ("One previous CCTP participating agency now has a formal agreement with a hospital to pay for one full-time employee to perform care transitions."), seeking other grant opportunities, using state funding, and providing transitions services through a Medicaid waiver program.

Sustaining Transition Services for DC Residents

The DC Department of Aging and Community Living (DACL) has worked closely with DC Department of Health Care Finance (DHCF), DC's Medicaid agency, to ensure improved transition outcomes even after sun-setting the MFP demonstration. As part of the sustainability effort, the functions of staff under the MFP demonstration were integrated into the roles of current community transition team members and within the Medicaid Waiver. DC has committed $1.1 million toward a community transition team focused on transitioning nursing home residents into the community, and Home and Community-Based Services Waiver services were expanded to include case management and home health agency support while people proceed through the nursing home transition process. Additionally, DACL provides transition case management for 30 days post-discharge to ensure a smooth adjustment to the community.

Sustainability Strategies

I&R/A agencies are operating in a changing funding landscape, which both drives fiscal concerns but may also offer opportunities to diversify revenue and explore different approaches to sustaining services and programs. When asked to share one innovative sustainability strategy being undertaken by their agency, respondents did identify a range of strategies that reflect a broad approach to financing and sustainability. Placing these strategies within a framework helps to illustrate the commonalities across agency approaches and provides ideas that other I&R/A agencies can consider to help sustain their services.

Table 1 provides a framework for financing strategies that is designed to encourage agencies to think broadly about ways to sustain existing and new services.[7] Some of these strategies, such as those that create more flexibility in existing funding programs, may be best suited to state and local government agencies, while other strategies, such as building partnerships and making better use of existing resources, can be deployed by community-based organizations. In some cases, use of a strategy may require participation by both state and local agencies. Administrative claiming, for example, is a strategy that state and local agencies both support through activities such as cost allocation planning and staff time reporting.

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[7] Hayes, Cheryl D. 2002. Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives. Washington, D.C.: The Finance Project.

Table 1	*A Framework for Financing Strategies*

- Strategy 1: Making Better Use of Existing Resources
    - Redeployment
    - Operating more efficiently
    - Reinvestment
- Strategy 2: Maximizing Federal and State Revenue
    - Leveraging
    - Refinancing
    - Administrative claiming
    - Grant writing
- Strategy 3: Creating More Flexibility in Existing Categories
    - Pooling
    - Coordination
    - Devolution
    - Decategorization
- Strategy 4: Building Partnerships
    - Leveraging
    - Leadership
    - Technical assistance
- Strategy 5: Creating New Dedicated Revenue Streams
    - Charging fees for services
    - Special taxing districts/levies
    - Trust funds
    - Fees and narrowly based taxes
    - Lotteries and gaming
    - Income tax check-offs
    - Generating unrelated business income
    - Social enterprises

Source: Hayes, Cheryl D. 2002. Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives. Washington, D.C.: The Finance Project.

As shown in the list below, agencies that responded to the 2018 survey are addressing sustainability by using diverse financing strategies such as those reflected in table 1. Respondent agencies reported using sustainability strategies that **make better use of existing resources** (e.g. *seeking efficiencies in business practices*), **maximize federal and state revenue** (e.g. *Medicaid administrative claiming*), **build partnerships**—community and public-private partnerships (e.g. *collaborating for grant funding* and *contracting with health care entities*), and **create new revenue** (e.g. *cost sharing* and *fee for service*). Respondent agencies are also recognizing the importance of data and technology to sustainability efforts ("We are constantly trying to update our way of collecting data to make it useful in selling the benefits of the ADRC."). Additionally, agencies are looking to promote greater awareness of their services through marketing and branding, and may seek to serve new populations, which can potentially generate new revenue ("We became a SAGE Certified agency to increase our knowledge on how best to serve diverse populations.").[8] Building partnerships with health care entities to address health-related social needs and LTSS needs reflects a current focus on "business acumen"—an approach to business development designed to assist aging and disability organizations to partner with integrated care entities ("We are partnering with our local hospital to place an individual in the Emergency Department to provide I&R/A and community referrals.").

Innovative sustainability strategies shared by survey respondents include the following types of approaches:

- Investments in technology and data capacity; modernizing technology

- Medicaid billing and claiming

- Cost sharing; fee for service

- Modernizing business practices; streamlining systems; seeking efficiencies in business practices; cross-training staff

- Community partnerships and collaboration; working together on common goals; collaborating for grant funding

- Marketing and branding; leveraging social media

- Serving new populations (for example, veterans)

- Contracting with health care entities; addressing social determinants of health; supporting care transitions; partnering with local hospitals

- Innovation and creativity in service delivery

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[8] Through the National Resource Center on LGBT Aging, SAGE provides LGBT aging cultural competency training and qualifying agencies may receive a national credential to highlight the percentage of staff trained.

Medicaid administrative claiming is one financing strategy that has received attention at the federal level as an avenue for sustaining and supporting a NWD system. As described on the Administration for Community Living's (ACL) No Wrong Door website, the role of a NWD system in assisting individuals with understanding and navigating long-term services and supports includes a number of administrative functions that may be eligible for Medicaid claiming.[9] The Centers for Medicare & Medicaid Services (CMS) has provided guidance on Medicaid administrative claiming for NWD systems.[10] Additionally, ACL provides a NWD System Medicaid Administrative Claiming Workbook and Toolkit on the NWD website.[11] Given this emphasis on administrative claiming, the 2018 survey sought to learn from respondents about use of this strategy. Respondents from state agencies were asked if their agency has a contract or interagency agreement with the state Medicaid agency for claiming federal matching funds for Medicaid administrative activities performed through ADRC and/or NWD systems in their state. Of 45 respondents, 29 percent indicated yes and 18 percent indicated that administrative claiming is in development. Those that indicated yes were asked to identify the types of ADRC/NWD activities for which their state seeks Medicaid administrative claiming (figure 3). As seen in figure 3, these types of activities—such as Medicaid outreach, options and person-centered counseling, screening and referrals, and application assistance—may be a natural fit for I&R/A agencies. Such activities must be allowable and allocable to the Medicaid program for administrative claiming. While Medicaid administrative claiming can take considerable planning, time, and effort, it also has the potential to generate federal matching funds that can help sustain ADRC/NWD activities.

Administrative claiming is not the only way that respondent agencies are leveraging Medicaid resources to serve individuals who are eligible or potentially eligible for Medicaid. Aging and disability I&R/A agencies have been an integral part of the home and community-based services (HCBS) delivery system for older adults, people with disabilities, caregivers, and family members. As demand for these services has grown, a number of agencies are looking beyond traditional funding sources for additional revenue. Furthermore, traditional funding programs such as the OAA have not kept pace with growing needs. In this environment, it is not surprising that agencies are looking to funding sources such as Medicaid as a source of revenue to support coordinating or providing HCBS for eligible individuals. The 2018 survey asked respondents if their agency is a Medicaid provider authorized to provide services to consumers enrolled in a Medicaid HCBS program. Of 299 respondents, 33 percent indicated that their agency is a Medicaid provider in this capacity. Respondents from AAAs and CILs were most likely to report that their agency is a Medicaid provider serving HCBS consumers (around 40 percent of AAAs and of CILs responding to this question reported this).

"Building out community partner relationships and being a convener. We have made a strong effort to bring community partners together to accomplish a common goal and let them take the lead on their initiatives. We recently connected with a local health care organization and EMS to provide targeted assistance to their joint consumers."

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9   Administration for Community Living. Sustaining a NWD System. <https://nwd.acl.gov/sustaining_a_NWD_System.html> (2018, Nov. 7.)

10   CMS. No Wrong Door System Reference Document for Medicaid Administrative Claiming Guidance. <https://www.medicaid.gov/medicaid/finance/downloads/no-wrong-door-guidance.pdf>

11   Visit https://nwd.acl.gov/sustaining_a_NWD_System.html.

Figure 3   *ADRC/NWD Activities for Which States Seek Medicaid Administrative Claiming*
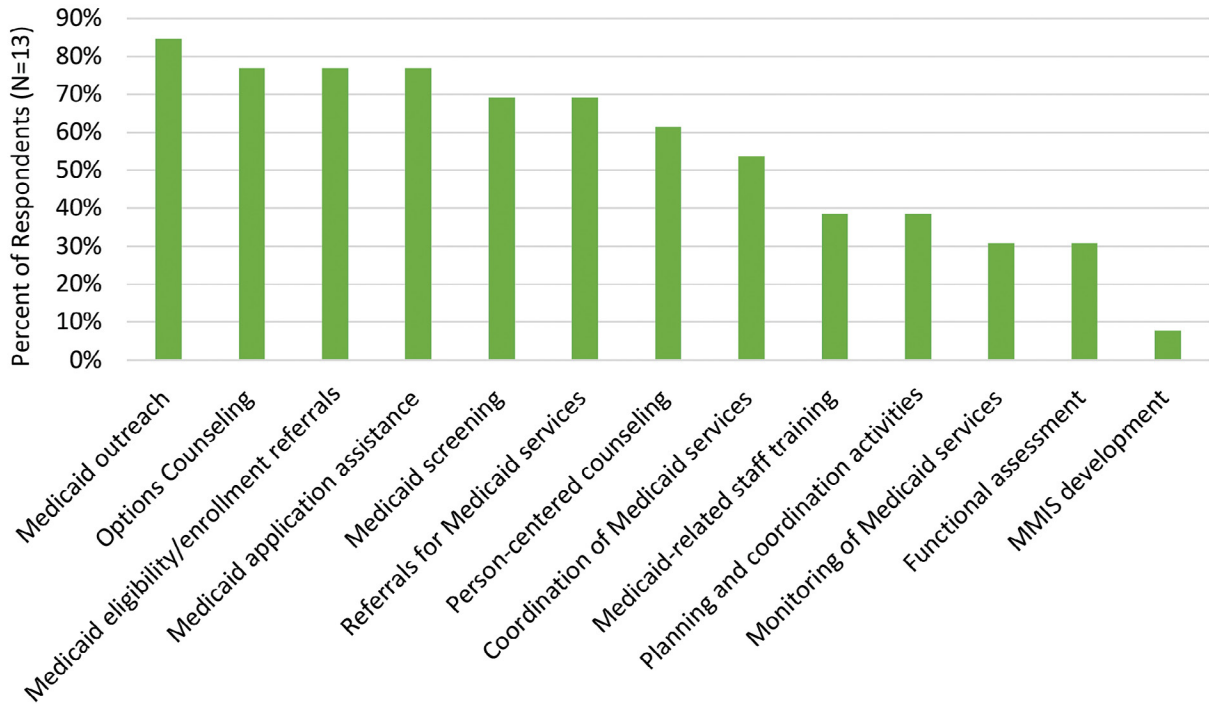
Among agencies that are Medicaid providers serving HCBS consumers, figure 4 highlights the range of services provided to these consumers. Close to 70 percent of respondents reported that their agency provides case management/care coordination services to Medicaid HCBS consumers, underscoring the important role of this core support function within the work of I&R/A agencies. Additionally, close to half of respondents also reported providing functional/ needs assessments, another support function that aging and disability agencies may be well-suited to provide given their experience serving older adults and persons with disabilities. Meals programs/services rounded out the top three services provided to Medicaid HCBS consumers. These findings mirror those of the 2015 I&R/A survey, suggesting that I&R/A agencies can leverage areas of core capacity to serve Medicaid consumers. The remaining services shown in figure 4 all support individuals to live in their homes and communities. These services may also help prevent or forestall entry into institutional settings, and may directly or indirectly assist family and informal caregivers. While the services shown in figure 4 can support community living goals, it is important for aging and disability I&R/A agencies to be aware of federal requirements for conflict-free HCBS provision in Medicaid. These requirements, in general, are designed to separate case management and functional eligibility assessments from service delivery.[12]

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[12] This regulation, "Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers," was published in the Federal Register January 16, 2014 (79 FR 2948) and available at *https://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf*. As relates to HCBS waivers, under requirements at 42 CFR 431.301(c)(1)(vi), states are required to separate case management (person-centered service plan development) from service delivery functions. For state plan HCBS programs, under the requirements at 42 CFR 441.730(b), states must separate functional eligibility assessments from direct service delivery.

Figure 4 — *Services Provided to Consumers Enrolled in a Medicaid HCBS Program*

Percent of Respondents (N=97)

Service	
Case management/care coordination	~69%
Functional/needs assessment	~47%
Meals program/service	~46%
Personal care services	~42%
Care transitions	~40%
Homemaker/chore service	~37%
Adult day program	~30%
Respite	~28%
Transportation	~26%
Health and wellness programming	~23%
Home modifications	~22%
Disease management	~20%
Exercise/fitness/physical activity programming	~11%
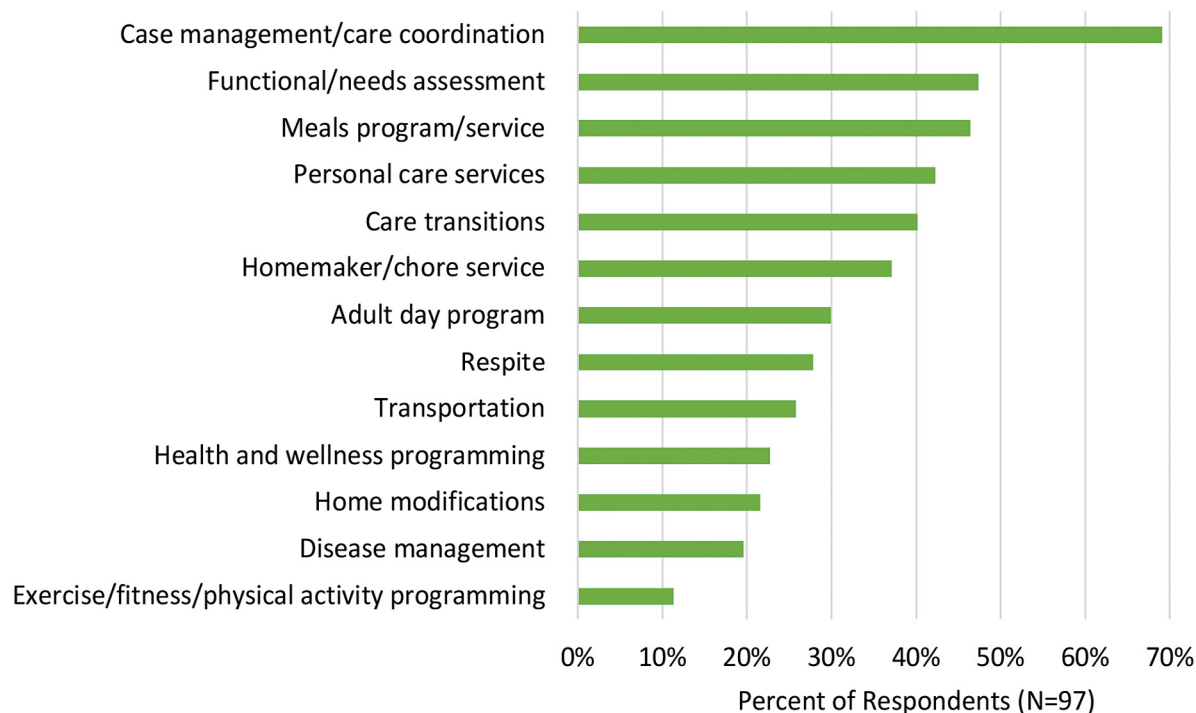
"Our state AAAs have partnered with the state's Department of Social & Health Services to provide pre-Medicaid programs using state Medicaid expansion [i.e. 1115] dollars. This has helped with providing some revenue as well as expanding services available to consumers. Part of this partnership includes branding and marketing. Our agency has also taken on a Health Homes Care Coordination program, contracting with health care entities, not only to provide a valuable service to consumers, but also to bring in additional revenue."

In a growing number of states, Medicaid HCBS systems are being altered by the expansion of Medicaid managed long-term services and supports (MLTSS). The growth of MLTSS may change traditional service delivery pathways but may also offer opportunities for aging and disability organizations to leverage their core competencies and their strong presence within communities. At the same time, agencies that seek to operate in MLTSS environments need to be prepared to meet potentially new expectations in areas such as data reporting and quality measurement. In the 2018 survey, of 301 respondents, 56 percent indicated that their agency operates in a state that uses managed care plans to deliver Medicaid services (which may include long-term services and supports) to consumers.

A share of these respondents further indicated that their agency performs one or more functions for the lead state agency for MLTSS. As seen in figure 5, these functions largely reflect areas of competency for aging and disability organizations. For example, over 60 percent of the respondent agencies draw on their experience providing options counseling to provide similar services to MLTSS consumers, which may assist states to provide choice counseling that is independent of health plans. Additionally, close to half of respondents provide level of care assessments. Consumer outreach and engagement are other important roles that I&R/A agencies have experience with and can bring to MLTSS systems. In figure 5, "other" included activities such as screening and person-centered intake for waiver services. Respondents were also asked if their agency has a contract with a managed care plan to provide services such as case management, care transitions, meals, and transportation to plan participants. AAAs were most likely to report that their agency contracts with a managed care organization (MCO), though overall, fewer respondents report contracting with MCOs than do not (38 and 50 percent of question respondents, respectively).

Figure 5 *Agency Functions in a Managed Long-Term Services and Supports Environment*
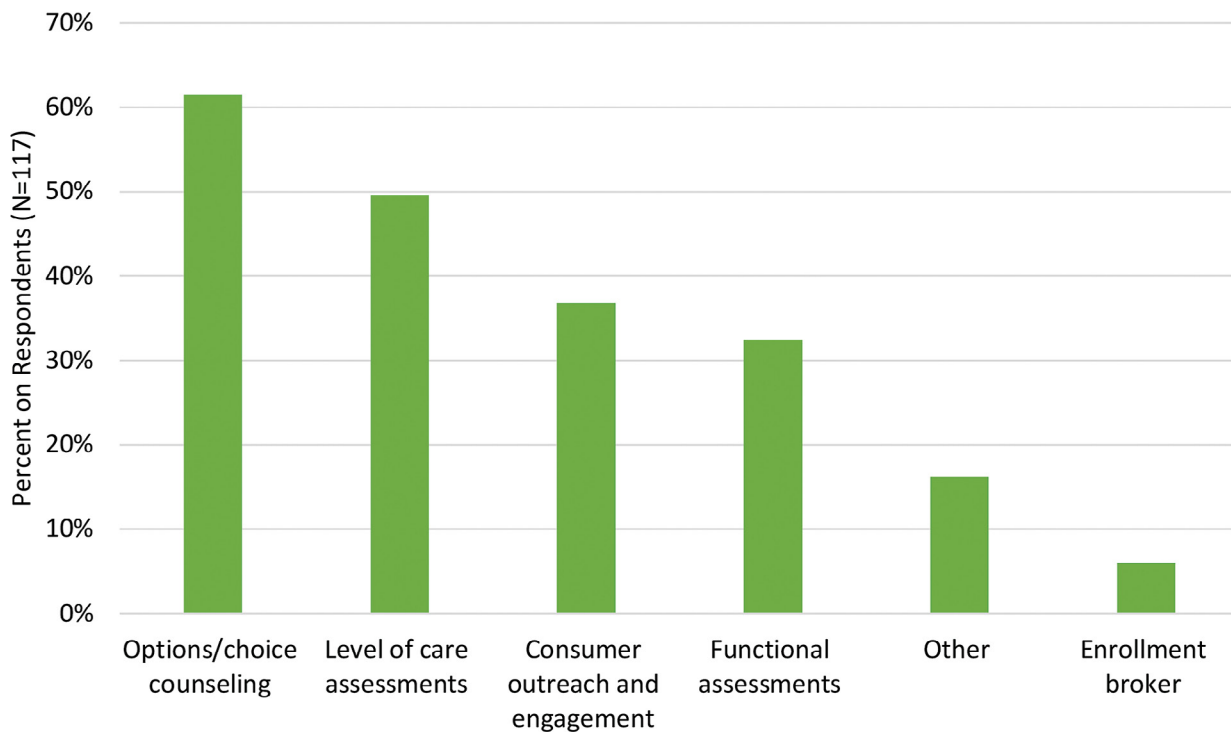
Contracting with MCOs is a financing strategy within the broader approach of business acumen. As described earlier, this approach to business development is designed to promote the development of business relationships between aging and disability community-based organizations and integrated health care entities. The 2018 survey is peppered with examples of partnerships with health care entities such as hospitals, health homes, and health clinics. These partnerships are occurring at a time when there is a growing focus on "social determinants of health" (SDOH). These social determinants include factors such as nutrition, housing, transportation, and employment that impact health outcomes. I&R/A programs have long connected individuals and families to services that address SDOH, and as such, this experience may position I&R/A programs to contribute to emerging SDOH initiatives. To explore this further, the 2018 survey asked respondents if their agency is participating in any initiatives to help address SDOH. While many respondents were unsure, 21 percent indicated yes (of 337 total respondents) and another seven percent indicated that a SDOH initiative was in development.

Survey responses that describe SDOH initiatives often reflect on the unique contributions of I&R/A programs. The role of I&R/A programs as a "front door" to community services and resource information aligns with the current focus on SDOH. For example, resource databases which house community resource information are an important pillar of I&R/A services and are also a valuable tool for SDOH initiatives. Some respondents described how their agency's database, or a shared database, is supporting SDOH initiatives ("We are directly involved in a community project to connect the medical community to the social service community using our I&R database as the foundation for resources.").

Experience with care transitions is another asset to SDOH initiatives ("We have a care transitions program that follows individuals from hospital to home post discharge. We identify social determinants of health and provide information and community resources to these individuals."). The role of I&R/A services in connecting individuals with evidence-based health programs was also cited ("Our agency has a Healthy Living program that partners with community health centers to provide evidence-based classes to address social determinants of health. I&R connects individuals with the appropriate contact to register for the classes if they are eligible."). Additionally, some respondents described participating on committees that are addressing SDOH and partnering with entities such as public health, housing, and social service agencies. Several respondents noted that their agency participates in an Accountable Health Communities (AHC) demonstration program. The AHC model, funded through the CMS Innovation Center, is testing whether addressing health-related social needs (SDOH) through clinical-community linkages can improve health outcomes and reduce costs.[13]

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[13] For more information on the AHC model, visit the CMS Innovation Center at *https://innovation.cms.gov/initiatives/ahcm/*.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITY

Elder Services of Worcester Area (ESWA), based in Massachusetts, provides individuals and families with a range of services to enhance their quality of life and support community living. An Aging Services Access Point, ESWA coordinates a variety of community services within its service area. As a provider of I&R, case management, healthy living programs, and much more, ESWA is well-positioned to assist individuals with needs that impact their health and well-being. ESWA is part of several initiatives that seek to address social determinants of health, showing a range of ways that I&R/A agencies can contribute to such initiatives:

- ESWA is part of a health care-community collaboration working to facilitate community resource referrals and enable bi-directional communication through online tools, including an internet-based platform that allows for searches of community resource information, online referrals, and tracking outcomes of referrals. This platform is being used by health care entities and community agencies alike.

- ESWA also partners with two MassHealth Accountable Care Organization (ACO) Community Partners. ACOs in the state work with community partners to provide services and care coordination for members with LTSS needs as well as to screen members for SDOH issues. ESWA provides assessments, screening, and care plan development for members with disabilities along with their clinical ACO team.

- ESWA works with the emergency department of a large local hospital to address the needs of frail older adults. Emergency department staff has a direct phone number to make referrals to I&R and options counseling to help address health-related social needs among these emergency department users.

- ESWA participated in the Rapid Interventions for Good Health Transitions (RIGHT) pilot designed to help individuals who need in-home services upon discharge from a hospital or rehabilitation facility. The pilot allowed the agency, following a brief assessment, to initiate services like meals and homemaker services on the day of discharge with the goal of reducing hospital re-admissions. Agencies are working to sustain this type of intervention given positive outcomes for those served.

Recognizing the importance of diverse sustainability strategies, the 2018 survey also asked respondents about serving private pay consumers. As noted in previous I&R/A surveys, I&R/A programs continue to serve as trusted sources of information, referrals, and assistance—extending these services to private pay consumers helps these individuals to address their needs and may provide an opportunity to generate new revenue through cost sharing and fee for service.[14] By connecting individuals to private pay options for those who

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[14] NASUAD. 2016. The Changing Landscape of Aging and Disability Information and Referral/Assistance: 2015 Survey of Aging and Disability I&R/A Agencies. <http://www.nasuad.org/sites/nasuad/files/2015%20I%26RA%20Survey%20Report.pdf>

do not meet the eligibility or targeting criteria for publicly-funded services, or who are on wait lists for services, I&R/A programs can help more consumers to connect to needed services. In the 2018 survey, similar to the 2015 I&R/A survey, most respondent agencies provide information and referral about private pay services. Far fewer offer fee-based services to private pay consumers.

Of 292 respondents, 74 percent reported that their agency provides information and referral about private pay services. Figure 6 shows the most frequently requested private pay services. The top five most frequently requested private pay services reported in the 2018 survey were personal care services (65 percent), transportation (58 percent), homemaker services (50 percent), assisted living (47 percent), and general information (41 percent). Personal care, transportation, and homemaker services in particular can play a role in supporting community living, suggesting the importance of helping individuals of all income levels to connect to services that may forestall more costly care.

Figure 6   *Most Frequently Requested Private Pay Services*
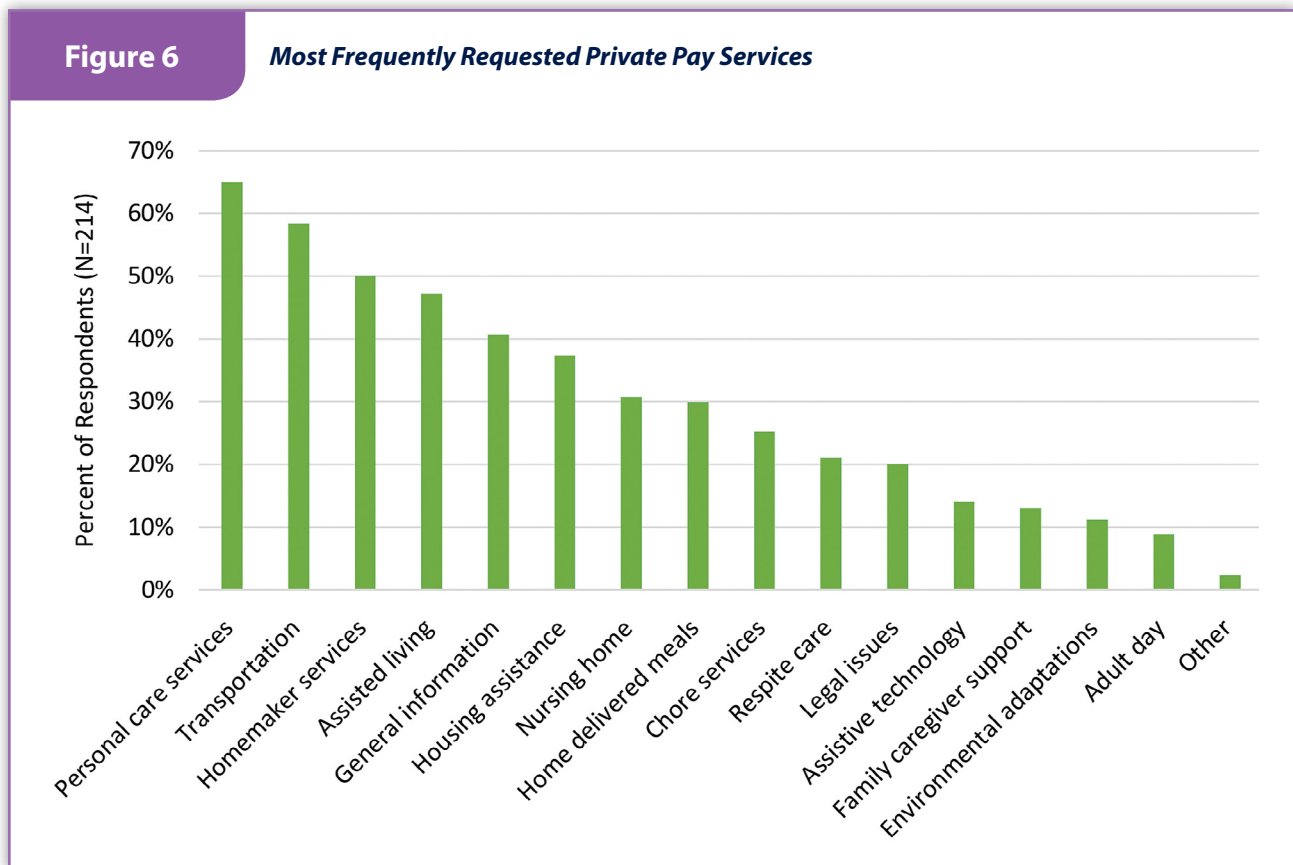
Respondents were also asked to share any practices used by their agencies to facilitate providing information and referral about private pay services. A number of respondents reported that their agency includes private pay providers in its resource database or directory (based on inclusion criteria such as licensing). Many also reported that their agency seeks to keep these listings up to date and to add services based on consumer needs and interests. Several respondents noted that specialists are encouraged to discuss private pay options ("Policy encourages staff to discuss private pay before assessment and waitlist placement.").

In some cases, these discussions may reflect resource constraints with publicly-funded services ("There is a limited number of affordable and free community-based service options which leads to discussing private pay options"). A few respondents described resources or programs specifically designed for private pay consumers, such as a Guide to Private Home Care for families seeking private pay services. One respondent agency developed a program for private pay consumers that provides I&A and brief case management services to assist callers in setting up care plans and purchasing needed services. Another agency's program partners, through a MOU, with community organizations that provide private pay services at a lower rate.

In addition to providing information and referral about private pay services, some I&R/A agencies may themselves offer fee-based services to private pay consumers. In the 2018 survey, of 292 respondents, 20 percent reported that their agencies offer fee-based services to such consumers. This finding is very similar to that of the 2015 survey, where 23 percent of 289 respondents reported that their agencies offered fee-based services. This suggests that I&R/A agencies may experience real and perceived barriers to offering fee-based services given the lack of growth in serving the private pay market over time. Additionally, as many aging and disability I&R/A agencies have traditionally focused on the provision of publicly-funded services to lower-income or other priority individuals, some agencies may lack capacity to offer fee-based services. This lack of capacity could be in areas such as pricing, billing, marketing, and quality control. Yet the growth of commercial I&R/A programs reflects a market for serving individuals and families of all income levels. Agencies within the aging and disability networks have an opportunity to bring person-centered and directed services to private pay consumers, and to leverage their long experience with community-based service providers to offer fee for service and cost-sharing programs. Aging and disability agencies can offer comprehensive information on long-term services and supports, an important value proposition for private pay consumers seeking to understand the range of options.

Among respondent agencies that do offer fee-based services, figure 7 shows which services are offered to private pay consumers. The top five fee-based services are personal care (38 percent), case management/care coordination (also 38 percent), meals program/service (33 percent), homemaker/chore service (33 percent), and transportation (28 percent). They were also among the top five fee-based services offered to private pay consumers in the 2015 survey. Three of the services (personal care, homemaker, and transportation services) parallel the top three most frequently requested private pay services (figure 6), illustrating how agencies can leverage their experience with particular service areas to address the needs of private pay consumers. One respondent described a fee-based program targeted to individuals who need supervision to participate in senior center activities but who do not yet need the more intensive support of adult day services. The fee for this program is $20 per day. Along with the services shown on figure 7, some respondents identified other fee-based services offered by their agencies. These include, for example, services in the area of assistive technology (such as a loan program), ADA technical assistance, assistance with Social Security benefits applications, and home modification.

"We are able to have a consolidated payment plan where we can send individuals one bill which includes charges from contracted vendors."

Figure 7 — Fee-Based Services Offered to Private Pay Consumers

Service	Percent of Respondents (N=58)
Personal care services	38%
Case management/care coordination	38%
Meals program/service	33%
Homemaker/chore service	33%
Transportation	28%
Respite	24%
Home modifications	24%
Health and wellness programming	22%
Other	21%
Care transitions	21%
Personal emergency response systems (PERS)	17%
Disease management	16%
Functional/needs assessment	16%
Adult day program	16%
Representative payee program	14%
Exercise/fitness/physical activity programming	14%
Long-term care planning	12%

For any and all of the sustainability strategies highlighted in this section of the report, marketing is an important overarching strategy, and one that respondents identified in describing innovative approaches to sustainability. From building partnerships to reaching new populations and funders, marketing helps to build awareness of agencies and their services. In the 2018 survey, 38 percent of 354 respondents indicated that their agencies had undertaken a marketing/branding campaign over the past two years to build awareness of agencies' I&R/A services. Another 14 percent indicated that a marketing campaign was in development.

When asked to describe their agencies' recent marketing activities, many respondents pointed to the role of social media in marketing efforts as well as redesign of agency websites. As will be explored further in this report, I&R/A agencies continue to grow their social media presence and enhance online resources. Agencies' social media pages and websites are becoming a front door to information and services. Agencies are also using tools like podcasts, blogs, and e-newsletters to reach individuals. At the same time, agencies continue to use more traditional media outlets to reach community members. These include local news channels, radio spots, and print media ("We partner with 9 News and the information on their Senior Source website drives individuals to our Information and Assistance line."). Community outreach events also remain popular strategies to engage with consumers as well as partners. Respondents identified an array of marketing materials that are distributed at outreach events. Some respondents described statewide marketing and branding activities designed to promote

ADRC/NWD networks ("In conjunction with the State NWD initiative we've publicized our availability and built a network of partners."). These efforts help to market consumer access systems including websites and toll-free numbers. One respondent shared how the state agency held a public launch event with stakeholders, partners, and the media for the state's new NWD website and the technology used to connect individuals with resources.

Disability Hub MN: A Person-Centered Brand for a Person-Centered System

Minnesota has long been an early adopter of consumer access systems that connect individuals to real time information and counseling. The Minnesota Board on Aging launched its Senior Linkage Line in 1994. Subsequently the Minnesota Department of Human Services launched a Disability Linkage Line (2005) and then the Minnesota Department of Veteran Affairs launched the Veterans Linkage Line (2007). Together they make up MN's ADRC system, known as the MinnesotaHelp Network.

While the Disability Linkage Line has helped individuals of all ages connect to assistance, the fast growth of this consumer access system has also led to some complexity and confusion. In response, the Minnesota Department of Human Services undertook a strategic re-tooling of the Disability Linkage Line (DLL) to build a more dynamic system that aligns culture, brand, and structure with person-centered principles.

Brand development was a critical component of creating the new Disability Hub MN *(https://disabilityhubmn.org/)*. The state engaged with individuals, staff, and external resources, including a brand strategist, for over two years to develop a brand identity that would convey person-centered design. In rebranding the DLL, the state looked to focus on people's needs (what is important to individuals), build a unique identity, reflect person-centered practices, simplify consumer access to resources, and capture the energy of self-directed tools. In this regard, the Disability Hub MN is more than a look or name. The brand itself embodies the mission, vision, and values of the agency. At the same time, the Hub brand brings an engaging look and storyline to this statewide resource network. The core message of the Hub is integral to the brand: It's all about you—Your best life, your way.
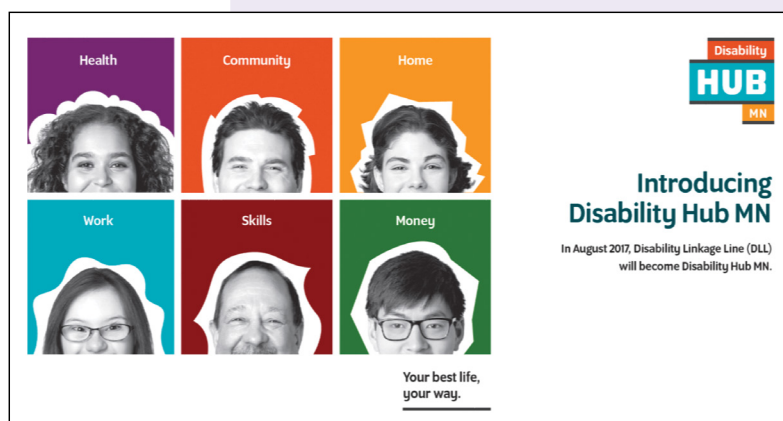
THEME 2. I&R/A PROFESSIONALS ARE SERVING MORE INDIVIDUALS WITH MULTIPLE AND COMPLEX NEEDS

Serving more individuals with multiple and complex needs is a continuing trend shaping aging and disability I&R/A practice. Coupled with significant concerns about funding constraints, concerns about the ability to help address inquirers' needs are echoed throughout the survey responses. While the 2015 I&R/A survey shared anecdotal data on an increase in inquirers with multiple and complex needs, the 2018 survey amplified this finding with additional data on this trend (figure 8) and on the nature of inquirers' changing needs.

Figure 8 shows that most respondents reported serving more individuals with multiple and complex needs over the last two years. Over half of respondents also reported serving more older adults, more individuals experiencing homelessness or housing instability, more individuals with mental health conditions, and more individuals with Alzheimer's disease and related dementias (ADRD). Half reported serving more people with disabilities under age 60.

There are a variety of factors likely influencing the trends shown in figure 8 and contributing to the overall increase in inquirers with multiple and complex needs. Broad demographic trends—including the aging of the baby boomer population and the aging of the older population itself—are undoubtedly contributing to an increase in the number of older adult inquirers. Beyond demographic trends, figure 8 also reveals a growth in areas of need that are often challenging to address—notably homelessness, housing instability, and mental health conditions. These are areas where access to services can be impacted by factors such as affordability, accessibility, waitlists, and provider capacity. Additionally, the findings in figure 8 suggest that the acuity of needs may be growing for some individuals (for example, for those experiencing homelessness or ADRD). The data in figure 8 might also reflect the continuing development of ADRC networks and NWD systems which may bring more individuals with disabilities to I&R/A programs that did not traditionally serve individuals under age 60. Additionally, trends in serving Medicaid or Medicaid-eligible consumers (described earlier in this report) may also contribute to an increase in serving individuals of all ages.

> "Unmet needs are prompting multiple calls for assistance with hopes of a different answer."

Call volume is another key barometer of growing needs. In the 2018 survey, a majority of respondents (64 percent) reported that their agency's I&R/A telephone call volume had increased over the past two years. Twenty-six percent reported that call volume had remained about the same. Only four percent reported that call volume had decreased. Six percent of respondents were unsure. These findings are interesting in light of broader trends within the I&R field. In a 2018 survey of members of the Alliance of Information & Referral Systems (AIRS), representing diverse types of I&R providers, 16 percent of respondents reported that call volume decreased over the past two to three years, and 51 percent reported that calls have continued to increase. While there are several reasons for this trend in the broader I&R sector, call volume within many aging and disability I&R/A programs continues to increase, placing greater demands on I&R/A staff.

Figure 8

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

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

Categories (top to bottom):
- Individuals with multiple and complex needs
- Individuals age 60 and older
- Individuals experiencing homelessness or housing instability
- Individuals age 80 and older
- Individuals with mental health conditions
- Individuals with Alzheimer's and related dementias
- Individuals with disabilities under age 60
- Caregivers
- Individuals reporting suspected elder abuse, self-neglect, financial exploitation, etc.
- Individuals with substance use disorders
- Veterans
- Transition-age youth

X-axis: Percent of Respondents (N=344)

In qualitative comments, respondents identified reasons behind increasing call volume. The trend towards serving more individuals with multiple and complex needs is reflected in these comments. Respondents called out high rates of poverty among inquirers and high levels of unmet needs. Callers are reaching out for help with housing and homelessness, basic needs (such as food), mental health and substance abuse issues, transportation, and other types of needs that, as noted earlier, can be hard to address. Funding constraints within community services also appear to be a driver of increasing

calls. With less funding for community services, and high unmet needs, individuals are turning to I&R/A programs. Demographic trends are combining with trends around unmet needs. A number of respondents pointed to increases in the cost of living (with notable references to housing crises) and reductions in services as impacting older adults in their communities, whose numbers are growing ("We live in an expensive area with limited options for people on a fixed income. The cost of basic needs is increasing at a rate more than their incomes.").

Agencies' own activities in the areas of outreach, marketing, and development of consumer access points are also bringing more individuals to I&R/A programs for assistance. A number of respondents noted increased public awareness of their agencies' programs through community outreach, social media and agency websites, and ADRC/NWD activities and referrals. One respondent succinctly pulled together the threads on increasing call volume with the comment, "more need, less resources, more knowledge about the agency."

Community 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 up generate rich data on the service needs and unmet needs of communities and populations. The 2018 survey asked respondents to identify most frequent service requests and most frequent unmet service needs to provide a national snapshot of the service needs and unmet needs of inquirers served through aging and disability I&R/A networks. This data was also analyzed by type of service area to highlight the impact of geographic differences.

In the 2018 survey, the top ten most frequently requested services reported by aging and disability I&R/A agencies are: housing assistance, transportation, financial assistance, community aid and assistance programs, home delivered meals, homemaker services, personal care, family caregiver support, health insurance counseling, and Medicaid. This data echoes findings on inquirers' needs described above and reinforces the prevalence of needs in the areas of housing, transportation, and financial help/basic needs. The data suggests that many inquirers are seeking help to make ends meet. Individuals are also looking for services that can help them stay in their homes and communities. With many people reaching the age of Medicare eligibility each day, it's not surprising to see the frequency of requests for health insurance counseling. For the full list of the most frequently requested services selected by respondents, see figure 9. The findings on most frequently requested services in the 2018 survey are very similar to those of the 2015 survey. In both, housing assistance, transportation, and financial assistance are the top three most frequently requested services— showing the consistency of these needs over time.

There are some differences in service requests by agency type in the 2018 survey. The top most frequently requested services reported by state aging and disability agencies are transportation, housing assistance, Medicaid, financial assistance, family caregiver support, and home delivered meals. The most frequent inquiries directed to AAA respondents are for transportation, home delivered meals, housing assistance, homemaker services, and financial assistance. For ADRC respondents, the most prevalent service requests are

for housing assistance, transportation, community aid and assistance programs, home delivered meals, personal care, and homemaker services. For CIL respondents, top service requests include housing assistance, assistive technology, community aid and assistance programs, financial assistance, transportation, independent living skills, and Social Security disability benefits applications/claims assistance. Finally, other non-profit human service respondent organizations are most likely to receive inquiries for transportation, food assistance, home delivered meals, community aid and assistance programs, case management, and housing assistance.

Figure 9   *Most Frequently Requested Services*

Percent of Respondents (N=353)
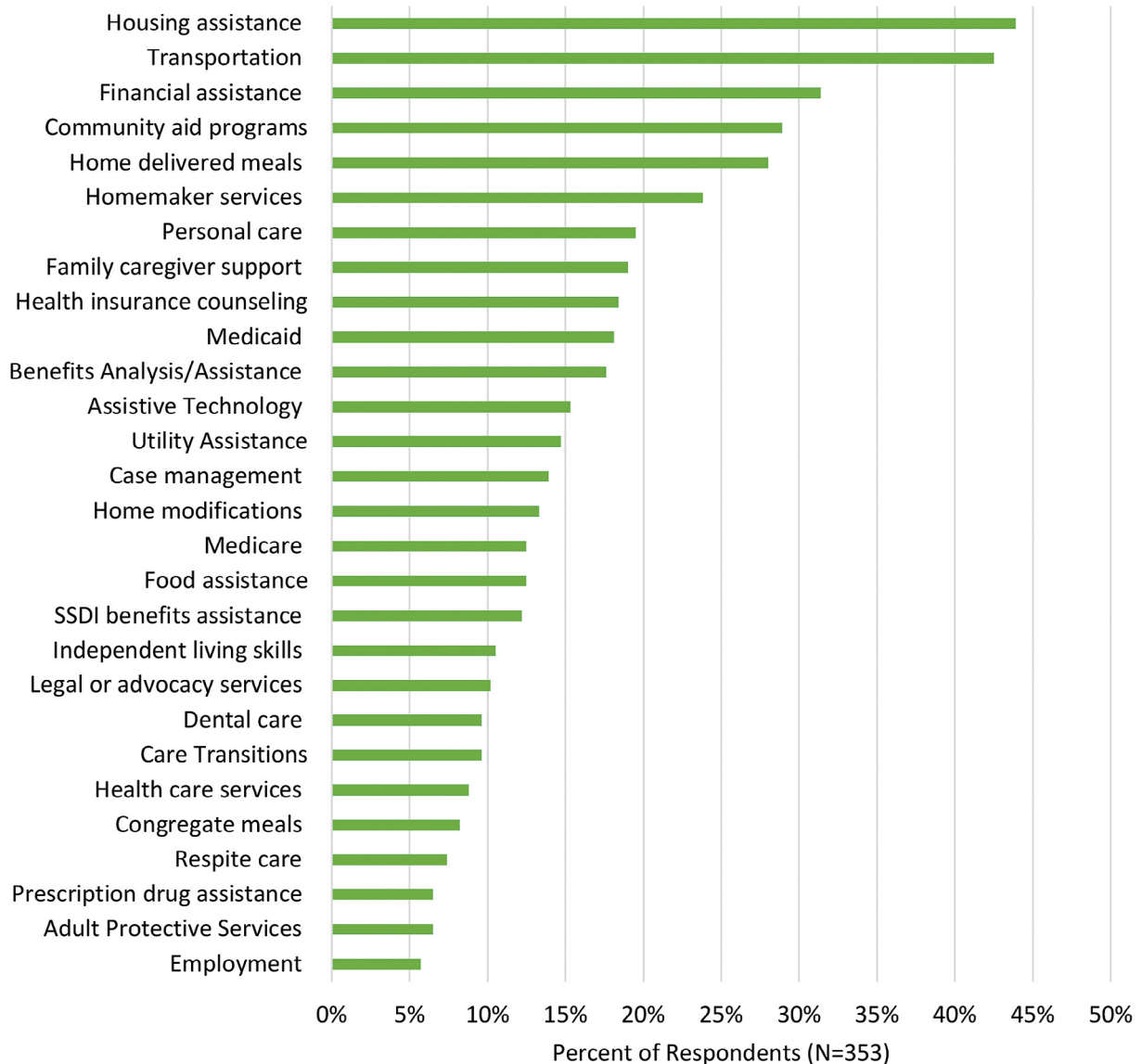
Figure 10

Most Frequent Unmet Service Needs

Most Frequent Unmet Service Needs. Bar chart showing Percent of Respondents (N=343) for the following categories: Financial assistance, Transportation, Housing assistance, Dental care, Mental health services, Home modifications, Utility Assistance, Homemaker services, LTC/LTSS funding, Respite care, Personal care, Employment, Adult day services, Prescription drug assistance, Health care services, Family caregiver support, Care Transitions, Legal or advocacy services, Veterans Assistance, Food assistance, Assistive Technology, Health insurance, Other, Youth transition services, Elder abuse/exploitation, Benefits Analysis/Assistance, Health insurance counseling.

Along with asking respondents to identify 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 individual and system-level barriers to accessing services. Such barriers can include, for example, long waitlists for services, a lack of providers, and gaps in transportation options. Individuals can, for example, fail to qualify for services based on detailed eligibility assessments or be unable to meet cost share requirements. As noted in the *AIRS Standards and Quality Indicators for Professional Information and Referral*, a pattern of individual unmet needs

may lead to identification of service gaps at the service delivery system level.[15] I&R data on unmet needs is a valuable indicator of gaps and limitations within the service delivery system.

In the 2018 survey, the top ten most frequently identified unmet service needs are: financial assistance, transportation, housing assistance, dental care, mental health services, home modifications, utility assistance, homemaker services, funding for long-term care/long-term services and supports, and respite care (figure 10). These findings are very close to those of the 2015 survey (in that survey, transportation, dental care, financial assistance, housing assistance, and home modifications were top unmet needs). As in the 2015 survey, there is a strong connection between unmet needs and most frequently requested services. In the 2018 survey, the top three unmet needs—financial assistance, transportation, and housing assistance— are also the top three most frequently requested services. This finding suggests potentially significant service gaps in addressing critical needs among those served by aging and disability I&R/A programs. These systemic gaps in the service delivery system likely contribute to the finding that respondents are serving more individuals with complex needs as it requires more problem-solving skills to assist individuals with needs for which service options, availability, and affordability are limited. Issues such as housing and transportation also represent fundamental aspects of people's lives, and challenges in these areas can ripple through many other life domains. Dental care, while not one of the top most frequently requested services, is one of the most frequent unmet needs. In a survey of I&R/A professionals on oral health needs conducted by NASUAD in 2017, respondents identified several key reasons why dental services are an unmet need. These include lack of dental coverage in public insurance programs, lack of free care options, lack of providers accepting Medicaid reimbursement, inability of individuals to travel to settings of care, and lack of providers in the service area.

Figures 11 and 12 show the most frequently requested services and most frequent unmet needs by service area, respectively. While the overall patterns of service requests and unmet needs by service area (i.e. large urban area, small urban area, and rural area) are similar, the charts reveal that geography can make a difference. Figure 11 suggests, for example, the degree to which housing issues drive needs and inquiries in urban areas. Similarly, increasingly acute issues with housing affordability in cities across the country are reflected in figure 12. A comment by an ADRC respondent captures this situation: "The population in Denver is aging and increasing. There is a housing crisis and the cost of living has greatly increased." While transportation was reported as a frequent service request and frequent unmet need by many respondents, figure 12 illustrates the level of unmet need for this service in rural areas. Recent data from a transportation needs assessment that surveyed older adults, people with disabilities, and caregivers reinforces this finding.[16] In this study, fewer people living in rural areas or small towns said that the transportation alternatives available to them were good.

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[15] Alliance of Information and Referral Systems. 2016. AIRS Standards and Quality Indicators for Professional Information and Referral (Version 8.0). <https://www.airs.org/i4a/pages/index.cfm?pageid=3371>

[16] National Aging and Disability Transportation Center. 2018. Transportation Needs and Assessment: Survey of Older Adults, People with Disabilities, and Caregivers. <http://www.nadtc.org/wp-content/uploads/FINAL-NADTC-KRC-Polling-report.pdf>

Figure 11

Most Frequently Requested Services by Service Area

Legend:
- Large urban area (n=74)
- Small urban area (n=64)
- Rural area (n=140)

Services listed (top to bottom):
Assistive Technology, Benefits Analysis/Assistance, Care Transitions, Case management, Community aid and assistance programs, Congregate meals, Dental care, Family caregiver support, Financial assistance, Food assistance, Health insurance counseling, Home delivered meals, Homemaker services, Home modifications, Housing assistance, Independent living skills, Legal or advocacy services, Medicaid, Medicare, Personal care, Prescription drug assistance, Respite care, Social Security disability/claims assistance, Transportation, Utility Assistance
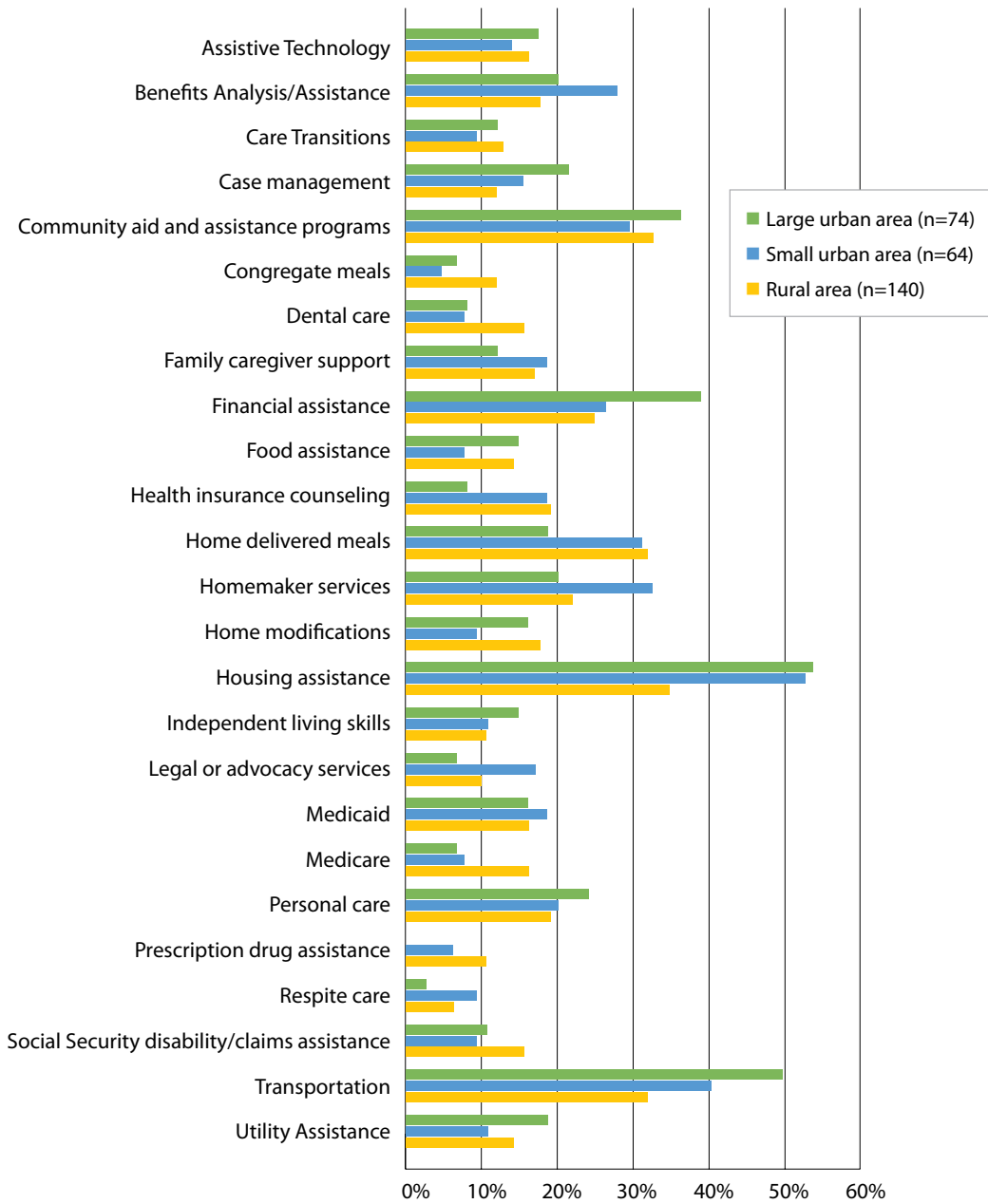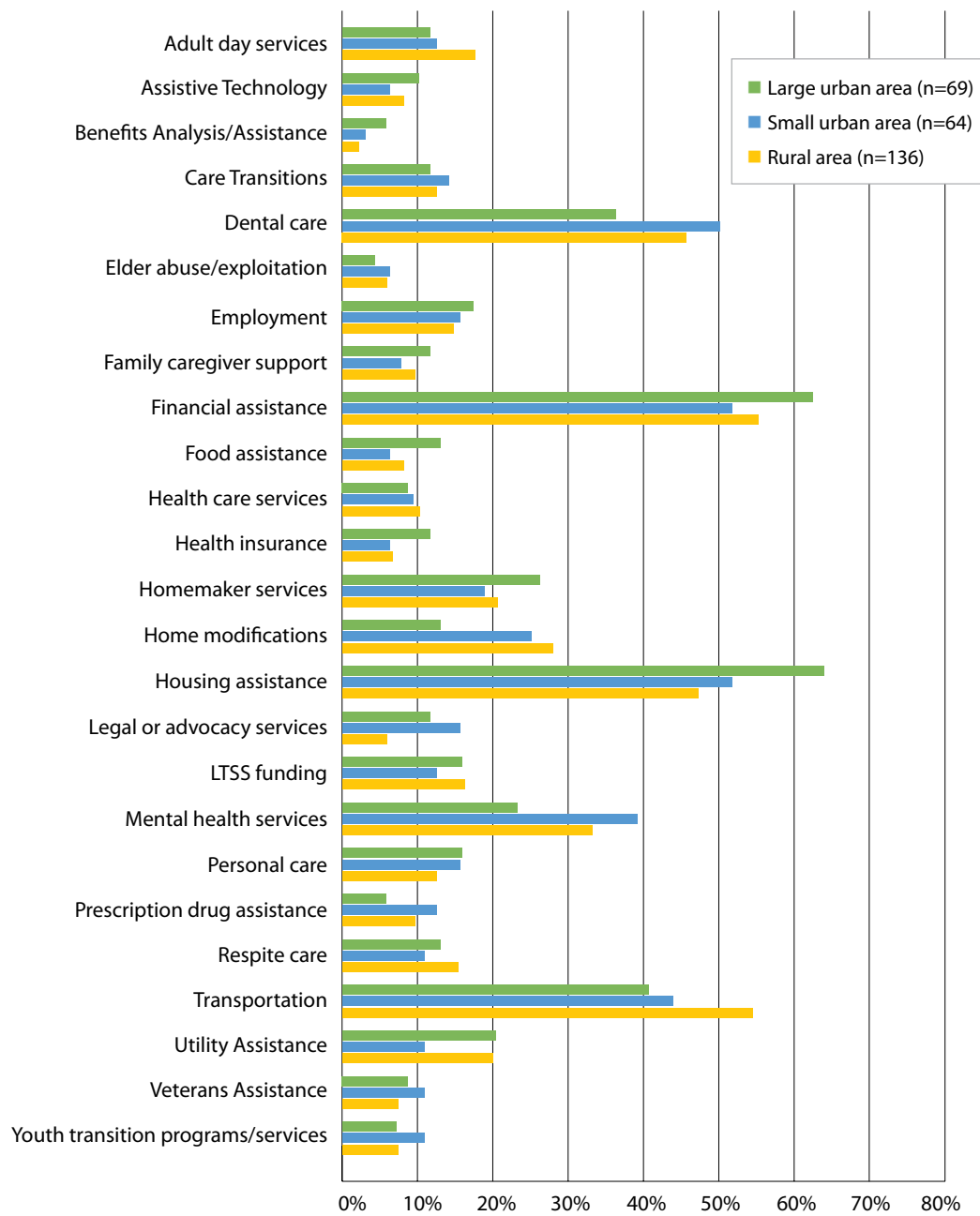
X-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%

Figure 12 — *Most Frequent Unmet Needs by Service Area*

THEME 3. THE ROLES OF I&R/A PROFESSIONALS CONTINUE TO EXPAND

As the needs of consumers grow and become more complex, so too are the roles of I&R/A professionals. Many specialists have multiple job responsibilities, a continuing trend as consumers' needs grow, as agencies expand their scope of work (including services for Medicaid consumers), as ADRC and NWD systems continue to diversify the client base, and as resource limitations call for doing more with less. The survey findings also point to the development of an "enhanced I&R/A" role in some agencies that blends activities like options counseling, person-centered counseling, application assistance, elements of case management, and more. Findings from the 2018 survey continue a theme observed in the 2015 survey, and complement data on job responsibilities gathered in 2018 by the AIRS Certification Commission from Certified Information & Referral Specialists in Aging/Disabilities.

In the 2018 survey, 87 percent of respondents indicated that their job responsibilities include I&R/A activities, and nearly all of these respondents identified other job responsibilities that they perform in addition to I&R/A. Figure 13 shows the types of roles that specialists have along with I&R/A. For a number of respondents, job responsibilities in addition to I&R/A include one or more of the following: community outreach and education, consumer advocacy, eligibility screening and/or determination, supervision/management, and resource database management.

For close to half of respondents, additional job responsibilities include person-centered counseling/planning and option counseling (at 47 and 46 percent, respectively). These are decision-support activities that can carry an I&R/A conversation forward, assisting individuals to define their goals, needs, and choices, and to understand and access services and supports. These activities also reflect the enhanced roles that specialists might play in ADRC and NWD systems. Overall, the range of job responsibilities in figure 13 underscores the important role that specialists play in facilitating consumer access to programs and services, from outreach and I&R/A conversations to decision support to follow-along assistance.[17] At the same time, the expansion of job responsibilities may challenge both staff and agencies as staff are called upon to perform complex roles in a demanding service environment and as agencies are called upon to provide the training and resources needed to support these roles.

Along with the data in figure 13, many respondents shared comments describing how their job responsibilities have changed or evolved over the past couple of years. These comments reflect the overarching themes of the survey, from the growing complexity of inquirers' needs to the role of ADRC and NWD systems to the impact of data and reporting requirements. A number of respondents called out the provision of more in-depth assessment, which may be accompanied by broader resource and application assistance. As shown in figure 13, some specialists also provide State Health Insurance Assistance Program (SHIP) counseling, and

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[17] Along with the job responsibilities listed in figure 13, respondents identified a variety of "other" job responsibilities including, for example, program administration, independent living skills training, marketing and social media, and volunteer coordinator.

Figure 13 — Job Responsibilities in Addition to I&R/A

Figure 13: Job Responsibilities in Addition to I&R/A

Percent of Respondents (N=308)

- Community Outreach and Education: ~83%
- Consumer Advocacy: ~66%
- Eligibility Screening and/or Determination: ~59%
- Supervision/Management: ~52%
- Resource Database Management: ~49%
- Person-Centered Counseling/Planning: ~47%
- Options Counseling: ~45%
- Peer Support: ~37%
- Case Management/Service Coordination: ~35%
- SHIP Counseling: ~33%
- Other: ~20%

comments in this area noted growing demands for Medicare counseling stemming from a growing population that is eligible for Medicare and increasingly complex healthcare situations. Throughout the qualitative comments, the impact of ADRC and NWD activities is apparent. Comments reflect the growing adoption of person-centered processes and practices, as well as the ongoing provision of options counseling ("Each year the ADRCs improve and grow in their knowledge of providing more in-depth options counseling to clients."). While these models bring greater focus to individuals' needs and preferences, they also take additional time and follow up. ADRC and NWD activities, Medicaid-related activities, and other areas that expand agencies' scope of work and collaborative relationships may require specialists to learn new processes, new programs, and new reporting and documentation requirements—all reflected in respondents' comments on their job responsibilities. Several CIL-based respondents additionally called out the fifth CIL core service ("transition") added by the Workforce Innovation and Opportunity Act, though without additional funding.

As noted earlier, findings from the 2018 survey complement data on job responsibilities gathered in 2018 by the AIRS Certification Commission from Certified Information & Referral Specialists in Aging/Disabilities (CIRS-A/D). This data was gathered from CIRS-A/D holders in order to update the Job Task Analysis for the Certified Information and Referral Specialist-Aging/Disabilities certification program. The Job Task Analysis describes the tasks performed together with the knowledge and skills applied by Certified Information

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."

- 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.

- Option Counseling and person-centered models take more time. ADRC specialist staff are keeping cases open longer. In the past home visits were not part of the job description, as an ADRC, now home visits are a service delivery.

- Since I am located in a rural area, I wear many "hats".

and Referral Specialists—Aging/Disabilities in the practice of their profession. Over 500 CIRS-A/D holders responded to the survey and shared information on the nature and scope of their job responsibilities. The findings revealed that the principles of "options counseling" and "person-centered counseling" are an integral part of the work of most CIRS-AD holders. Additionally, the majority of respondents have job responsibilities, such as eligibility screening, needs/functional assessments, and service coordination, in addition to I&R/A activities. Only a small minority of respondents indicated that their job responsibilities are focused solely on I&R/A work (see figure 14). In light of these findings, new language was added to the introduction to the *Certified Information and Referral Specialist—Aging/Disabilities Job Task Analysis* to reflect this expanded scope of job responsibilities: "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."

Figure 14. Survey of Certified Information and Referral Specialists—Aging/Disabilities (CIRS-A/D) Holders

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

Source: AIRS Certification Commission survey of CIRS-A/D holders, 2018.

THEME 4. THE NO WRONG DOOR (NWD) MODEL IS PLAYING A GROWING ROLE IN CONSUMER ACCESS TO INFORMATION AND SERVICES

In the 2018 survey, most respondent agencies either lead, partner with, or oversee an ADRC(s), and half of respondent agencies reported participating in a No Wrong Door (NWD) system initiative. These findings underscore the connections across I&R/A programs and systems of consumer access to LTSS. I&R/A programs are often key components of consumer access systems, and are also impacted by the ongoing development of these systems at the state and community levels. Building on earlier surveys, the 2018 survey explored respondent agencies' participation in ADRC and NWD systems, participation in programs and initiatives to serve veterans, and participation in broader community partnerships. As will be described further, the influence of the NWD model is more apparent in responses to the 2018 survey than in prior surveys, reflected in developments around training, partnerships, referrals relationships, and systems.

Participation in ADRC and NWD Networks

AGING AND DISABILITY RESOURCE CENTERS

The ADRC initiative began as a collaborative effort of the Administration for Community Living (Administration on Aging) and the Centers for Medicare & Medicaid Services to streamline access to long-term services and supports for older adults, people with disabilities, and caregivers. The Veterans Health Administration (VHA) later joined this effort to promote access to LTSS for veterans. ADRCs serve as points of access and entry within communities into the LTSS system and seek to provide a more coordinated system of information and one-on-one assistance, building on the strengths of existing aging and disability agencies. The core functions of ADRCs include:

- Information, referral and awareness;
- Options counseling, advice and assistance;
- Streamlined eligibility determination for public programs;
- Person-centered care transitions; and
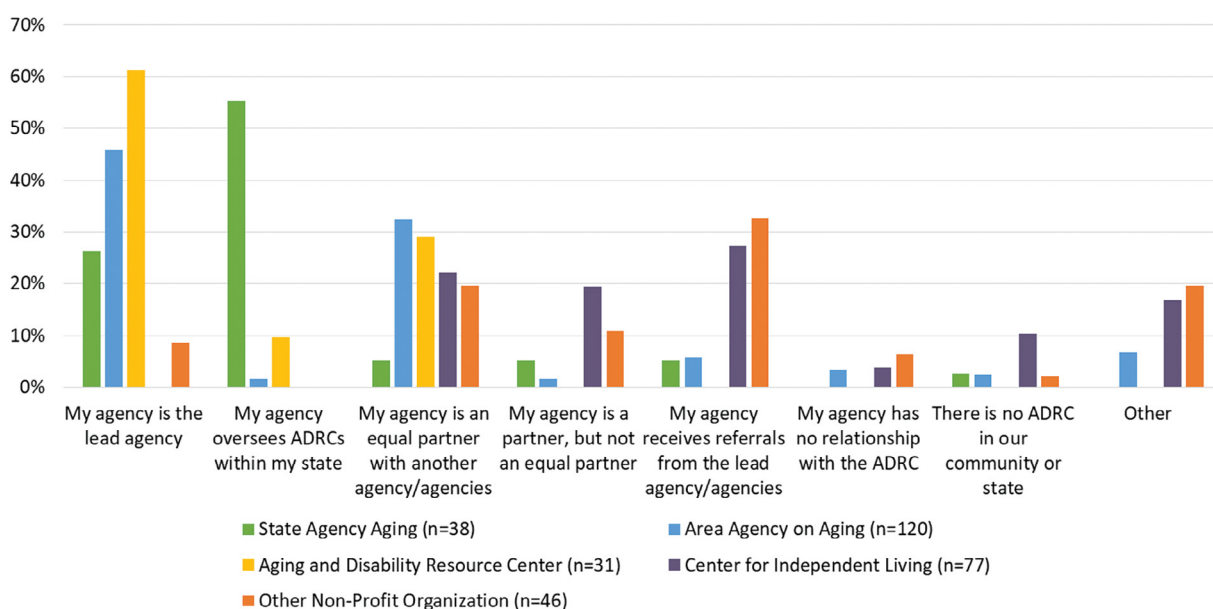- Quality assurance and continuous improvement.

States and communities have been developing ADRC networks and systems for a number of years, though there are states where the implementation of an ADRC system is a more recent undertaking and others that do not have ADRCs. Information and referral is a core function of an ADRC, and as described in the previous theme, may be blended with options counseling activities. The role of an ADRC professional may combine I&R/A services with decision-support functions like options counseling as well as other activities such as assessments. In the 2018 survey, 28 percent of 312 respondents indicated that their agency is the lead agency for an ADRC, 24 percent indicated that their agency is an equal partner with another agency (or agencies), 8 percent reported that their agency is an ADRC partner but not an equal partner, another 8 percent report that their agency oversees ADRCs within their state, and 14 percent reported that their agency receives referrals from the lead agency (or agencies). Some respondents indicated another type of relationship with the ADRC, such as a data sharing relationship.

Looking at these relationships by agency type (figure 15) provides a more nuanced picture of the roles of aging and disability agencies within ADRC networks. Not surprisingly, respondents that work in ADRCs and AAAs were most likely to report that their agency serves as the lead ADRC agency. State agencies might also serve in this role, but primarily provide oversight to ADRCs within a state. More AAA respondents reported that their agency is an equal partner in an ADRC than respondents from other types of agencies, and more CIL respondents indicated that their agency is an ADRC partner but not an equal partner. This finding may reflect ongoing concerns regarding the full inclusion of disability partners in the implementation of ADRC networks, which may vary across communities. Other non-profit organizations and CILs were most likely to report that their agencies receive referrals from the lead agency (or agencies).

Respondents that participate in ADRC networks were further asked to share ways that the ADRC has impacted the provision of I&R/A services in their agency. Respondents identified impacts in areas such as training, referrals, partnerships, data sharing and database systems,

Figure 15   *Relationship to ADRCs by Agency Type*

Legend:
- State Agency Aging (n=38)
- Area Agency on Aging (n=120)
- Aging and Disability Resource Center (n=31)
- Center for Independent Living (n=77)
- Other Non-Profit Organization (n=46)

marketing, call volume, and client populations. Participation in an ADRC network may both require more training and provide opportunities for training and cross-training ("training is helpful because we train with the CILs"). Participation can increase referrals but also lead to more appropriate referrals. Expanded partnerships and referral networks, in tandem with the core functions of an ADRC, can bring new populations to agencies ("We contract with the local CIL to have their staff at our office two days a week which has increased our ability to provide person-centered services to people with disabilities."). At the same time, these developments may be occurring with limited resources for ADRC activities. Respondents also highlighted infrastructure developments such as electronic referral platforms, shared resource databases, and statewide information systems that can improve data sharing and bring greater efficiencies to ADRC activities. These developments can also provide a springboard to NWD system building.

No Wrong Door Systems

As described by ACL, CMS, and VHA, No Wrong Door systems of access to long-term services and supports are intended to help consumers of all ages, disabilities, and income levels to learn about and access the LTSS they need. NWD systems are also intended to help individuals to make informed and person-centered decisions based on their needs, preferences, and goals. The NWD initiative promotes states' efforts to develop coordinated systems of access to LTSS that engage multiple agencies and organizations at the state and local levels and that foster shared and/or statewide processes and infrastructure.[18] NWD systems may build on the ADRC initiative and other programs, though these efforts can also develop in tandem. The primary functions of NWD systems as identified by federal partners include the following[19]:

- Public outreach and coordination with key referral sources;
- Person-centered counseling;
- Streamlined eligibility to public programs; and
- State governance and administration.

Coordination with referral sources is a key element of NWD systems,[20] and as with ADRC systems, I&R/A programs may serve as a front door to NWD consumer access systems. The timeline in diagram 1 illustrates the evolution of these consumer access systems through the lens of federal milestones that have helped foster their development. In the 2018 survey, nearly half of respondents (49 percent of 325 respondents) reported that their agency participates in a NWD system initiative. Of the remaining respondents, 31 percent did not know, 16 percent reported no participation in a NWD system, and 5 percent indicated that their state or community does not have a NWD system initiative. Given the focus on state-level administration of NWD systems, it is not surprising that state agencies were most likely to report participation in a NWD system initiative (figure 16), followed closely by ADRCs and AAAs.

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[18] For more information on the No Wrong Door system, visit ACL at *https://nwd.acl.gov.*

[19] Administration for Community Living. Key Elements of a NWD System of Access to LTSS for All Populations and Payers, 2015. *https://nwd.acl.gov/pdf/NWD-National-Elements.pdf*

[20] Ibid.

Diagram 1 — Developing Systems of Consumer Access to LTSS: Federal Milestones

Above the timeline:

- I&R becomes a core service of the aging network under amendments to the OAA
- Social Security Act incorporates the Medicaid HCBS waiver program at Section 1915(c)
- "Systems Change" grants begin to address deinstitutionalization and remove barriers to community living for individuals with disabilities
- AoA/CMS partner with Veterans Health Administration and encourage states to serve veterans through ADRCs
- NCIL hires an ADRC coordinator to help identify opportunities for collaborating with local ADRC network; ACL defines ADRC core components
- ACL, CMS, and VHA fund first NWD planning grants to 25 states
- CMS releases NWD Medicaid Administrative Claiming Guidance
- 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

Timeline years: 1973 | 1978 | 1981 | 1999 | 2001 | 2003 | 2008 | 2010 | 2011 | 2012 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019

Below the timeline:

- CILs must offer I&R services under amendments to the Rehabilitation Act
- Olmstead Decision affirms the right of individuals with disabilities to live in the community
- AoA/CMS award first ADRC grants to pilot states
- Administration for Community Living is established and includes the Administration on Aging, Office on Disability, and the Administration on Intellectual and Developmental Disabilities
- 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
- ACL, CMS, and VHA define key elements of a NWD system of access to LTSS and award NWD system grants to 13 states
- NWD Person-Centered Counseling Training Program is released to help build professional competency to implement person-centered practices
- 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

Figure 16 — Participation in a NWD System Initiative by Agency Type

Legend:
- 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)

It is interesting to compare findings in this area with findings from the 2015 I&R/A survey. In the 2015 survey, 68 percent of respondents reported that their agency participated in a NWD system initiative, higher reported participation than in the 2018 survey though NWD initiatives continued to develop between 2015 and 2018. Qualitative data from the 2015 survey provides some explanation as the data suggested that respondents were interpreting the NWD concept in multiple ways, and sometimes in the broadest human service context to mean an approach to inquirers that seeks to more fully understand their needs before providing referrals or assistance.[21] In the 2018 survey, while fewer respondent agencies reported participation in a NWD system, respondents' understanding of a NWD system as reflected in qualitative comments more closely aligns with the NWD description and functions highlighted above.

In this regard, the key NWD system elements described by federal partners do appear to be informing and influencing the development of consumer access systems. Throughout the data captured in the 2018 survey, the influence of the NWD model is reflected in areas that include:

- 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; and

- The broadening of partnerships and referral networks.

As described succinctly by one respondent: "NWD has impacted areas of: staff training on person-centered counseling, data sharing, electronic referrals, partnerships and referral networks." Another respondent captured the evolution of consumer access systems and the development of statewide infrastructure in the following comment: "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 a website to link consumers into the system of long-term services and supports."

As with participation in ADRC networks, respondents whose agencies participate in NWD systems were asked to describe how the NWD system has impacted the provision of I&R/A services in their agency. Many respondents identified staff training on person-centered counseling as an area of impact. Infrastructure/systems developments were also identified, including those that facilitate electronic referrals to partners, enable data sharing across partners, and allow access to a statewide database. The NWD model may impact processes as well, such as through development of universal assessments for HCBS programs. As with ADRCs, NWD systems can increase partnerships and referral networks. At the same time, the development of a NWD system can increase expectations for expanded services. One respondent noted that screening takes longer, referrals are more complicated, and call volume can be overwhelming. Another respondent called out a broader concern with confusion about consumer access systems—noting that it's difficult to understand the difference between the ADRC and NWD. This sense of confusion may reflect the evolving roles of consumer access systems, creating some uncertainty for agency staff which could ultimately create confusion for consumers when seeking access points for assistance and services.

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[21] NASUAD. 2016. *The Changing Landscape of Aging and Disability Information and Referral/Assistance: 2015 Survey of Aging and Disability I&R/A Agencies*, p. 23. <*http://www.nasuad.org/sites/nasuad/files/2015%20I%26RA%20Survey%20Report.pdf*>

Participation in Initiatives to Serve Veterans

VETERAN-DIRECTED HOME AND COMMUNITY BASED SERVICES (VD-HCBS) PROGRAM

In 2008, the Administration for Community Living began a partnership with the Veterans Health Administration to serve veterans of all ages at risk of nursing home placement through the Veterans Directed Home and Community Based Services (VD-HCBS) Program. The VD-HCBS program (also known as Veteran-Directed Care) is intended for veterans who need skilled services, case management, and assistance with activities of daily living or instrumental activities of daily living, are isolated, or their caregiver needs support. The program provides veterans with opportunities to self-direct their long-term services and supports to help veterans continue to live at home or in their community. Eligible veterans can manage their own flexible budgets for services, decide what mix of goods and services will best meet their needs, hire and supervise their own workers, and buy items and services that will help them live independently in the community.

To achieve these goals, the program, where implemented, is a partnership between VA Medical Centers (VAMCs) and agencies within the aging and disability networks. Agencies must have in place the basic elements of a participant-directed program and meet a readiness assessment/review. VAMCs refer eligible veterans to enroll in the program and authorize a flexible spending budget based on the assessed needs. Through options and/or person-centered counseling, aging and disability network agencies provide facilitated assessment and care/service planning, arrange fiscal management services, assist in finding/training workers and securing goods/services if needed, and provide ongoing counseling and support to veterans, their families, and caregivers. As of mid-2018, the VD-HCBS Program was serving over 2,000 veterans across 35 states, the District of Columbia, and Puerto Rico. Seventy-nine VAMCs had partnered with aging and disability network agencies to offer the program, though not all had made referrals.[22]

Consumer access systems—ADRCs and NWD systems—are intended to facilitate access to LTSS for diverse consumers, including veterans and their caregivers. The Veterans Health Administration (VHA) has been a partner with ACL and CMS in efforts to streamline access to LTSS. One result of this partnership is the Veteran-Directed Home and Community Based Services (VD-HCBS) Program described above. The 2018 survey sought to learn about respondent agencies' participation in the VD-HCBS program and in other initiatives to help connect veterans to services.
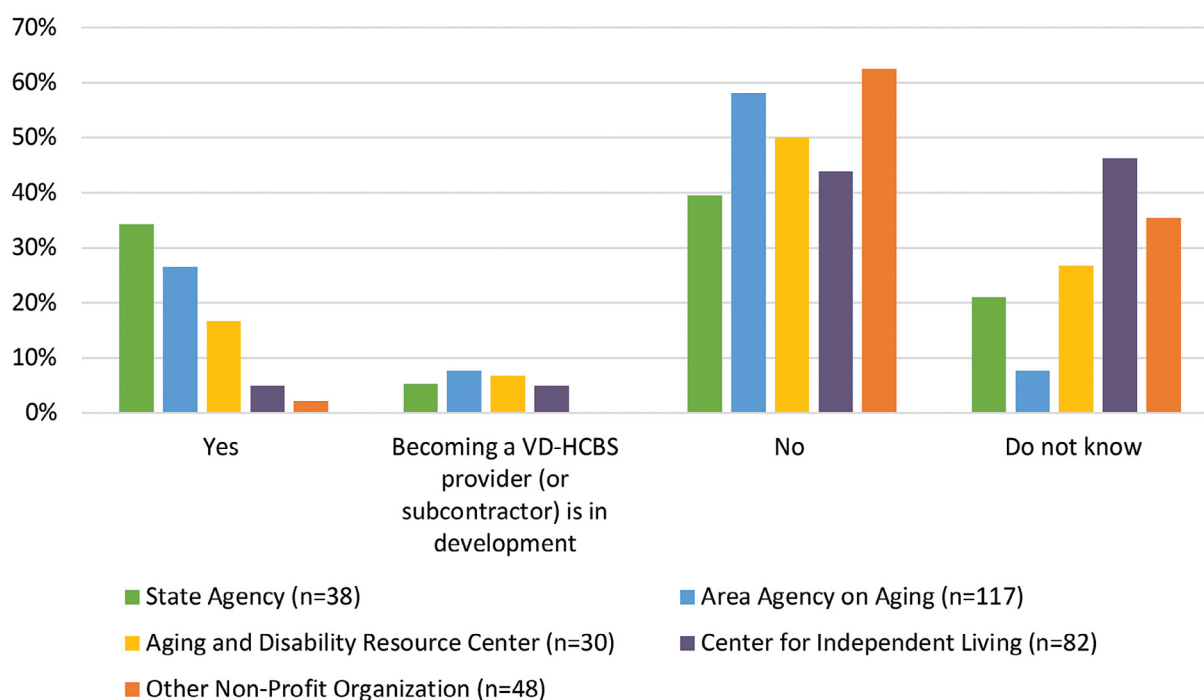
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[22] Administration for Community Living, Veteran-Directed Home & Community Based Services (VD-HCBS) Program. < *https://acl. gov/programs/veteran-directed-home-and-community-based-services/veteran-directed-home-community-based*> (2019, February 11); U.S Department of Veterans Affairs, Geriatrics and Extended Care. < *https://www.va.gov/geriatrics/guide/longtermcare/veteran- directed_care.asp*#> (2019, February 11).

In the survey, of 315 respondents, only 17 percent reported that their agency is a provider or subcontractor with a VD-HCBS program, and another 5 percent indicated that becoming a VD-HCBS provider or subcontractor is in development. Fifty-two percent reported no participation in the program, and 25 percent did not know. As shown in figure 17, there are differences in participation in the VD-HCBS program by agency type. Respondents from state agencies and AAAs were most likely to report that their agencies participate in a VD-HCBS program, though ADRCs, AAAs, CILs, and State Units on Aging are types of aging and disability network agencies that can all potentially become VD-HCBS providers or subcontractors. At the same time, having the processes, procedures, and capacity in place to pass the Readiness Review may be a limiting factor on VD-HCBS participation. Additionally, if the program does not appear to offer sufficient referrals, agencies could determine that it is not worth the effort to achieve readiness.

Respondents also identified various challenges that may result in low levels of program participation. As shared by one respondent, "We are a provider, but referrals from the VA have been minimal." On a similar theme, a respondent noted that their agency's VD-HCBS program started some years ago, but development stalled and little progress has been made even with engaging a federal partner. Another respondent commented, "We have tried for years to connect with the VAs in our area to no avail." While these comments reflect challenges with engaging the VA—a needed partner—input from several respondents suggests that there can be a role for state leadership to facilitate VD-HCBS programs. For example, a respondent described how the State Unit on Aging has provided support to ADRCs/ AAAs that want to become a VD-HCBS provider. "We have helped with the readiness

Figure 17   *Participation in a VD-HCBS Program by Agency Type*

Legend:
- 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)

review process and troubleshooting issues that arise with the VA." Another state respondent identified statewide program management that includes interagency agreements with VAMCs in the state and a statewide fiscal management service. This state agency subcontracts with AAAs to provide care coordination activities and billing is submitted by the state.

Respondent agencies that are VD-HCBS providers or subcontractors reported performing a variety of activities under the program, including assessments; case management; connecting veterans to services; information and referrals; service planning; options counseling; and person-centered counseling. Several respondents, notably those that reported strong partnerships with their VA medical centers, described benefits of the programs for veterans in their communities. These benefits include support for community living, increased flexibility to purchase goods and services based on individual needs, and improved access to services.

"The program improves access to physical and mental health services for veterans, allowing them to supervise their personal care workers and other home maintenance services in order to remain at home."

Recognizing that I&R/A agencies may serve veterans and their caregivers in multiple ways—not only through the VD-HCBS program—the 2018 survey asked respondents whose agencies reported not participating in VD-HCBS to describe other types of efforts or partnerships at their agencies to help connect veterans and caregivers to services. Not surprisingly, a number of respondents reported that their agencies refer veterans and family members to veterans programs, resources, and groups. Respondents also reported working with veterans' organizations at the state and community levels; such working relationships can strengthen referral networks ("We continually work with county Veteran Service Officers and representatives from the VA."). Respondents reported not only making, but also receiving referrals from veterans' organizations. For some respondents, the ADRC has provided a mechanism to engage with veterans' organizations on an ongoing basis ("The VA is part of our ADRC Advisory Committee."). In some cases, respondents mentioned being co-located with the local Veterans Service Organization.

Some respondents highlighted efforts at their agencies to train or cross-train staff, an activity which can enhance capacity within agencies to serve veterans and caregivers. One respondent reported, "We have a veteran specialist who will be going through Veterans Service Officer training. She is familiar with veteran benefits and helps veterans to access services and supports." Another respondent shared that their agency has cross-trained with the Veterans Administration to better serve local veterans. Efforts that focus on building community resource information were also mentioned ("We have researched local veterans services and include these in a newly developed resource database and are now making more appropriate referrals."). Another practice that was shared in comments is the practice of "asking the question," which helps to identify inquirers who have served in the military so that referrals might include veterans programs. Overall, the examples shared by respondents illustrate ways that I&R/A programs can enhance their capacity to serve veterans and their family members in their states and communities.

"Our I&A Specialists ask every caller (when applicable) if they are a Veteran or if they were married to a Veteran. This simple question allows us to refer and connect Veterans with all relevant programs and services based on their specific need or request."

Participation in Broader Community Partnerships

Partnering with a range of community organizations, and with other types of I&R services, is important both to enhancing consumer access systems and to building the capacity of I&R/A programs to effectively serve the needs of diverse inquirers. As shown in figure 18, respondent agencies collaborate with a variety of community organizations, with some differences across agency types. Respondents from AAAs and ADRCs, for example, were more likely to report collaborating with hospitals, medical providers, and community health centers, which may reflect a growing emphasis on healthcare partnerships within such agencies as well as the provision of programming that supports healthcare outcomes.

In another example, state agency respondents were most likely to report collaborating with colleges or universities, and there may be several factors behind this. State agencies may partner with post-secondary institutions for research or evaluation activities; universities might serve in a policy role for the state; or state agencies could partner with the University Centers for Excellence in Developmental Disabilities in their states.

Figure 18 clearly reflects the CIL core service of "transition," which encompasses support for transition to community living, diversion for those at risk of institutional placement, and support for youth to transition from high school to their post-secondary goals (such as college, work, and independent living). This focus is evidenced by significantly higher levels of collaboration with schools, Vocational Rehabilitation, and employment agencies. This finding also suggests that CILs may be important partners in serving youth in transition. More broadly, even with some notable differences by agency type, figure 18 shows that I&R/A agencies are seeking to collaborate with community organizations in areas of high need, such as mental health, housing, and transportation.

"Our agency provides transition supports and services to youth with disabilities. We have a program that works with youth with disabilities to provide skills training in employment, independent living, relationships, and education. We partner with Vocational Rehabilitation to reach youth who are actively working to explore employment opportunities."

Figure 18 — Collaboration with Community Organizations by Agency Type

Figure 18 — *Collaboration with Community Organizations by Agency Type*

Legend: ■ State Agency (n=36) ■ AAA (n=126) ■ ADRC (n=32) ■ CIL (n=86) ■ Other Non-Profit (n=46)
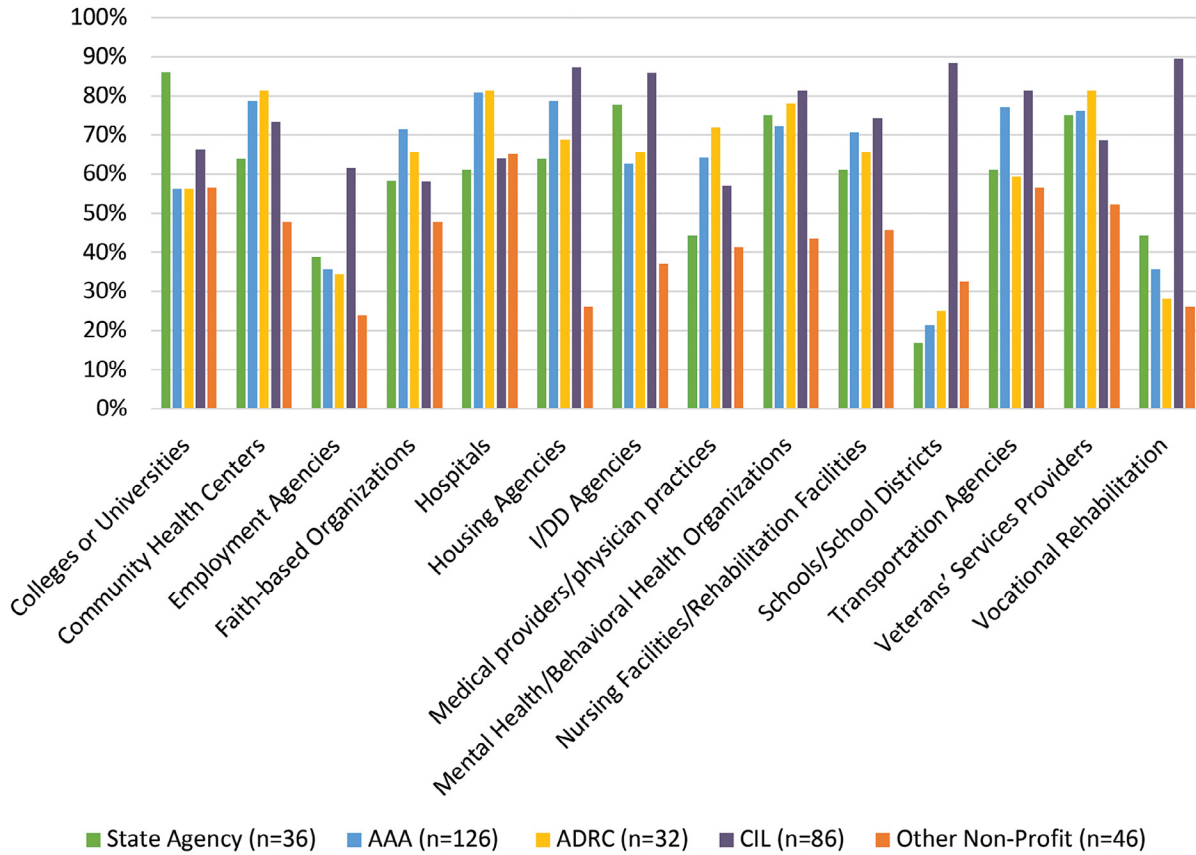
Partnerships within the broader I&R system can also support aging and disability I&R/A programs to effectively serve inquirers. As emphasized in the *AIRS Standards and Quality Indicators for Professional Information and Referral*, cooperative relationships within the I&R system help to ensure broad access to information and referral services, avoid duplication of effort, and encourage access to community resource information.[23] The 2018 I&R/A survey addressed cooperative relationships between respondent agencies (and their aging and disability I&R/A programs) and 2-1-1 I&R services. 2-1-1 is a nationwide I&R service that connects individuals to resources and assistance. Leadership for 2-1-1 is provided by United Way Worldwide, 211US, and AIRS. As of 2018, 2-1-1 was available in every state with 94 percent of the U.S. population covered.[24] Coverage levels vary by state and geographic area.

[23] Alliance of Information and Referral Systems. 2016. AIRS Standards and Quality Indicators for Professional Information and Referral (Version 8.0), p. 24. *https://www.airs.org/i4a/pages/index.cfm?pageid=3371*

[24] For more information on 2-1-1, visit *http://211.org/*.

Figure 19   *Collaboration with 2-1-1 by Agency Type*

Legend:
- State Agency (n=38)
- Area Agency on Aging (n=128)
- Aging and Disability Resource Center (n=35)
- Center for Independent Living (n=88)
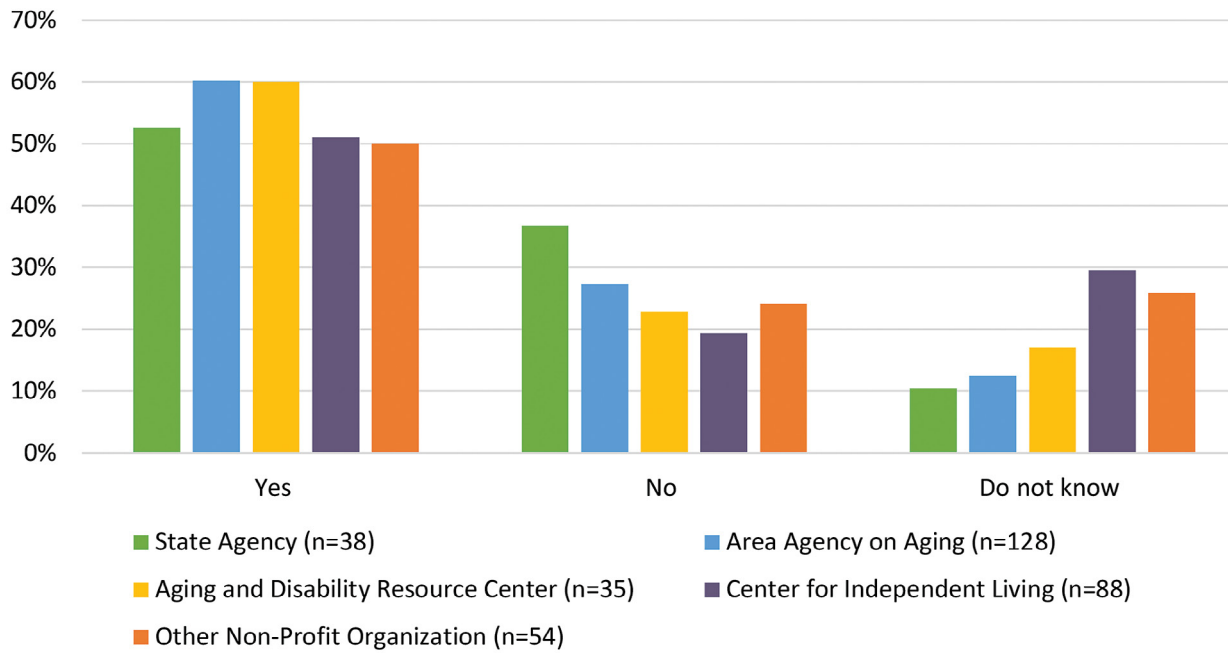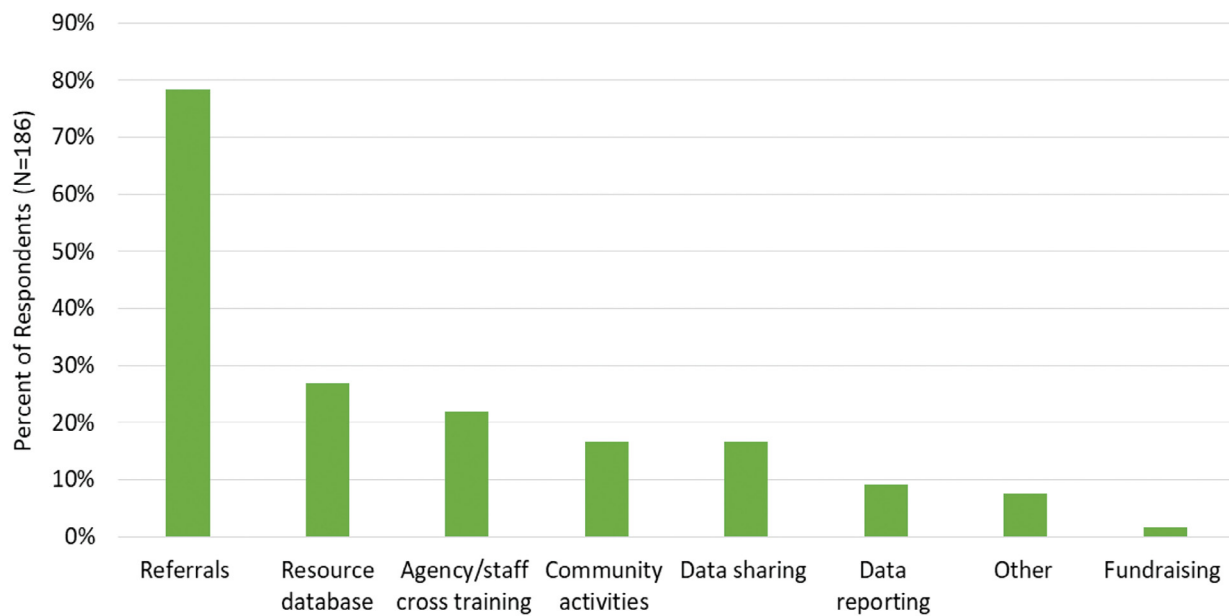- Other Non-Profit Organization (n=54)

Figure 20   *Collaborative Activities with 2-1-1*

Of 344 respondents, 55 percent reported that their agency collaborates with 2-1-1. Twenty-six percent reported no collaboration with 2-1-1, and 19 percent did not know. Among all agency types (figure 19), at least half of respondents reported that their agency collaborates with 2-1-1, with AAAs and ADRCs most likely to report such collaboration (at 60 percent of respondents each). In the 2015 I&R/A survey, CILs had been most likely to report collaboration with 2-1-1. Over the past several years, it is possible that NWD system initiatives have helped to foster new or ongoing relationships with 2-1-1. Among the four primary functions of a NWD system are outreach and coordination with key referral sources, which include 2-1-1.[25]

To further explore cooperative relationships with 2-1-1 services, the 2018 survey asked respondents whose agencies collaborate with 2-1-1 to identify activities on which their agencies collaborate (figure 20). As in the 2015 survey, referrals are by far the most prevalent cooperative activity reported between respondent agencies and 2-1-1 services. Over half of respondents also reported that referrals to their organization from 2-1-1 were appropriate to their services.

Twenty-seven percent of respondents reported collaborating with 2-1-1 on resource database activities. These activities range from minimal—such as having and updating a listing in the 2-1-1 database—to more in-depth collaboration such as contracting with 2-1-1 to manage a statewide resource database. Several respondents also mentioned using a shared resource database. As alluded to in the *AIRS Standards,* database collaboration or partnerships can promote more efficient database maintenance, a valuable outcome given the time and effort needed to maintain accurate database records ("Resource Specialists collaborate on obtaining information from community partners to ease workload and multiple inquiries to agencies;" "The AAA statewide database does not include some items that 2-1-1 has. For example, we refer people to 2-1-1 for a current list of food banks. They are the experts in that area.").

Other types of collaborative activities include staff cross training, community initiatives (such as partnering on community coalitions), data sharing and, to a lesser degree, data reporting. Respondents also mentioned activities like joint participation on AIRS state affiliates, collaboration on disaster response activities, joint community outreach, and NWD activities. Several respondents described how their agencies partner with 2-1-1 for certain types of call situations. The 2-1-1 service, for example, may handle after-hours calls, provide shelter screening for callers who are homeless, or receive Adult Protective Services calls. All of these types of collaborative activities can offer ideas for how I&R services can work together to ensure that information and referral is broadly available in states and communities.

As shown by the data on collaborative activities with 2-1-1, community partnerships play a vital role in promoting referrals to I&R/A services. Eighty percent of survey respondents reported that community partners frequently drive I&R/A inquiries to their agency (figure 21). This finding underscores the importance of community partnerships as a source of referrals to I&R/A programs, helping to ensure that individuals and families have access to information and referral. As in the 2015 survey, in the 2018 survey key drivers of referrals to I&R/A services include:

- Community partners;
- Family, friends, and caregivers;
- Self-referrals;

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[25] Administration for Community Living. Key Elements of a NWD System of Access to LTSS for All Populations and Payers, 2015. *https://nwd.acl.gov/pdf/NWD-National-Elements.pdf*

- Professional relationships;
- Healthcare providers;
- Other government agencies; and
- Community events.

The findings shown on figure 21 also suggest that traditional sources of referrals continue to drive inquiries to I&R/A agencies. For example, while 49 percent of respondents reported that their agency's website drives I&R/A inquiries some of the time, 57 percent also reported that printed resources drive inquiries some of the time. A take-away for agencies may be that multichannel communication—using traditional and digital communication—can help to engage diverse consumers based on their communication preferences, broadening awareness of I&R/A services. Additionally, though community relationships and outreach are key sources of referrals to I&R/A services, there is a role for national and statewide resources such as the Eldercare Locator[26] and statewide 800 numbers. These resources may be especially helpful to individuals who are unaware of local I&R/A access points or who are long-distance caregivers.

Figure 21   *Origin of Referrals to I&R/A Service*

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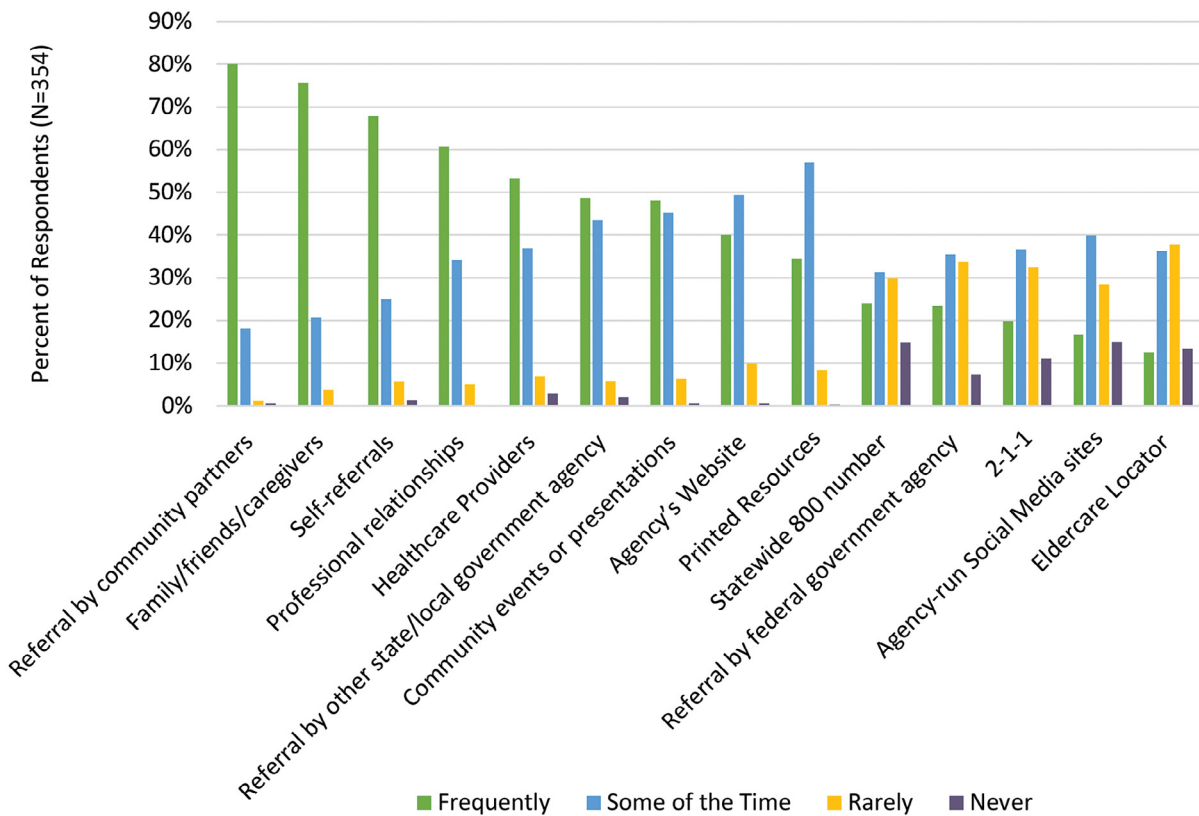
[26] The Eldercare Locator is a nationwide service of the U.S. Administration on Aging that connects older adults and caregivers with local resources. It is administered by n4a. Visit *https://eldercare.acl.gov* for more information.

THEME 5. CHANGING EXPECTATIONS FOR EFFECTIVE SERVICE DELIVERY SUPPORT A FOCUS ON TRAINING AND QUALITY ASSURANCE

Quality standards have long been a part of I&R/A service delivery, but a changing environment is heightening expectations for effective services and outcomes. Expectations from funders and partners—and from individuals and families themselves—increasingly call for program effectiveness and person-centered services backed by performance measurement. As shared by one survey respondent, "Quality assurance and quality control have increased in importance with evidence-based practices, services, programs, and partner contracts." The 2018 survey examined developments in quality assurance and staff training from a variety of angles: professional standards for I&R/A services, quality assurance and improvement, outcome measurement, staff training (including training on person-centered practices), and staff certification.

Quality Assurance and Improvement

Professional standards for I&R/A services provide a foundation for quality assurance and improvement. Standards offer benchmarks against which agencies can assess their current practices and measure their progress. Standards used by I&R/A agencies may be national in scope, statewide (such as state standards for ADRC systems), or unique to the I&R/A agency. Some agencies, for example, modify existing standards or develop their own standards. In terms of national standards, the Alliance of Information and Referral Systems (AIRS) established a set of standards and quality indicators for professional I&R that have been used in the field since 1973.[27] The aging network broadly adopted the *AIRS Standards* rather than maintaining a different set of national standards for I&A programs. These standards, which are periodically reviewed and updated, are the foundation for the accreditation of I&R agencies and provide an organizational context for the certification of I&R professionals.

Figure 22 shows the types of professional I&R/A standards used by respondent agencies. Of 301 respondents, 34 percent reported that their agency uses the *AIRS Standards* exclusively to support their operations, while 12 percent reported that their agency uses modified *AIRS Standards*. Thus for close to half of respondents, the *AIRS Standards* provide the foundation for their agency's I&R/A standards. At the same time, 25 percent of respondents reported that their agency uses ADRC standards. Several respondents, in the "other" category, noted that their agency uses a blend of standards, such as AIRS and state standards, or AIRS and ADRC standards. Twenty percent of respondents reported that their agency developed its own standards, another 20 percent were unsure of the source of any standards used, and nine percent reported that their agency does not use professional I&R/A standards.

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[27] Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral. *https://www.airs.org/i4a/pages/index.cfm?pageid=3371*
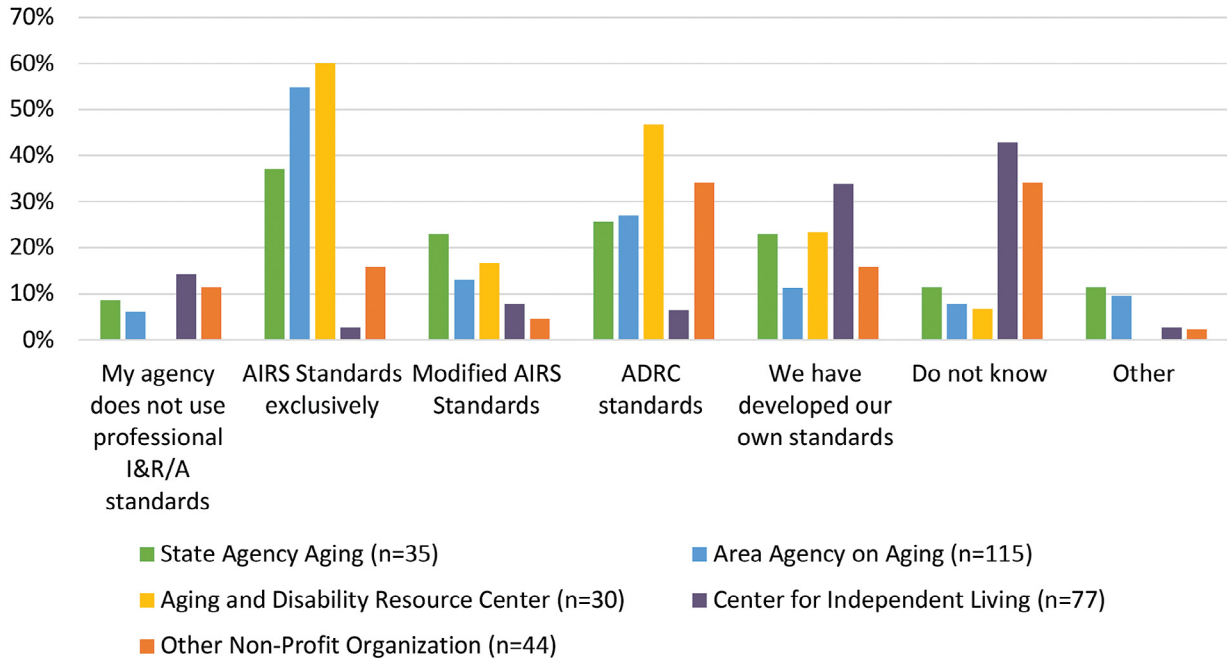
Figure 22   *I&R/A Professional Standards*
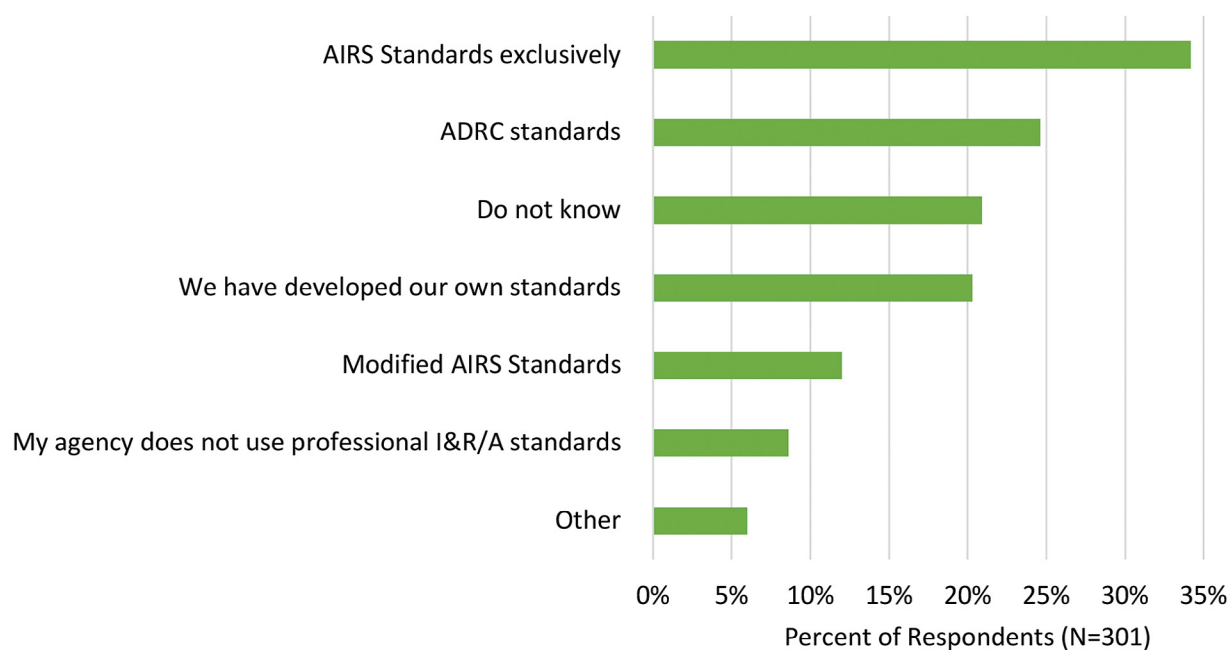
When compared with findings from the 2015 survey, fewer respondents in the 2018 survey reported that their agency uses the *AIRS Standards* exclusively (34 percent in 2018 and 40 percent in 2015), while more respondents reported that their agencies use ADRC standards (24 percent in 2018 and 17 percent in 2015). Additionally, more respondents in the 2018 survey reported that their agency has developed its own standards (20 percent in 2018 and 11 percent in 2015). This latter finding may in part reflect the increased number of CIL respondents in the 2018 survey, whose agencies may be more likely to develop their own standards for CIL core services.

Figure 23 further shows variation in the use of standards by agency type. ADRCs and AAAs, for example, were most likely to report using the *AIRS Standards* exclusively. State agencies were more likely than other types of respondent agencies to report using modified *AIRS Standards*. State agencies may, for example, use *AIRS Standards* as a guide or foundation for state I&A standards.

Figure 23 — *Professional Standards for I&R/A by Agency Type*

Legend:
- State Agency Aging (n=35)
- Area Agency on Aging (n=115)
- Aging and Disability Resource Center (n=30)
- Center for Independent Living (n=77)
- Other Non-Profit Organization (n=44)

As noted above, I&R/A standards provide a useful foundation for quality assurance and improvement. Quality assurance, in the context of I&R/A programs, is a systematic process of ensuring that an organization's I&R/A services are delivered in a consistent, high-quality manner. Quality assurance practices should help to ensure that individuals receive timely and accurate information and assistance that takes into account inquirers' unique needs, circumstances, and preferences.

In the 2018 survey, of 305 respondents, 61 percent reported that their agency has quality assurance (QA) measures for its I&R/A services, while 18 percent reported that their agency does not have such QA measures and 21 percent reported not knowing. Thus in a significant portion (close to 40 percent) of respondent agencies, QA measures for I&R/A services are not used or might not be known by staff. This finding is further concerning given a decrease from the 2015 survey in the percentage of respondents that reported that their agency has QA measures for I&R/A services (72 percent of respondents in 2015 and 61 percent in 2018). As described earlier, there are growing expectations for effective and person-centered services, and quality assurance is an important component of measuring and documenting the performance of I&R/A programs. Additionally, findings from the I&R/A surveys over time show that there are a consistent set of QA practices (figure 24) that agencies use to assess the quality and performance of their I&R/A services. Agencies that wish to begin or enhance their QA measurement can look to the types of practices used by their peers.
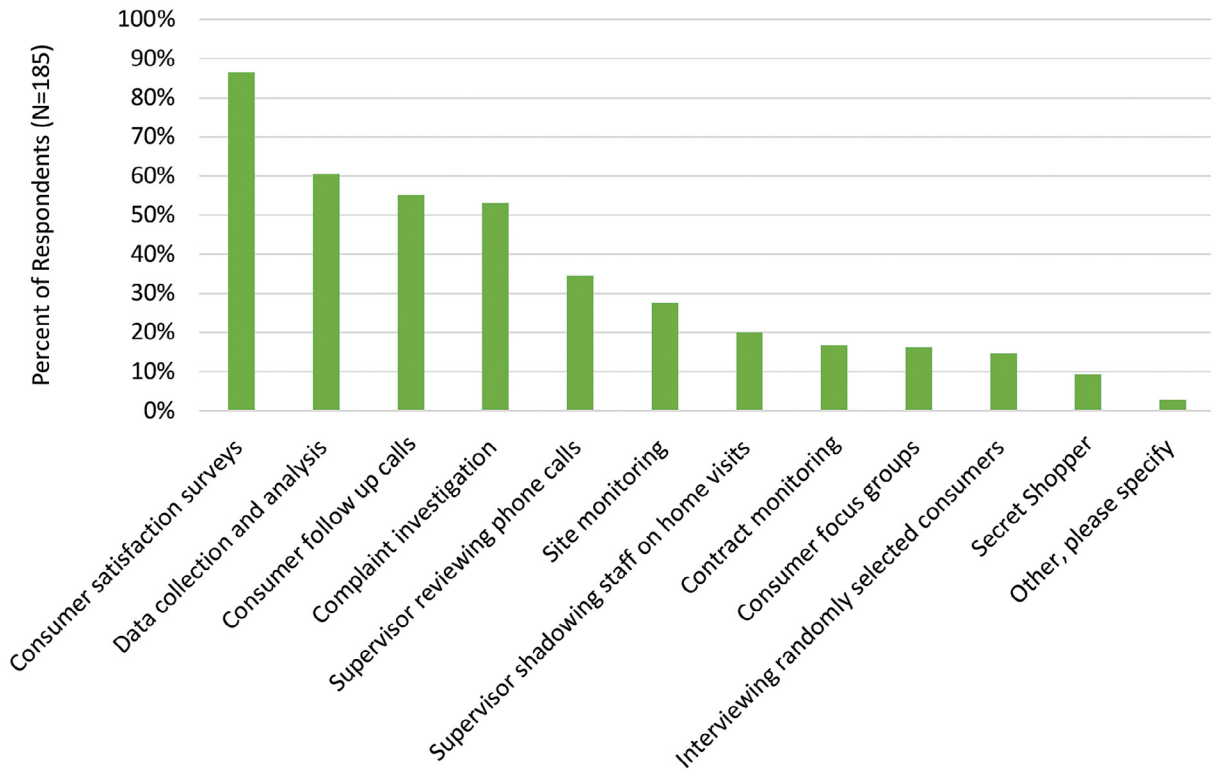
**Figure 24** — *Quality Assurance Measures for I&R/A Services*

Figure 24 depicts QA measures used by respondent agencies that reported using such measures for their I&R/A services. The QA measures shown on the chart have a very similar pattern to those reported in the 2015 survey, underscoring the consistency of agency approaches to quality assurance. Commonly used QA measures reported by at least half of those responding in the 2018 survey include: consumer satisfaction surveys (at 87 percent of respondents), data collection and analysis (at 61 percent), consumer follow up calls (at 55 percent), and complaint investigation (at 53 percent). Additional QA measures are identified on the chart.

Data and findings from quality assurance practices can not only help agencies to measure and document program performance, but can also be used to inform quality improvement activities that enhance the overall quality of I&R/A services. In the 2018 survey, 56 percent of respondents whose agencies have QA measures for their I&R/A services reported that their agency uses information collected through these measures to inform quality improvement activities. Figure 25 shows the various ways that data from QA measures informs quality improvement (QI). Agencies use QA data for both internal QI activities such as staff coaching and external activities like educating stakeholders on community needs. Using QA data in these ways further reinforces the value of QA measurement for I&R/A service quality.

"We conduct quarterly client satisfaction surveys based on a randomly selected list of consumers generated by our data system. Separately, we conduct annual focus groups with consumers and providers. We require I&A staff to maintain AIRS certification. Based on trends identified in satisfaction surveys and focus groups, we make adjustments to our service delivery model when available funding enables changes."

| Figure 25 | *Using Quality Assurance Data for Quality Improvement Activities* |
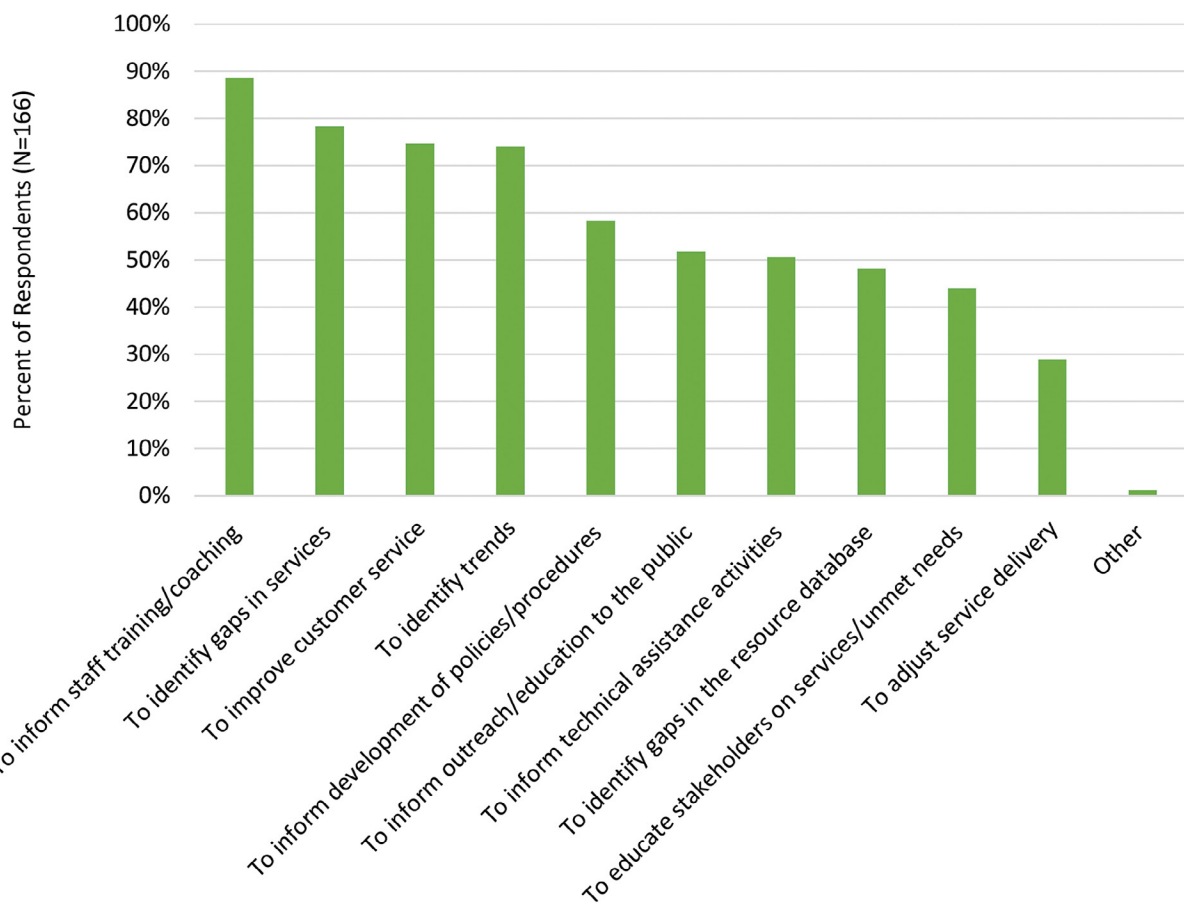
In addition to gathering information on agency-level practices, the 2018 survey asked state agency respondents if their agency has a quality assurance program to assess the quality of I&R/A services provided through aging and disability networks in their states. This type of statewide quality assurance program might assess, for example, the consistency, accuracy, and timeliness of I&R/A services and community resource information. Respondent agencies were equally split between having and not having such a QA program. Of 44 respondents,

41 percent indicated yes, and another 41 percent indicated no while 18 percent did not know. Components of these QA programs, as described by respondents, include for example: site visits, software tracking and edit checks, local agency assessments and monitoring, secret shopper calls, review of call recordings, and an in-house statistics program ("Our oversight is focused on timeliness of activities and review of data entered into the system. We use this data to track system performance as well as provide technical assistance and training to single-entry point agencies."). A few respondents indicated that developments were underway to improve QA monitoring.

Quality measurement in aging and disability services is itself evolving with growing efforts focused on outcome measurement. Both process and outcome measures are important for understanding the overall effectiveness of a service delivery system, and each type of measure sheds light on system performance. Process measures—or measures of effort—help to reveal how well a service delivery system is functioning (e.g., the timeliness of services and the accuracy of information) while outcome measures—or measures of effect—help to show whether services made a difference in the lives of individuals and families. Though I&R/A programs connect individuals to aging and disability services, quality assurance in this field can incorporate both types of measures. In fact, one of the core elements of I&R practice—follow up—can be a valuable tool in assessing outcomes. Outcomes could be service related, such as whether an individual received the help they needed through the referral(s) provided, or could address person-centered goals such as a person's progress towards community living goals.

In the 2018 survey, of 297 respondents, 43 percent reported that their agency measures outcomes for individuals that receive I&R/A services, 33 percent reported that their agency does not measure such outcomes, and 24 percent did not know. This finding is similar to that of the 2015 survey where 48 percent of respondents reported that their agency measures outcomes for recipients of I&R/A services. Also in keeping with the 2015 survey, a number of respondents in the 2018 survey reported that outcomes are measured through follow up with inquirers. As noted above, follow up is a key tool in helping to assess service and client outcomes.

Within I&R, follow up answers the question "what happened next" for inquirers, allowing follow up to generate information on outcomes such as: whether information needs were met, whether individuals received the help they needed and the level of assistance found, and the usefulness of the information provided.[28] Along with follow up, some respondents mentioned using consumer satisfaction surveys to gather data on service and client outcomes. Several respondents further identified the types of outcomes that their agency measures through follow up, consumer satisfaction surveys, or other approaches. These outcomes include, for example:

- Percentage of callers indicating they received the information they were seeking to make an informed choice regarding their goal/service need.

- Customer attainment of goals to remain independent in the community.

- Client satisfaction with I&A services and with the services they received information about.

- Whether the information provided increased options for independent living.

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[28] Alliance of Information and Referral Systems. 2018 edition. AIRS I&R Training Manual, Volume 1: Training the I&R Specialist, section 6: follow up.

"Our agency is huge on follow-up calls made to clients. Our motto is simply this: if you screen a client, help with application assistance, and mail materials to the client—and if you do not follow up on whether the application was signed and submitted—then all we did was simply push some paper around. Our ultimate goal is to connect people and services and make sure that clients get everything they qualify for in benefits."

Staff Training

Another important component of strengthening the quality of I&R/A services is staff training, particularly as inquiries become more complex and as the roles of I&R/A professionals expand. In the 2018 survey, of 300 respondents, 78 percent reported that I&R/A specialists at their agency are provided training on I&R/A-related topics. In the 2015 survey, 91 percent of respondents reported that specialists at their agency are given such training. Figure 26 shows the topics on which training is provided, as selected by 2018 survey

Figure 26 *Training Topics for I&R/A Specialists*
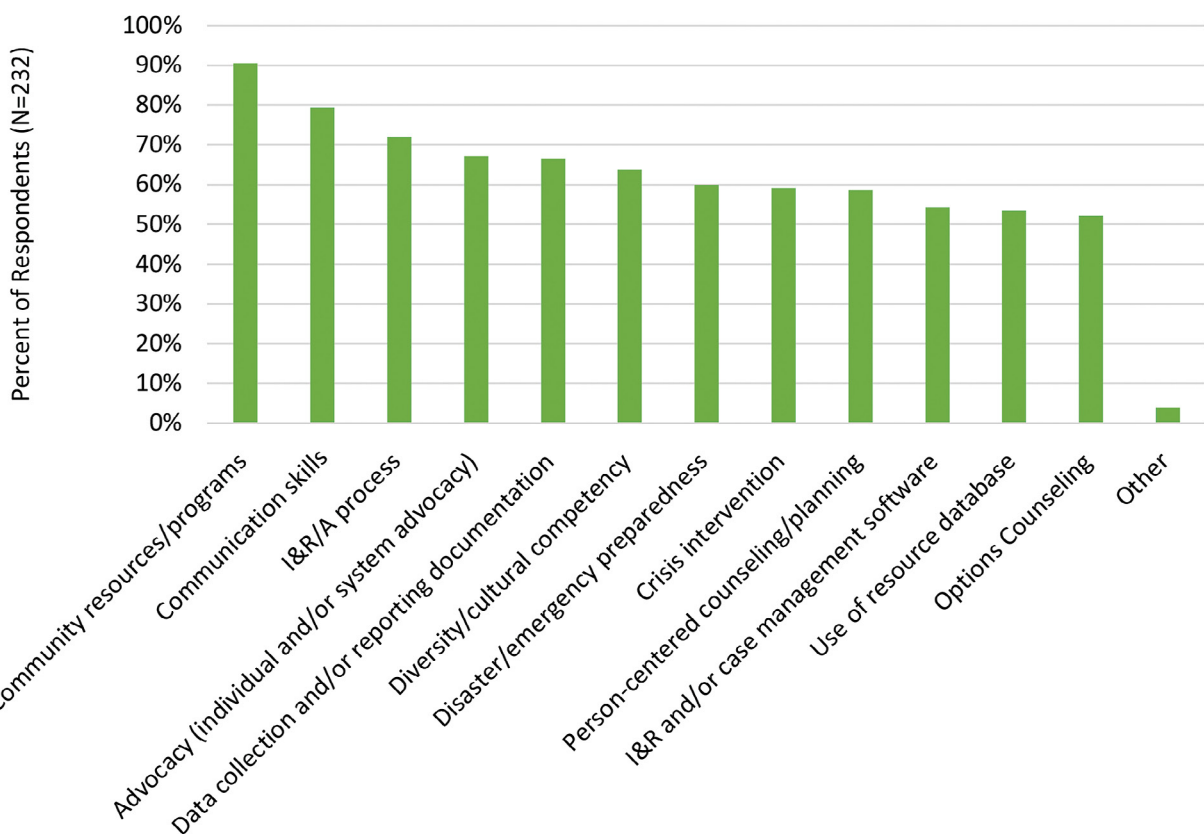
respondents. The training topic selected by close to all of those responding was community resources/programs. Training on community resources reflects the importance that agencies place on specialists being knowledgeable about programs and services for the individuals and families that they serve.[29]

Training on community resources was followed by training on communication skills and on the I&R/A process among topics selected by over 70 percent of respondents. In the 2015 survey, the I&R/A process and communication skills were the top two training topics selected by 84 percent of respondents each. Communication skills and the I&R/A process encompass foundational knowledge and skills to deliver effective I&R/A services. Communication skills such as active listening, empathy, and reflection allow specialists to effectively engage with each inquirer. The I&R/A process enables specialists to support and empower consumers' access to services through the stages of rapport, assessment, clarification, information giving, referrals and assistance, closure, and follow up.

While training on community resources, communication skills, and the I&R/A process comprised the top three training topics selected by respondents, all the training topics shown on figure 26 were selected by over half of respondents. This suggests that training across a range of topics is considered important to the professional development of I&R/A specialists, and may also reflect the growing roles of I&R/A professionals (explored earlier in this report). One interesting finding is the prevalence of training on person-centered counseling/ planning, selected by 59 percent of respondents as a training topic provided to I&R/A specialists. Training on options counseling, also an approach to supporting decision making, was selected by 52 percent of respondents. These findings may reflect a growing expectation for person-centered services at multiple levels, from federal and state agencies to community agencies and consumers themselves. Findings may also reflect the broad applicability of person-centered counseling skills in that these skills are not necessarily connected to a particular job function/title but can be used by a variety of front-line professionals, some likely at a more in-depth level than others. State agencies, ADRCs, and AAAs were most likely to report the provision of person-centered counseling/planning training. CILs were less likely to report the provision of person-centered counseling/planning training, which is in line with CILs' long-standing emphasis on consumer direction. Inherent within consumer direction is the concept that individuals are the best experts on their own needs. Consumer direction ensures that individuals are in control of the services offered, how they are delivered, and who provides them. For CILs, trainings on advocacy, community resources, and communication skills were the top reported.

With more I&R/A specialists performing in enhanced or blended roles, the 2018 survey gathered additional information on the provision of options counseling and person-centered counseling training. Regarding options counseling (OC), respondents—where applicable— described how OC training is provided to specialists in their agency. Given the absence of a national, standardized training for this front-line function, it is not surprising that state agencies were identified in a lead role by a number of respondents. State agencies might manage and/or provide such training. At the same time, in some cases, a AAA or ADRC provides OC training in house, as noted by respondents. Survey responses suggest that, more generally, supervision, peer mentoring, and ongoing training are important to the

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[29] In fact, the I&R certification credentials were renamed in January 2019 to share the common stem of Community Resource Specialist. This was done through a consultative process with I&R professionals reflecting on their work.

development of OC skills. Training may be in person, online, or often a combination of these. Universities also play a role in OC training, including in curriculum development and in the direct provision of training. Several respondents mentioned courses through Boston University's Center for Aging and Disability Education & Research (CADER) as the foundation for specialists' training on OC.[30]

It is interesting to note a few developments in this area mentioned by several respondents. One is the integration of training on motivational interviewing, adapting a clinical skill set focused on supporting client-driven change to the provision of LTSS decision support. Another is cross training on Medicare counseling (State Health Insurance Assistance Program counseling), speaking to the blended roles that specialists might play. Finally, reflecting figure 26, person-centered counseling training may be part of broader OC training or, in some cases, is becoming the primary training model. One respondent shared that their state has moved to the person-centered counseling model. Similarly, another respondent reported that all I&R/A staff will be completing the Person-Centered Counseling Training (as provided by Direct Course[31]) while, previously, the state agency provided needed training.

Respondents whose agencies provide training on person-centered counseling/planning to I&R/A specialists were asked to identify how this training is offered. As with OC training, there is an important state role in the provision of person-centered counseling (PCC) training (see figure 27). It is possible that, in some cases, state-developed training originates with a national or university curriculum but is perceived by trainees as originating with the state.

Figure 27 — *Provision of Person-Centered Counseling/Planning Training*

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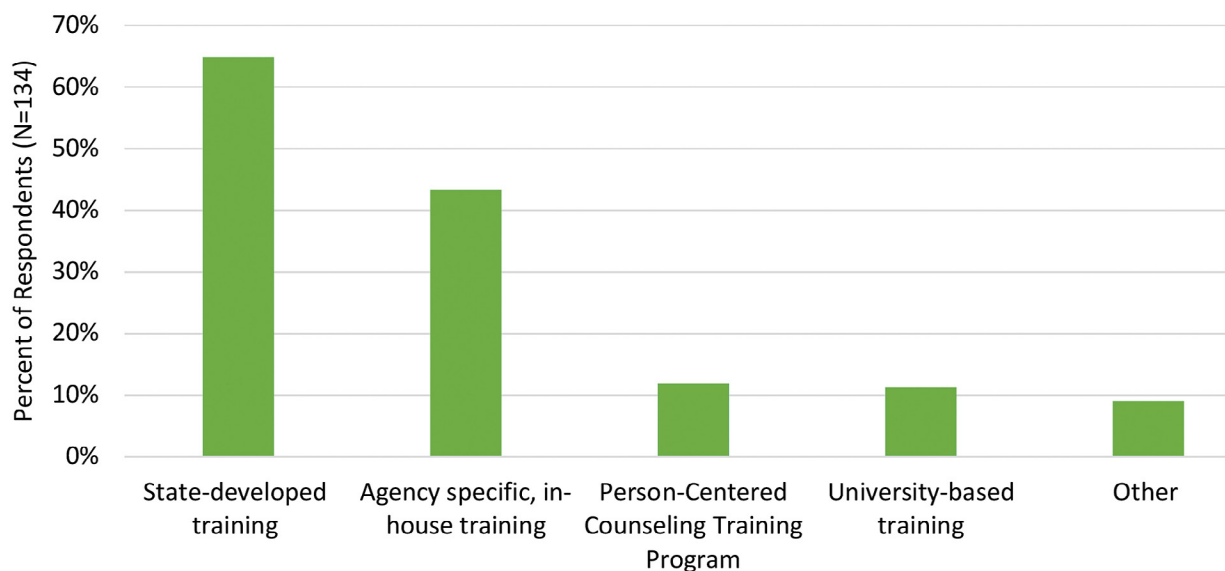
[30] For information on CADER, visit *http://www.bu.edu/cader/*.

[31] This training was developed for staff working in No Wrong Door systems. More information is available at *http://directcourseonline.com/pcc/*. The course content only is available at no cost on ACL's website, visit *https://nwd.acl.gov/personcenteredcounseling.html*.

Figure 27 also indicates a role for I&R/A agencies themselves in providing in-house training on PCC skills. Respondents from CILs were most likely to report agency-specific, in-house training, while respondents from ADRCs, AAAs, and state agencies were most likely to report state-developed training. Along with the options on figure 27, a small group of respondents reported "other" sources of training on person-centered skills including training through conferences and webinars, training through AIRS, training from The Learning Center for Person Centered Practices, and training using a train-the-trainer approach.

After state-developed and agency specific training, smaller percentages of respondents reported that PCC training is provided through the Person-Centered Counseling Training Program (available through Direct Course) or university-based training (at 12 and 11 percent of respondents respectively).[32] Respondents whose agencies provide training through the Person-Centered Counseling Training Program were asked to describe their agencies' experiences with this training platform. Comments from respondents reflect mixed experiences. A sampling of comments is shared below to illustrate perceived advantages and drawbacks of the platform:

- The platform is easy to use. A concern is sustainability over time.

- It is time consuming and difficult for staff to carve out the time. The content is very good though and we are pleased with this part of it.

- The people training to become Person-Centered Thinking trainers (myself included) were required to take the full training, and all agreed that it is too long and repetitive to be practical.

- We hope to revise the courses to better match our state's programs and be more streamlined for users.

- We think it's well done and when we provide trainings on it, participants like it.

Finally, recognizing the role that state agencies may play in fostering person-centered consumer access systems, the survey asked state agency respondents if their agency has policies or guidance that require or encourage the provision of PCC training to front-line specialists within their state's aging/disability network. Of 44 respondents, a little over half (52 percent) indicated yes, and another 16 percent indicated that such policies or guidance were in development. In comments, respondents described several ways that policies or guidance address the provision of PCC training. For example, requirements and expectations may be embedded in statewide standards for options counseling. The state might require PCC training for new hires ("Options counselors are required to take the PCC training within 30 days of employment per the state Administrative Code;" "Person-Centered Counseling Training is expected within 3 months of hire for agencies providing I&R/A services.") or may require front-line staff more broadly to receive training on person-centered approaches. Expectations might also be articulated in contracts. Person-centered practices could additionally be incorporated into agency-wide strategic planning.

"The State Unit on Aging is continually working on a culture change wherein person-centered thinking and skills are incorporated into all aspects of our work."

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[32] Respondents who reported university-based training identified, in comments, universities and programs such as Boston University/CADER; ILRU ((Independent Living Research Utilization); UMKC (University of Missouri—Kansas City)—the UMKC Institute for Human Development, a UCEDD, houses the Charting the LifeCourse™ program; University of Montana training on Living Well and Working Well with a Disability; and Virginia Commonwealth University—the VCU Partnership for People with Disabilities maintains NWD OC training.

Staff Certification

Along with staff training, certification of staff is another component of strengthening the quality and consistency of I&R/A services. Certification within the field of I&R is based on specific competencies and related performance criteria, which describe the knowledge, skills, attitudes, and work-related behaviors needed by I&R practitioners to successfully execute their duties.[33] While AIRS certification is not the only type of certification that may be held by I&R/A specialists, it is the only certification that is dedicated to the practice of I&R. The AIRS Certification Program is based on established standards for the field of information and referral and is comprised of three designations. While these designations were renamed in January of 2019, this report uses the names that were in the field at the time of the survey.[34] In particular, the Certification for I&R Specialists in Aging/Disabilities (CIRS-A/D) credential was designed for practitioners who work directly with consumers and caregivers within the aging and/or disabilities area and perform the same basic range of skills and tasks as a comprehensive I&R Specialist but who also have a special depth of knowledge related to their core client group.[35]

Figure 28 shows different approaches to certification of I&R/A specialists among respondent agencies. Thirty-four percent of respondents reported that all specialists at their agency must become AIRS certified, and another nine percent reported that a certain percentage of specialists must become AIRS certified. Ten percent reported that specialists are encouraged to become AIRS certified. At the same time, 31 percent reported that their agency has no certification requirement.

Figure 28.

I&R/A Specialist Certification Requirements	Percent of Respondents (N=284)
All I&R specialists must become AIRS Certified	33.50%
My agency does not have a certification requirement	30.60%
Specialists are encouraged but not required to become AIRS Certified	9.50%
A certain percentage of specialists must become AIRS Certified	9.20%
Specialists must complete training, but not necessarily certification, on certain I&R/A-related topics	8.50%
Other	6.70%
Specialists must achieve certification in something besides AIRS Certification	2.10%

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[33] AIRS Certification Program /FAQs, <*https://www.airs.org/i4a/pages/index.cfm?pageID=3309*> (2019, March 19)

[34] In January 2019, AIRS announced new names for the credentials that comprise its certification program. The AIRS Certification Commission engaged in a consultative process with AIRS membership, certification holders, and national partners to rename the credentials. These changes were primarily intended to raise the status of the profession with stakeholders; and to acknowledge the significant changes within the work performed by agencies engaged in I&R services. The AIRS credential designed for aging and disability professionals, previously the CIRS-A/D, was renamed the Community Resource Specialist—Aging/Disabilities (CRS-A/D). In addition to the CRS-A/D, Community Resource Specialist (CRS) is the new name for a Certified Information and Referral Specialist, and Community Resource Specialist—Database Curator (CRS-DC) is the new name for a Certified Resource Specialist.

[35] AIRS Certification Program /FAQs, <*https://www.airs.org/i4a/pages/index.cfm?pageID=3309*> (2019, March 19)

There are some differences when these findings are compared with findings from the 2015 I&R/A survey, though these differences may reflect, in part, the greater number of CIL respondents in the 2018 survey. In the 2018 survey, fewer respondents reported that all specialists in their agency must become AIRS certified (34 percent in 2018 and 45 percent in 2015), while more respondents reported that their agency does not have a certification requirement (31 percent in 2018 and 23 percent in 2015). In both the 2015 and 2018 surveys, ADRC and AAA respondents were most likely to report that their agency requires all specialists to become AIRS certified. Similarly, in both surveys, CIL respondents were most likely to report that their agency does not have a certification requirement and also that specialists must complete training on certain I&R/A-related topics.

In comments, some respondents identified other areas where training and/or certification may be required or encouraged. These areas include, for example, person-centered counseling, options counseling, Medicare counseling, and training through Independent Living Research Utilization (ILRU). To capture further data on cross certification, the 2018 survey asked respondents if their agency requires that AIRS certified specialists are or become State Health Insurance Assistance Program (SHIP) certified. Of 121 respondents, 39 percent indicated yes ("ALL I&A providers in our service area that receive funding through our agency are required to be SHIP certified."). This finding reinforces the theme of I&R/A specialists wearing multiple hats.

To further understand agency considerations with regards to certification of I&R/A specialists, the 2018 survey asked respondents whose agencies do not have a certification requirement to identify the reasons for this. As shown on figure 29, a lack of awareness of AIRS certification and cost/funding are key reasons why some agencies do not require AIRS certification. In the 2015 survey, cost was also a primary barrier to certification but fewer respondents were not aware of AIRS certification (14 percent in 2015). This latter finding may in part reflect changes in the composition of survey respondents between 2015 and 2018. Additional factors that limit certification identified on figure 29 include lack of time for training and testing, the sense that certification does not improve quality or add value, and access to training.[36] In the "other" category, reasons described by respondents included, for example, agency specialization (i.e. providing very specialized I&R), agency focus on other types of credentials or training (e.g. social work licensure, options counseling training, CIL core service training), and agency provision of referrals only rather than more in-depth information or assistance.

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[36] For agencies that are interested in certification training, online training is available through NASUADiQ, *http://www.nasuadiq. org/login/index.php,* and AIRS, *https://www.airs.org/i4a/pages/index.cfm?pageid=3424.* On-demand exam preparation training is available from NASUAD through archived webinar training, visit *http://www.nasuad.org/initiatives/information-and-referralassistance/monthly-calls.*

Figure 29.

Primary Reason Agency Does Not Require AIRS Certification	Percent of Respondents (N=77)
Other	27.30%
Not aware of AIRS Certification	24.70%
Cost/funding	23.40%
Lack of time for training/testing	10.40%
We do not believe that Certification helps quality	10.40%
We do not believe that Certification adds value to the agency	9.10%
Access to certification training	6.50%
We require another professional credential	5.20%
We do not engage in I&R/A	5.20%
I&R/A is not a priority	3.90%
Access to examination sites	3.90%

Certification of I&R/A staff can also be impacted by state-level policies. There is wide variation across states in the number of CIRS-A/D holders per state, with some states having fewer than 10 CIRS-A/D holders in the state while other states have close to 100 or more certified specialists in the state. Though state-level policies are not the only factor influencing certification, state practices can play a role in supporting certification. In the 2018 survey, of 43 state agency respondents, 44 percent reported that their agency had policies to encourage or require certification of I&R/A specialists in their state. In the 2015 survey, 33 percent of respondents reported having such policies. Figure 30 shows ways that respondent agencies use state policies and practices to promote certification, from policy and contract requirements that mandate certification to support for training and exams. State standards, job descriptions, and funding opportunities are also mechanisms that respondent agencies leverage to promote certification. These approaches can provide ideas to other state agencies that are interested in encouraging professional certification of I&R/A staff in their state.

Figure 30. How State Agencies Require or Encourage Certification of I&R/A Specialists

How do state agencies require or encourage certification of I&R/A specialists?	Responses (N=19)
State policy requirements mandate that I&R/A specialists (all or a certain number) become certified	58%
I&R/A job descriptions require or encourage certification	58%
Contract requirements mandate that I&R/A specialists (all or a certain number) become certified	47%
State standards (for I&A, Options Counseling, etc.) require or encourage certification	47%
My agency funds/subsidizes the cost of certification exams	32%
My agency provides training for certification	21%
Funding/grant opportunities require or encourage certification	11%
Other	5%

THEME 6. DIVERSE MODES OF CONSUMER ACCESS TO INFORMATION AND ASSISTANCE ARE EMERGING IN I&R/A PRACTICE

Technology has long been an important underpinning of many I&R programs—from telephone systems and database software to more recent developments such as online and mobile access to community resource information. Providing diverse modes of access to information and assistance is important to meeting the communication needs and preferences of inquirers, yet the emergence and adoption of newer types of service modalities in the I&R/A field has been uneven. The trend of agencies using social media to connect with consumers, family members, and caregivers continues to increase. At the same time, I&R/A service delivery continues to generally rely on traditional modes of communication, even as more individuals of all ages use technology to find information and sources of assistance. The 2018 survey explored the use of technology in I&R/A services in several areas: social media, service delivery modalities, the resource database, information systems/software, and taxonomy.

Social Media

According to the Pew Research Center, around seven-in-ten Americans use social media to connect with one another, share information, and engage with topical content.[37] This level of activity is occurring even as social media platforms generate concerns around privacy and other issues. Additionally, the social media user base has become more representative of the broader population, and use by older adults has increased in recent years.[38] For I&R/A agencies, social media can provide opportunities to engage with individuals and family members, extend outreach and education, and raise awareness of programs and services.

Based on findings from the 2018 survey, many agencies appear to be taking advantage of these opportunities. The trend of I&R/A agencies using social media to connect with individuals, caregivers, and family members has continued to increase over time (figure 31). In the 2012 I&R/A survey, half of respondents reported that their agencies use social media to connect with individuals, caregivers, and families; by the 2015 survey, 65 percent of respondents reported such use of social media; and in the 2018 survey, social media use was reported by 75 percent of respondents. These findings over time show substantial growth in agencies' use of social media. At the same time, data from the 2018 survey suggests some differences in social media use between urban and rural areas. Ninety-two percent of respondent agencies that serve large urban areas reported using social media to connect with individuals and families and 76 percent of respondent agencies that serve small urban areas and 73 percent of respondents serving rural areas reported the same. Among reasons for not using social media (figure 33), respondents in rural-serving agencies were more likely than respondents whose agencies serve other types of geographic areas to report that social media is not useful to their clients.

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[37] Pew Research Center. Feb. 5, 2018. Social Media Fact Sheet. *https://www.pewinternet.org/fact-sheet/social-media/*
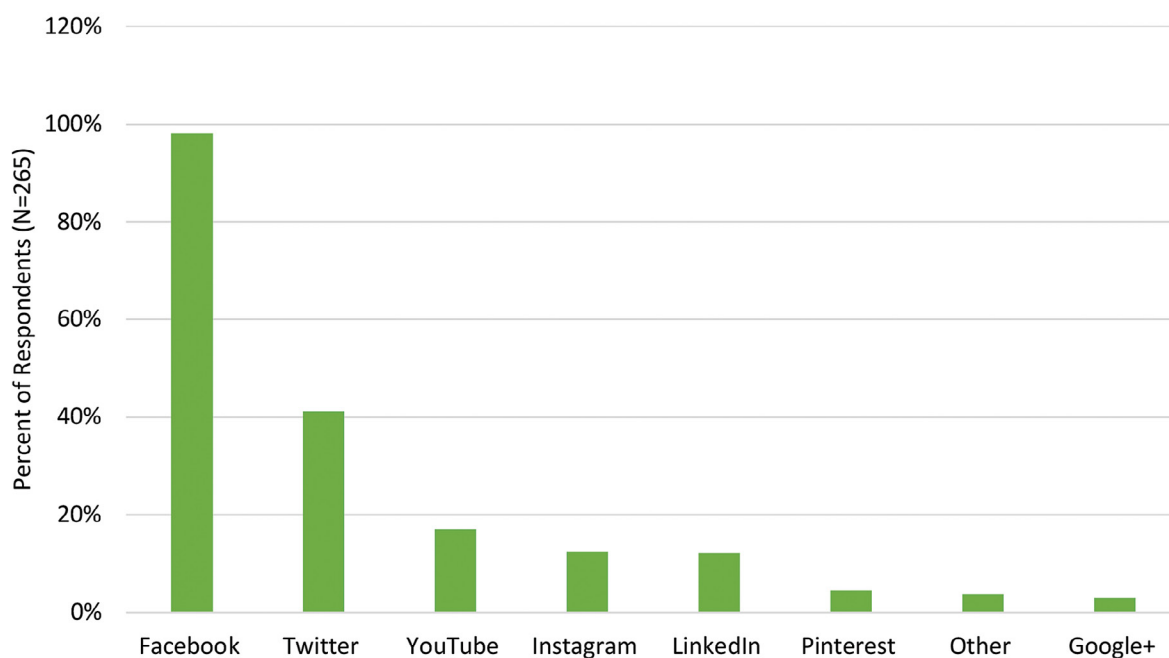
[38] Ibid.

"Two years ago we didn't use social media at all. Now as an organization we post at least weekly. We try to post some items that aren't related to our work but are interesting or funny to catch people's attention and draw them to our page. We used purchased ads for the first time this year to market some evidence-based programs."

Social Media Use Over Time

Figure 31 | *Social Media Use Over Time*

51% — 2012
65% — 2015
75% — 2018
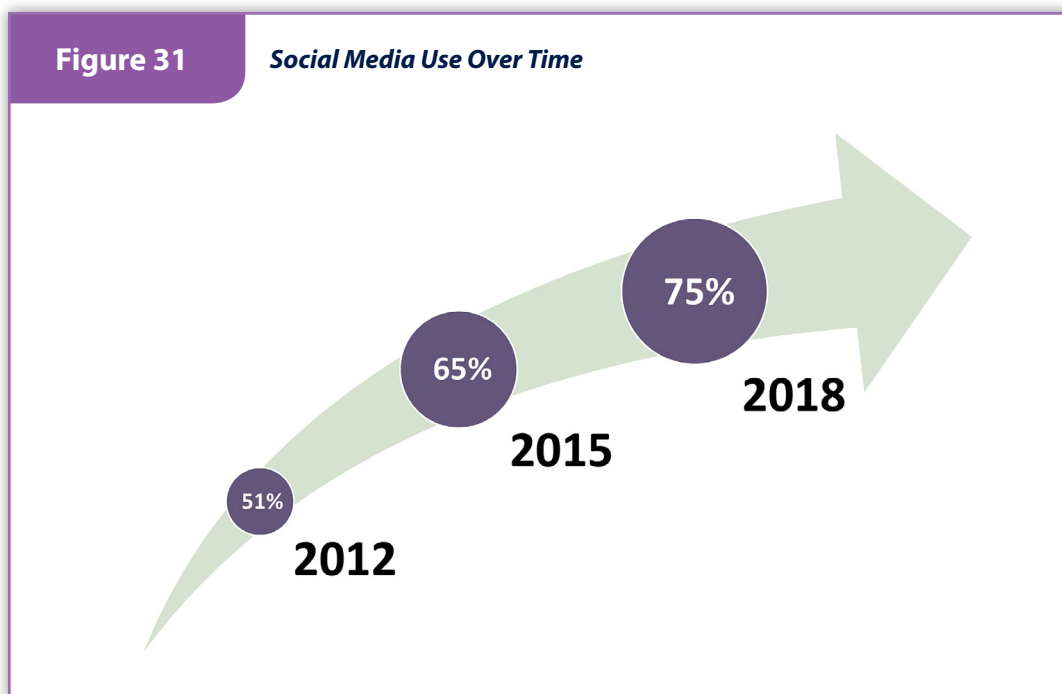
As in prior surveys, respondents in the 2018 survey identified Facebook, Twitter, and YouTube as the most frequently used social media platforms by their agencies (figure 32), with Facebook use far surpassing other platforms ("Seniors love Facebook and in this rural area a large portion of them keep up with us through Facebook to stay informed of anything benefitting them!"). There was more use of Instagram reported in the 2018 survey than in the 2015 survey. While nearly all of those responding across all agency types reported that their agency uses Facebook to connect with individuals, there was some variation in the use of other platforms by agency type. For example, state agencies and AAAs were more likely to report using Twitter, state agencies were more likely to report using YouTube, and CILs reported more use of Instagram.

While the majority of survey respondents reported that their agency uses social media, 25 percent of respondents in the 2018 survey reported that their agency does not participate in social media. Figure 33 shows primary reasons for this nonparticipation. These reasons

Figure 32 — Social Networking Sites Used by Agencies

Figure 32: Social Networking Sites Used by Agencies

Chart showing Percent of Respondents (N=265) by social networking site: Facebook ~98%, Twitter ~41%, YouTube ~17%, Instagram ~13%, LinkedIn ~12%, Pinterest ~5%, Other ~4%, Google+ ~3%.

include: firewalls (reported by 28 percent of those responding), time constraints (reported by 26 percent of respondents), and social media being maintained elsewhere in the organization (reported by 25 of respondents). Additional reasons include agency policy, perceived usefulness to clients, concerns over legal issues, and lack of technical skills or training. In comments, several respondents mentioned that their agency is developing its social media presence. A couple of respondents noted HIPPA concerns, which could reflect concerns with individuals sharing inquiries and personal information through social media sites.

With overall broad use of social media among respondent agencies, the 2018 survey also gathered information on the types of activities that social media is used for, the level of social media activity, and social media promising practices. Figure 34 shows a range of activities that social media is used for, and depicts the frequency with which respondent agencies use social media for these types of activities. Similar to findings from the 2015 survey, the pattern that emerges from the data in figure 34 indicates that I&R/A agencies use social media more frequently for outreach activities such as marketing events and programs as well as providing general interest information. Social media is also used more frequently to engage with the community, keep updated on community events, and share informational updates and advocacy alerts. Social media is used less frequently for more direct engagement with partners or consumers, such as communicating with network partners or connecting consumers to a public resource database. With the focus on outreach and marketing, agencies may wish to consider ways to use social media more frequently to build brand awareness. In a market that is growing more crowded with entities offering "information and assistance," it is important for individuals and families to be able to find unbiased and person-centered information and help.
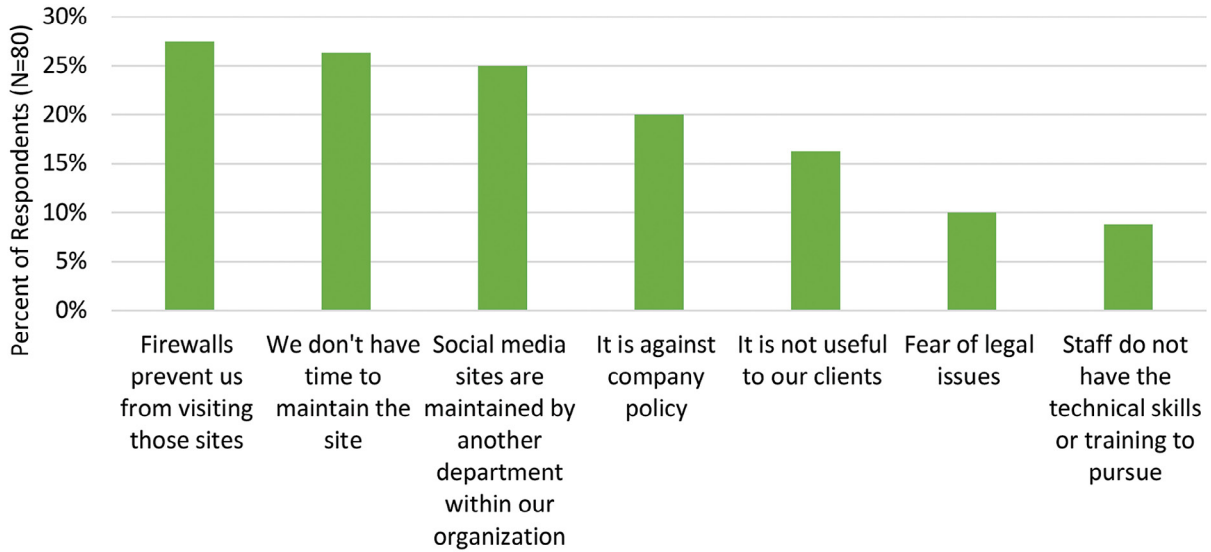
Figure 33 — Reasons for Not Using Social Media

Figure 33 — Reasons for Not Using Social Media
Percent of Respondents (N=80)

Reason	Percent
Firewalls prevent us from visiting those sites	~27.5%
We don't have time to maintain the site	~26%
Social media sites are maintained by another department within our organization	25%
It is against company policy	20%
It is not useful to our clients	~16%
Fear of legal issues	10%
Staff do not have the technical skills or training to pursue	~9%

Figure 34 — How I&R/A Organizations Use Social Media

Figure 34 — How I&R/A Organizations Use Social Media
Percent of Respondents (N=333)

Legend: Do not use, Use rarely, Use sometimes, Use often
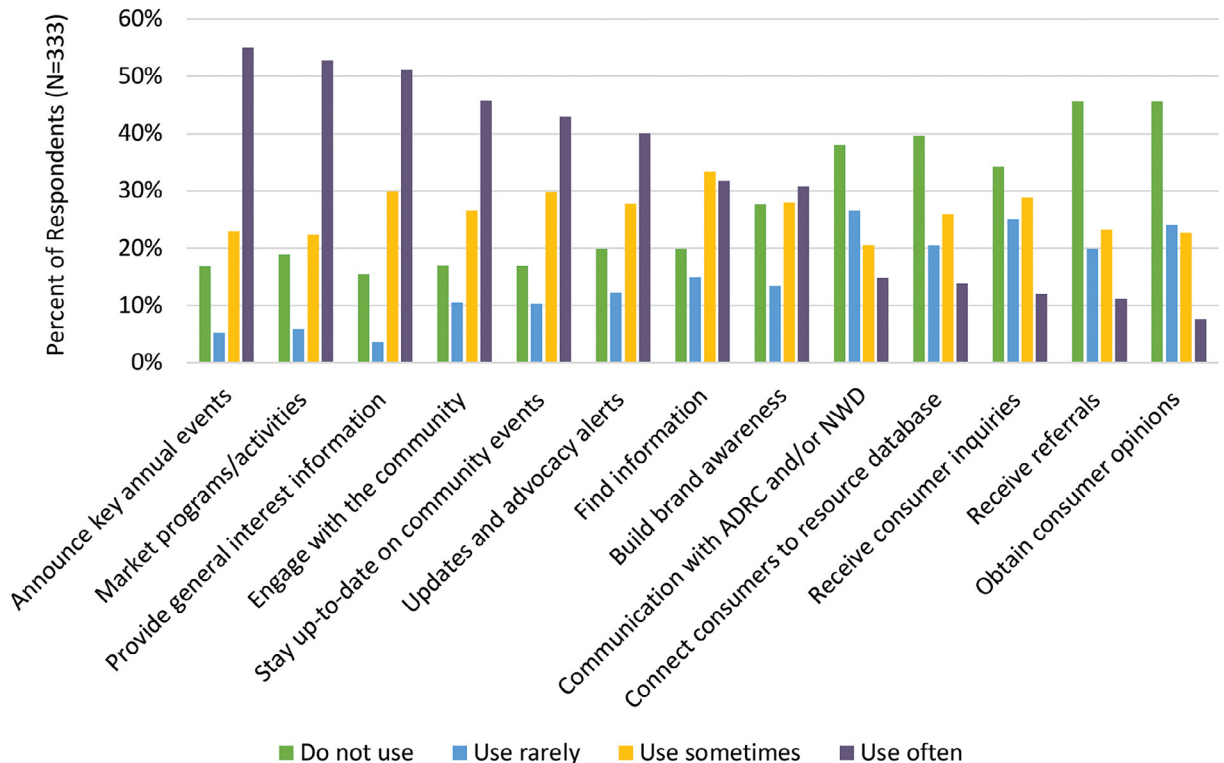
Survey respondents were also asked to describe any changes in social media use and/or activity over the past two years. Among respondents who shared information, many reported more followers, increased activity, and greater levels of engagement (such as sharing posts). For example, some respondents noted an increase in requests for information through social media platforms. As such, social media can provide an additional avenue to access I&R/A services, though it is important that agencies have policies that maintain standards for privacy and confidentiality by whatever mode individuals use to reach out for assistance. Several respondents shared that their agencies purchased ads or boosted posts which had the effect of generating additional social media activity. A couple of respondents also shared that changes in platform algorithms negatively impacted their social media reach. While Facebook was frequently mentioned, agencies are also expanding to other platforms like Twitter.

Finally, respondents were asked to share one example of what is working best for their agency with regards to social media use. Respondents shared a range of practices that can provide examples and ideas for how to leverage social media to connect with individuals. In particular, respondents highlighted the benefits of using social media to promote events. One respondent shared, for example, "We host an annual conference on elder abuse. For the past few years we averaged about 300 people. Last year, we posted daily about the event for two months prior to the event. We had 614 people register."

EXAMPLES FROM PEERS: SOCIAL MEDIA PROMISING PRACTICES

- A link to the resource directory is on Facebook.

- We use social media to recruit for employment and volunteers and receive many more applications as a result.

- Increase in outcomes for community events, agency events, and we have had our local news contact us about our events posted on social media.

- Facebook is very effective at driving users to our agency website.

- Giving consumers wellness and resource tips.

- Facebook posts about programs and services. The messaging abilities within the platform allow us to connect with consumers pretty often.

- What works best is daily or weekly posts. Followers seem to like more personal posts including staff, clients, and local events.

- Posts about scams, recalls, and personal safety perform well, especially on Facebook. Posts on caregiver issues work particularly well on Twitter.

- Visual content that we generate performs better than text-only posts. We almost always include an image with every post.

"People love seeing events and updates on training for our programs with the dogs."

—*The Ability Center*
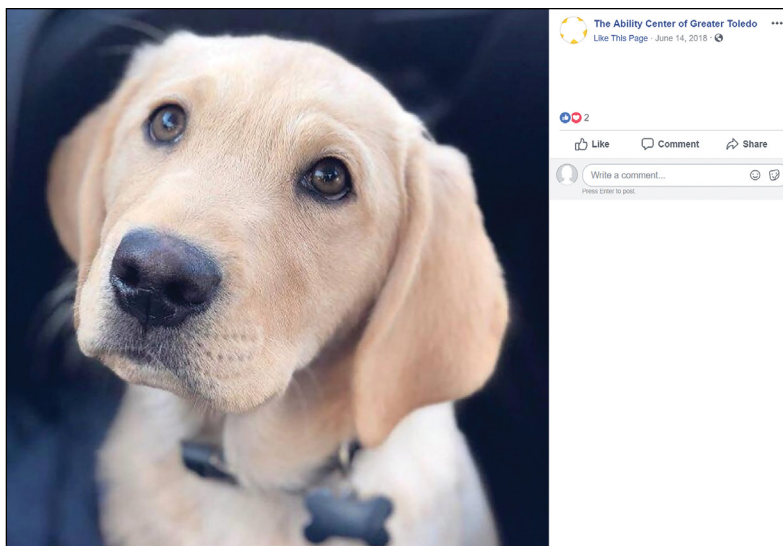
I&R/A Service Delivery Modalities

Even as Americans' communication patterns include diverse modes of communication (text messaging, phone, email, and social media), the delivery of I&R/A services occurs most frequently over the telephone (figure 35). This finding is consistent with prior I&R/A surveys, showing that person-to-person communication over the phone remains a fundamental component of providing I&R/A services. With more inquirers presenting multiple and/or complex needs, it is not surprising that telephonic communication continues to be so prevalent. At the same time, when comparing the 2015 and 2018 surveys, it is interesting to note that respondents reported providing services by email more frequently in the 2018 survey (in 2018, 50 percent of respondents reported providing services over email frequently; in 2015, this was reported by 34 percent of respondents). Additionally, respondents in the 2018 survey reported more frequent in-person delivery of I&R/A services. This finding might in part reflect the changing scope of work provided by I&R/A specialists (such as providing decision-support counseling) and a growing emphasis on person-centered approaches (including reaching people where they are).

Given the prevalence of telephonic service delivery, the 2018 survey gathered additional information on telephone system enhancements and on the use of statewide toll-free numbers. With regards to system enhancements, of 305 respondents, 23 percent reported that their organization had updated its telephone system (used for I&R/A services) or implemented a new system over the past three years (60 percent reported no, and 17 percent did not know). Respondents that indicated yes were asked to describe enhancements or changes to their organization's telephone system, such as implementing an Interactive Voice Response (IVR) system or moving to cloud telephony. Respondents described a range of system changes including moving to cloud telephony and to VoIP (Voice over Internet Protocol), moving to a computerized phone system, and bringing on an IVR system. Some respondents described additional capabilities that these system changes have allowed such as improved call waiting options, improved call metrics and reporting, options for video conferencing, text messaging, remote access to the phone system, and improved routing of callers. Not all changes were greeted as enhancements. For example, one respondent noted that callers complain repeatedly about a new computerized message system.

Figure 35 | *I&R/A Service by Setting Type*

Percent of Respondents (N=352)

Legend: ■ Frequently ■ Some of the time ■ Rarely ■ Never
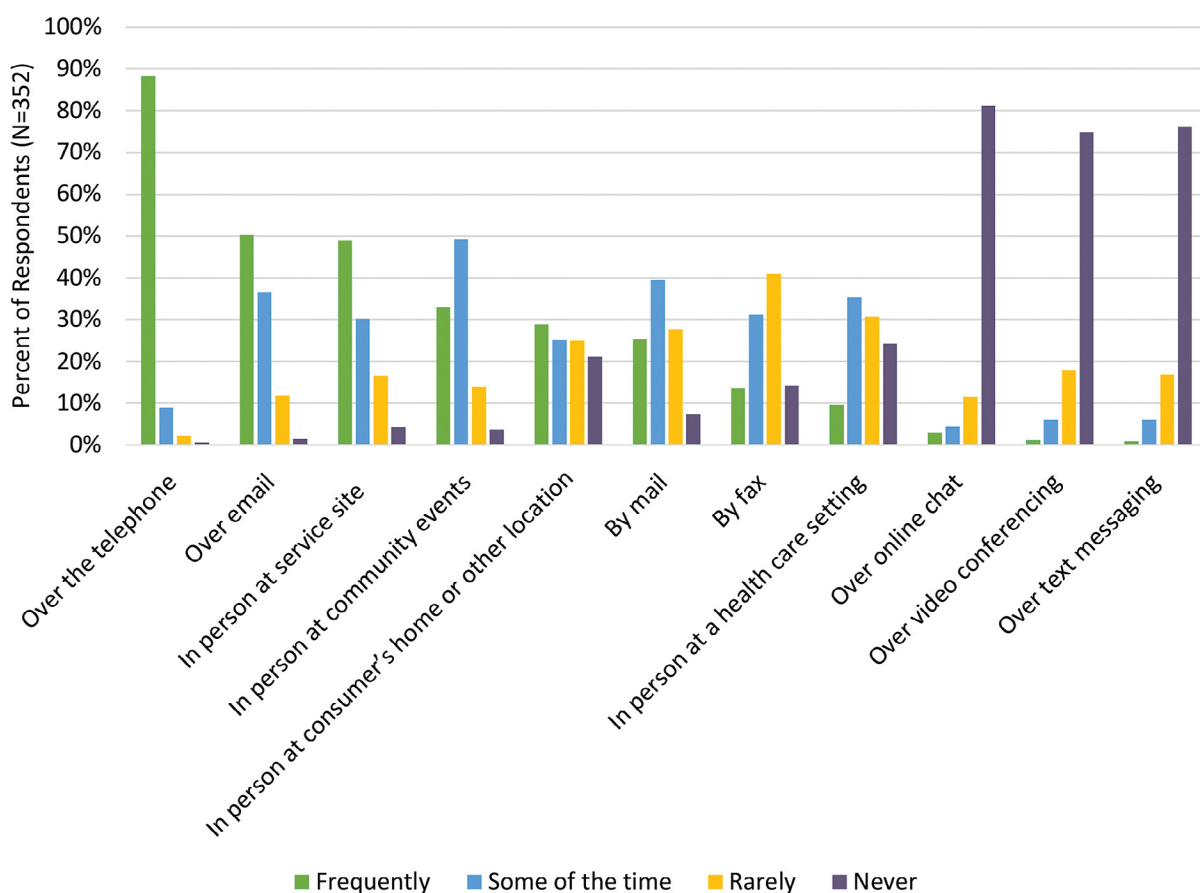
Regarding statewide numbers, state agency respondents were asked if their state has a statewide toll-free number for individuals to access I&R/A services. Of 47 respondents, 87 percent indicated yes. These respondents were also asked if their state has a single toll-free number for use by older adults and people with disabilities, or separate numbers for each population. More respondents indicated that their state has a single number than separate numbers, which may reflect consumer access system developments over time to assist and route callers across populations.

While survey respondents frequently provide I&R/A services over the telephone, they rarely provide these services by online chat or text messaging (figure 35). This finding has not changed significantly since the 2015 I&R/A survey, even as use of mobile devices and text messaging has increased, and not only among younger people. For example, many older adult smartphone owners use their device to text message.[39] Text messages can also be accessed on table devices like iPads which are popular with older adults. When comparing data from

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[39] Mosio. Text Messaging, Older Demographics and Clinical Research. <*https://www.mosio.com/text-messaging-older-demographics-and-clinical-research/*> (2019, April 2).

the 2015 and 2018 surveys, the data suggests a small uptick in the use of text messaging to provide I&R/A services, though only by a couple of percentage points. What is notable are differences in the use of chat and text services across types of I&R providers. Data from the 2018 survey of AIRS member organizations helps to illustrate these differences. These survey respondents represented primarily aging/disabilities I&R programs or 2-1-1 I&R programs.[40] Data from the AIRS survey on the provision of I&R through text messaging is shown for respondents overall and for respondents from aging/disabilities I&R programs (figure 36), highlighting differences within the field.

Figure 36. AIRS 2018 Membership Survey

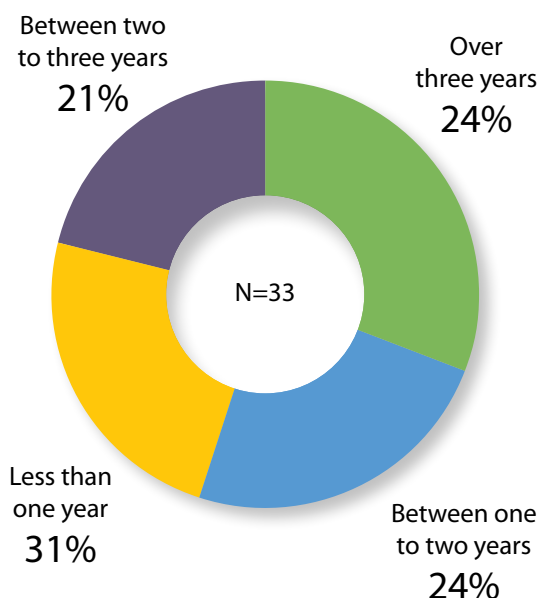| If your I&R provides direct service, which of the following best describes your I&R program's situation regarding the provision of SMS/text service?	Survey respondents overall (n=79)	Aging & Disability respondents (n=75)
We offer SMS/text service and its use is growing rapidly	11%	1%
We offer SMS/text service and it remains at a fairly low volume	22%	1%
We are planning to introduce SMS/text within the next 18 months	18%	13%
We do not see a need to provide a SMS/text service	49%	84%

Source: AIRS membership survey, 2018

One takeaway for aging and disability I&R/A programs is to recognize changing communication patterns and preferences. Data from the AIRS survey for respondents overall previews changes in I&R communications that are important for the aging and disability networks to be aware of. While telephonic services will likely remain a staple of service delivery for years to come, considering ways to implement multichannel communications can provide avenues to reach individuals where they are and to meet different communication preferences. Communication modes such as email and text messaging can also assist with the provision of information (e.g., information on programs), follow up, appointment reminders, and the like.

To learn more about emerging service delivery modalities, the 2018 survey asked follow up questions of respondents whose agencies use online chat and/or text messaging. These questions addressed length of time the modality has been used and experiences with the modality. Figure 37 shows how long respondent agencies have been using online chat and text messaging. It's also interesting to note that more respondents reported use of text than chat. The pie charts indicate that respondent agencies are at different levels of maturity with their use of chat and text. In this regard, there are peer agencies to learn from at each stage. Additionally, figure 37 suggests that more respondent agencies are beginning to use text messaging (38 percent of 50 respondents reported less than one year of use).
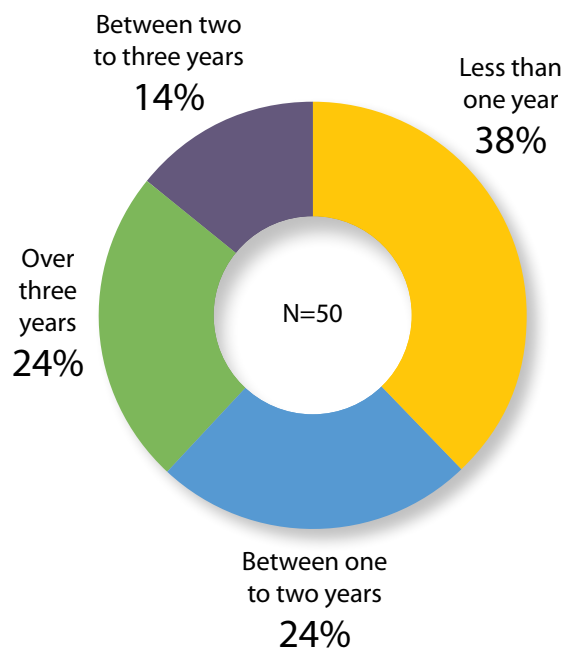
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[40] 46% of respondents represented aging/disabilities programs; 32% represented 2-1-1s; and 23% represented a mix of I&R providers including comprehensive programs, blended crisis programs, and specialized I&Rs.

Figure 37

Years Providing Services by Online Chat

Between two to three years
21%

Over three years
24%

Less than one year
31%

Between one to two years
24%

N=33

Years Providing Services by Text Messaging

Between two to three years
14%

Less than one year
38%

Over three years
24%

Between one to two years
24%

N=50

Respondents also shared a variety of experiences with chat and text. These qualitative findings suggest that chat and text can help to meet the communication preferences of inquirers such as long-distance caregivers and individuals who need alternative communication channels. As noted earlier, these modalities can also be used to provide community resource information. Some respondents noted that staff use their cell phones for providing services by text messaging, indicating that agencies may not yet have made an investment in text services as a communications system.

The Resource Database

The resource database—whether built on basic or advanced technology—is a core component of delivering effective I&R/A services. Resource databases house community resource information—i.e. information on programs and services. The *AIRS Standards for Professional I&R* require that an I&R service develops and maintains an up-to-date online resource database that contains information about available community resources. The database supports access to accurate, comprehensive, and unbiased information. The database is used internally by I&R specialists to identify resources for inquirers and is also available externally to other organizations and the public via an online database.[41]

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[41] Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral, Version 8.0, p. 12-13. *https://www.airs.org/i4a/pages/index.cfm?pageid=3371*

Experiences with Chat and Text

- Most of the inquiries come from people who live out of state and are seeking services for their older parents or other relatives.

- We have been using texts because many of our consumers are deaf—it's an alternative to using the phone.

- Text messaging is used when the consumer requests to communicate by this method.

- I communicate with some clients solely through texting, as talking on the phone may be difficult for them or they only have texting plans available to them.

- The work requires a different staff "awareness" style of communication, brevity/clarity is everything!

- Most of the chat inquiries require the individual to call in because their situation is too involved for an online chat over the internet.

- Inquiries received are usually for a listing of skilled nursing facilities, elder law attorneys, and information on food programs, energy assistance and Medicaid—via text messages.

- Our information and assistance database can text community resource contact information to callers. It is one way.

- Training would be the same as phone specialists. Inquiries are the same as those by phone and on the aging side it's often caregivers who are reaching out. Over time the uptake has increased as different types of users look for support in a variety of ways.

In the 2018 survey, of 317 respondents, 62 percent reported that their agency maintains an online/electronic resource database of programs and services; nine percent were unsure; five percent reported that their agency's resource database was in development; and five percent reported "other" (in the "other" category, several respondents mentioned using a 2-1-1 database). Respondents that reported that their agency does not maintain an online/electronic resource database were asked to describe what type of product or system their agency does use to access information on programs and services. Respondents identified a variety of approaches to housing/accessing community resource information, including the use of: print directories, spreadsheets, Google searches, external databases, 2-1-1 databases, internal network shared file drives, professional relationships, local resource guides, and binders with resources.

Respondents that reported that their agency maintains an online/electronic database were asked if this resource database is part of a platform shared with other I&R providers (for example, part of a regional or statewide platform). Half of respondents (51 percent) indicated yes, and many of these respondents noted that the shared resource database platform is a statewide platform ("It is a statewide platform—our agency is responsible for updating the database—our aging and disability I&A agencies all have access.").

To follow along with this theme of shared database platforms, the survey asked state agency respondents if their state has a statewide database of programs and services. Of 43 respondents, 56 percent reported yes, and another 14 percent reported that a statewide

resource database was in development. With regards to maintaining resource database records in a statewide database, 45 percent of state agency respondents whose states have a statewide database reported that maintenance of database records is done in-house by agency staff and 41 percent report that this function is performed by or contracted out to one or more entities. A couple of respondents reported other approaches, including that 2-1-1 maintains the database or that maintaining database records is a combined function of the state and local agencies. Finally, state agency respondents were asked to identify funding sources that are used to support the maintenance of statewide resource databases. Respondents identified funding sources that include the following: Older Americans Act (OAA)/OAA Title III; state funds/state general funds; Social Services Block Grant; ADRC and NWD funding; Medicaid funding; local county levy funds; and private funding.

"The State Unit on Aging updates and validates state and national resource listings. The ADRC sites update and validate local resource listings. Organizations can review their own listings and send updates to the appropriate resource directory specialists for review, approval, and publishing to live site."

Along with gathering information on shared resource database platforms, the 2018 survey also asked respondents about resource database sharing more broadly. A common platform is one mechanism for sharing information in a resource database, but there are other ways as well to share community resource information housed in a database. For example, an application programming interface (API) can facilitate access to community resource information, or such information can be made available through a public database. Facilitating access to community resource information is encouraged by the *AIRS Standards* through mechanisms such as database collaboratives or data partnerships.[42]

Figure 38 shows the types of organizations with which respondent agencies share their resource database. Resource database sharing occurs most frequently with state agencies (reported by 35 percent of those responding) and AAAs (reported by 33 percent of respondents), and to a lesser degree with ADRCs (at 21 percent of respondents). These findings are similar to those of the 2015 survey. The data suggests that there is more resource database sharing within rather than across networks. The data indicates low levels of resource database sharing outside of the aging network, i.e. with other types of health and human service organizations. This is an area where there could be opportunities for greater collaboration to help avoid duplication of effort, increase access to community resource information, and improve the comprehensiveness of resource databases.

Having a resource database that is available to the public also facilitates sharing community resource information with consumers, partners, and other organizations. The *AIRS Standards* codified the importance of providing such access to resource information with the introduction of a standard and quality indicators on Independent Access to Resource Information as follows: "The I&R service provides community resource information in a variety of ways to facilitate independent access for the general public and other human services professionals. These options extend the choice of preferred channels for inquirers and complement the alternative of mediated access through an I&R specialist. Quality Indicator 1: The I&R service expands the access options for the public by making all or a portion of its resource database available on the Internet at no cost."[43]

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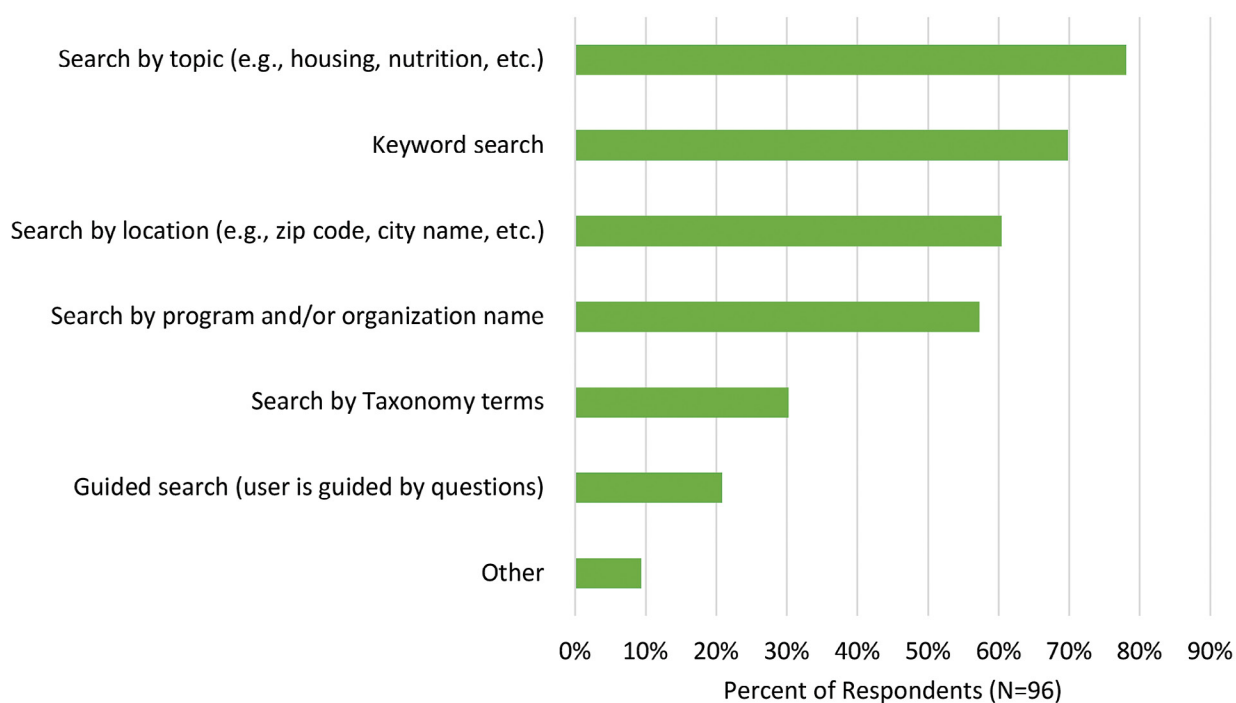[42] Ibid., p. 24-25.

[43] Ibid., p. 8.

Figure 38   *Types of Organizations with Which Agencies are Sharing their Resource Databases*
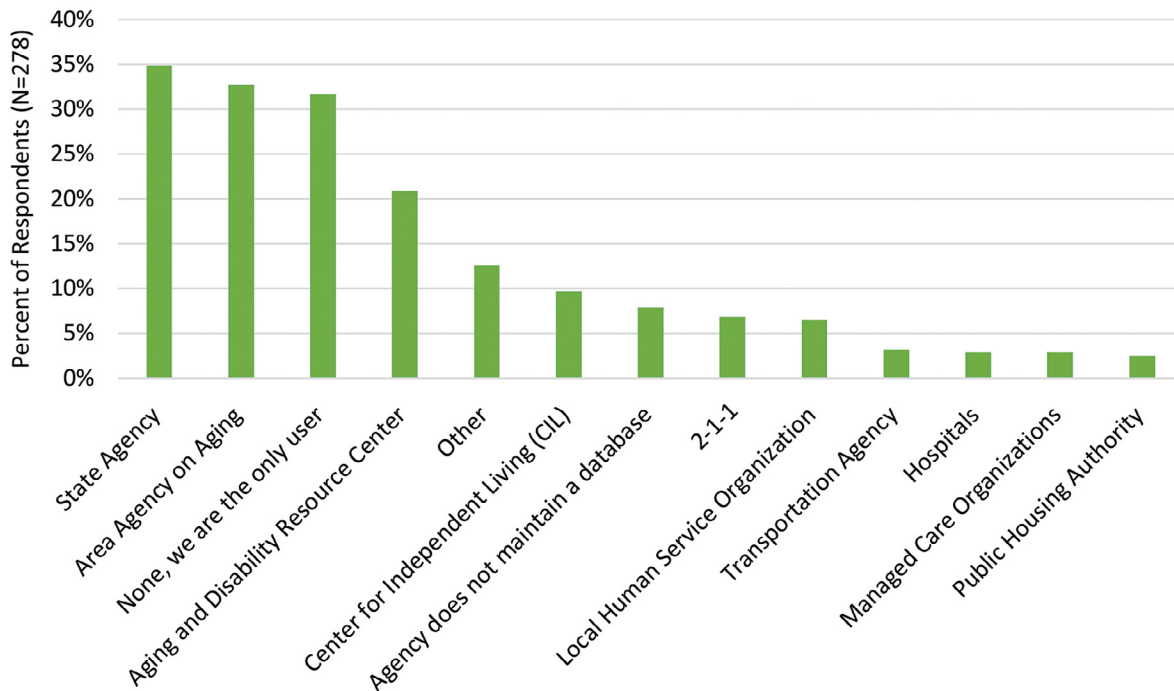
As with use of social media, this is an area where survey data indicates growth over time. In the 2015 survey, 17 percent of respondents reported that their agency makes its resource database or directory available to the public. In the 2018 survey, this was reported by 36 percent of 306 respondents, with another five percent reporting that a public resource database/directory was in development. Thirty-eight percent of respondents reported that their agency does not make its resource database available to the public, ten percent did not know, and 11 percent of respondents reported that their agency does not maintain a resource database. A public resource database can provide a gateway for consumers to access I&R/A programs, serving both information and outreach functions.

Of respondents whose agencies provide a public resource database/directory, 88 percent reported that this database/directory is available to the public in an online format. To learn more about online resource databases, the 2018 survey gathered additional information on search options, mobile optimization, and practices that facilitate access to and use of an online database. Figure 39 shows search options available to public users of online resource databases. The following search options were reported by over half of those responding: search by topic (e.g. housing, nutrition, and long-term care), keyword search, search by location, and search by program and/or organization name. Through the *AIRS Standards*, AIRS recommends elements that can increase the effectiveness of a publicly accessible resource database, including elements that address search functionality. These elements can provide helpful tips to agencies and include, for example, a guided search with pictures or graphic icons and keyword searches that include partial and full-word matching.[44]

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44 Ibid., p. 8-9.

Figure 39 · *Search Options Available to Public Users*

Search by topic (e.g., housing, nutrition, etc.)
Keyword search
Search by location (e.g., zip code, city name, etc.)
Search by program and/or organization name
Search by Taxonomy terms
Guided search (user is guided by questions)
Other

Percent of Respondents (N=96)

Along with effective user interfaces, agencies may be able to further extend the reach of an online resource database through mobile optimization—the process of ensuring that visitors who access online content from mobile devices have a user experience that is customized to their device. This process is important for both reaching consumers where they are and for supporting search engine optimization. As noted earlier, mobile device use is growing among older adults, and among people with disabilities, though divides remain by age and disability status.[45] Mobile optimization provides an additional avenue to reach consumers who use mobile devices. Additionally, mobile optimization is important to search engine optimization—a process to improve search engine results for online content—given changes that occurred to Google's methodology that created preferences for mobile optimized content. In a crowded online environment, it is important that consumers can find the resource databases that aging and disability agencies provide. In the 2018 survey, of 96 respondents, 44 percent reported that their agency's online resource database is mobile friendly or optimized for mobile use, and another five percent reported that mobile optimization was in development. When asked if their agency's resource database was available to the public through a mobile app, most respondents indicated no (only two respondents reported that their agency's resource database is available through an app). These findings suggest a preference for mobile optimization rather than developing a mobile app.

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[45] Pew Research Center. April 7, 2017. Disabled Americans are less likely to use technology. *https://www.pewresearch.org/fact-tank/2017/04/07/disabled-americans-are-less-likely-to-use-technology/*

Iowa Compass: Providing Access to Resource Information

The Iowa Compass online resource directory connects people with disabilities and complex health-related needs to services and supports in their communities throughout the state. Iowa Compass is located at the Center for Disabilities and Development (Iowa's University Center for Excellence in Developmental Disabilities), part of University of Iowa Health Care. The Iowa Compass database has categories of key services for people with disabilities such as assistive technology services, educational supports, employment services, in-home services, and transportation. The online directory has multiple search options to help inquirers find community resource information, including search by category (with pictures), search by keyword, search by agency or program name, search by condition or population, and the option to search the full directory. Regular usability testing and frequent work with the Web Accessibility Initiative at the University of Iowa help to ensure accessibility and usability for people with disabilities. Mediated information and referral is also available through a toll-free line, email, text, and online chat. Visit Iowa Compass at *https://iowacompass.org/*.

Finally, the 2018 survey asked respondents to share examples of practices that have been useful in creating consumer-friendly access to database resources and of practices that help to ensure the accessibility of online resource databases. When it comes to consumer-friendly access to database resources, respondents shared practices such as: creating specialized directories; allowing users to set up individual accounts where resources can be saved; having an interactive resource directory; having a "shopping cart" function where resource listings can be placed; providing community presentations on the resource database; and creating easy-to-read resource directories. With regards to accessibility practices, along with following state accessibility standards, a key practice shared by respondents is user testing to help ensure accessibility.

"Our website is undergoing a comprehensive development involving participation by consumers with different types of disabilities to create an accessible website that is available to our consumers and their families."

Information Systems and Taxonomy

Information systems and taxonomies are key tools that I&R/A agencies use in their day-to-day work to provide services to inquirers, though the types of systems and their functionality can vary within and across agencies. Client tracking, case management, and reporting software is used to monitor the services and supports that consumers access. In some I&R/A agencies, this software is the same or similar to the software used for the agency's resource database, while other agencies have separate software for separate functions.[46] The 2018 survey asked respondents about which software products their agencies use, software linkages, and the number of information systems into which staff input data. The survey also asked respondents about the type of taxonomy used by their agency.

As shown in Figure 40, aging and disability I&R/A agencies use a variety of software products for client tracking, case management, and reporting functions. In the 2018 survey, respondents were most likely to report that their agency uses Mediware products (reported by 28 percent of respondents) or state-developed software (reported by 21 percent of respondents). Mediware Information Systems, Inc. is now known as WellSky, though the name Mediware was still in use at the time that the 2018 survey was in the field. In the 2015 I&R/A survey, 30 percent of respondents reported that their agency used Mediware products, followed by "other" products and state-developed software (reported by around 15 percent of respondents each). In the 2018 survey, 12 percent of respondents reported "other" software products, including products already listed on figure 40 (such as SAMS) and additional products such as Salesforce and Homeless Management Information System (HMIS).

There is some variation in the use of such software products by agency type (figure 41).[47] AAAs and state agencies, for example, were the most likely to report using Mediware (now WellSky) products, followed by custom software. Interestingly, other non-profit organizations reported the same software use pattern. More ADRCs reported using state-developed software than another product type, followed by Mediware products. CIL respondents, not surprisingly, reported using products designed for their network including CIL Management Suite, NetCIL, and CILs First. Among all agency types, there were respondent agencies that reported using custom software (state or agency developed) and Microsoft products. The data overall suggests that data sharing may need to occur across different software products.
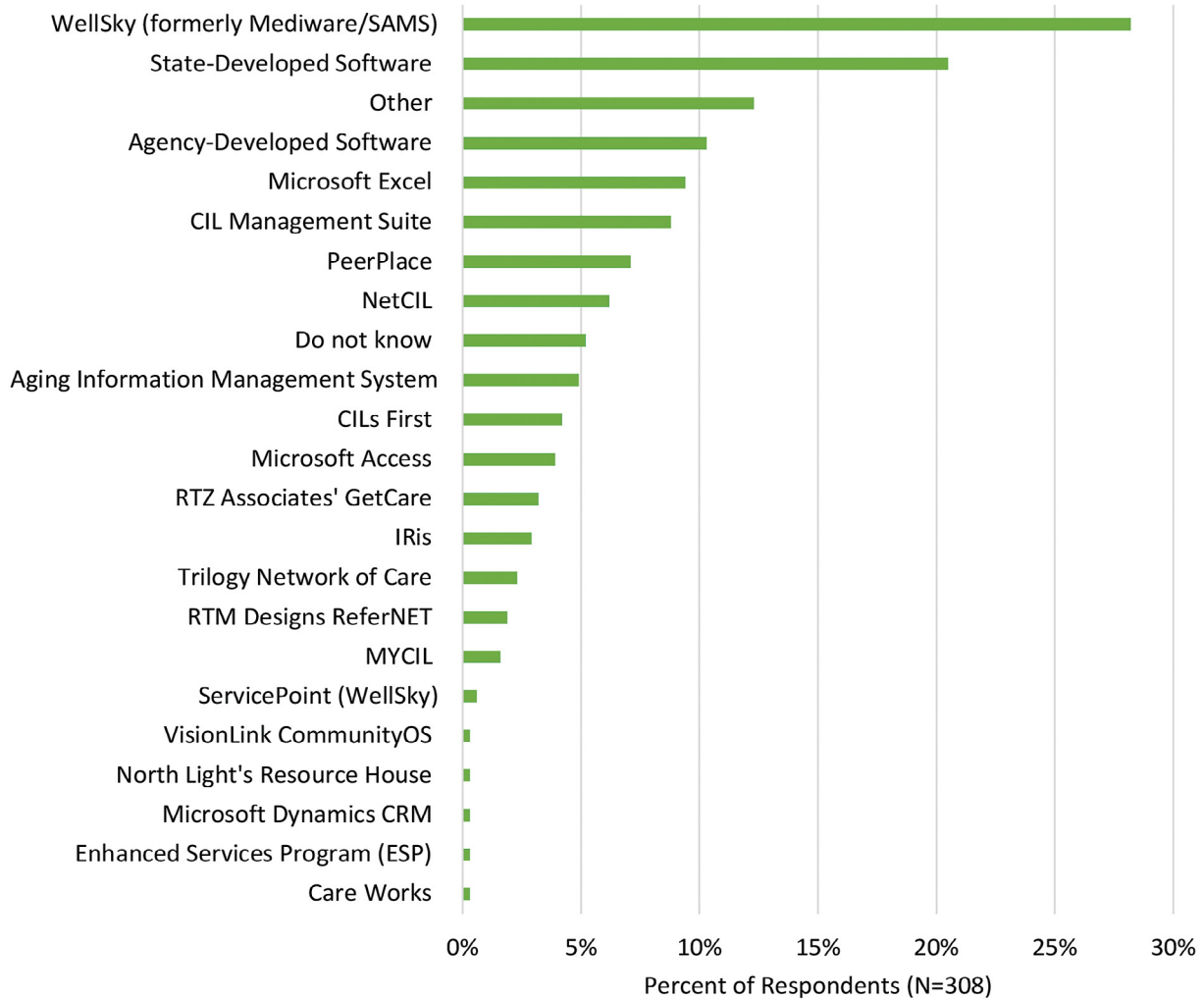
Whether using common or distinct software products, sharing data within and across agencies may help to improve service delivery and reduce duplication of effort. The 2018 survey asked respondents whether their agency's client tracking, case management, and reporting software is linked with other agencies, and if so, to identify the purposes for these software linkages. Of 313 respondents, 40 percent reported that their agency's client tracking, case management, and reporting software is linked with other agencies (this was reported by 43 percent of respondents in the 2015 survey), 39 percent reported that this is not the case, and 21 percent did not know. As was the case with resource database sharing, respondents were most likely

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[46] NASUAD. The Changing Landscape of Aging and Disability Information and Referral/Assistance: 2015 Survey of Aging and Disability I&R/A Agencies. June 2016. *http://www.nasuad.org/sites/nasuad/files/2015%20I%26RA%20Survey%20Report.pdf*

[47] Note that figure 41 includes software options that were selected by two or more respondents in each agency category.

Figure 40

Client Tracking/Case Management and Reporting Software

Software	Percent
WellSky (formerly Mediware/SAMS)	~28%
State-Developed Software	~20%
Other	~12%
Agency-Developed Software	~10%
Microsoft Excel	~9%
CIL Management Suite	~9%
PeerPlace	~7%
NetCIL	~6%
Do not know	~5%
Aging Information Management System	~5%
CILs First	~4%
Microsoft Access	~4%
RTZ Associates' GetCare	~3%
IRis	~3%
Trilogy Network of Care	~2%
RTM Designs ReferNET	~2%
MYCIL	~2%
ServicePoint (WellSky)	~1%
VisionLink CommunityOS	<1%
North Light's Resource House	<1%
Microsoft Dynamics CRM	<1%
Enhanced Services Program (ESP)	<1%
Care Works	<1%

Percent of Respondents (N=308)

to report software linkages within rather than across networks (figure 42). Software linkages were most frequently reported with state agencies and AAAs, followed by ADRCs and service providers.[48] Where software linkages do exist, they can support key activities that enhance service delivery (figure 43), including tracking services received by clients, data reporting, sharing client-level data, and making client referrals/electronic referrals.

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[48] Along with the agencies shown on figure 42, some respondents identified other types of agencies with which they share software linkages. These include, for example, 2-1-1, Single Entry Point partners, and the Medicaid LTSS assessment and service authorization system.

Figure 41 *Client Tracking, Case Management and Reporting Software Products by Agency Type*
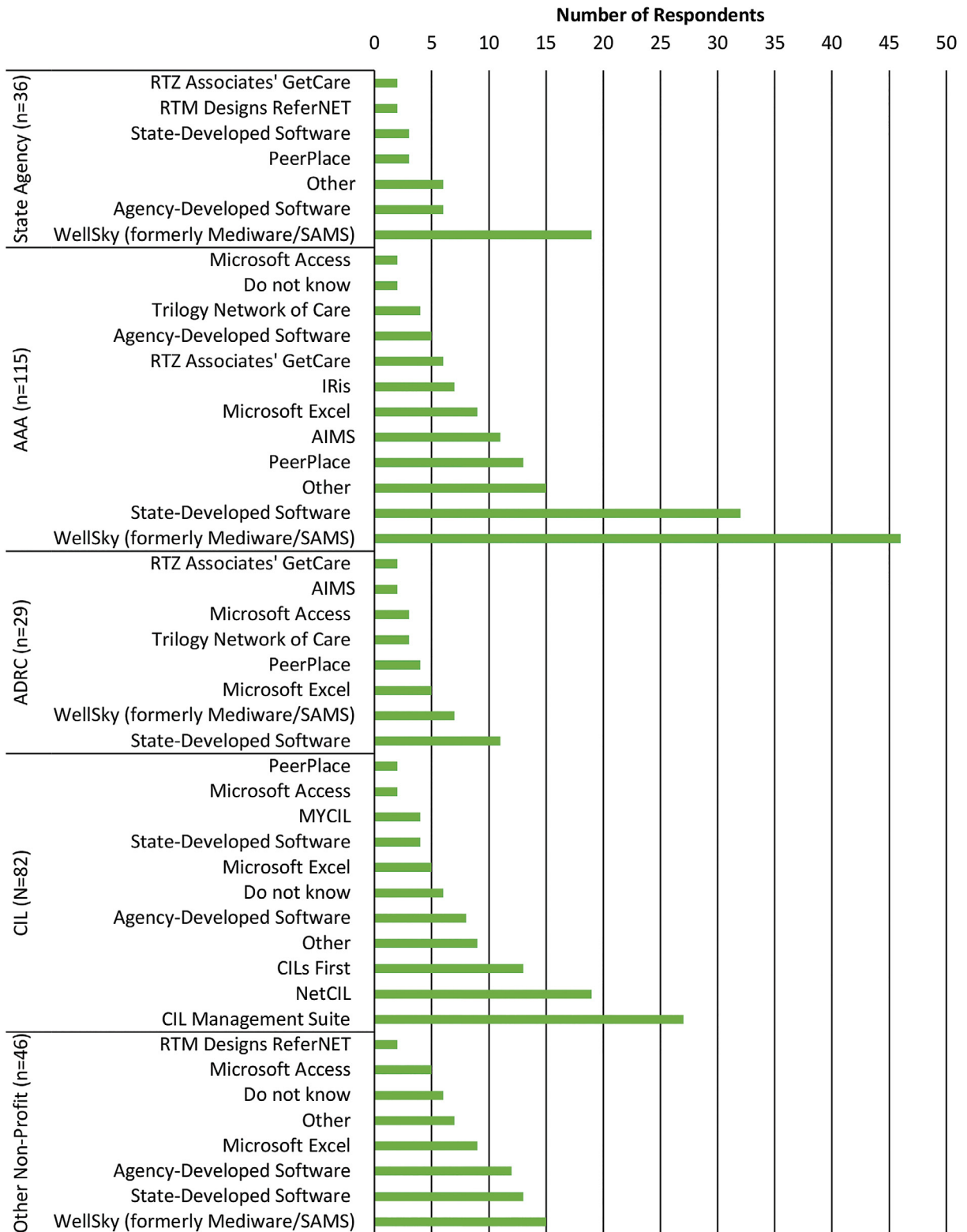
Figure 42

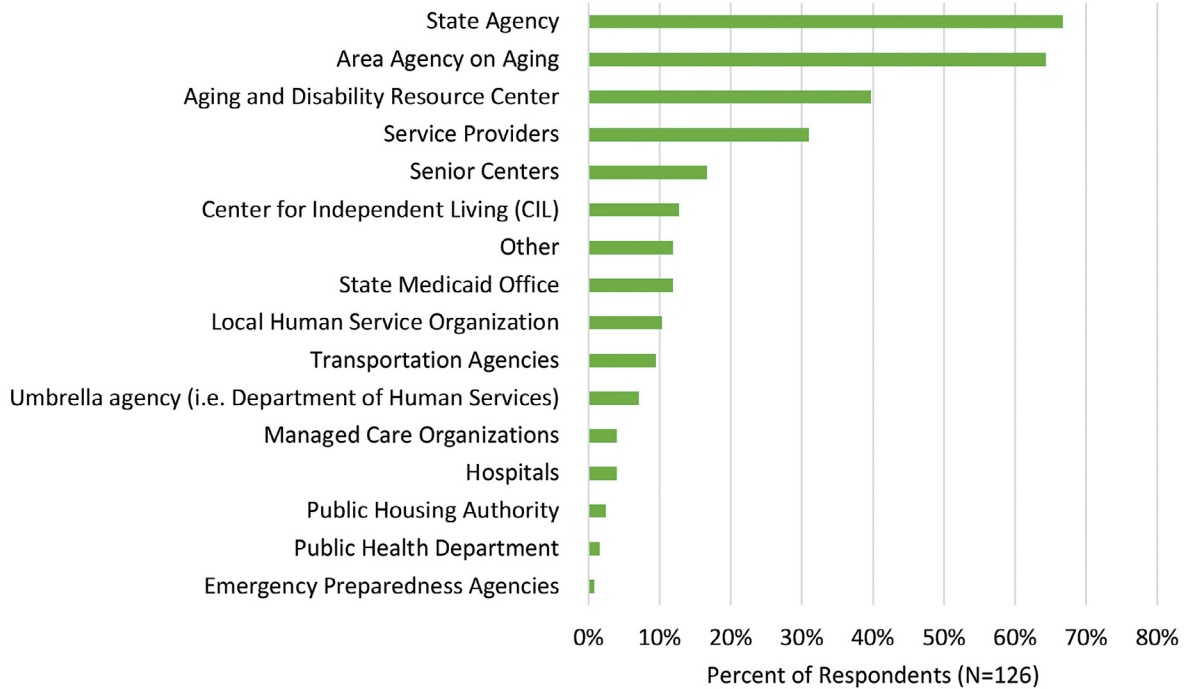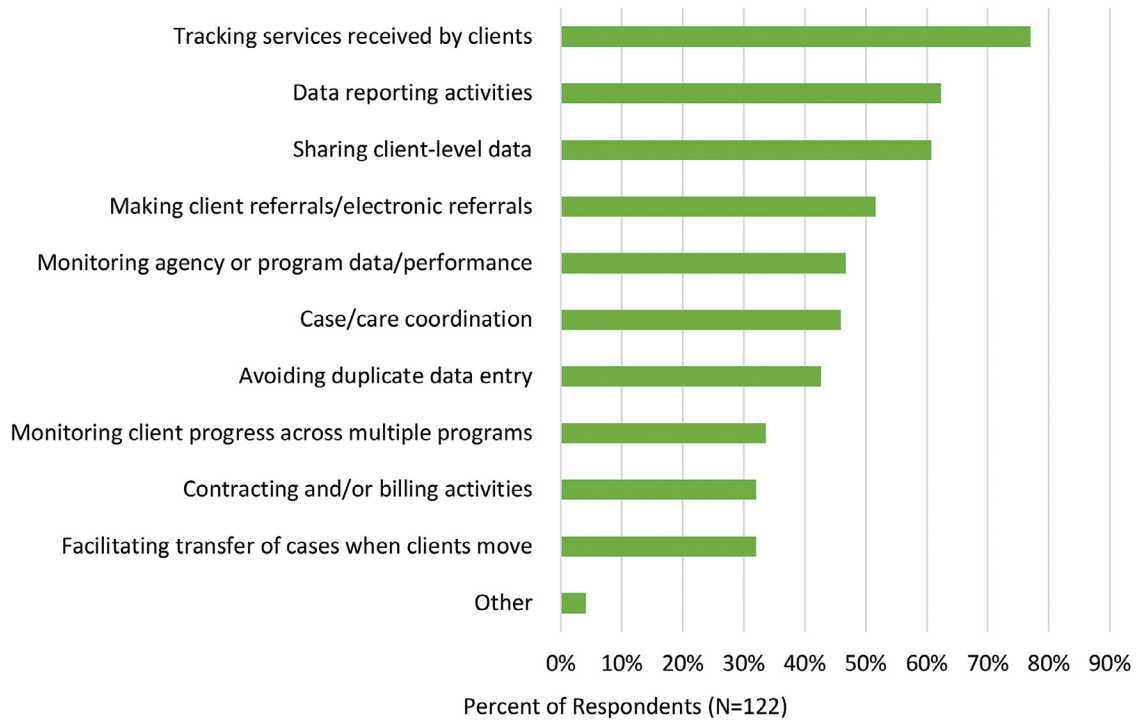*Client Tracking, Case Management and Reporting Software Linkages*

Chart data (Percent of Respondents, N=126):
- State Agency
- Area Agency on Aging
- Aging and Disability Resource Center
- Service Providers
- Senior Centers
- Center for Independent Living (CIL)
- Other
- State Medicaid Office
- Local Human Service Organization
- Transportation Agencies
- Umbrella agency (i.e. Department of Human Services)
- Managed Care Organizations
- Hospitals
- Public Housing Authority
- Public Health Department
- Emergency Preparedness Agencies

Percent of Respondents (N=126)

Figure 43

Purposes for Software Linkages

Chart data (Percent of Respondents, N=122):
- Tracking services received by clients
- Data reporting activities
- Sharing client-level data
- Making client referrals/electronic referrals
- Monitoring agency or program data/performance
- Case/care coordination
- Avoiding duplicate data entry
- Monitoring client progress across multiple programs
- Contracting and/or billing activities
- Facilitating transfer of cases when clients move
- Other

Percent of Respondents (N=122)

As noted earlier in this section of the report, some agencies use the same software system for client tracking, case management, and reporting as for their resource database while other agencies have separate software for separate functions. In the 2018 survey, of 311 respondents, 44 percent reported that their agency uses the same software system for all of these functions (in the 2015 survey, this was reported by 52 percent of respondents), while 27 percent reported that their agency does not use the same software system for client tracking, case management, and reporting as for its resource database. Fifteen percent of respondents did not know, and 13 percent reported that their organization does not maintain an electronic resource database.

Among respondents whose agencies use different software for these functions, figure 44 shows software products used for the resource database. In the "other" category, selected by 22 percent of those responding, respondents identified some products that are already listed on figure 44, such as Mediware (now WellSky) and ReferNET, as well as additional products and options such as Microsoft Word and use of an agency's internal network system ("Our resources are scanned to folders on our server and filed by service."). Agencies that use different software for their resource database appear more likely to use custom software (whether developed by the agency or the state) or Microsoft products (including Excel, Word, and CRM products), though, as shown on figure 44, agencies reported a variety of resource database software products.

Figure 44   *Resource Database Software Used if Not the Same as Client Tracking/Case Management Software*
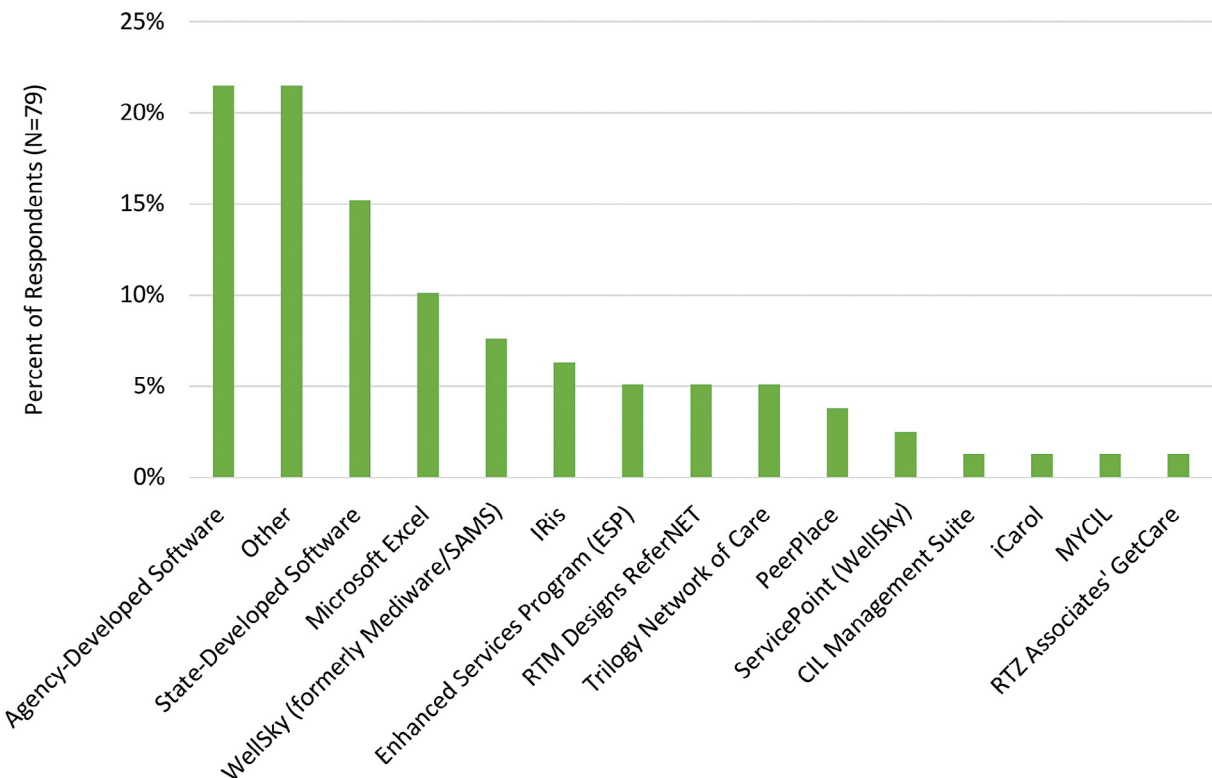
The use of different software for different agency functions suggests that staff may be inputting data into multiple systems. The 2018 survey asked respondents to indicate how many information systems I&R/A staff at their agency must input data in. Of 294 respondents, close to half (49 percent) reported one system, 24 percent reported two systems and another 24 percent reported three or more systems. Four percent indicated "other" and responses ranged from "it varies" to "2–5 depending on staff roles." These findings are similar to those from the 2015 survey. Figure 45 shows the breakdown by agency type. Other non-profit organizations were most likely to report that I&R/A staff input data into two information systems, while ADRCs and AAAs were most likely to report three or more systems. These findings could reflect, in part, the multiple roles that specialists in these types of agencies may perform, as well as the use of different systems for different functions.

Finally, the 2018 survey asked respondents about the type of taxonomy or classification system used by their agency to index and access community resource information. In the field of I&R, some agencies use the 211 LA County Taxonomy of Human Services to index and retrieve information within their resource database. This Taxonomy can also be customized to facilitate its use with particular populations and service needs. At the time of the 2018 survey, this Taxonomy was known as the AIRS/211 LA County Taxonomy of Human Services, and is referred to in this way when describing survey findings. In 2019, the AIRS logo and branding became no longer affiliated with the 211 LA County Taxonomy of Human Services. While the 211 LA County Taxonomy of Human Services provides a standardized set of definitions and terms for use in the I&R field, not all agencies use this Taxonomy. Agencies might use a different classification system, or have developed their own system for indexing and accessing community resource information. Some agencies do not use a classification system.

In the 2018 survey, of 317 respondents, 34 percent reported that their organization uses a taxonomy or classification system to index and access community resource information, five percent reported that their organization's taxonomy was in the development phase, another 34 percent reported that their organization does not use a taxonomy or classification system, and 27 percent did not know. Respondents that indicated that their organization uses a taxonomy or classification system were further asked to identify what type of system their organization uses.

Thirty-one percent of these respondents reported that their organization uses the AIRS/211 LA County Taxonomy of Human Services, and another 14 percent reported using a variation on the AIRS/211 LA County Taxonomy. These findings on the use of the AIRS/211 LA County Taxonomy are similar to those from the 2015 survey. In the 2018 survey, however, more respondents reported that their organization created its own taxonomy/classification system (18 percent in the 2018 survey and 11 percent in the 2015 survey) and more reported using another type of taxonomy (25 percent in the 2018 survey and ten percent in the 2015 survey). These might include, for example, classification systems developed by the state or systems based on services/program needs for older adults and people with disabilities. Thirteen percent of respondents did not know what type of taxonomy or classification system was used by their organization.

Differences between the 2018 and 2015 surveys may reflect in part the composition of agency respondents in the 2018 survey. As shown on figure 46, use of the AIRS/211 LA County Taxonomy or other classification system varies by agency type. For example, respondents from state agencies and ADRCs were more likely to report that their agency uses the AIRS/211 LA County Taxonomy than another type of classification system. Responses from AAAs indicate a mix of approaches to classifying community resource information. CIL respondents reported that their organizations use another type of taxonomy or use a custom taxonomy (created by the organization).

Figure 45

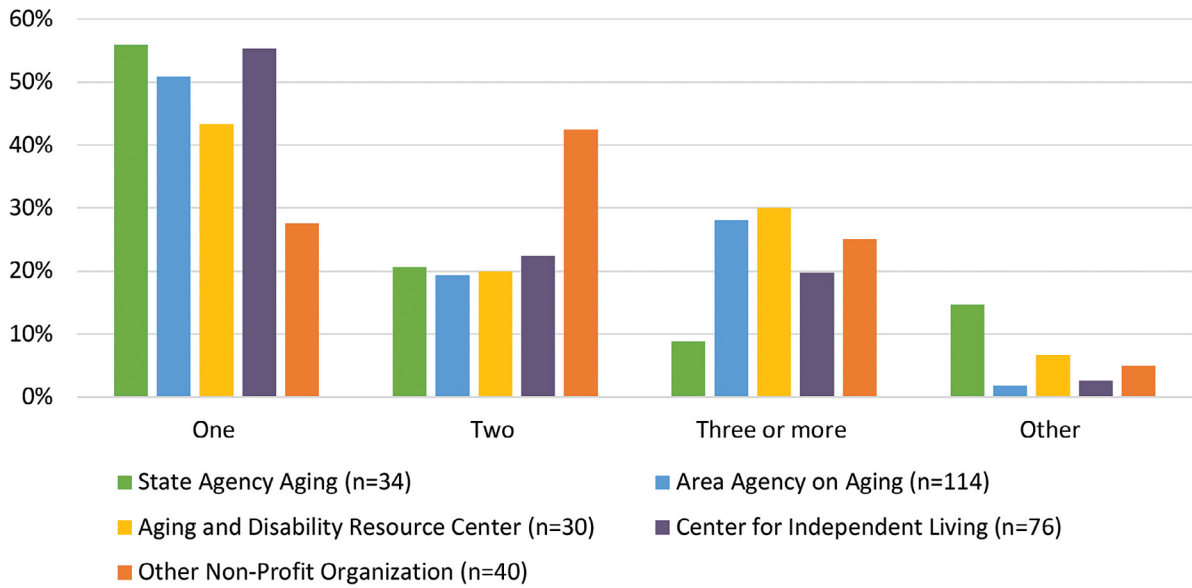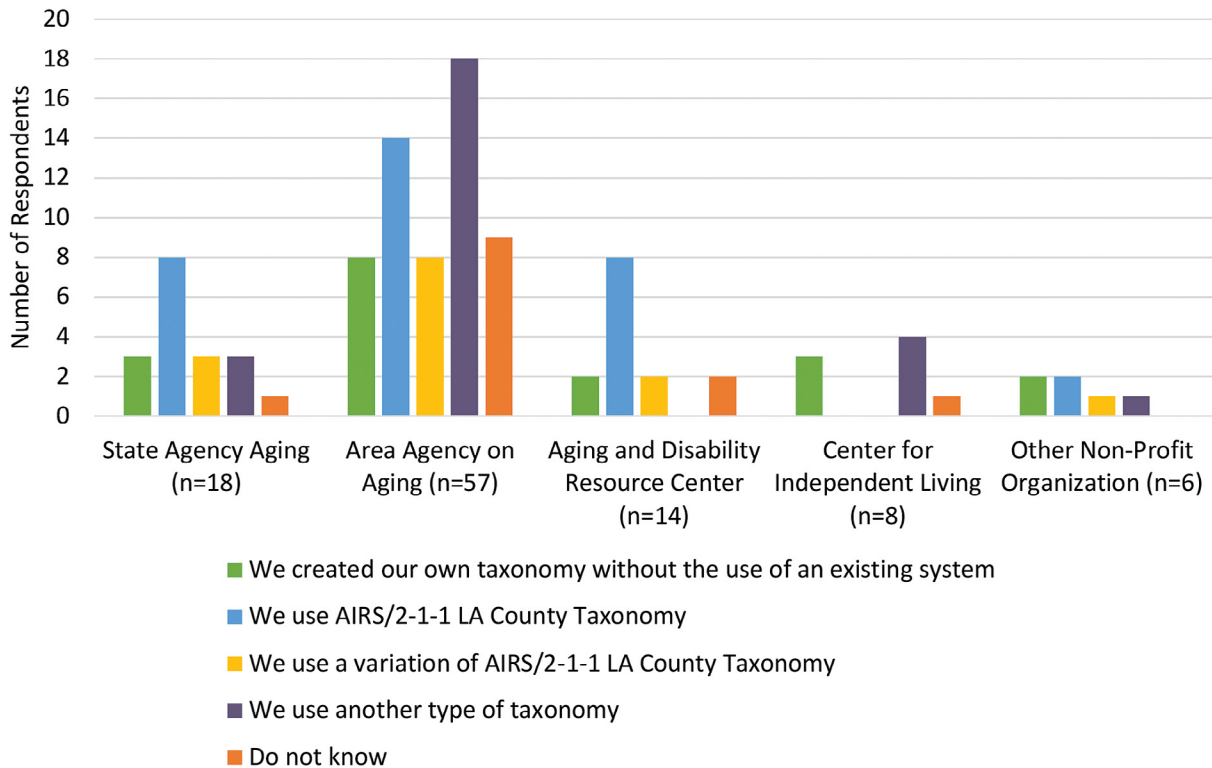**Figure 45** *Number of Information Systems that I&R/A Staff Input Data In by Agency Type*

State Agency Aging (n=34)
Area Agency on Aging (n=114)
Aging and Disability Resource Center (n=30)
Center for Independent Living (n=76)
Other Non-Profit Organization (n=40)

Figure 46 *Taxonomy or Classification System by Agency Type*

We created our own taxonomy without the use of an existing system
We use AIRS/2-1-1 LA County Taxonomy
We use a variation of AIRS/2-1-1 LA County Taxonomy
We use another type of taxonomy
Do not know

CONCLUSION

The 2018 National Survey of Aging and Disability I&R/A Agencies has captured many aspects of the changing nature of I&R/A service delivery. Yet even as needs and roles grow more complex, the provision of person-centered information, referrals, and assistance remains a fundamental component of the work of aging and disability network agencies. With increasing demand for I&R/A services, and limitations within traditional funding sources, I&R/A programs are called upon to do more with less, as reported by many respondents, but also to explore new opportunities and ways of doing business. The six overarching themes that emerged from the survey encapsulate the state of the field and point to areas for growth and development.

- Sustainability is a significant challenge facing aging and disability programs and networks. While the 2018 survey captured the depth of this challenge, it also identified sustainability strategies that can be deployed at different levels. Partnerships of all kinds—within the community; public-private; federal, state, and local—will be necessary for the success of these efforts.

- Aging and disability I&R/A programs are serving more individuals with multiple and complex needs. These needs—from housing and behavioral health needs to transportation and support for families—call for community-wide initiatives and partnerships. These efforts should be supported by access to promising models, technical assistance, and funding that enables innovation.

- The roles and responsibilities of I&R/A professionals have become more complex. While this may allow for "enhanced" I&R/A services for inquirers, it is also important that specialists are supported through training and other professional development, work processes, and data systems that streamline and facilitate a more comprehensive service model.

- I&R/A services are a key component of ADRC and NWD consumer access systems, and are also impacted by the ongoing development of these systems at the federal, state, and community levels. While these systems can foster new practice models, infrastructure, and referral relationships, they can also increase the demand for and the intensity of consumer assistance services. To meet new opportunities and challenges that flow from system development, I&R/A agencies need to be supported to build and sustain their capacity to serve diverse populations and undertake diverse financing strategies.

- Quality standards and practices are integral to I&R/A service delivery, yet some agencies continue to lack quality assurance and improvement activities. The 2018 survey documents a range of field-tested quality assurance activities that can help to address these gaps for the benefit of inquirers and agencies. With greater expectations from funders and stakeholders for effective and person-centered services, it is incumbent upon I&R/A agencies to measure how services are delivered and how they impact individuals and families.

- Providing diverse modes of access to information and assistance is important to meeting the communication needs and preferences of inquirers. Findings from the 2018 survey indicate that I&R/A agencies continue to increase their use of social media and increase public access to community resource information, yet service delivery modalities remain more limited. As communication preferences evolve, it is important that agencies offer multichannel communication options to meet individuals, family members, and caregivers where they are.

NOTES

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