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**Monthly I&R/A Liaison Teleconference**  
**Thursday, May 6, 2011**  
**11:30 am ET**

**Meeting Notes**

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**Attendees**

Maria Greene introduced herself and NASUAD staff Rex O'Rourke, Kelsey Walter and Chantal Hart.

She then introduced Joseph Lugo and Sherri Clark of AoA, who would discuss the similarities and differences between Aging Disability Resource Centers (ADRC) and Information/Assistance/Referral services (I&R/A).

SUAs and AAAs represented on the call represented the following regions and states: CT, NY, MD, OR, MO, OH, NJ, RI, NM WI, and ID.

**Presentation by AoA Staff**

Ms. Clark thanked everyone for attending the call, and said that she has been the National Aging I&R Support Center project officer at AoA for the past 10 yrs. She appreciates the work of the aging network, as it led to the foundation of ADRC and other initiatives, and said that it has been a pleasure to work with NASUAD and n4a as well.

Because I&R/A is established system, it has allowed AoA to shine in other areas, and was critical to other programs emerging from its foundation. This led to the formation of the ADRC program.

Mr. Lugo offered two messages from the perspective of AoA and CMS:

- The 1<sup>st</sup> building block to building a "no wrong door" system with ADRC is effective I&R/A
- I&R/A that is provided in an ADRC is not viewed differently as I&R/A provided in the state

He stated that there are consequences when a state doesn't build upon existing I&R/A, and that it is best to build upon the existing I&R/A system one has, especially when developing ADRCs. He cited lessons learned in Michigan when the two are kept separate, with that state's use of separate funding, significant budget constraints- and other issues from not drawing upon existing I&R/A. He commented that in meetings with other private organizations, he stresses using the already existing systems that the states have.

He presented a brief history of ADRC:

- In 2003-2005, 43 states and territories received IRA/ADRC funding.
  - Many states clearly had I&R/A and moved from paper based to electronic databases; some moved from regional call centers to statewide toll free numbers and databases, and now states have statewide publically accessible systems that all can use.
  - 50% used the opportunity to build infrastructure
  - Many states focused on marketing and communications
  - Some used funding to train new workers, and get them AIRS certified

He described the components of a fully functional ADRC:

Five components:

1. I&R/A
2. Options Counseling
3. Streamlined access to public benefits
4. Care transitions
5. Continuous quality improvement

What do metrics for this look like?

1. Outreach and marketing plan- address how the system can be visible and trusted for all populations, have a strategy to assess effectiveness of outreach and feedback
2. Able to serve private pay consumer
3. Is there a systematic process across all the operating partners? Coordination is key.
4. System in place for updating and ensuring accuracy of data – have seen a trend where states are doing this
5. Inclusion/exclusion policies in place
6. Database accessible for ADA- especially website and phone systems
7. Follow-up. Can ADRC staff provide this and determine if more assistance is needed?

In closing, he discussed how states are using ADRC systems and frameworks:

1. Worked with CMS on managed care programs to partner with I&R/A to do warm transfers
2. VA referrals
3. Care transitions
4. Functioning as LCA for Nursing home transition
5. Integrating I&R/A, client tracking

Ms. Clarke discussed the fact that there has been an explosion of people obtaining CIRS and CIRS-A certification (1,400 -1,500 to date), which speaks to the network's recognition of having well trained or certified staff.

#### **Q & A:**

- Is there a CRS/Certified Resource Specialist in Aging certification on the horizon?

Ms. Clarke responded that this question has come up before, but they have not looked into it.

- Do you see more of the model where I&R/A and Options Counseling are done by the same person?

Mr. Lugo responded that one can see the advantages to having one person do both- it would be seamless, and there might not be enough staffing to do it any other way. The issue is that it is a lot

to ask one person, and that the training involved and information one would have to possess would be too much for one individual to handle.

- In New Mexico, because our agency handles the whole state, we have a large database, and have struggled with asking one counselor to handle it all. Having one person who is trained in everything might be the only hope for some of our clients, who have very special needs.
  - Ms. Greene commented that she was in New Mexico recently doing AIRS training, and was impressed with the way everyone worked together as a team, relying on others' areas of expertise/strength to help.
- Are there any plans to have one reporting system- will you be consolidating?

There are plans to merge I&R/A and ADRC reporting systems – it is a goal at AoA.

- In Maryland, we have a MAP program, in which ADRC is integrated into I&R/A, on which it was based. We try to make it as seamless as possible to have I&R/A accessible through ADRC.

Mr. Lugo commented that Maryland is a good example of how the integration works, with the use of Money Follows the Person funding.

### **Closing**

Ms. Greene thanked Sherri Clark and Joseph Lugo for participating in the call and announced that both would be at the AIRS conference on June 6-8 in Dearborn, Michigan.

She also provided information about:

- Registering for the conference on the AIRS website, [www.airs.org](http://www.airs.org)
- The next meeting, which would be **Thursday, June 2, 2011 at 11:30 am ET**, and feature elderly legal services providers, who will highlight successes.
  - The call in information is as follows: 888-346-3659; Participant Pass code: 39660.