

# NATIONAL INFORMATION AND REFERRAL SUPPORT CENTER

I&R/A Services in Changing Times

August 26, 2019

The National I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

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

<http://nasuad.org/initiatives/national-information-referral-support-center>

# AIRS Certification Training

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- Certification Training (CRS-A/D) and Exam Preparation
  - Offered every year at one or more national conferences
    - 2019 National Home and Community Based Services Conference – CRS-A/D training is tomorrow!
  - Offered in partnership with aging/disability agencies
    - In-person for groups of 15 or larger
    - Can include exam proctoring
  - Offered by webinar
- CRS-A/D Train-the-Trainer (T-t-T) Initiative
  - Working to build the capacity of agencies to train their staff
  - Includes access to a training curriculum and materials
  - Training for trainers is offered at national conferences – including the 2019 HCBS Conference – and over the phone/webinar to interested parties
- Online training through NASUADiQ – our online learning center



A stylized human figure composed of a white circle for the head and a white vertical bar for the torso, set against a green background.

**Online Classes  
about  
Aging and Disability  
Programs, Resources  
and Services**

**NASUAD** The logo for NASUAD iQ, featuring the letters 'iQ' in a stylized font where the 'i' is white and the 'Q' is green, both within a green square.

**[www.nasuadiq.org](http://www.nasuadiq.org)**  
ONLINE LEARNING CENTER

# Available NASUADiQ Courses

NASUAD



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

# Training Webinars for I&R/A Professionals



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## Recent webinars:

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

Visit <http://www.nasuad.org/initiatives/information-and-referralassistance/monthly-calls> for presentations, audio recordings and transcripts.

# National I&R/A Survey: I&R/A services in changing times



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

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



COMPLEX NEEDS  
AND GROWING ROLES:  
THE CHANGING NATURE  
OF INFORMATION AND  
REFERRAL/ASSISTANCE

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



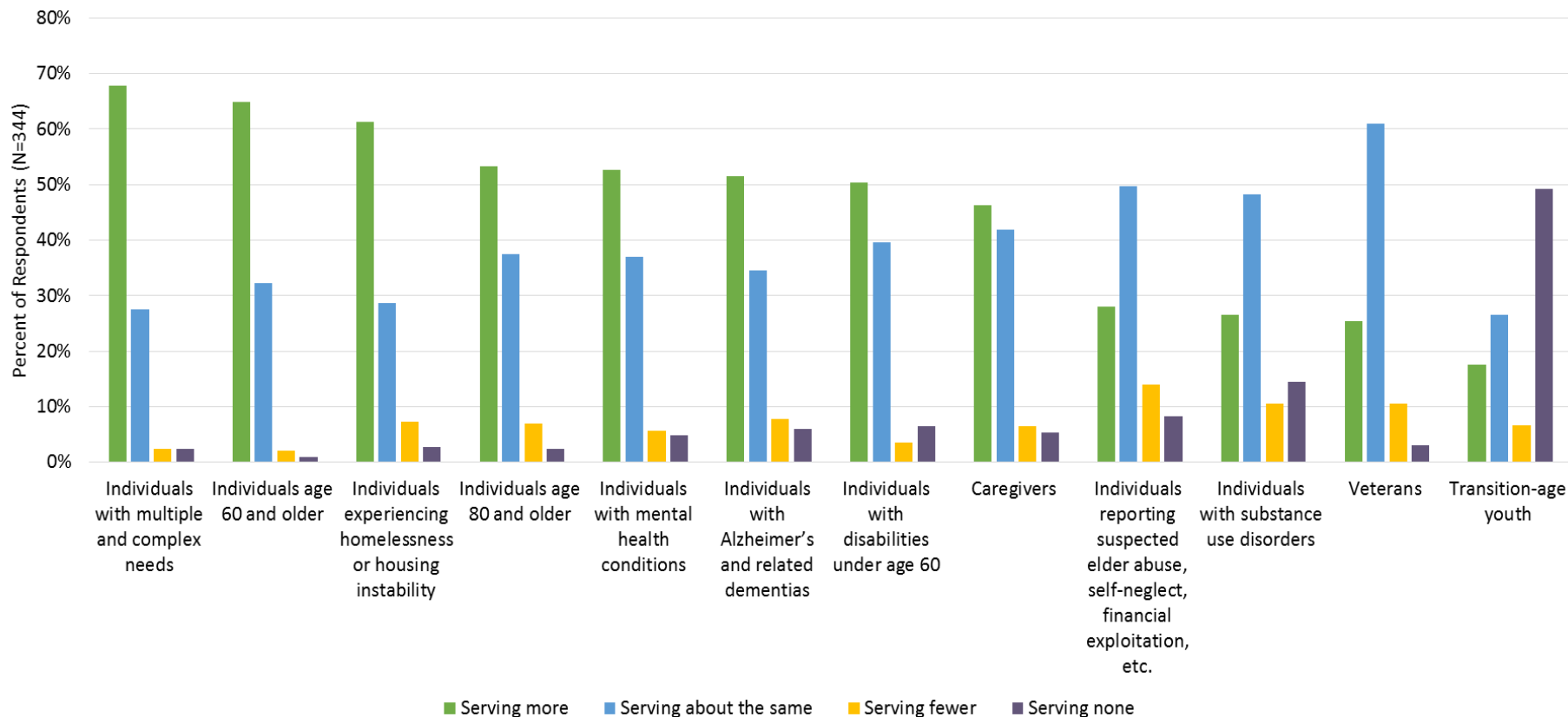
# Overarching Themes from the 2018 National I&R/A Survey

- Funding and Sustainability Remain Significant Concerns for I&R/A Agencies
- *I&R/A Professionals are Serving More Individuals with Multiple and Complex Needs*
- *The Roles of I&R/A Professionals Continue to Expand*
- *The No Wrong Door (NWD) Model is Playing a Growing Role in Consumer Access to Information and Services*
- Changing Expectations for Effective Service Delivery Support a Focus on Training and Quality Assurance
- Diverse Modes of Consumer Access to Information and Assistance are Emerging in I&R/A Practice



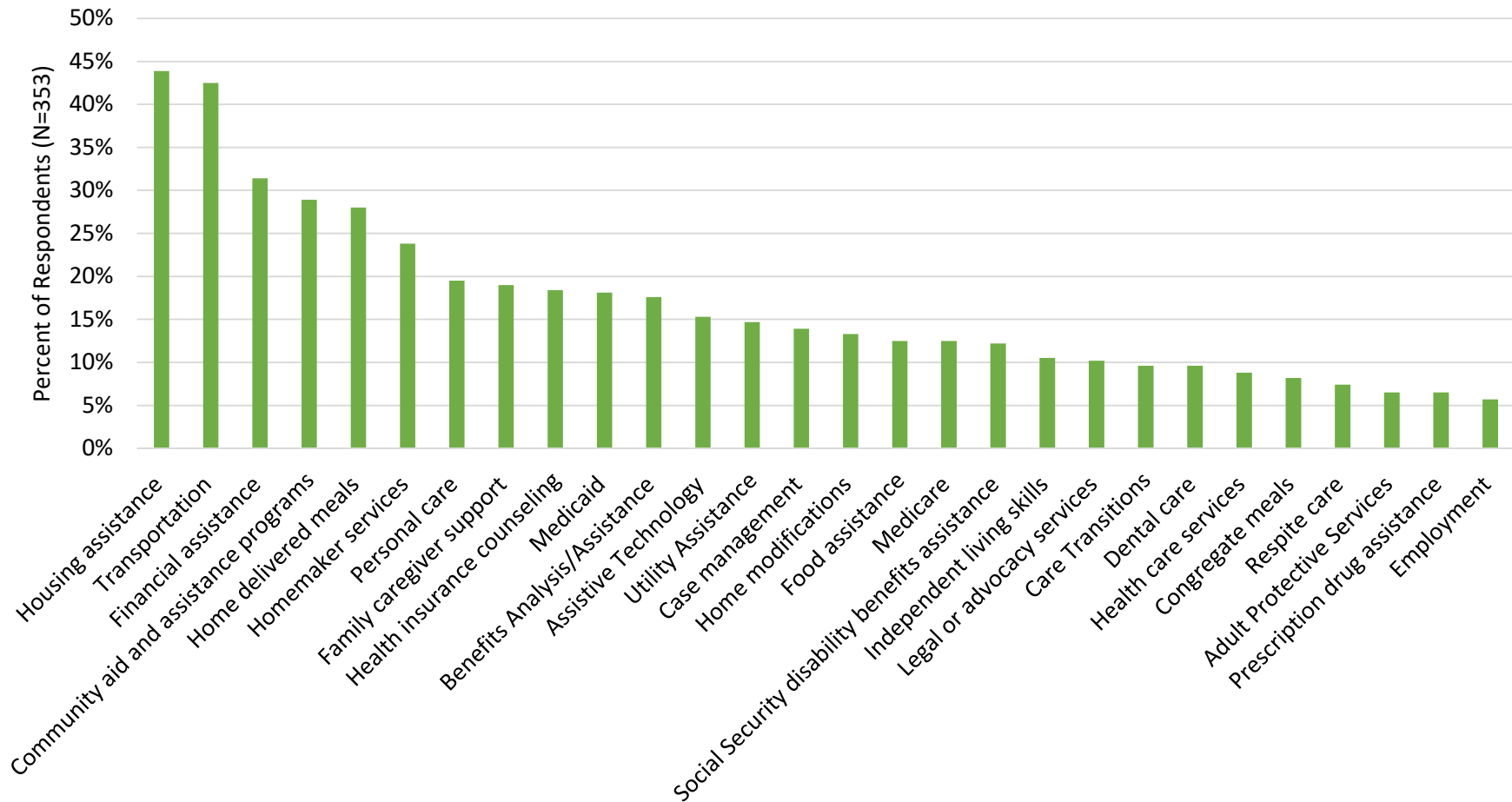
# I&R/A services in changing times: Serving more people with complex needs

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



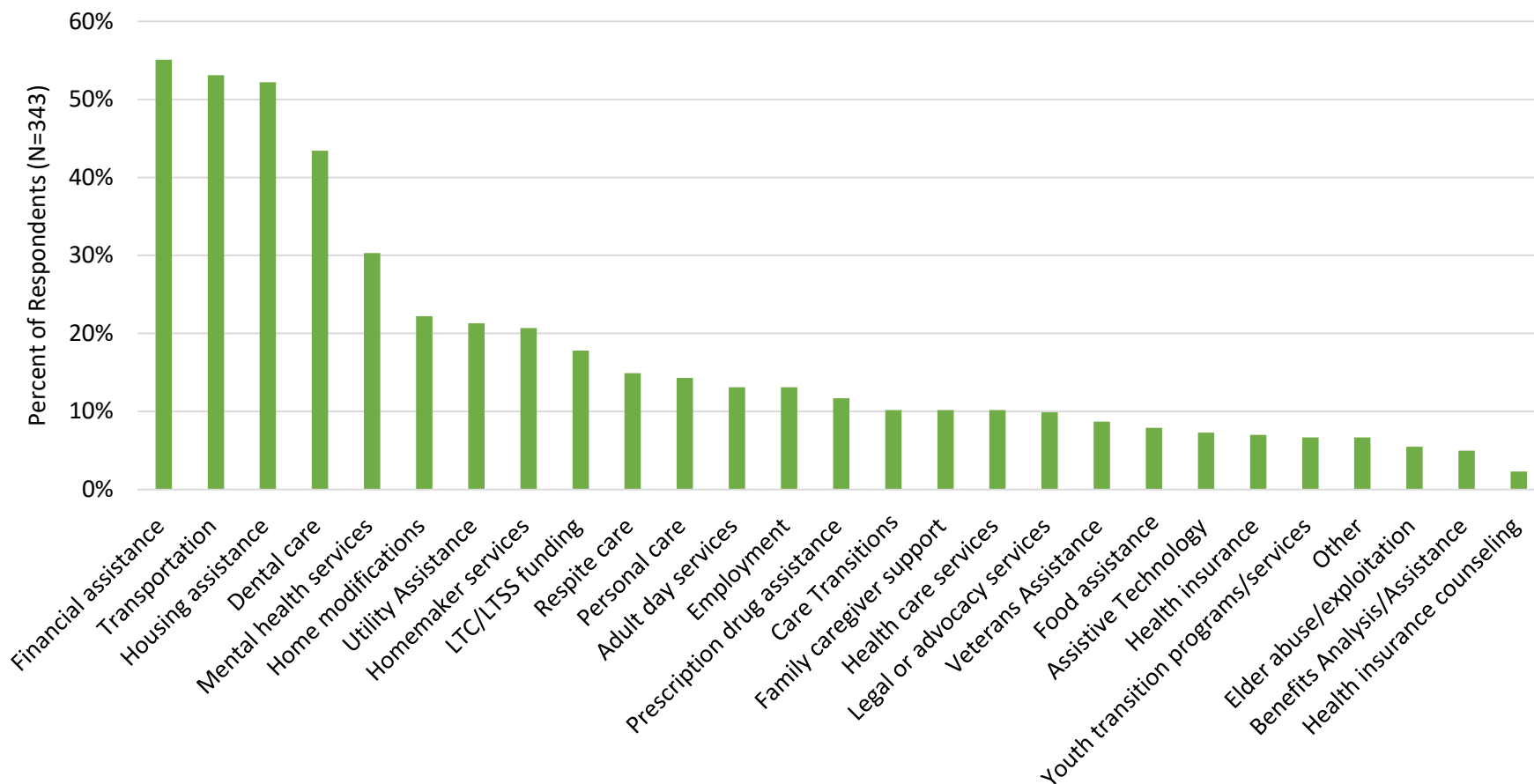
# I&R/A services in changing times: Frequently requested services

### Most Frequently Requested Services



# I&R/A services in changing times: Unmet service needs

### Most Frequent Unmet Service Needs



# I&R/A services in changing times: Unmet and complex needs

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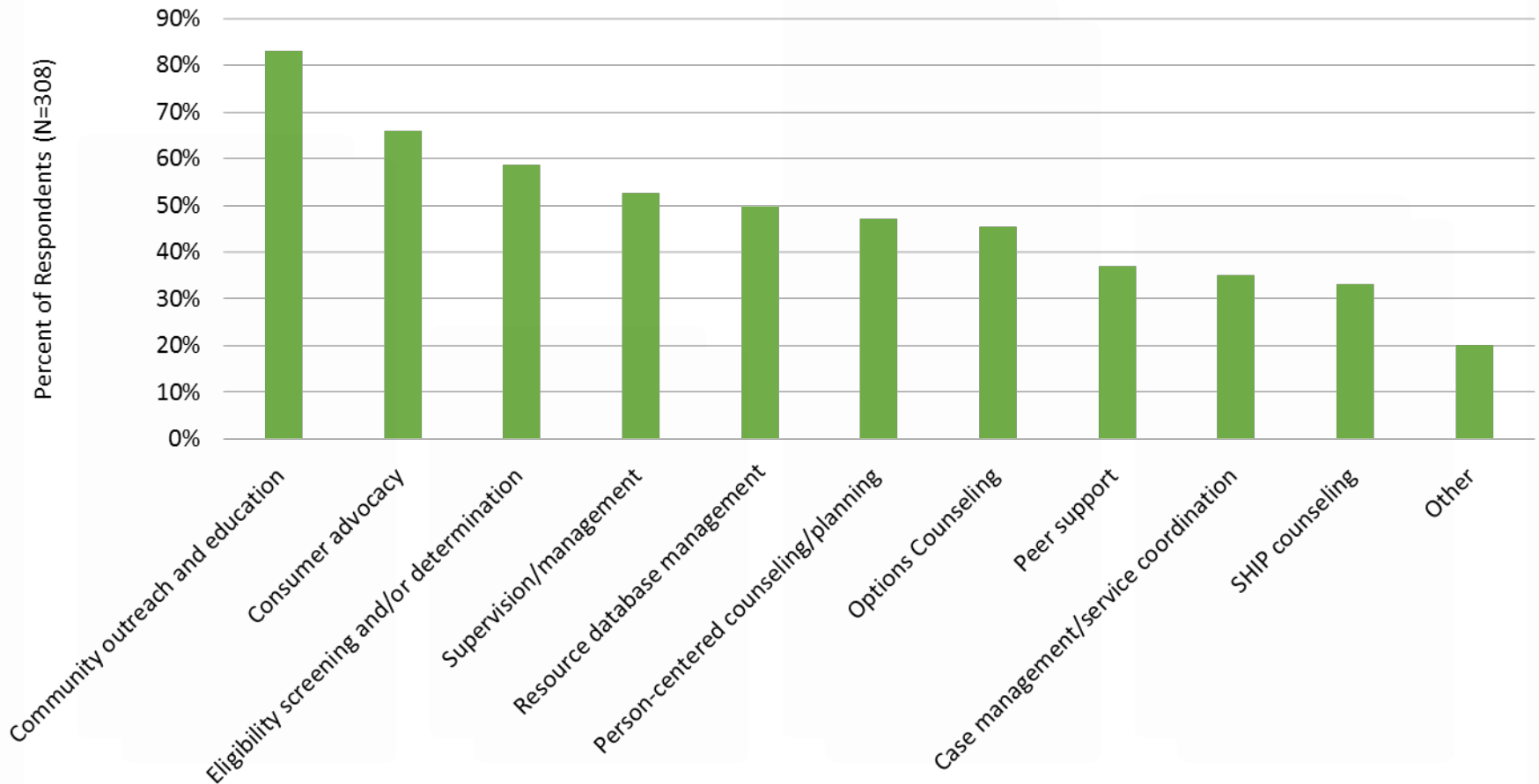
With less funding for community services, and high unmet needs, individuals are turning to I&R/A programs.

*“Unmet needs are prompting multiple calls for assistance with hopes of a different answer.”*



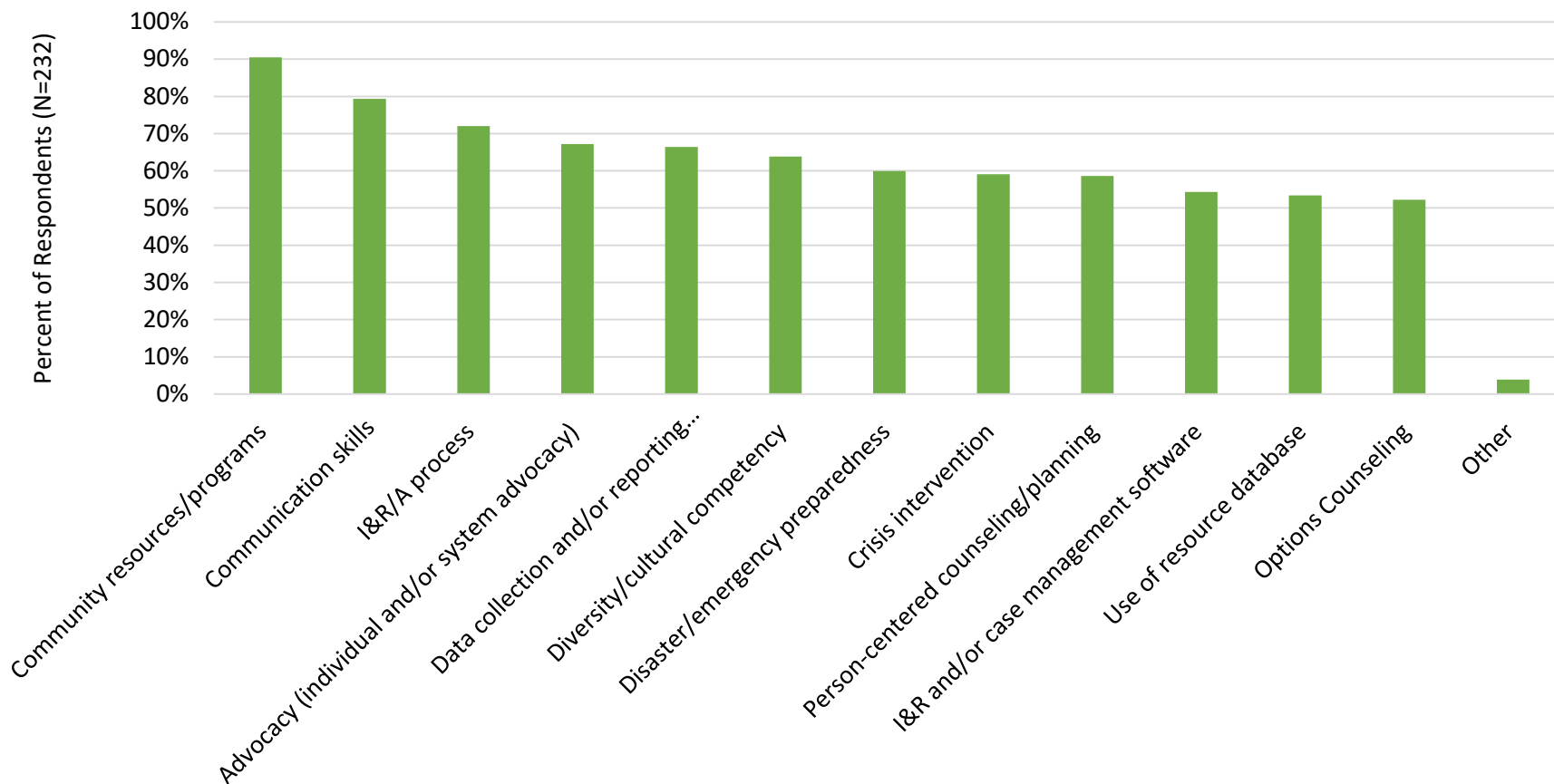
# I&R/A services in changing times: Enhanced job responsibilities for complex needs

### Job Responsibilities in Addition to I&R/A



# I&R/A services in changing times: Training for multiple job responsibilities

### Training for I&R/A Specialists



# I&R/A services in changing times: Professionals in their own words...

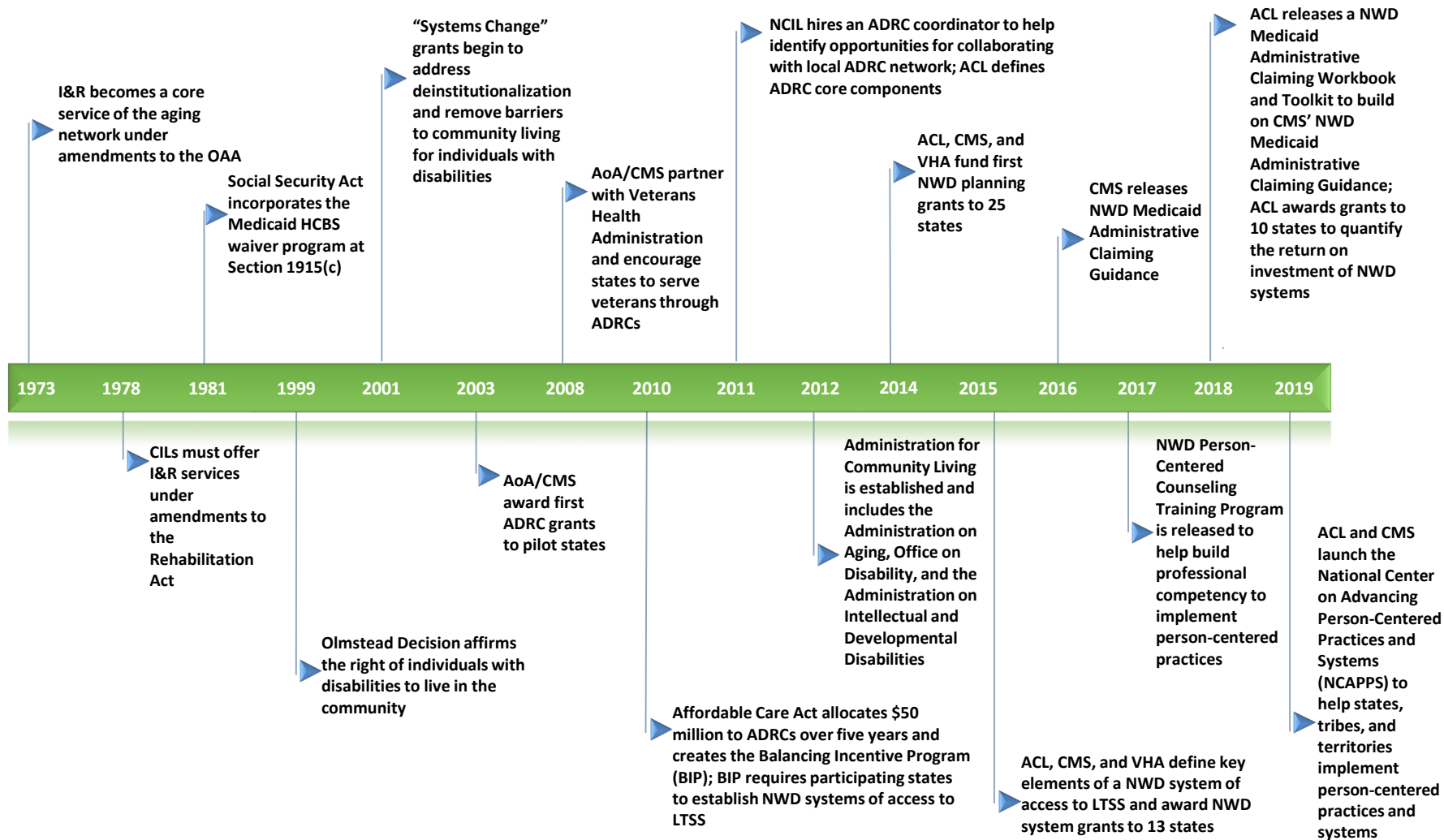


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- I find that **I&A and options counseling are connected** and more often than not, I am performing both duties.
- We have stopped using the term Options Counseling in our titles but we continue to do what we call "**enhanced I&R/A.**"
- Calls are getting very detailed and lengthy - often taking 2-3 hours upon initial contact to even begin to assess the situation and then hours and weeks for follow up.
- We are doing **more case management** than we have in the past...
- Increased responsibilities due to position cuts. **Higher acuity of I&A calls**, such as homelessness, elder abuse...
- Job responsibilities have greatly increased in application assistance for public benefits due to office closures and automated phone lines.
- Option Counseling and person-centered models **take more time.**

# Changing Times...

## Systems of Consumer Access to LTSS: Federal Milestones





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

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

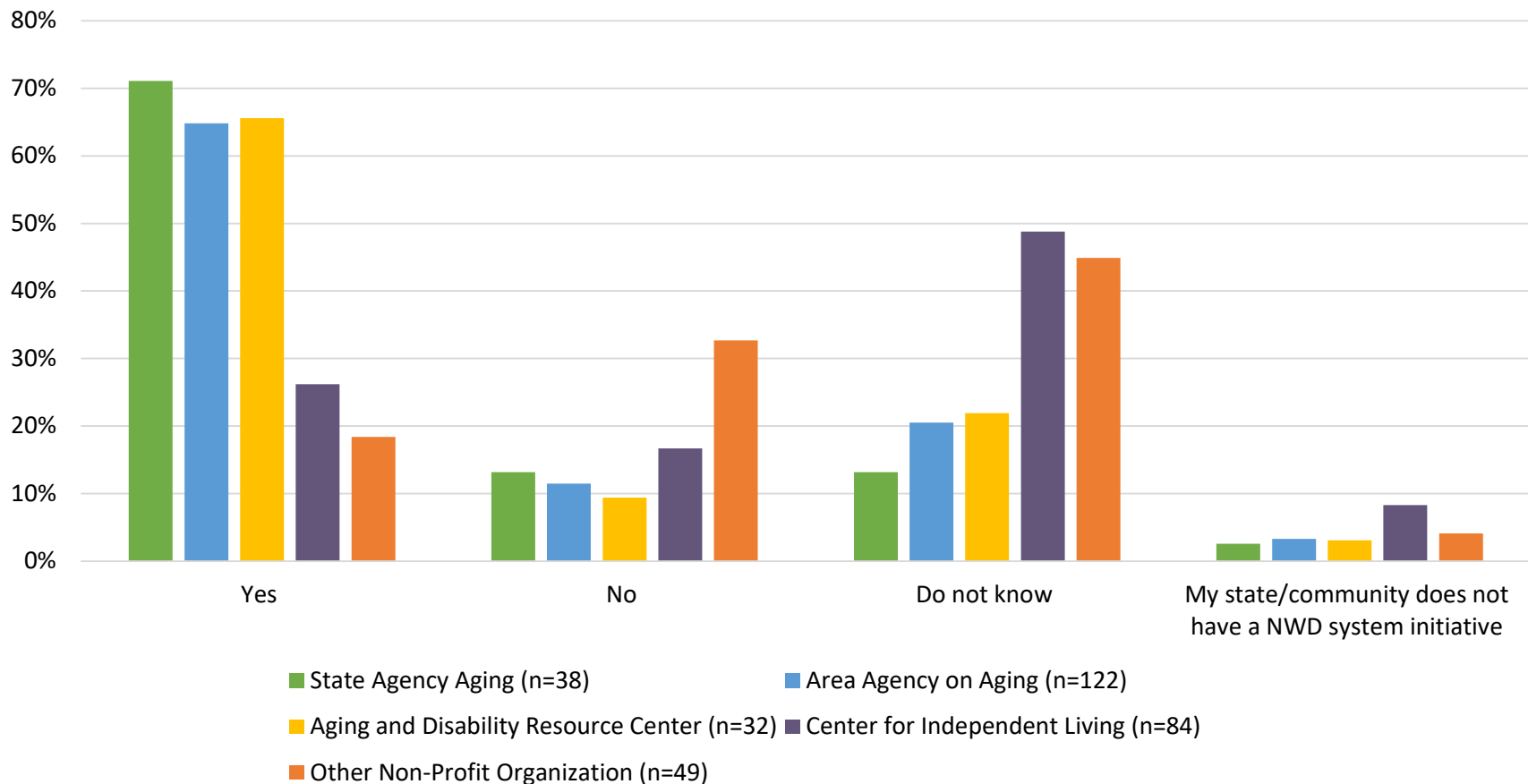
- The provision of *person-centered* training, counseling and planning
- The evolution of ADRC networks into NWD systems
- The development of *state and/or statewide* systems and infrastructure
- The broadening of partnerships and referral networks

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

“We are growing the ADRC to become the state’s No Wrong Door which includes one toll-free number, a consumer database, a provider database and website to link consumers into the system of long-term services and supports.”

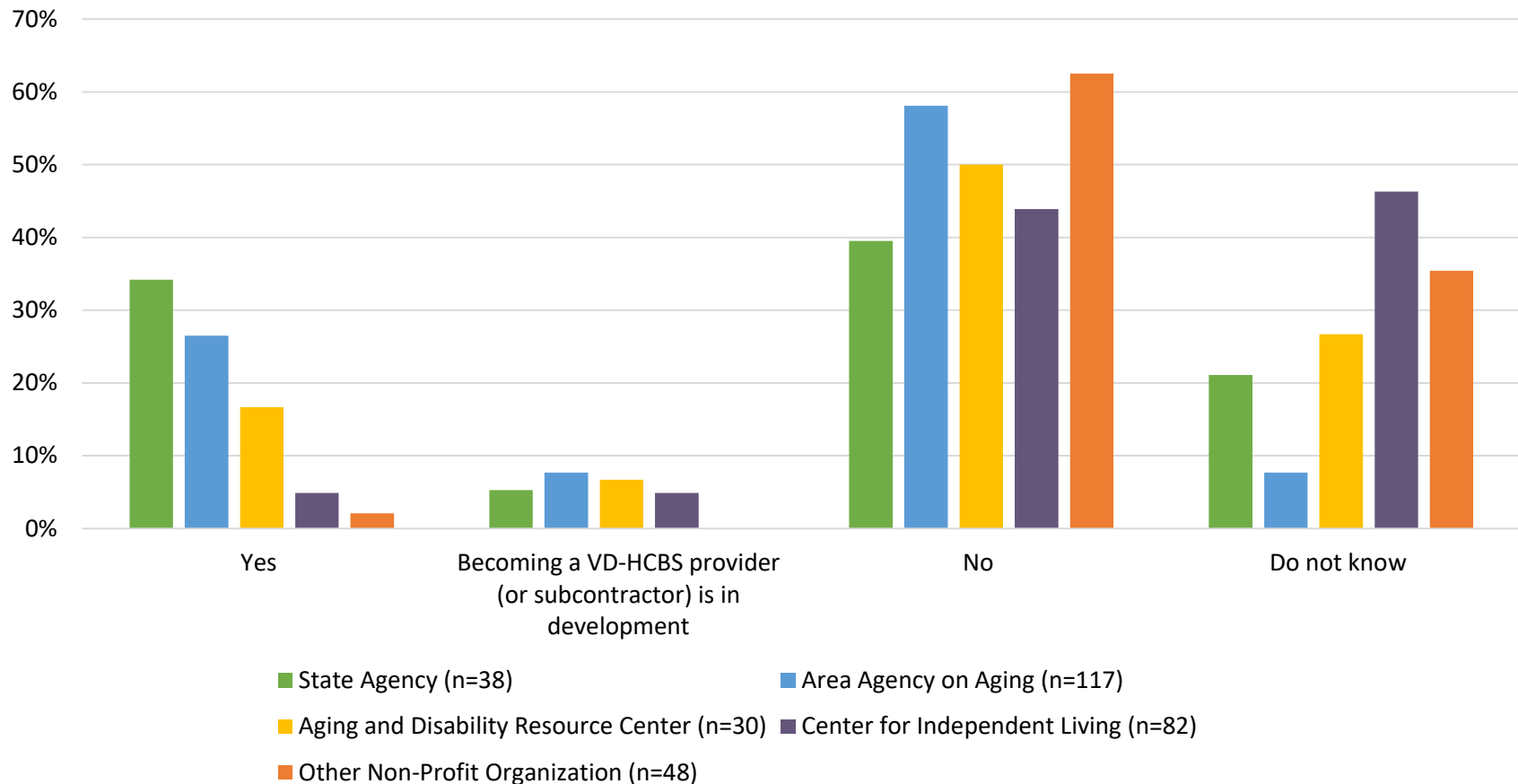
# I&R/A services in changing times: Participation in NWD system initiatives

### Participation in a NWD System Initiative by Agency Type



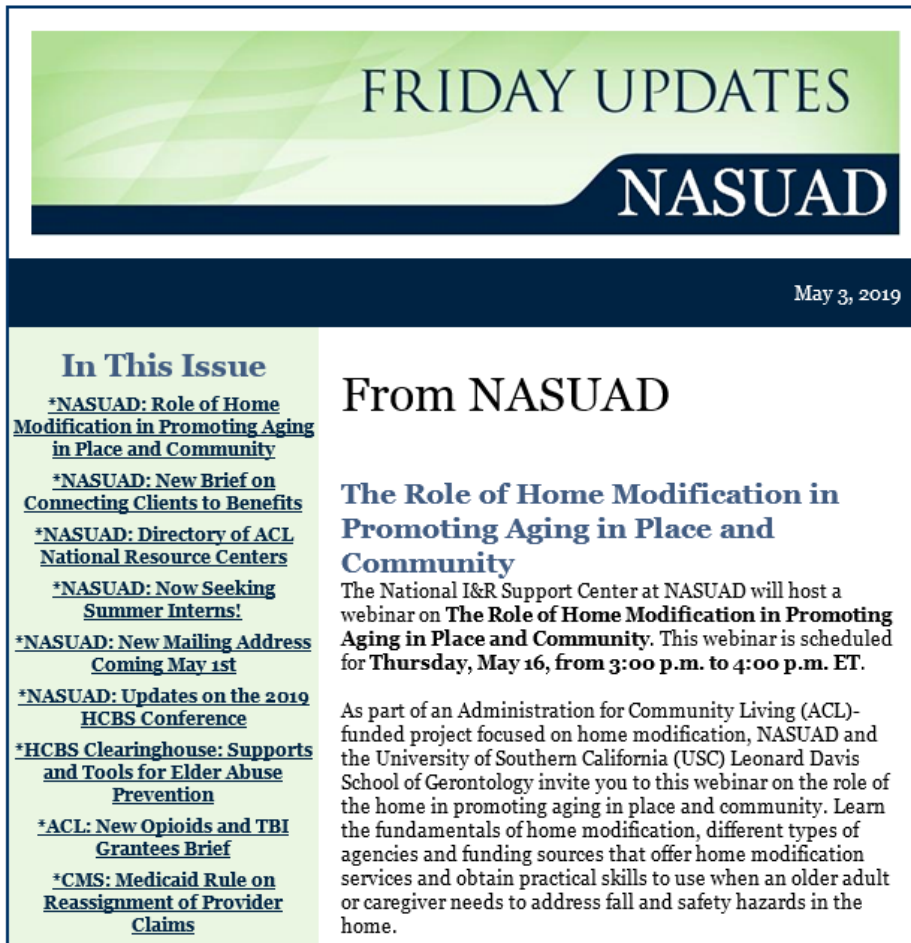
# I&R/A services in changing times: Participation in veteran-directed care

### Participation in a Veteran-Directed HCBS Program by Agency Type



# Stay Up to Date with Us!

## Friday Updates Newsletter



FRIDAY UPDATES  
NASUAD

May 3, 2019

**In This Issue**

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

**From NASUAD**

**The Role of Home Modification in Promoting Aging in Place and Community**

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

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

- **Free weekly e-newsletter**
- **National, federal and state updates on a broad range of topics pertaining to aging and disability policy and services**
- **Over 10,000 recipients!**
- **Sign up at [www.nasuad.org](http://www.nasuad.org)**

# FOR MORE INFORMATION

Nanette Relave, I&R Support Center Director  
[nrelave@nasuad.org](mailto:nrelave@nasuad.org)  
202-898-2578



# National Council on Independent Living

# The Independent Living Network

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



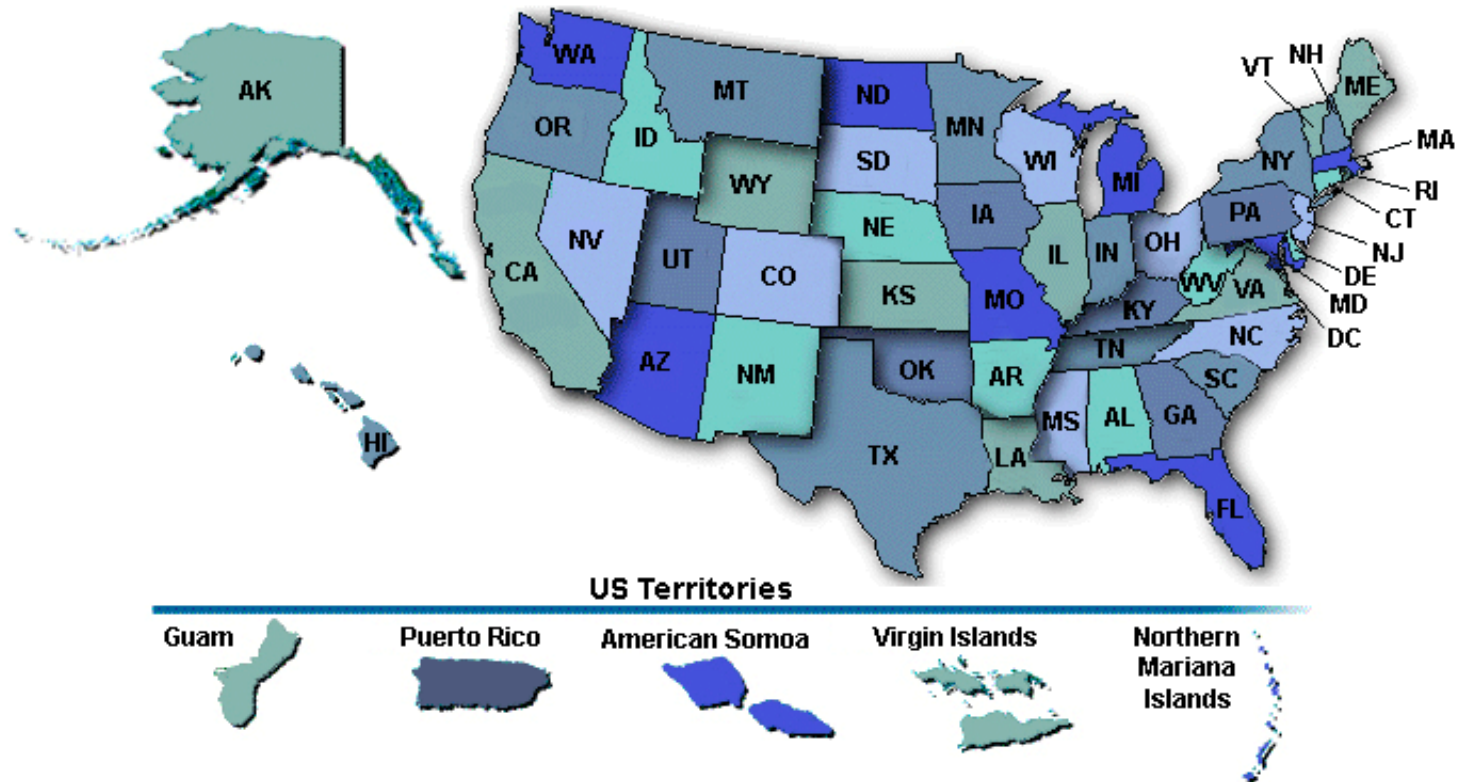
# The Independent Living Network

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





# Resource: CIL/SILC Directory



<http://www.ilru.org/html/publications/directory/index.html>

# The Independent Living Network: NCIL

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



# NCIL's Structure

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



# NCIL's 2019 Top 10 Legislative Priorities

- Rehabilitation Act/ Independent Living Funding
- Housing
- Personal Assistance Services/ Healthcare
- Civil Rights/ Americans with Disabilities Act
- Transportation
- Mental Health
- Social Security/ Employment
- Voting Accessibility
- Violence & Abuse
- Education

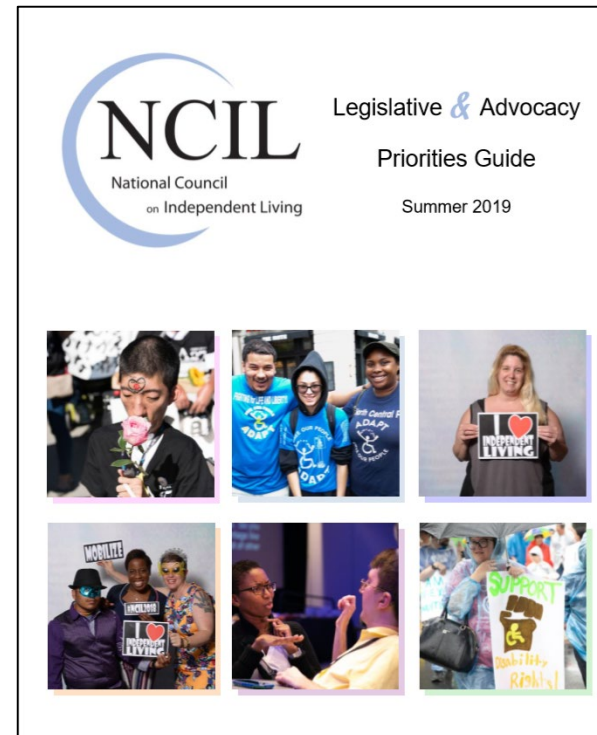


# Resource: 2019 Legislative & Advocacy Priorities Guide

For more  
information:

[www.ncil.org/press-room](http://www.ncil.org/press-room)

Legislative &  
Advocacy Priorities  
Guide



# Resource: Upcoming Events

## Upcoming Trainings

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

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

Using Consumer Satisfaction Feedback for Program Improvement- *Summer 2019*

### All upcoming trainings:

[www.ncil.org/annual-conference/training/](http://www.ncil.org/annual-conference/training/)

### Training archives can be found here:

[www.ilru.org/training-on-demand](http://www.ilru.org/training-on-demand)



# Update/Upcoming Event: Provider Accessibility Initiative

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



# Resource: Visitability.org

## Visitability

Basic Access to Homes

Home About Visitability Construction Townhomes Costs Policy Strategies News Resources History: Concrete Change Contact NCIL



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### Visitability

Visitability is a growing trend nationwide. The term refers to single-family or owner-occupied housing designed in such a way that it can be lived in or visited by people who have trouble with steps or who use wheelchairs or walkers.

A house is visitable when it meets three basic requirements:

- one zero-step entrance.
- doors with 32 inches of clear passage space.
- one bathroom on the main floor you can get into in a wheelchair.

"When someone builds a home, they're not just building it for themselves — that home's going to be around for 100 years," Concrete Change founder [Eleanor Smith](#) told The New York Times. "These things hurt nobody — and they help a lot of other people."

Who benefits from visitability? Everyone!

- The young mother with a baby in a stroller, who doesn't have to hump it up and down steps when she visits her friends
- The UPS driver who brings your new cabinets and leaves them on your front porch

Search this website ...

SEARCH

#### About this site

Visitability.org is hosted by the National Council on Independent Living and collects resources and information about visitability.



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

[www.visitability.org](http://www.visitability.org)





# Resource: National Organizing Project

- Effort to advance direct action in support of disability rights and community living
- [www.ncil.org/nop](http://www.ncil.org/nop)
- Webinars:
  - Advocacy: We CAN do it!
  - The Art of Negotiation – Closing the Deal



# Resources: Civic Engagement



## Achieving Accessibility for Election Websites and Sample Ballots: A Toolkit for Disability Advocates

Prepared by the National Council on Independent Living with Support from the Aid Association of the Blind

November 2018

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Section 2: Evaluating and Fixing Website Access Barriers .....	5
Section 3: Sample Ballot Access Barriers and Fixes .....	6
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Sample Script for Introduction/Outreach on Website Accessibility .....	12
Sample Script for Introduction/Outreach on Sample Ballot Accessibility .....	13
Sample Script for Follow Up to Unresponsive Election Official .....	13
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Resources .....	14

- Achieving Accessibility for Election Websites and Sample Ballots: A Toolkit for Disability Advocates
- Campaign Skills Webinar Series: [www.ncil.org/elevate](http://www.ncil.org/elevate)
- More resources available at [www.ncil.org/votingrights/](http://www.ncil.org/votingrights/)



# Upcoming: Presidential Candidate Questionnaire



## 2020 Presidential Candidate Questionnaire

Dear Presidential Candidate:

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

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

In an effort to inform our community of your disability policy positions, initiatives, and priorities, the [American Association of People with Disabilities](#) (AAPD), the [National Council on Independent Living](#) (NCIL), and the [REV UP Campaign](#) have developed this presidential candidate questionnaire. We believe the issues addressed in this questionnaire are vital to ensuring all individuals with disabilities have an opportunity to achieve the American Dream and therefore we request your response.



# Resource: Weekly Advocacy Monitor



## the advocacy monitor

Independent Living News & Policy from the National Council on Independent Living



The Advocacy Monitor is a project of the National Council on Independent Living, a leading cross-disability, grassroots organization run by and for people with disabilities that represents Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), individuals with disabilities, and other organizations that advocate for the human and civil rights of people with disabilities throughout the

You are here: [Home](#) / [Aging and Disability](#) / [Free Webinar: Findings from the 2018 National Survey of I&R/A Agencies](#)

### Free Webinar: Findings from the 2018 National Survey of I&R/A Agencies

December 10, 2018 By [theadvacymonitor](#) - [Leave a Comment](#)

- › Wednesday, January 9 from 3:00-4:30 p.m. Eastern
- › [Register online](#)

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



Search this website ...

- NCIL Home
- Independent Living
- Healthcare & Community Living
- Housing & Transportation
- Civil Rights & the ADA
- Disability Voting Rights
- Employment
- Youth Issues & Education
- Veterans
- Technology

[www.advocacymonitor.com](http://www.advocacymonitor.com)



For additional information or questions:  
[www.ncil.org](http://www.ncil.org)

Lindsay Baran, Policy Analyst, NCIL  
[Lindsay@ncil.org](mailto:Lindsay@ncil.org)





advocacy | action | answers on aging

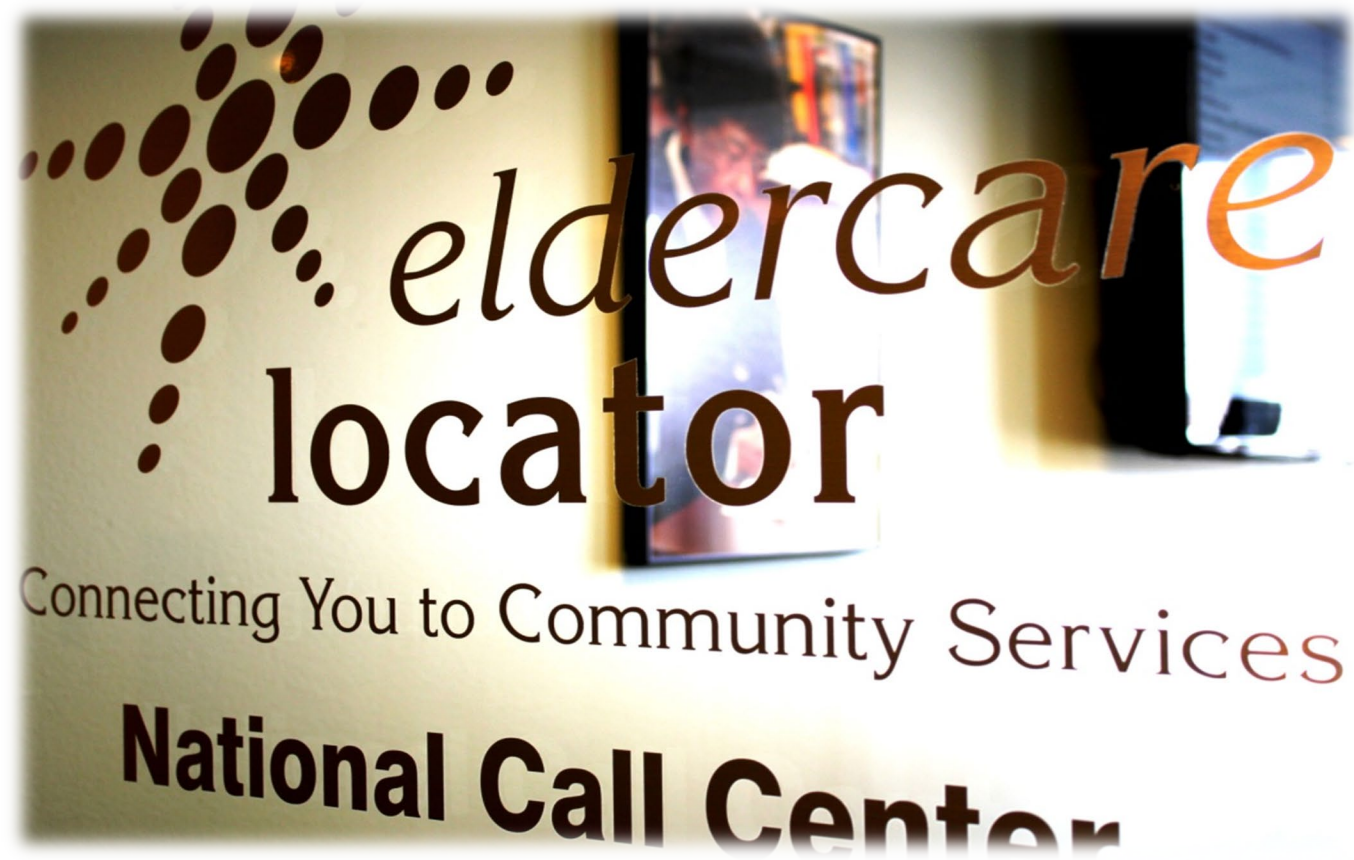


Connecting You to Community Services

# HCBS I&R/A Pre-conference Summit

## August 26, 2019

**The Eldercare Locator  
National Call Center  
1-800-677-1116**



# Area Agencies on Aging & Title VI Native American Aging Programs



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Connecting You to Community Services



Aging and Disability  
**BUSINESS INSTITUTE**

Connecting Communities and Health Care



engAGED

The National Resource Center  
for Engaging Older Adults



Dementia  
Friendly  
America®

# The National Aging Service Network



**622 Area Agencies on Aging**

National Association of Area Agencies on Aging

# All AAAs Play A Key Role In...



# All AAAs offer five core services under the OAA:

## NUTRITION



## HEALTH & WELLNESS



## CAREGIVERS



## ELDER RIGHTS

includes abuse prevention and long-term care ombudsman programs



## OAA CORE SERVICES

## SUPPORTIVE SERVICES

Information and referral  
In-home services  
Homemaker & chore services  
Transportation  
Case management  
Home modification  
Legal services



**The average AAA offers more than a dozen additional services.**

The most common non-core services offered by AAAs are:

- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)

# 2018 A Year In Review

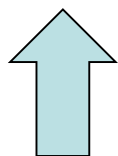


1-800-677-1116

[eldercare.acl.gov](http://eldercare.acl.gov)



# Call Statistics Major Findings:



**Call Volume**  
**Call Complexity**

# Emerging Issues

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



# Emerging Issues

Caller need complexity includes escalated calls regarding reporting of suspected elder abuse, emergency housing and crisis calls.





# The Eldercare Locator

## Eldercare.acl.gov

### Online Resources



[Home](#) [About](#) [Resources](#)

1-800-677-1116 

Find help in your community by entering your zip code OR city and state.

Zip Code

City/State

Enter zip code

Search



**Welcome to the Eldercare Locator**, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at [1-800-677-1116](tel:1-800-677-1116).

#### Have A Question?



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

#### Caregiver Corner



National Association of Area Agencies on Aging

# The Eldercare Locator

## Eldercare.acl.gov

### Online Resources

[Home](#) > [Resources](#) > Caregiver Corner

## Caregiver Corner

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



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



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



3. Can I get paid for caregiving?



5. My mother has been diagnosed with dementia. Where can I go to learn more about what to expect?

My mother has been diagnosed with dementia.  
Where can I go to learn more about what to expect?

Learn more about programs and support services for persons with dementia by calling the [Alzheimer's Association 24/7 Helpline](#) at [1-800-272-3900](tel:1-800-272-3900). In addition, [Alzheimers.gov](http://Alzheimers.gov) is the federal government portal to information on Alzheimer's disease and related dementias care, research, and support.



9. I am concerned about a situation involving my neighbor. Where do I report suspected elder abuse?

I am concerned about a situation involving my neighbor.  
Where do I report suspected elder abuse?

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

# Learn More About



Support Services



Housing



Elder Rights



Insurance and Benefits



Health



Transportation

# The Eldercare Locator

## Eldercare.acl.gov

### Online Resources



[Home](#) [About](#) [Resources](#)

1-800-677-1116 

Find help in your community by entering your zip code OR city and state.

Zip Code

City/State

Search



**Welcome to the Eldercare Locator**, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at [1-800-677-1116](tel:1-800-677-1116).

#### Have A Question?



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

#### Caregiver Corner



National Association of Area Agencies on Aging



# Service Listings in the Eldercare Locator Database [Eldercare.acl.gov](http://Eldercare.acl.gov)

1. Information and Assistance
2. Aging and Disability Resource Center
3. Area Agency on Aging
4. Title VI American Indian, Alaskan Native and Native Hawaiian Program
5. State Unit on Aging
6. Elder Abuse Prevention
7. Health Insurance Counseling
8. Legal Service Program
9. Long Term Care Ombudsman





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Connecting You to Community Services

To request an change or update  
[eldb@n4a.org](mailto:eldb@n4a.org)

# Connecting Older Adults and Their Caregivers to Local Resources



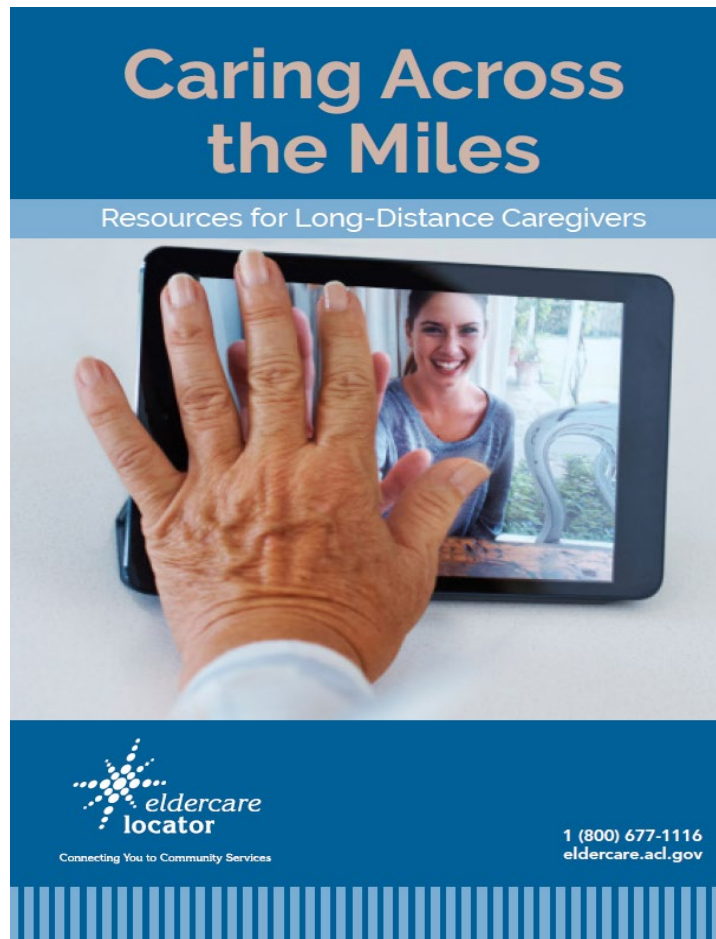
1 (800) 677-1116 • [www.eldercare.acl.gov](http://www.eldercare.acl.gov)

# Conecta a los adultos mayores y a sus cuidadores con recursos locales



1 (800) 677-1116 • [www.eldercare.acl.gov](http://www.eldercare.acl.gov)

# 2018 Home For The Holidays



# Protect Your Pocketbook

Tips to Avoid Financial Exploitation



Connecting You to Community Services

1 (800) 677-1116  
[www.eldercare.acl.gov](http://www.eldercare.acl.gov)



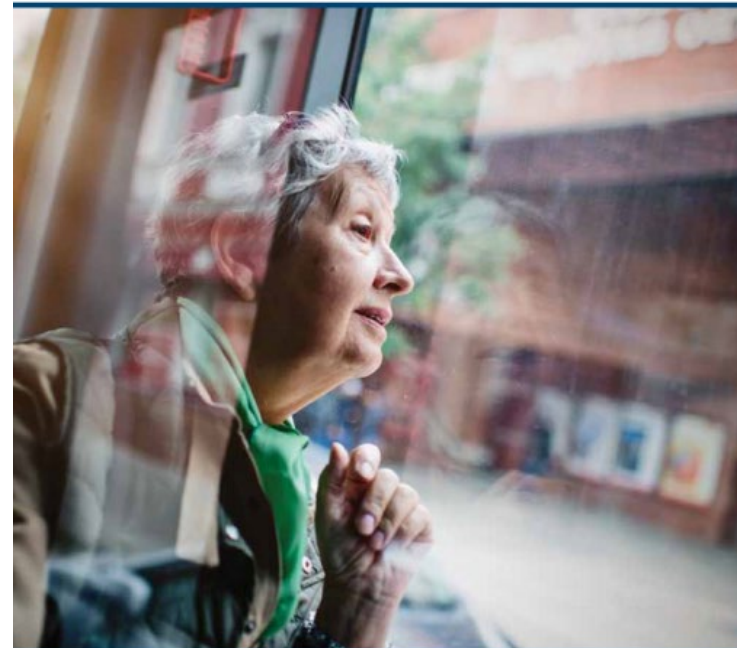
# Preventing Falls at Home



Connecting You to Community Services

# TRANSPORTATION OPTIONS

for Older Adults and People with Disabilities



## Dementia, Caregiving and Transportation

# Living Well With Dementia in the Community

Resources and Support



# Eldercare Locator Critical Conversations



eldercare locator CRITICAL CONVERSATIONS

## Older Adults and Elder Abuse

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

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

While it can be difficult to quantify the precise number of individuals who experience elder abuse, the National Center on Elder Abuse cites research indicating that approximately one in 10 older adults have experienced some form of elder abuse. However, for many reasons, elder abuse is underreported. NCEA also cites a survey conducted in New York showing that for every case of case of elder abuse that is reported to authorities, 24 cases go unreported.



### Types of Elder Abuse

While there are many types of elder abuse, they all have one thing in common: the mistreatment of an older adult that most often occurs by a person with whom they have a trusting relationship. NCEA provides the following definitions for some of the most common forms of elder abuse.

- **Physical abuse:** Inflicting, or threatening to inflict, physical pain, bodily harm, injury or depriving the older adult of a basic need.
- **Emotional abuse:** Inflicting mental pain, anguish or distress through verbal or nonverbal acts.
- **Neglect:** Refusal or failure by those responsible to provide food, shelter, health care or protection.
- **Self-Neglect:** Neglect of one's own care through hoarding; poor hygiene; failure to take essential medications; failure to provide one's self with adequate food, nutrition or other basic needs.
- **Abandonment:** The desertion by anyone who has assumed the responsibility for care or custody.
- **Sexual:** Non consensual sexual contact of any kind; coercion to witness sexual behaviors.
- **Exploitation:** Illegal taking, misuse or concealment of funds, property or assets.

### How to Spot Elder Abuse

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

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

- are socially isolated or cut off from contact with friends and/or loved ones;
- are confused or depressed;
- are undernourished or dehydrated;
- appear dirty or have unexplained bruises or bed sores;
- are not receiving care for health problems: eyesight, dental, hearing, incontinence;
- are abusing drugs or alcohol; and
- have trouble sleeping;

For other signs of elder abuse, visit <https://www.nia.nih.gov/health/elder-abuse#signs>.

### Ways to Prevent Elder Abuse

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

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

For other ways to prevent elder abuse, visit <http://www.aaging.org/elder-abuse-prevention-resources>.



# Eldercare Locator Critical Conversations



eldercare locator CRITICAL CONVERSATIONS

## Older Adults and Medication Safety

### What is a Prescriptive Opioid?

Prescription opioids are powerful pain-reducing medications that have benefits, as well as potentially serious risks. When used properly, opioids can help manage severe pain, but when misused or abused, they can cause serious harm, including addiction, overdose and death. Common types of opioids are Morphine, Oxycodone, Hydrocodone and Codeine.

As they age, older adults may develop health conditions that can be treated with over-the-counter medications, or those that have been prescribed by a physician. Research from the National Institute on Drug Abuse found that more than 80 percent of older patients took at least one prescription medication on a daily basis, with more than half of this population taking more than five medications or supplements daily.

Given these statistics, it is particularly important that older adults pay special attention to the instructions on their medications. Wise use of medications is critical to one's health and well being. In fact, it can be lifesaving.

### Prescription Opioids

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

### Tips for the Wise Use of Medications

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

- **Learn about your medicines.** Read medicine labels and package inserts and follow the directions. If you have questions, ask your doctor, pharmacist or other health care professional.
- **Talk to your team of health care professionals** about your medical conditions, health concerns, and all the prescription and over-the-counter (OTC) medicines you take, as well as dietary supplements, vitamins and herbal supplements. The more your doctors know, the more they can help. Don't be afraid to ask questions.
- **Keep track of side effects or possible drug interactions** and let your doctor know right away about any unexpected symptoms or changes in the way you feel.
- **Make sure to go to all doctor appointments** and to any appointments for monitoring tests done by your doctor or at a laboratory.
- **Use a calendar, pill box or other tool** to help you remember what medications you need to take and when. Write down information your doctor gives you about your medicines or your health condition.
- **Take a friend or relative with you to your doctor's appointments** if you think you may need help understanding or remembering what the doctor tells you.
- **Take only your own medicines.** Taking someone else's medicine may hide your symptoms and make diagnosing your illness more difficult for your doctor. It could also create a bad reaction with other medicines you are taking, putting your health at risk.
- **Always keep medicines in their original containers, and never put more than one kind of medication in the same container.**
- **Have a "Medicine Check-Up" at least once a year.** Go through your medicine cabinet to get rid of old or expired medicines at an appropriate drug disposal site. Also ask your doctor or pharmacist to go over all of the medicines you now take. Don't forget to tell them about all the OTC medicines, vitamins and dietary or herbal supplements you take.
- **Keep all medicines out of the sight and reach of children.**

# Eldercare Locator Critical Conversations



eldercare locator

CRITICAL CONVERSATIONS

## Helping Older Adults Weather the Storm Before, During and After Disasters



Hurricanes, floods, tornadoes, earthquakes, chemical spills, wildfires and other man-made and natural disasters can have long-lasting and sometimes permanent effects on communities and the older adults who live in them. Community services and supports are critical tools that help older adults meet their needs before, during and after disasters, but these vital services can be limited or reduced as communities and individuals recover. Fortunately, there are steps that can help older adults—particularly those who have chronic illnesses, functional limitations or other impairments—maintain their independence as they prepare for, go through and recover from the devastating effects of disasters.

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

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

### Before a Disaster

- **Create a communications plan.** Communication is critical during disasters. However, it may be difficult to connect with neighbors, friends and family members if communication is hampered, as it often is during major disasters. Start your plan by creating a list containing the emergency contact information for any family, friends or loved ones you would like to keep in touch with before, during and after any disaster. Your plan should also include information on locations to meet after a disaster, as well as important medical information.
  - 💡 **Tip:** Program emergency contact information into your cell phone.
- **Make a medical plan.** Many older adults rely on assistive devices to help with mobility and other needs. Many of these devices, which may include oxygen machines, hearing aids and wheelchairs, require electricity to operate. Where possible, ensure that each of these items and their battery backups are fully



charged. In addition, make a list of all components to help ensure you have everything you need in the event of a disaster.

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

# Supports and Tools for Elder Abuse Prevention (STEAP) Initiative



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

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

Download and customize your tools at  
**[nceausc.tk/STEAP](https://nceausc.tk/STEAP)**



advocacy | action | answers on aging



Connecting You to Community Services

1-800-677-1116

[eldercare.acl.gov](http://eldercare.acl.gov)

# **CERTIFICATION for Community Resource Specialists in Aging/Disabilities**

## **Foundations and Developments**

**I&R/A Intensive, HCBS Conference  
August 26, 2019**

# CERTIFICATION for Community Resource Specialists in Aging/Disabilities (CRS-A/D)

Evolved through a long-standing relationship between NASUAD, n4a and AIRS

**CERTIFICATION FOR COMMUNITY RESOURCE SPECIALISTS—AGING/DISABILITIES (CRS-A/D)**


**FACT SHEET**




**What is AIRS Certification?**  
The AIRS Certification Program awards professional credentials through the identification of 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.  
Certification improves the professionalism of the field and the quality of service provided to the public. AIRS Certification benefits I&R specialists, the agencies where they work, and the communities they serve. Certification validates I&R skills and knowledge, provides a transferable qualification, and recognizes the professionalism of I&R practice.

**Is there a Certification for I&R Specialists working in aging/disabilities?**  
AIRS offers a Community Resource Specialist—Aging/Disabilities (CRS-A/D) certification that is supported by both NASUAD and n4a. Prior to January 1, 2019, this credential was known as Certified Information and Referral Specialist—Aging/Disabilities (CIRS-A/D). A new credential name was developed following an extensive consultative process with AIRS members and certification holders and is intended to raise the status of the profession among funders and stakeholders. This CRS-A/D credential is designed for practitioners who work directly with clients and caregivers within the aging and/or disabilities area. It includes the same basic range of skills and tasks as the comprehensive

Community Resource Specialist certification while also acknowledging specialized experience and knowledge in aging and disability services.

**Who can become AIRS Certified?**  
Candidates may apply to take the certification examination once they are eligible. Eligibility is based on I&R and equivalent experience combined with educational background. I&R practitioners are eligible for certification only for the work they actually perform and/or directly supervise and must be currently engaged in CRS-A/D work. A certification candidate does not have to be an individual member of AIRS or an employee of a member organization. However, AIRS members can apply for reduced rates as a benefit of membership. Visit [www.airs.org/certification](http://www.airs.org/certification) for further information on eligibility.



JANUARY 2019



READ MORE

# COMPLEX NEEDS AND GROWING ROLES: THE CHANGING NATURE OF INFORMATION AND REFERRAL/ASSISTANCE

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



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

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



NASUAD IQ



HCBS CLEARINGHOUSE



HCBS CONFERENCE



HCBS BUSINESS ACUMEN  
CENTER



NATIONAL CORE INDICATORS –  
AGING AND DISABILITIES



Setting the Standards for Information and Referral Services

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- HOME
- WHO WE ARE
- BECOME A MEMBER
- AIRS CONFERENCE
- CERTIFICATION/ACCREDITATION
- MEMBERS ONLY

Bringing people and services together . . . JOIN TODAY!

## WHO WE ARE

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

Our diverse membership consists of individuals, agencies, community organizations, governmental departments and others, located primarily in the United States and Canada, who help connect people to the services they require. Thousands of I&R practitioners in our member organizations answer approximately 28 million inquiries a year about community, social and health services. [Read More](#)

Check back soon to find out more information on the

Tweets by @AIRSpace

AIRS Retweeted

**IMAlive Crisis Chat**  
@\_IMAlive

Hope is sometimes hard to find but it's always there if you're willing to look.

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Online Training



Accreditation



Certification



Online Store



Information & Referral  
*connecting people to  
community services*

BECOME A MEMBER



# **CERTIFICATION for Community Resource Specialists in Aging/Disabilities (CRS-A/D)**

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

# Who is CRS-A/D Certification for?

- It is designed for staff who are working in a variety of front-line roles in aging and disability network agencies such as AAAs, ADRCs, and CILs
- Traditionally, it was for staff described as performing I&R, I&A or I&R/A
- But now those staff tend to have broader roles and the Certification has evolved to address those roles and the skills needed to perform them (only about 10% of the 1,900 holders of the CRS-A/D describe themselves as “only” doing traditional I&R/A work)



# Informing CRS-A/D Certification: Findings from a 2018 survey of certification holders

<i>Does your I&amp;R/A work involve you moving between different roles?</i>	<i>Responses (N=516)</i>
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%

## How does CRS-A/D Certification work?

- Certification is a measurement of an individual's understanding of the knowledge and skills required to competently handle clients within the broad context of I&R
- Eligible candidates must be working in the field and possess a combination of experience and education that enables them to qualify to take a proctored examination

## How does CRS-A/D Certification work?

- More than 300 individuals apply for certification every year
- Recertification is required every two years (assuming there is a demonstration of ongoing professional development) and there are now more than 1,900 current practitioners who are Certified Community Resource Specialists – Aging/Disabilities (CRS-A/D)

# How does CRS-A/D Certification work?



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

# How does CRS-A/D Certification work?

- A psychometric weighted Job Task Analysis (JTA)
- The current JTA covers rapport, assessment, communication techniques such as active listening, person-centered approaches, confidentiality, concepts of self-determination, problem solving, understanding of Medicare and Medicaid, symptoms of abuse, neglect and exploitation, surrogate decision-making – and much, much more ...

# How does CRS-A/D Certification work?

- A multi-stage process involves about 60 subject-matter experts (SMEs) drawn across a range of geography and program-types
  - Small groups discuss their work and develop an amended JTA
  - All current holders are surveyed on the changes and adjustments made
  - The current question bank is reviewed against the new JTA
  - We determine the number of new questions and their subject area
  - A team of SMEs spends two days writing new questions
  - Those questions are reviewed/edited



# How does CRS-A/D Certification work?

- A multi-stage process involves about 60 subject-matter experts (SMEs) drawn across a range of geography and program-types
  - Another SME team applies a weight to each question (Modified Angoff method)
  - Three new exams are developed and reviewed by another group of SMEs
  - About 10 current holders take each of the new exams in exam format
  - The results of each question are assessed in search of any questions performing improperly
  - Individual question histories are assessed within 3 months of the new exam and every 12 months thereafter
  - After three years, the cycle is repeated

# How does CRS-A/D Certification work?

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

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

*Job Task Analysis, June 2018*

# Benefits of CRS-A/D Certification

For the individual, CRS-A/D Certification:

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



# Benefits of CRS-A/D Certification

For the organization, CRS-A/D Certification:

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

# Benefits of CRS-A/D Certification

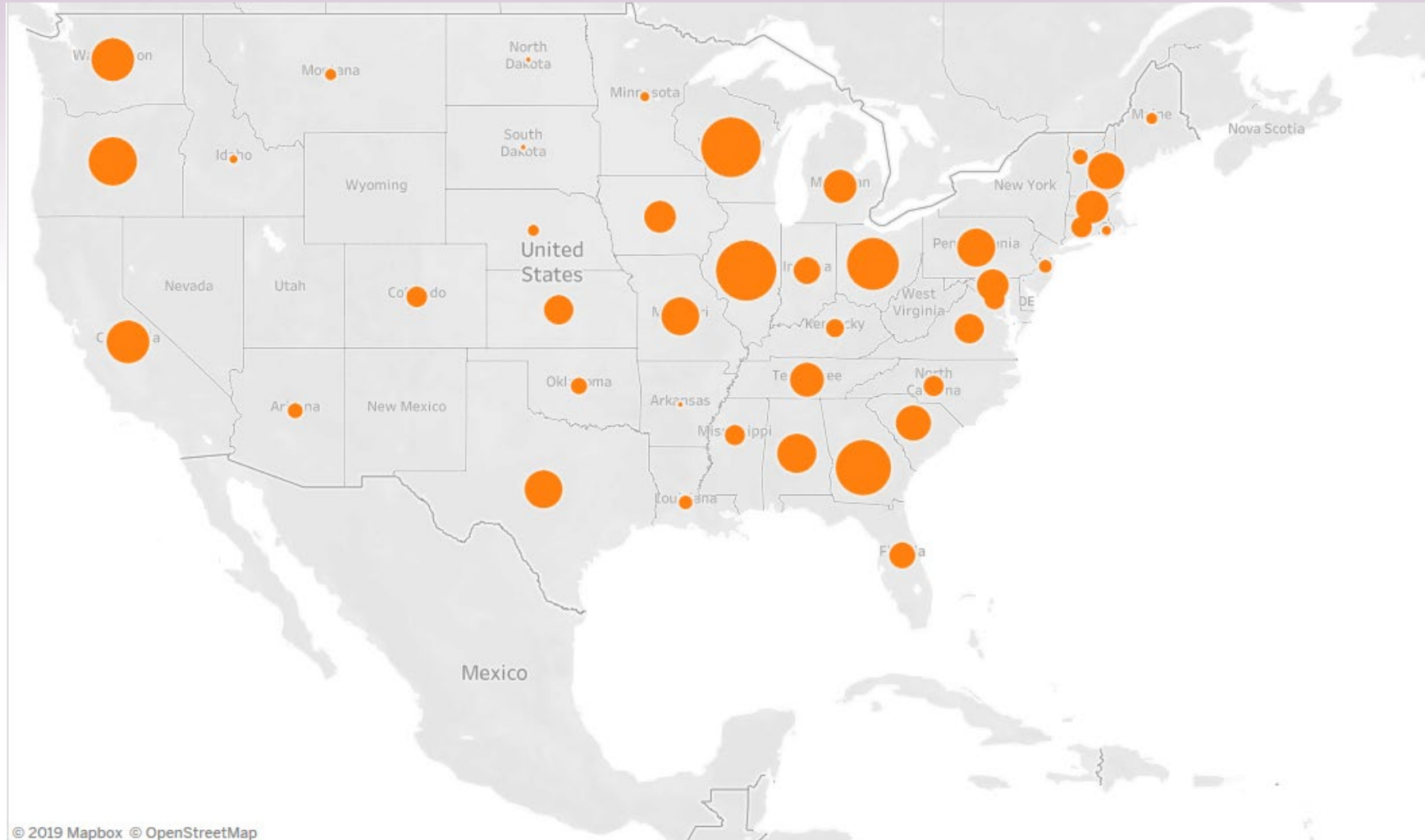
For your network, CRS-A/D Certification:

- Enhances agency quality assurance and consistency of service levels between different aging and disability network agencies such as AAAs and ADRCs
- Improves customer service. Staff are aware of the requirements for quality performance and are more ready and capable of meeting them

# CRS-A/D Certification: States make a difference

<i>How do state agencies require or encourage certification of I&amp;R/A specialists?</i>	<i>Responses (N=19)</i>
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%

# CRS-A/D Certification: Variation across states



# **Benefits of CRS-A/D Certification Digital Badging**





# Benefits of CRS-A/D Certification Digital Badging

- Digital Certification Badges can be added to an individual's email signature, Facebook page, LinkedIn Profile, Networker profile, etc.
- It is secure in so far as a person's failure to renew automatically withdraws their badge
- Visually cool – more than an acronym!
- Brings attention to the certificate holder, the holder's organization and the professionalism of our work

# CRS-A/D Certification: Resources for Information and Training

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



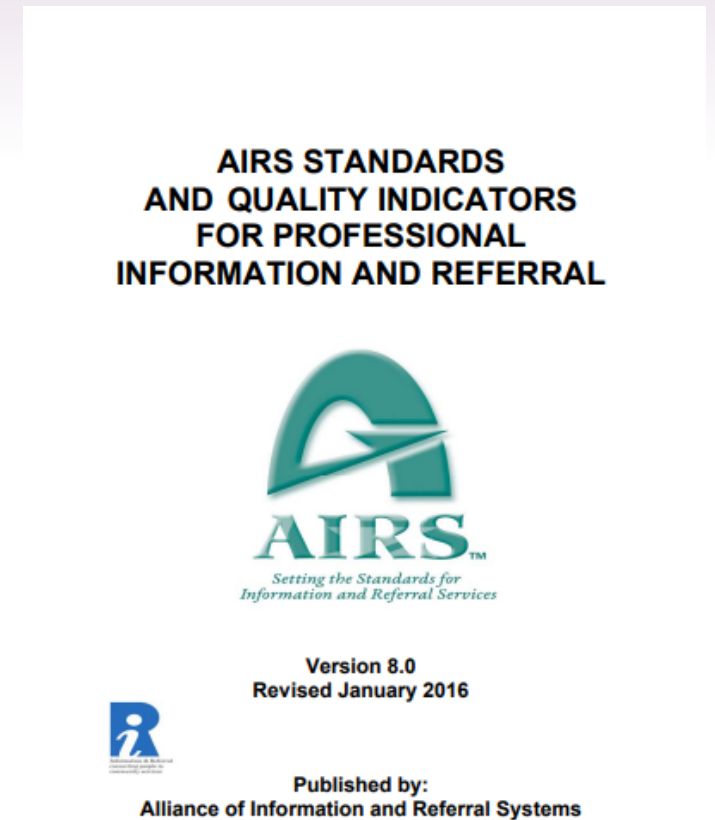
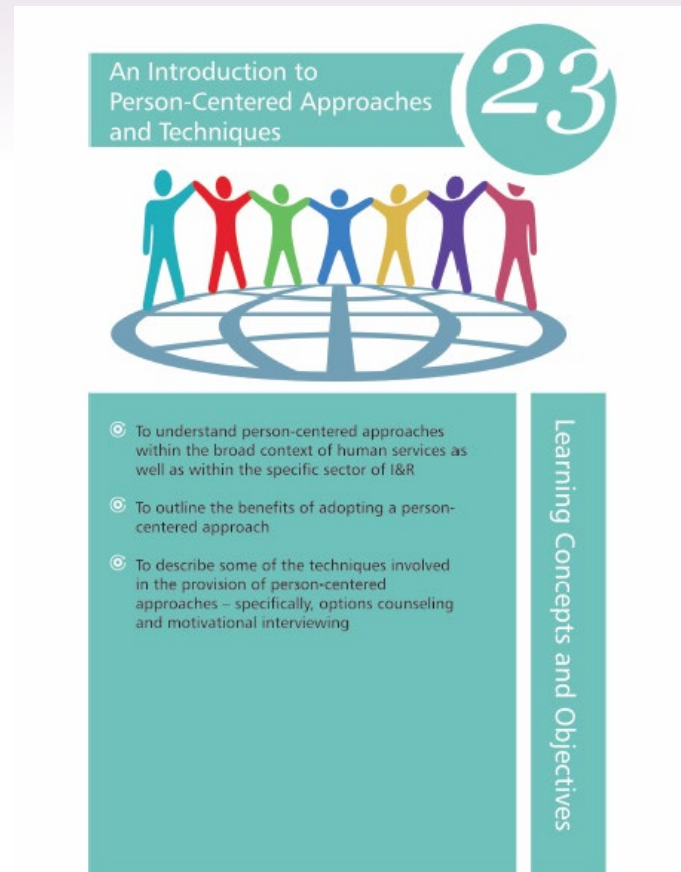
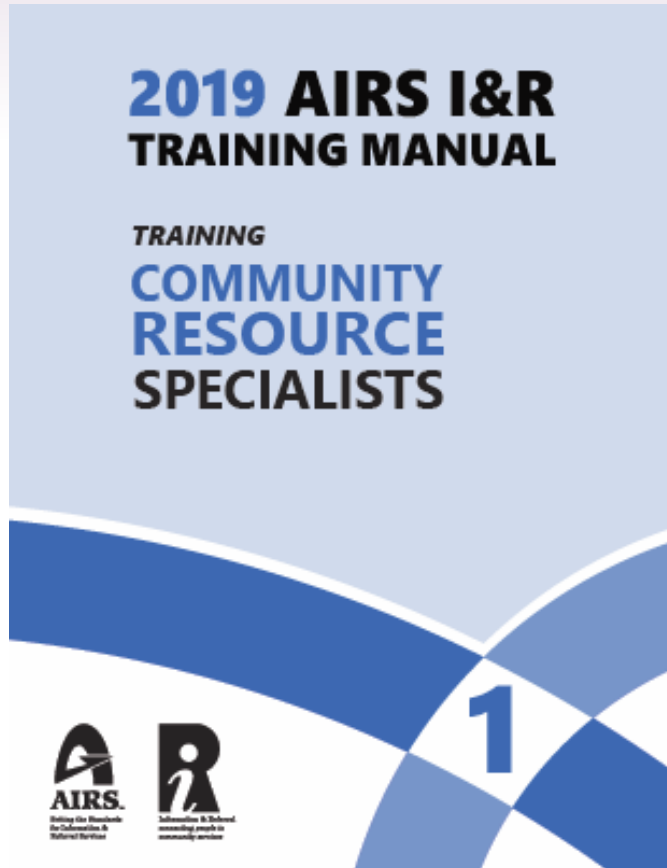
# CRS-A/D Certification: Resources for Information and Training

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



# CRS-A/D Certification: Final thoughts

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



# **CRS-A/D CERTIFICATION**

- **QUESTIONS AND CLARIFICATIONS ??**

Clive Jones, Executive Director, AIRS, [clive@airs.org](mailto:clive@airs.org)

Nanette Relave, I&R Support Center Director,  
[nrelave@nasuad.org](mailto:nrelave@nasuad.org)

# WHOSE PLAN IS IT ANYWAY?

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

Kate Crary

Project Director, Center on Aging and Community Living

Thom O'Connor

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

Carissa Elphick

Director, ServiceLink Resource Center For Belknap and Carroll Counties

Two horizontal teal bars are located at the bottom of the slide. The left bar is a lighter shade of teal, and the right bar is a darker shade of teal.

# Goals for Today

2

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

# WARNING

3

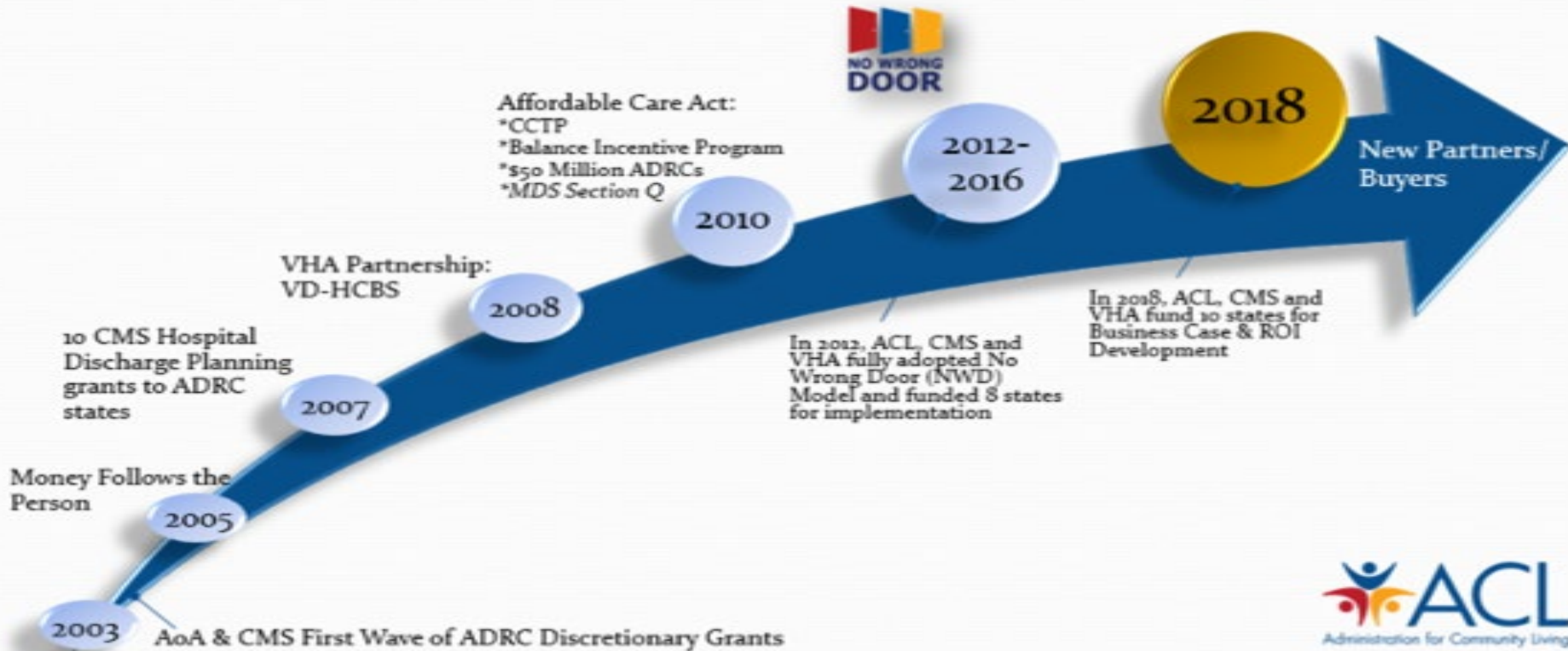


Participant Activity Alert



# A little history....

## Evolution of the ADRC/NWD System





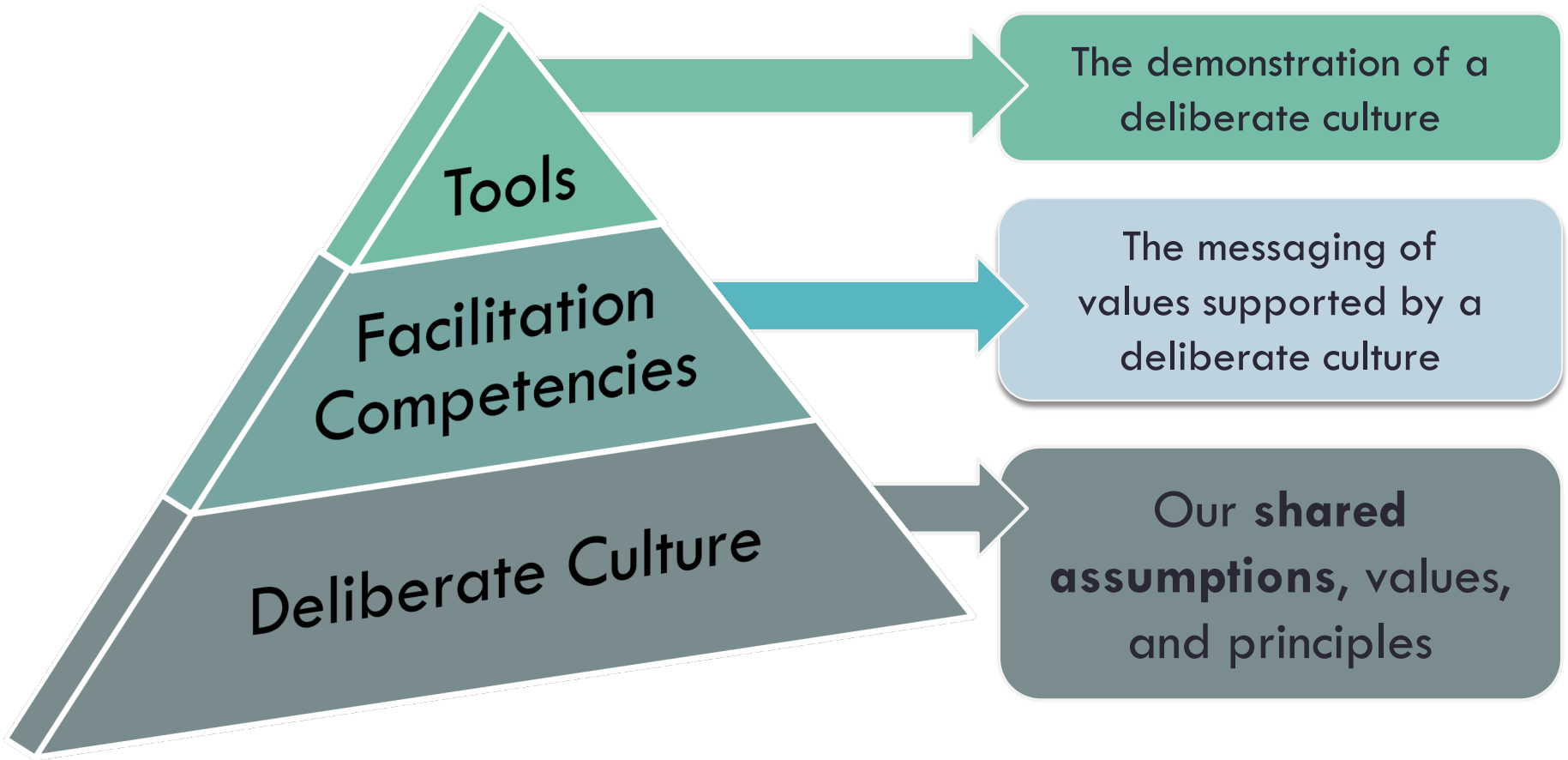
# Culture

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

- Schein (2004)

# Culture: The foundation of Person-Centered Practices

6



Online  
Modules

One-Day In-  
Person Course

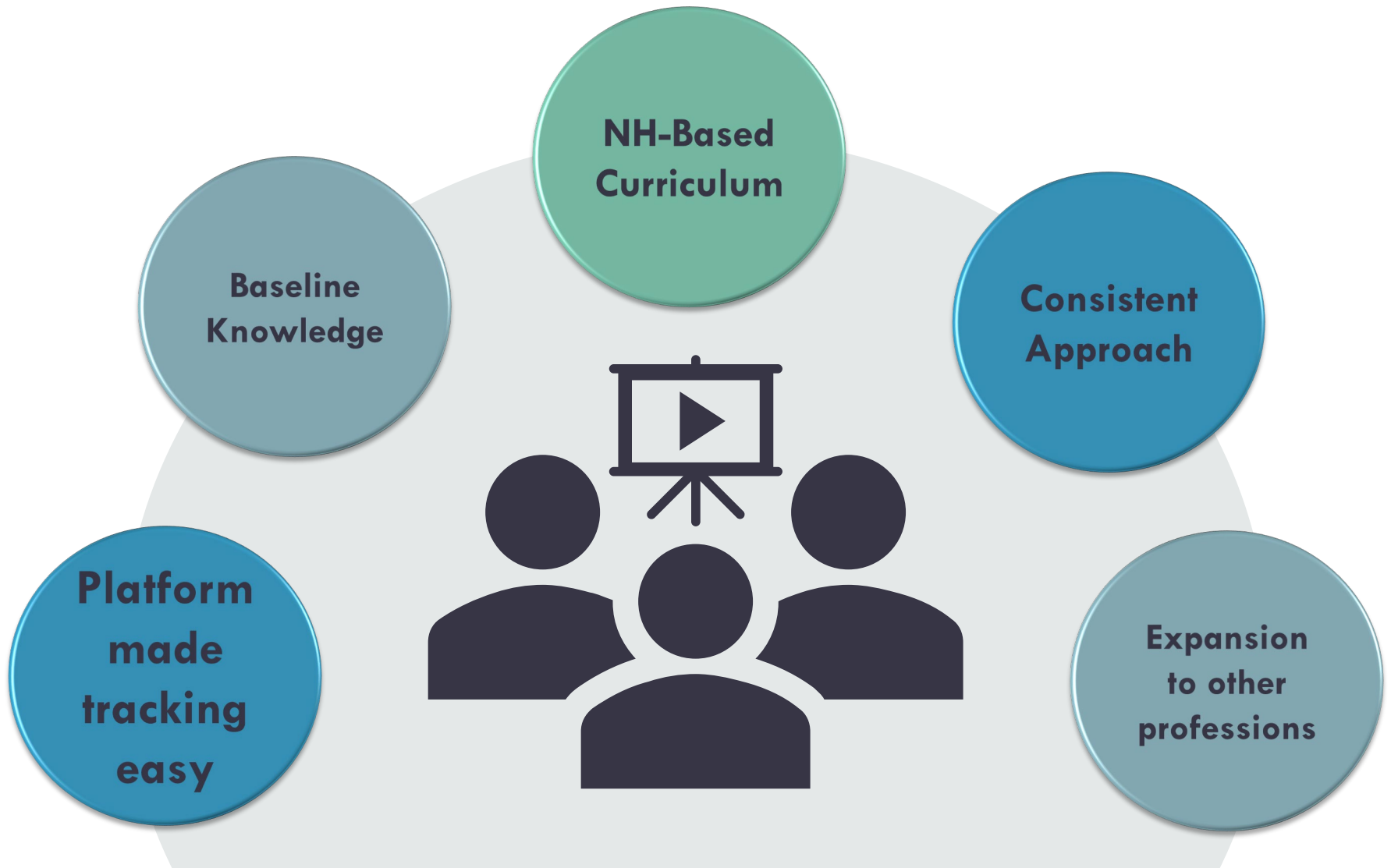
**NH PCOC**  
**Certification**

Mentoring

Written Portfolio

# PCOC Certification Component: Online Modules

8



Federal Online  
Modules

One-Day In-  
Person Course

**NH PCOC**  
**Certification**

Mentoring

Written Portfolio

# Warning!



Activity Break

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

11

## Important To Candidates:

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

## Important For Candidates:

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

Important To/ Important For tool developed by The Learning Community:

<https://tlcpcp.com/>



# Person-Centered Options Counseling

12



Trust Building



Discovery



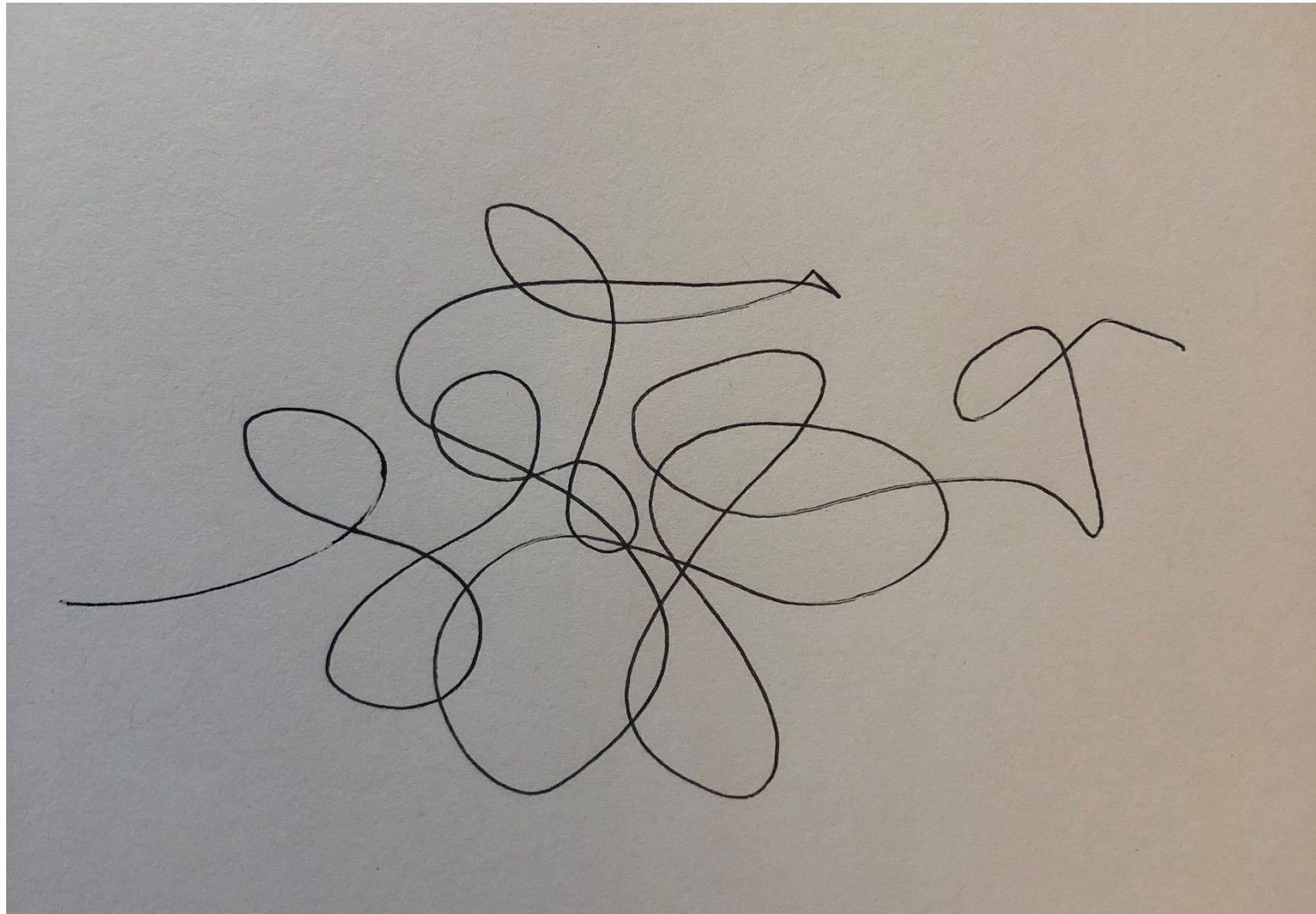
Pre-Options Counseling  
Assessment



OC Delivery Framework

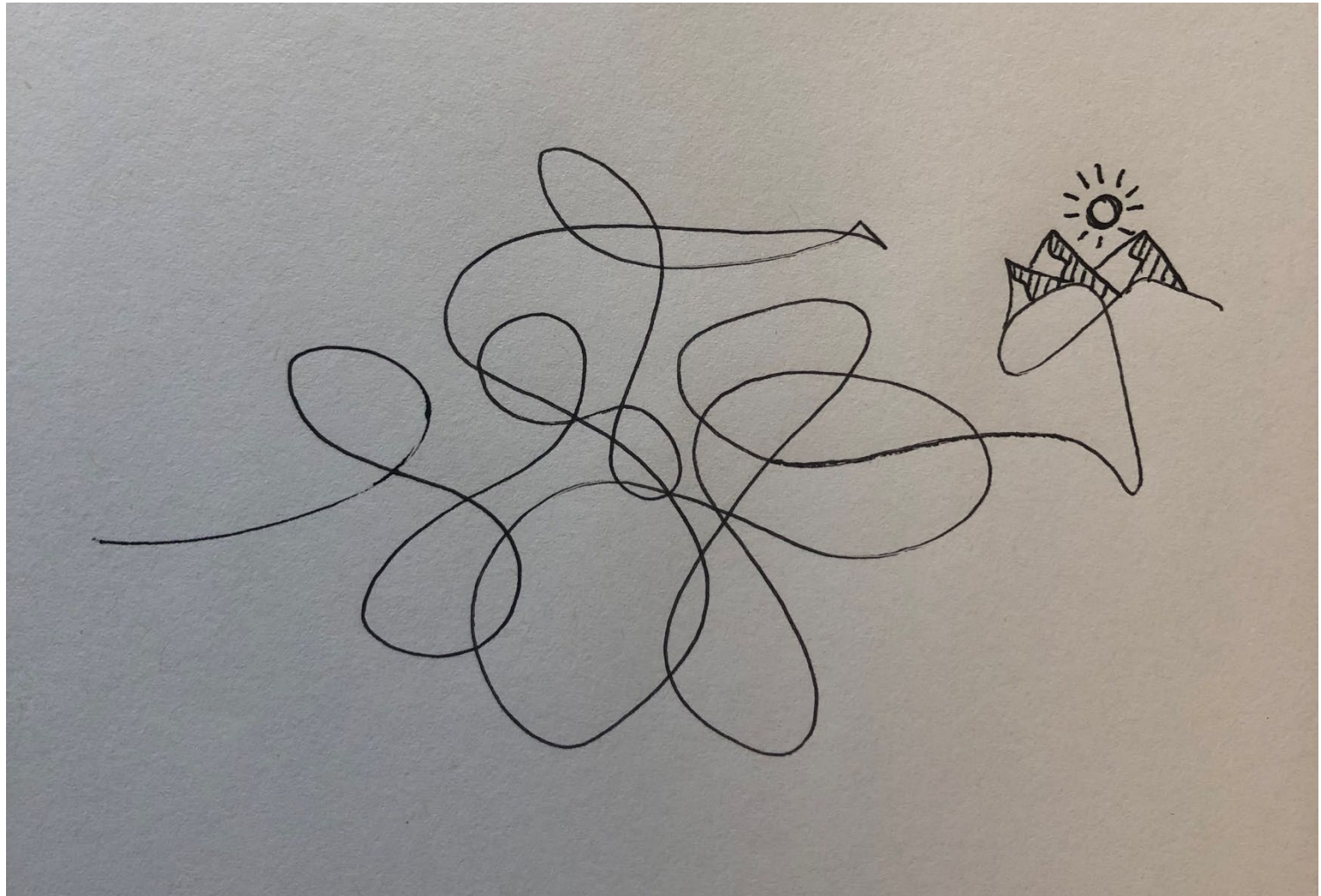
# PCOC Certification Component: One-Day In-Person Course

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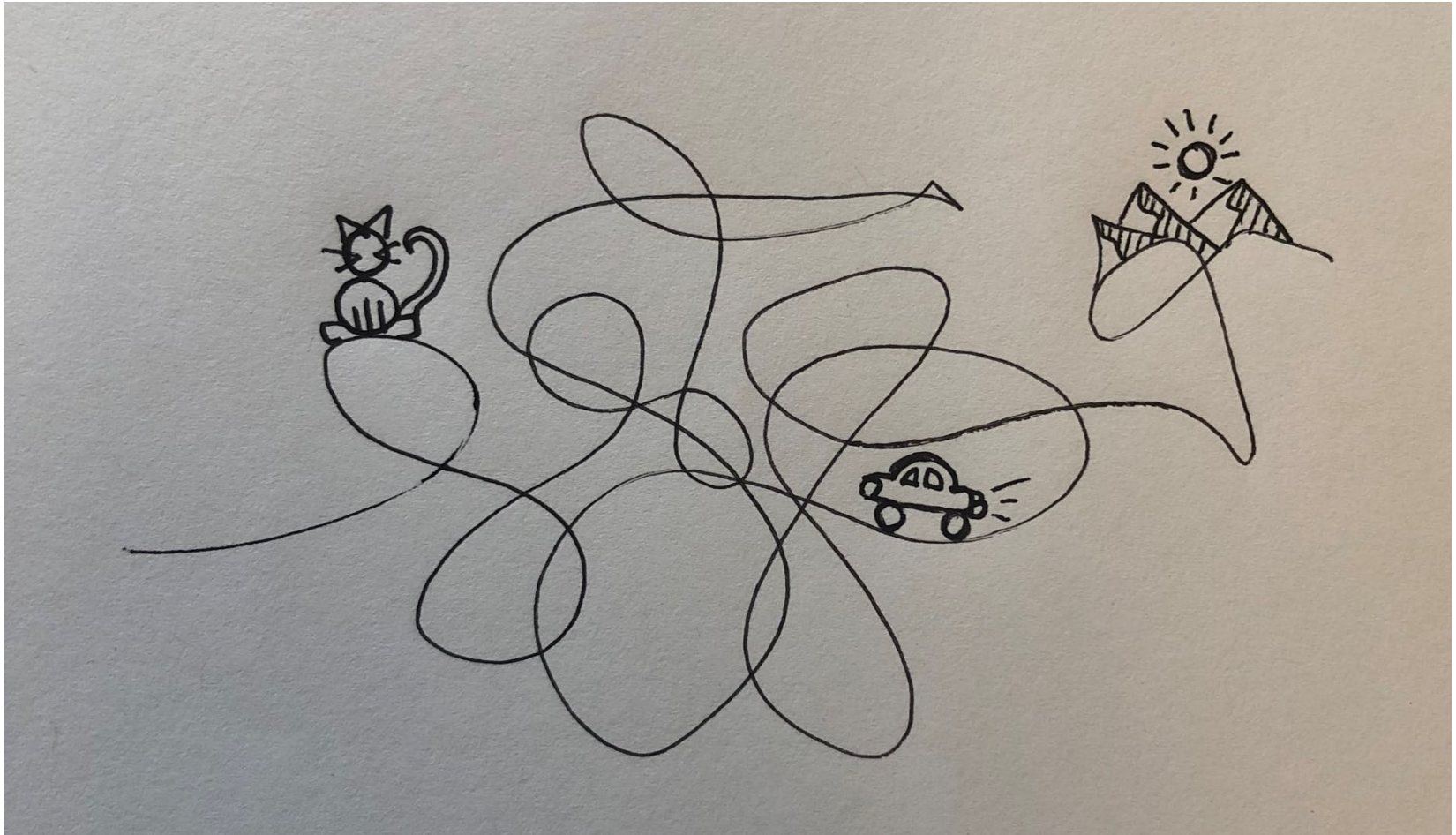
# PCOC Certification Component: One-Day In-Person Course

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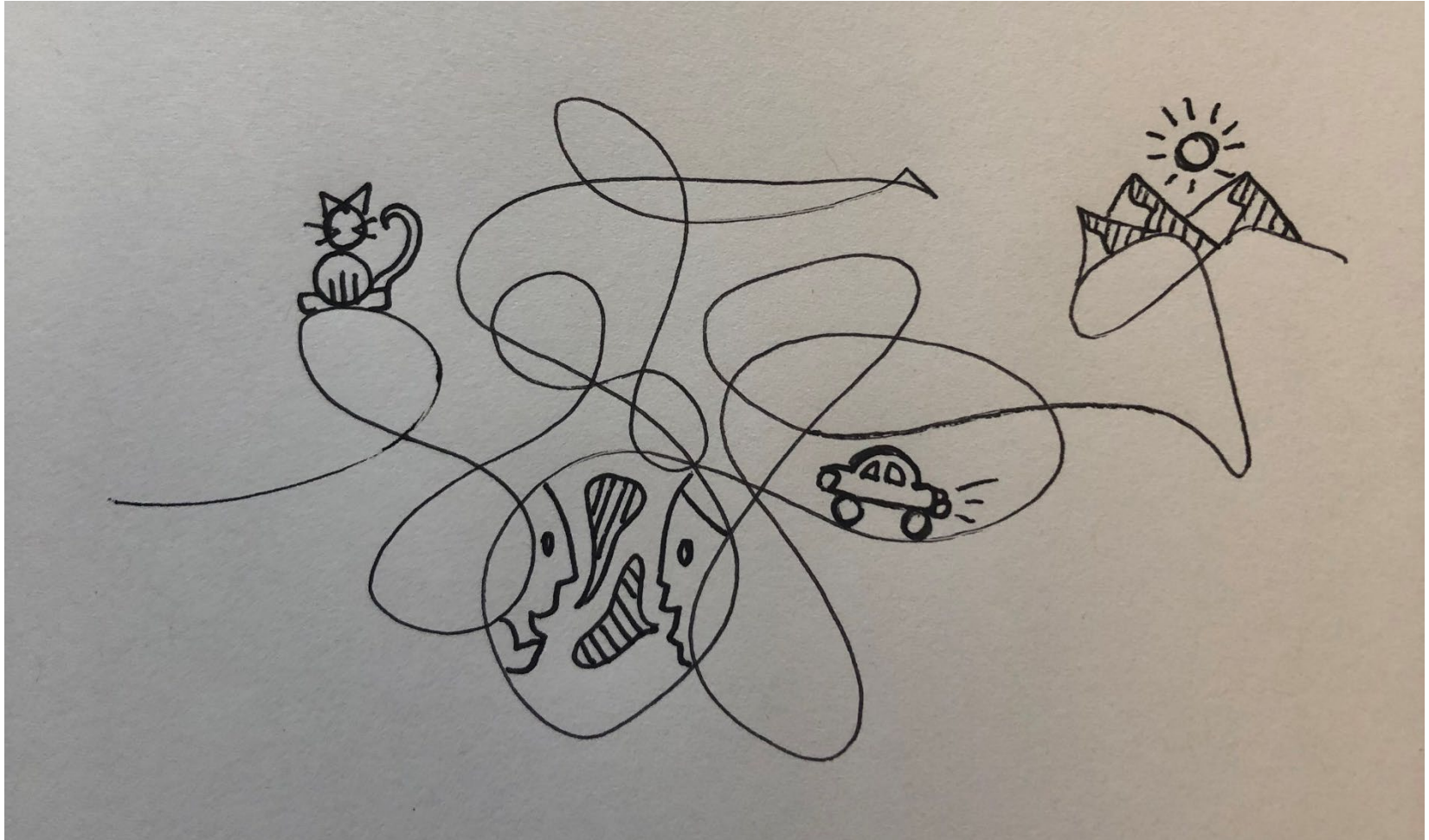
# PCOC Certification Component: One-Day In-Person Course

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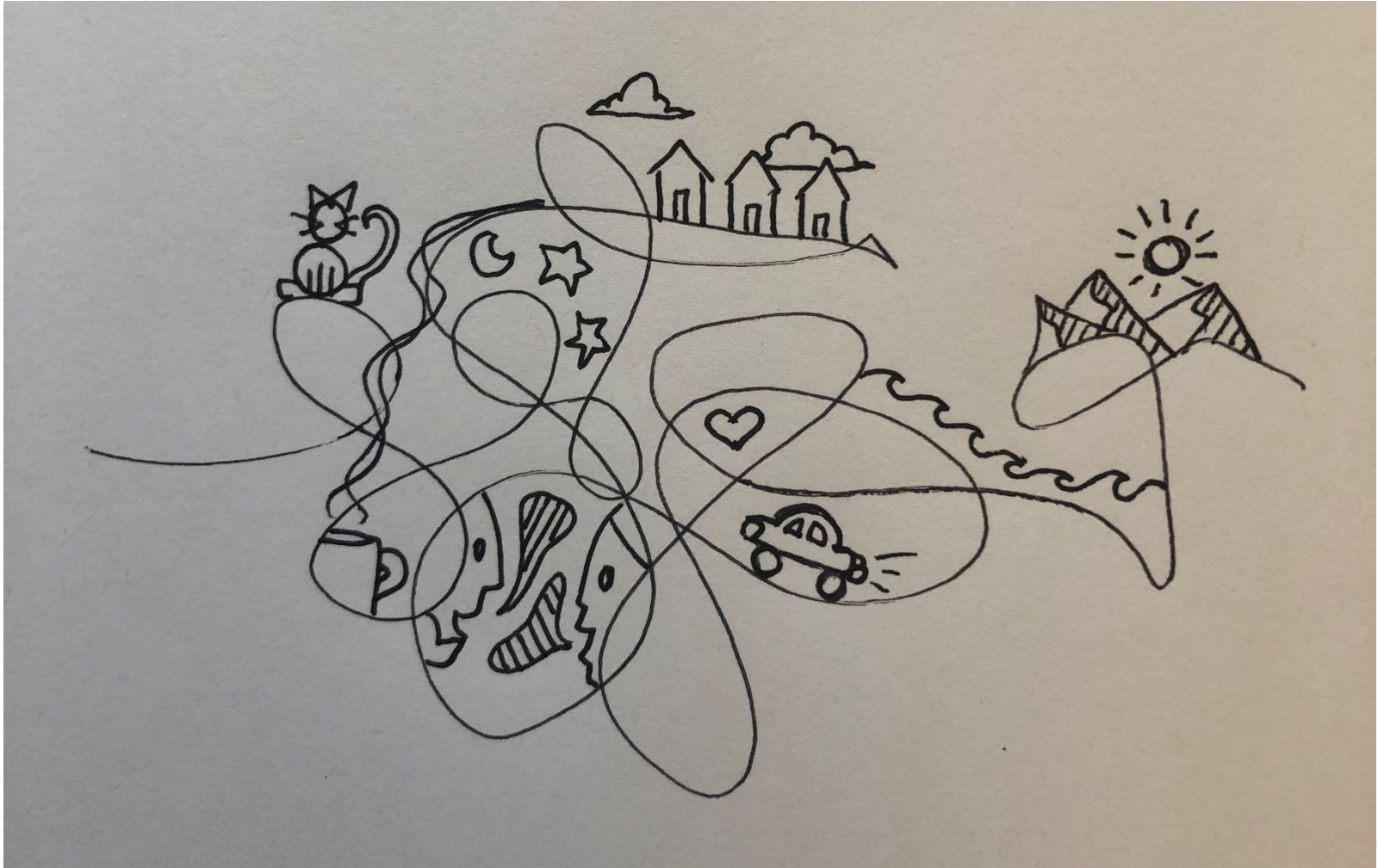
# PCOC Certification Component: One-Day In-Person Course

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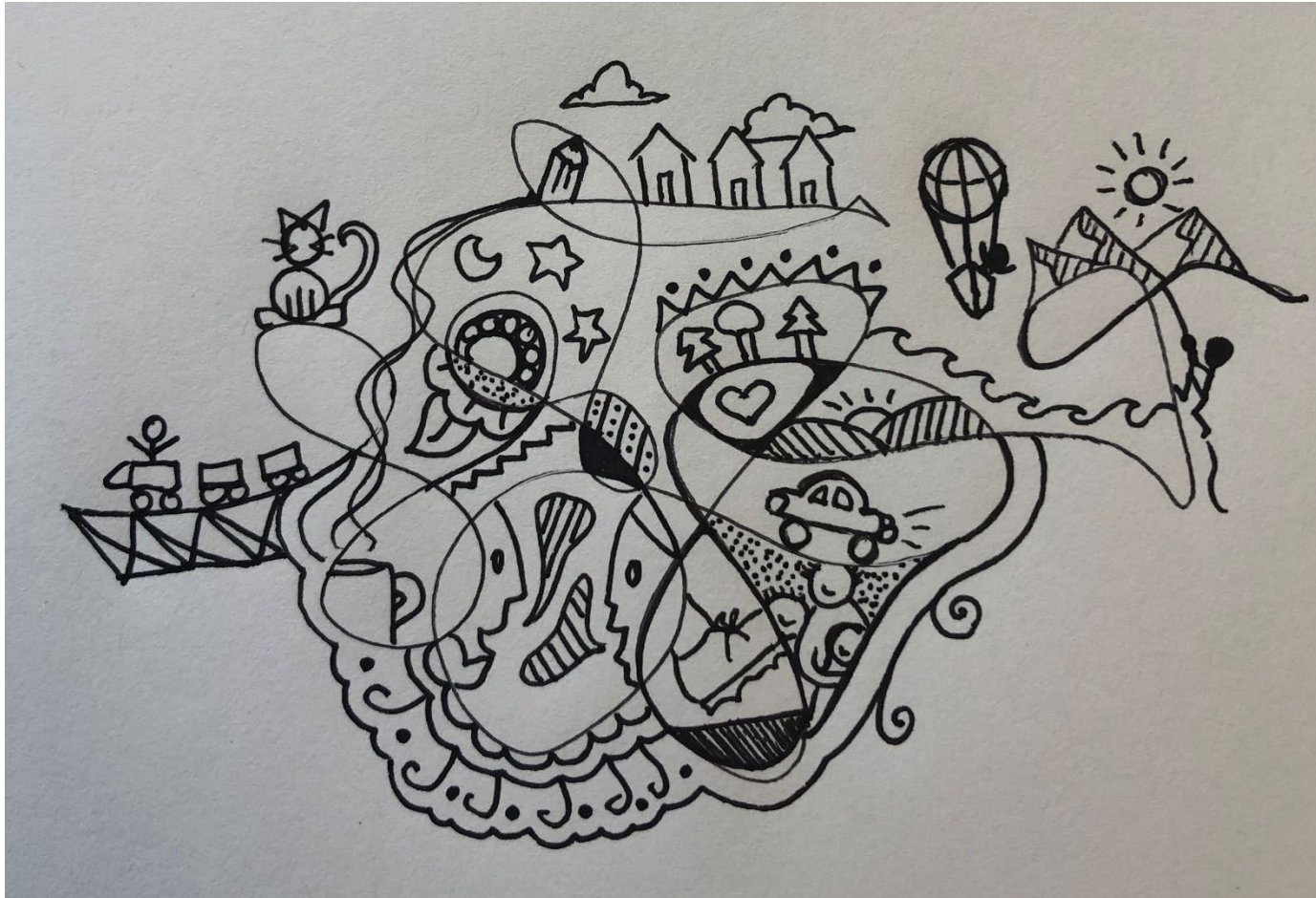
# PCOC Certification Component: One-Day In-Person Course

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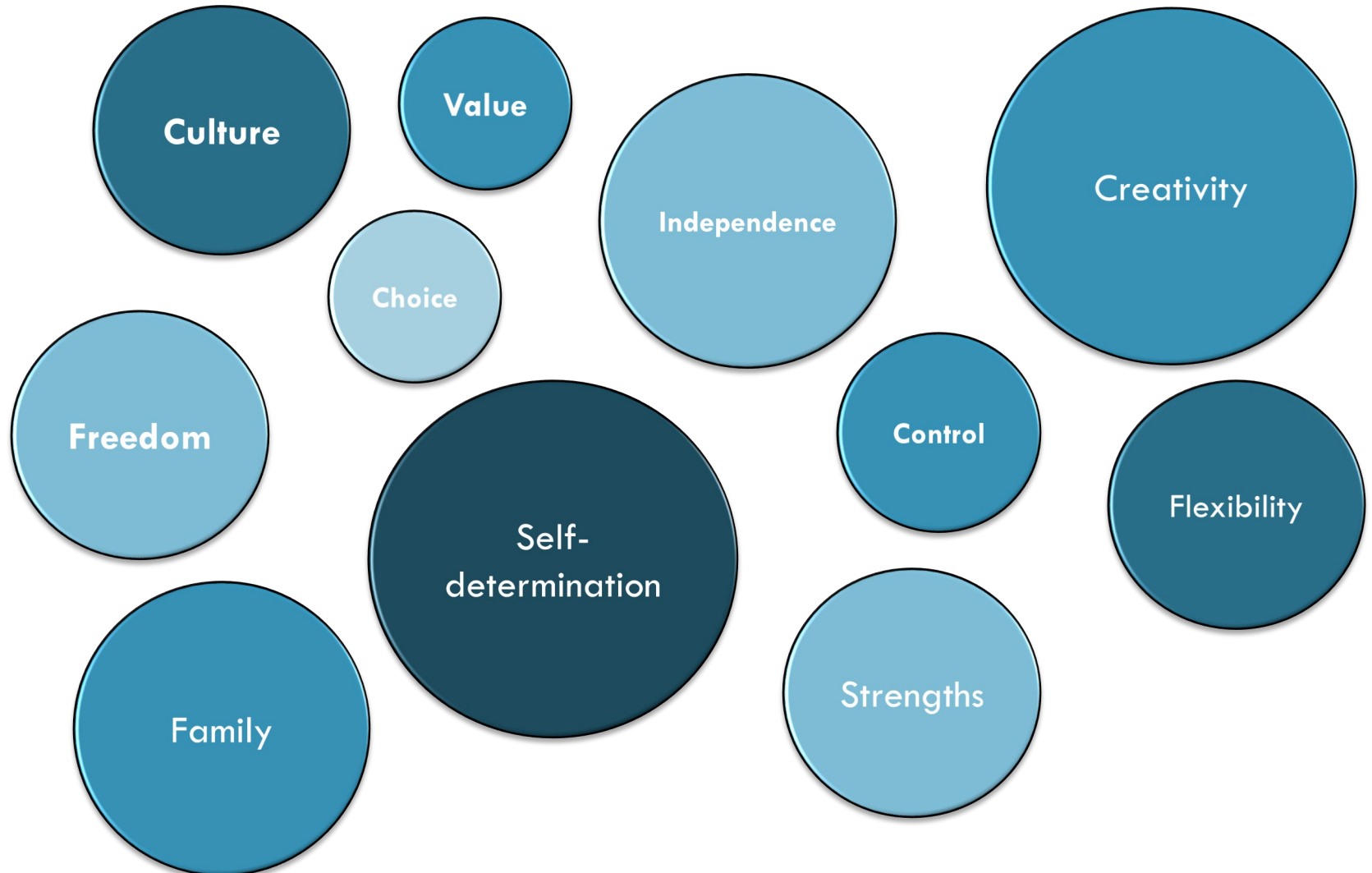
# PCOC Certification Component: One-Day In-Person Course

18



# Fidelity to Support a Person-Centered Culture

19





# Fidelity to Support a Person-Centered Culture

20

Assessment

Eligibility

Program Availability

Payments

ADL's

Applications

Algorithms

Denials

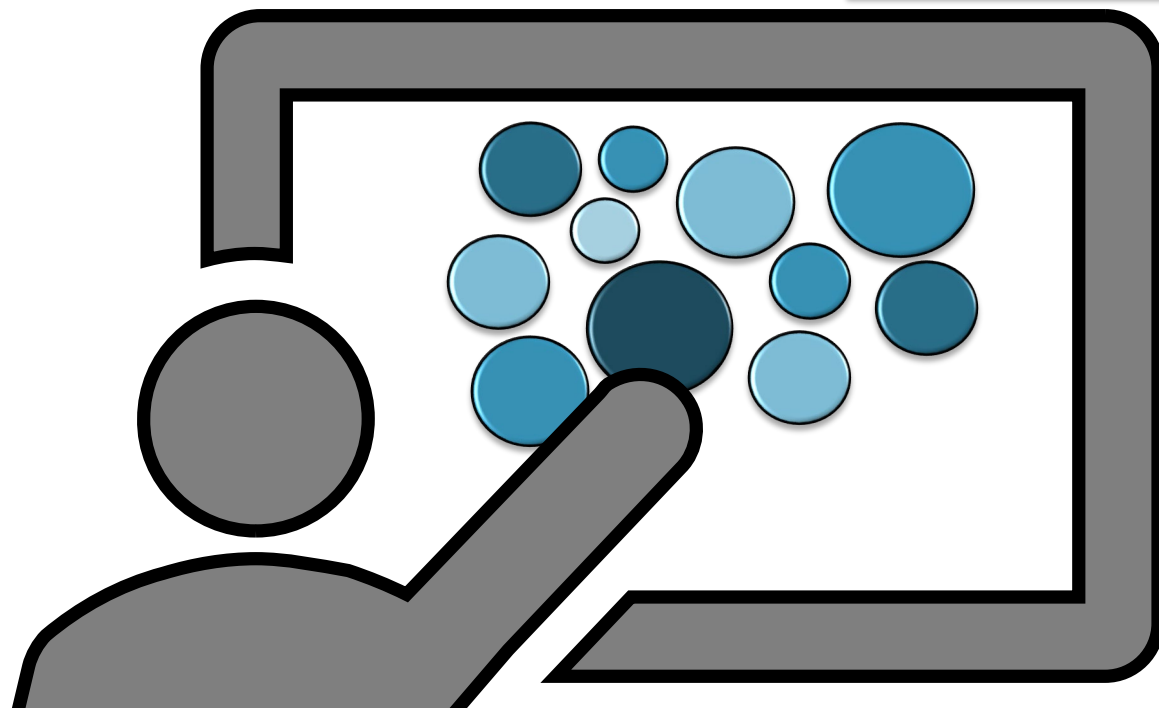
Appeals

Testing

Diagnosis

Compliance

Medical Necessity



Federal Online  
Modules

One-Day In-  
Person Course

**NH PCOC**  
**Certification**

Mentoring

Written Portfolio

# PCOC Certification Component: Mentoring and Shadowing

22

## The No Wrong Door Competency Framework Self- Assessment

---

- Domains
- Why we have this
- How it is shared
- Other learning opportunities



# The NWD Competency Framework

## Self Assessment

### COMPETENCY SELF-ASSESSMENT

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

Name \_\_\_\_\_

Date of Self-Assessment \_\_\_\_\_

Reviewed with \_\_\_\_\_

Date of Review \_\_\_\_\_

Competency	Areas of Strength	Areas for Improvement	Areas of Need	Level
No Wrong Door System Vision, Values and Structure				<input type="checkbox"/> Foundational <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Person-Centered Counseling				<input type="checkbox"/> Foundational <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
...				<input type="checkbox"/> Foundational

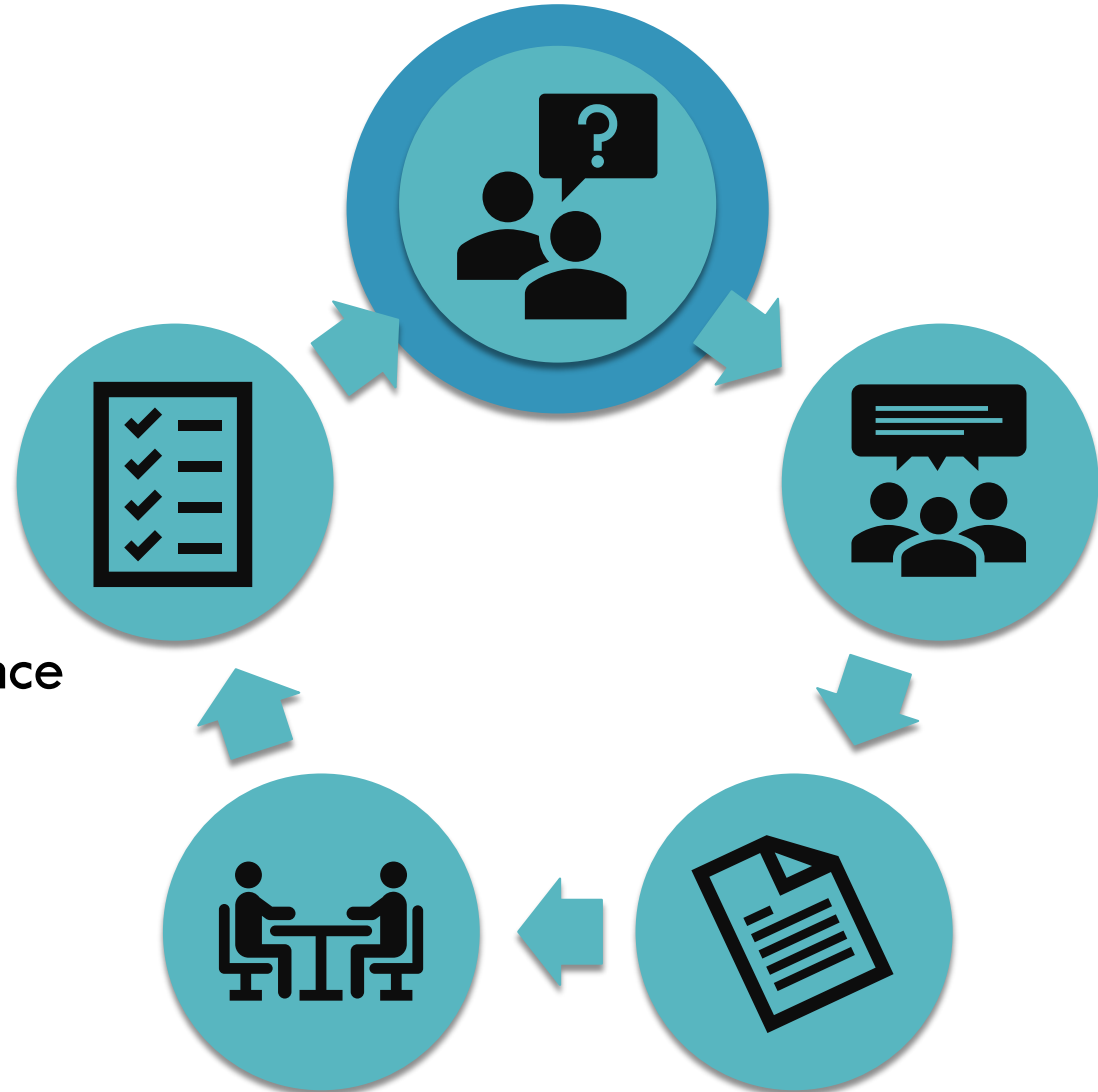
# PCOC Certification Component: Mentoring and Shadowing

24

## Mentors and Candidates Meeting

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- Initial meeting
- Choose mentoring experience
- Minimum hours required
- Approach
- Establish norms and shared expectations



# PCOC Certification Component: Mentoring and Shadowing

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## Shadowing Experience

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- Practice in safe way
- Stretch skills
- Mentors are important!
- Experiences with low risk
- Creating safe learning environment....but a REAL one



# PCOC Certification Component: Mentoring and Shadowing

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## Process Recording and Feedback

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- Structure of process recordings
- How they are reviewed
- Practice Lens
- Not shared with supervisors
- Truly a learning instrument



# Process Recording Template

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Person-Centered Options Counseling Certification  
Process Recording Template  
Date of Shadowing Experience:  
Location of Shadowing Experience:  
Mentor Name:  
Candidate Name:

<b>Content</b>	<b>Skill Used</b>	<b>Gut Reaction – how did you feel?</b>	<b>Analysis</b>	<b>Supervisors Comments</b>



# PCOC Certification Component: Mentoring and Shadowing

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## Mentors and Candidates – Working Together

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



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Federal Online  
Modules

One-Day In-  
Person Course

**NH PCOC  
Certification**

Mentoring

Written Portfolio

# PCOC Certification Component: Written Portfolio

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## Process Recordings

Online Module Completion

In-Person  
Course  
Certificate

Mentor Statement

NWD  
Administrator  
Approval

A Crisp High Five

# PCOC Certification Component: Written Portfolio

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## Process Recordings

Online Module  
Completion

In-Person  
Course  
Certificate

Mentor  
Statement

NWD  
Administrator  
Approval

A Crisp High  
Five

Mentors, Candidates and  
Supervisors meet to ensure  
portfolio is complete

Portfolio is shared with NWD  
Certification Board for review  
and feedback

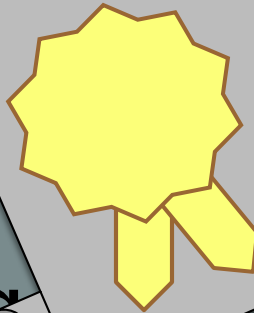
If Approved for Certification: NWD Administrator and certifying entity award Certificate

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

Federal Online  
Modules

One-day In-  
Person Course

NEW HAMPSHIRE  
PERSON-CENTERED  
OPTIONS  
COUNSELING  
CERTIFICATION



Mentoring

Written Portfolio

C  
n

# PCOC Certification Component: Certification

33

## ❖ Recertification

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

## ❖ Mentor Certification

- ❖ Selected by supervisor
- ❖ Approved by review board
- ❖ Mentors will be automatically recertified in NH PCOC after serving as a mentor



# PCOC Certification: Timelines

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



# PCOC Certification: Timelines

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8
Global Module 1 (16 Lessons)	Global Module 1 continued	Global Module 2A (16 lessons)	Global Module 2A continued	Global Module 2B	Global Module 2B continued	Lesson 6	Lesson 7
	In-Person One Day training						
	Meet with Supervisor to assess readiness to begin certification process	Mentor assigned		Begin Shadowing		Continue shadowing	



# What's next for New Hampshire?

36



Expanding across NH's  
NWD System

Measuring  
Effectiveness

More  
Mentors

Recertification

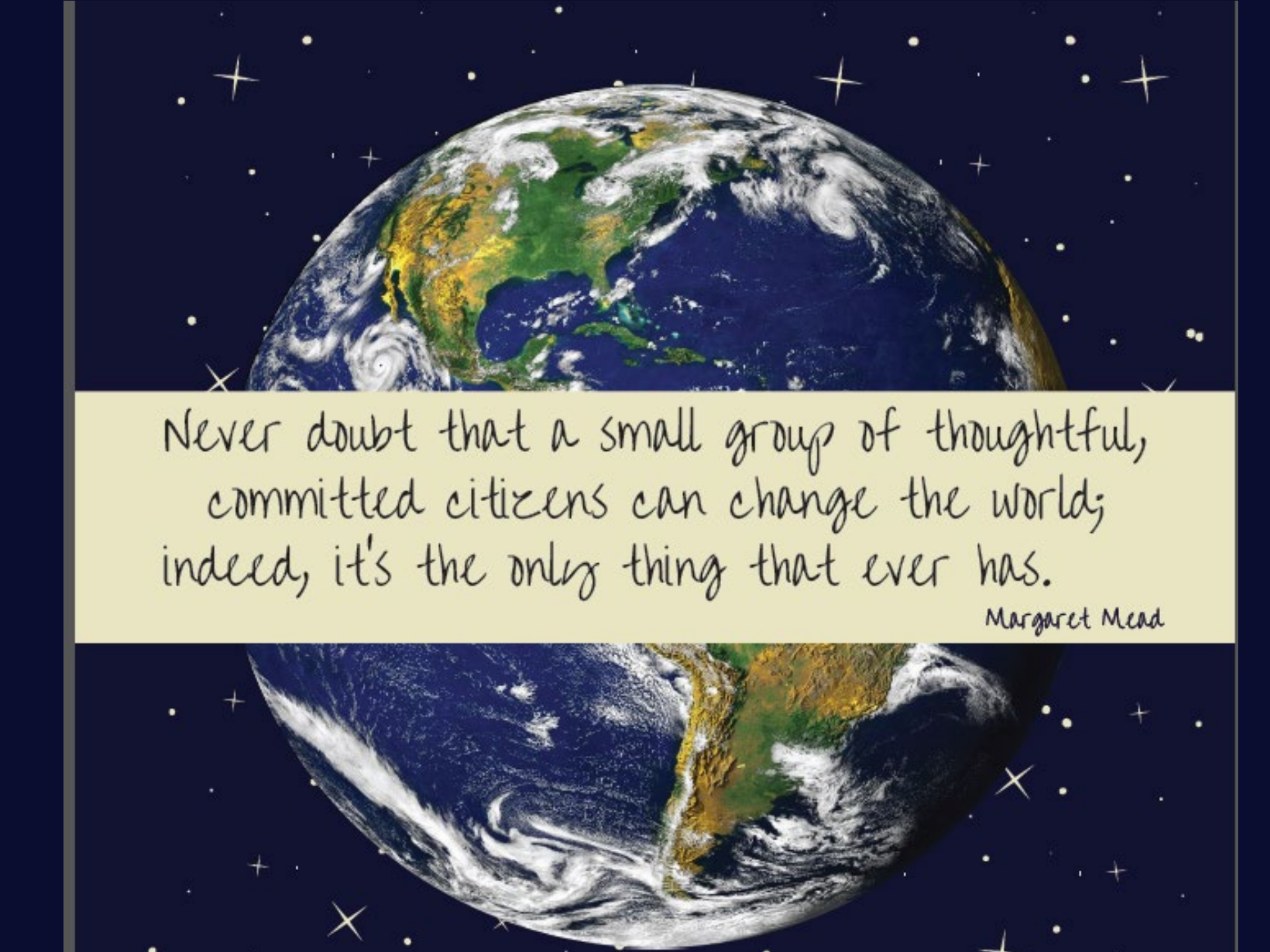
Reimbursement

# Warning!

37



## Activity Break



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

Margaret Mead



# Building the Business Case

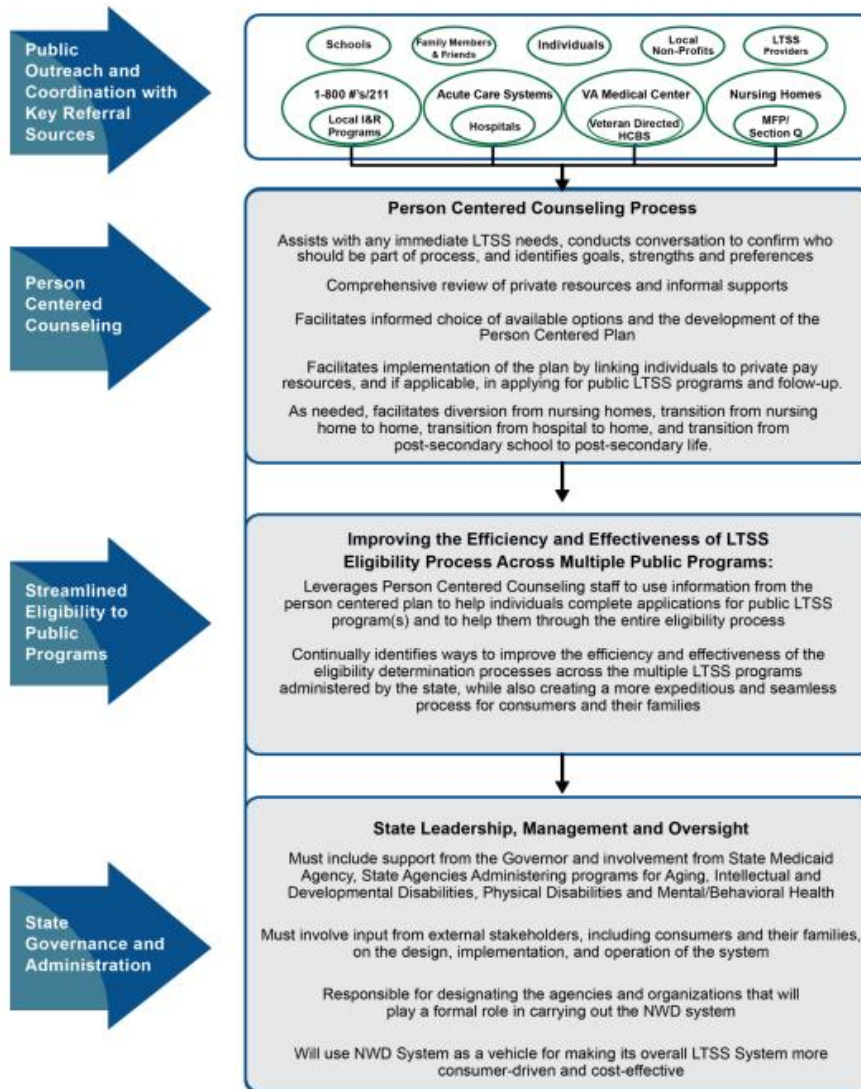
Person-Centered  
Options Counseling for Veterans

# Agenda


- o NWD Business Case Grant Grant
- o VDC - Current Evidence-Informed Model
- o Targeted improvements for CT's NWD
- o Pilot Development & Business Case Development

# No Wrong Door (NWD) Key Elements

## No Wrong Door Schematic



# Grant Opportunity

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

# Grant Project Goals

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



# ACL Grant Awardees

Connecticut

Georgia

New  
Hampshire

New York

Indiana

Virginia

Oregon

Washington

Maryland

Wisconsin

# Veteran Directed Care (VDC)

Successful program since 2009

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

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

Cost Effective

**“LIFE-CHANGING”**



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

# Cost-Effective & Veteran-Focused

## 2013 CT COST-SAVINGS & UTILIZATION STUDY RESULTS

\$600,000 savings  
in nursing home costs

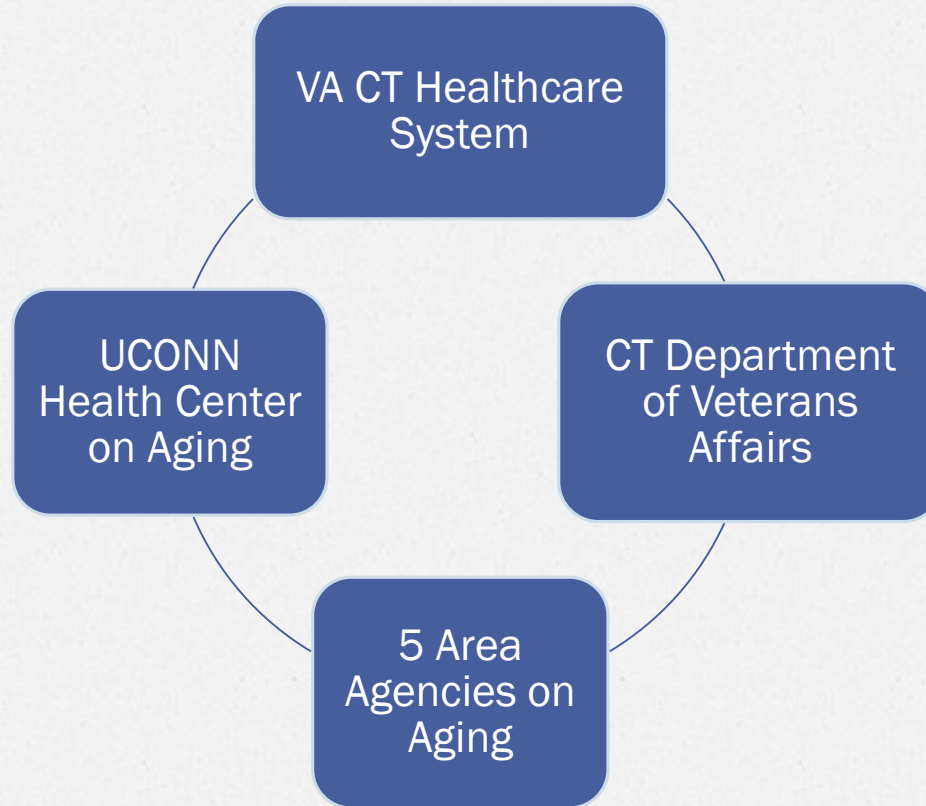
- 17% ↓ ER visits
- 42% ↓ Inpatient bed days of care
- 44% ↓ Inpatient admissions



## National Results

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00020>

# CT Grant Partners



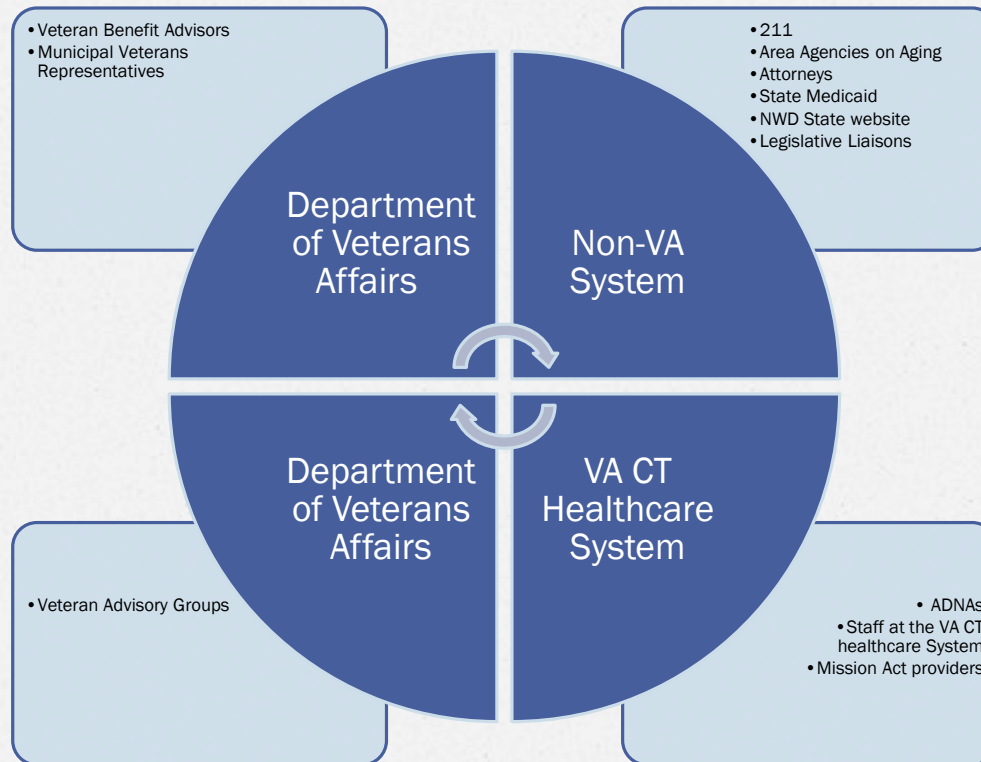
# Veterans in VDC

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

# Expand the CT VA Programs

- o Develop a business case for the current Veterans' Directed Care model to expand
- o Use funds from the grant to fund a pilot program to offer Person-Centered Options Counseling to individuals referred for VA community services

# Improve NWD



# Streamline Access to VA Services

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



# Enhance Training & Connection

Municipal Veterans  
Representatives

211

AAA  
ADNAs

MyPlaceCT  
website

Department of  
Veterans Affairs  
(DVA)

VA CT Healthcare System

Veterans  
Benefits  
Administration

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

# List Municipal VA Representatives on 211

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

# VA Identified Need

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

# VA Community Based Services

- o Homemaker
  - o Home Health Aide
  - o Adult Day Center
  - o Nursing services
- 
- o Veterans must first be registered with the VA CT Healthcare System

# VA Pilot Development

- o Half of Veterans referred for community-based services receive person-centered options counseling. A control group receives services with no intervention
- o Options Counseling Intervention:
  - o Home evaluation
  - o Development of a person-centered plan
  - o Ongoing Case Management
  - o Connection with other benefits/services they wish to pursue

# Sustainability Plan

Structure  
payment  
similar to  
VDC

Collect data  
to show why  
NWD service  
is needed

Compile  
data for ROI  
& build a  
Business  
Case

VA CT  
Healthcare  
System  
funds NWD  
when grant  
funds end

# Evaluate Consumer Experience

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

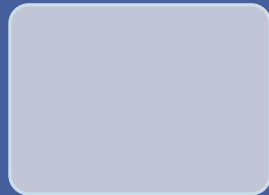
# Consumer Experience Surveys



To all Veterans in  
Veterans' Directed Care



Sample of veterans in the  
pilot after 3 & 6 months



Sample of a control group  
of veterans





# Setting up the Veterans' Pilot

# IRB Process

- o Meetings were scheduled with the VA CT Healthcare System to review project
- o Paperwork was submitted to VA CT Healthcare System for review for the Internal Review Board (IRB)
  - o A separate Veteran HCBS CAHPS survey module was developed
  - o Included questions on medical care received outside of the VA

# IRB for HCBS CAHPS

- o University of Connecticut Center on Aging submitted a separate IRB to Connecticut
- o This process was dependent on the approval process from the VA CT Healthcare System
- o A script describing the pilot and release will be read by each VA Case Manager before referrals are made. These were developed and submitted for approval by the VA CT Healthcare System

# Current Status

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

# Developing ROI Calculator

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

# CT ROI Calculator

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

# Return on Investment

- o Increased community tenure
- o The average number of days spent in a nursing facility 90 days prior to the first intervention X average daily cost of nursing home services = Cost of Nursing Home Care – average daily cost of VDC plan of services

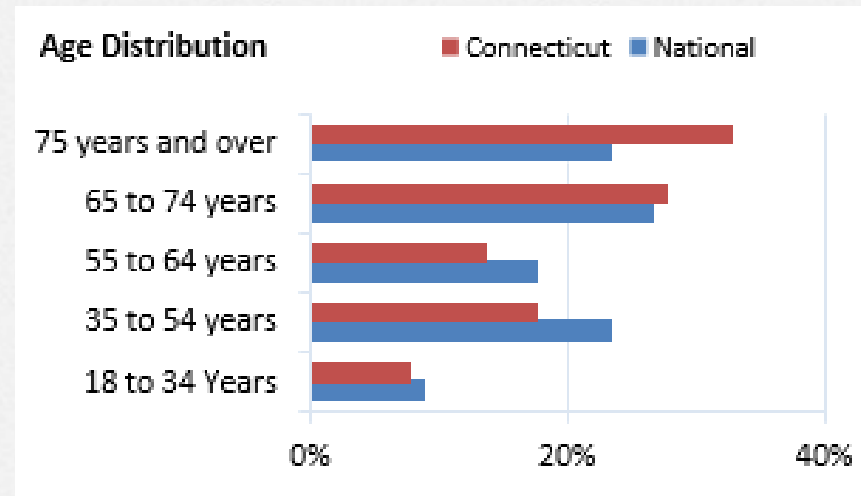
# Building a Business Case for Expansion

- Why VDC expansion is needed
- How VDC could be expanded
- ROI data comparing VDC with veterans receiving Homemaker/Home Health Aid
- Value Add – Why use the ADNAs?



# Number of Older Veterans Increasing

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



Source: State\_Summaries\_Connecticut.pdf

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

AARP Public Policy Institute, FacSheet 27R, March 2017

# Challenges for Pilot ROI

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

# Comparing CAN Scores

- o CAN Score – estimates the likelihood of death or hospitalization within a 90-day period
- o Every Veteran is given a CAN score based on their health diagnosis, health utilization and other factors.
- o Will be an additional source of comparison for the intervention and pilot group

# Expected Outcomes

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

# Expected Outcomes

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

# Questions?

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