State of Washington
Department of Social & Health Services

Aging & Disability Services

Senior Information and Assistance
Program Standards Revision
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I.   PROGRAM DEFINITION AND PURPOSE

Program Definition

The Senior Information and Assistance (Senior I&A) program in Washington State is an integrated system of functions designed to assist older persons or their advocates to identify, understand, and effectively access resources available to the aging population. The goal is to provide information and the opportunity to access resources and to encourage them to solve their own problems with a sense of confidence and empowerment.

Program functions include information giving, service referral, assistance, client advocacy and screening to determine whether an older person should be referred to other appropriate programs and services. Senior Information and Assistance (I&A) offices maintain a file of resources to meet community needs. Services may range from the simple provision of requested information to helping inquirers identify their needs and providing hands on assistance with paperwork if needed. Service delivery options may include: by telephone, in person at office, outstations, home visits or community presentations, e-mail, and web based options. Senior I&A offices partner with local 2-1-1 call centers to handle calls for 2-1-1 callers age 60 and over per local agreement.

Target Population

Senior I&A programs are funded primarily through the Older Americans Act (OAA) and the Senior Citizens Services Act (SCSA). Therefore, persons age 60 and older and those acting on their behalf are eligible for Information and Assistance (I&A) services without cost. Specific emphasis is on outreach efforts to those in greatest social and economic need with particular attention to low-income minority elderly, Native Americans, persons living alone, persons with Alzheimer's Disease and Related Disorders and their families, Limited English-speaking persons, and older persons living in rural areas.

Information and Assistance programs may have other target populations based on funding and contract specifications. This may include services for persons with disabilities under 60, using local funds that are not age restricted. If however, only age-restricted funding is available, the senior I&A may refer individuals under the age of 60 to other community resources that can provide additional services.

Code of Ethics

Senior I&A programs must have a written Code of Ethics that establishes fundamental values and professional standards of conduct for staff in their relationships with colleagues, clients, other providers and the community. It will prohibit conflict of interests and the acceptance of gifts, gratuities and loans from clients; and defines acceptable use of agency equipment for personal use. Senior I&A Specialists will treat each client with integrity, dignity and respect.

Confidentiality

Senior I&A programs must have a written confidentiality policy that conforms to laws and regulations to protect and safeguard client information contained in paper files and electronic data bases. Programs will ensure that client information remains confidential in accordance with state and federal law and program requirements.

The client must give the I&A Specialist explicit written or verbal consent for information to be disclosed to another agency or person. Release of information without consent is permissible only when the I&A Specialist reports suspected abuse, neglect, abandonment and/or exploitation or when the client is in imminent danger to self or others. I&A staff are mandatory reporters to Adult Protective Services (APS) (see Assistance/Referral Section 4a.)

II.   ADMINISTRATIVE REQUIREMENTS

Service Delivery Options

1. An Area Agency on Aging (AAA) may choose to contract with a service provider for the I&A service or administer it directly. Whether choosing direct or subcontracted provision, each AAA shall ensure that an I&A program unit is established and that all I&A functions are part of the locally, regionally and nationally integrated and collaborative I&A service delivery system (e.g. 211), with adequate funding, staffing, equipment, technology and administrative support to perform its mandated functions and maintain these Standards.
2. If an AAA chooses to contract for or separately provide the I&A service, the AAA shall include in their area plan a description of how the Senior I&A service will be delivered, coordinated and monitored, and what resources the AAA will provide.
3. If any I&A service provider provides other services, the Senior I&A program will be established as an administratively separate mechanism for service and fiscal reporting, as well as a separate program function, from the other services. In the event these I&A services are provided out of multiple offices, the administrative functions can be centralized.

Service Accessibility

1. All I&A service providers must provide a designated space where client interviews and family conferences can be conducted in private.
2. Information and assistance will be provided free of charge to members of the target population(s). Program donations may be accepted and used in accordance with Aging and Disability Services Administration (ADSA) policy. ADSA Policy and Procedure Manual for AAA Operations states in Chapter 3, Section 4 that all contributions (donations) will be used to expand the service (I&A) which received the contribution. Program income may not be used to match federal dollars.
3. All agencies providing I&A services must maintain the capability to assist persons who speak and/or correspond in a language other than English. Since I&A does not generally authorize direct services, family interpreters may be used if available. For those without this resource, this will be accomplished through bi-lingual staff, access to language line telephone services

and/or interpreter services, or community interpreters. Similarly, all I&A providers will maintain the capability to provide services to people with vision, speech, hearing or other communication-related challenges. If a specialized Senior I&A program is available, refer callers to them when appropriate.

4. The physical plant(s) will have prominent and appropriate signage, will be accessible by public transportation, will be accessible to people with mobility-related issues, and home visits shall be provided as necessary or appropriate.

5. All agencies providing I&A services must be conversant with regionally relevant cultural differences and take them into account when delivering services. If a culturally distinct entity (e.g. Native American tribe) provides information and assistance, the AAA or its subcontracted Senior I&A entity will coordinate training, resource updating, etc. as may contribute to the effectiveness of both programs.

6. All agencies providing I&A services must maintain the capabilities to assist clients seeking services via telephone, mail and email, walk-in, and home visits when necessary.   The capacity to serve clients who require a home visit may be served through referral to Non-Core Case Management.

7. I&A services may also be provided to the community in a variety of other ways. An I&A service may:
    a. Establish a presence at community facilities, such as Senior Centers or medical centers where inquirers are helped face-to-face (Out-station);
    b. Participate in local case management collaborative;
    c. Compile and distribute a directory of services in print or electronic format;
    d. Make copies of its database and software available to other organizations that provide information and/or referrals;
    e. Allow the public to visit the I&A facility to use the resource database or make its information about community resources available through community-based kiosks or other similar gateways; and
    f. Make all or a portion of its database available on a web-page on the Internet.

Medicaid Administrative Claiming

Many of the functions of the Information and Assistance (I&A) program are potentially eligible for Medicaid funding under Title XIX as Medicaid Administrative costs. AAAs have the opportunity to claim some match funding to increase services. Please see Appendix A for detailed policy and procedure.

Telephone Service

1. The I&A program must have adequate telephone service to perform the activities for which it is responsible, including but not limited to information-giving, service referrals, assistance, and screening to determine the need for more extensive services. This will include access to Tele-Typewriter (TTY) equipment (preferred) and/or training on how to use operator assisted TTY services (Washington Relay Service 1-800-833-6384 Voice)

2. There must be sufficient telephone lines so that I&A staff can call out and people can call in without getting a frequent busy signal or voice mail. If queuing is utilized, there shall be

periodic reviews to determine the average length of time in queue and whether additional steps need to be taken to reduce the waiting time.

3. If the Senior I&A service cannot be reached without a charge, at least one in-state, toll-free telephone number shall be established. Collect calls from people seeking services will be routinely accepted.
4. The telephone shall be answered with the same program title as that used in program publicity.

5. If the Senior I&A service does not have 24-hour telephone coverage, the Senior I&A service provider must implement one of the following:
   a. Contract with an answering service, specifying the information that the service is to give, gather and maintain, including referrals to emergency services providers.
   b. Develop a formal, written agreement with another organization to handle emergency calls after Senior I&A working hours and provide training to the staff of this organization so they can effectively deal with older persons and emergencies.
   c. At a minimum, maintain answering machines/voice-mails indicating normal office hours for the service, directing the caller to a source(s) for emergencies, and having the capability for inquirers to leave messages. All messages must be responded to on the next business day.
6. Senior I&A service providers/AAAs should be actively involved in the development and implementation of 2-1-1 in their area/region by at minimum attending planning meetings in their region. Telephone capability should developed to interface with the 2-1-1 call center, preferably allowing for "hot transfers" from the 2-1-1 center.

Internet and e-communication

The Senior I&A service provider, or sponsoring agency, should attempt to maintain a website that provides basic resource information to consumers. "Hot links" to sites of particular consumer interest should be included, and the availability of a searchable database should be actively considered. In communities, where there is more than one I&A/R program, providers are encouraged to collaborate on and/or share a resource database.

Senior I&A programs must have reliable e-mail capability to both send and receive communications, and a website address or "Senior I&A" e-mail address will be included in program publicity.

Resource Database

1. The purpose of a resource database is to provide ready access to accurate, up-to-date and well-organized information about resources in the Senior I&A program service area.
2. It is the responsibility of the Senior I&A provider to develop and maintain or obtain access to a community resource database, such as 2-1-1, which includes the following information about each resource:
   a. A unique record identification number. (Database records only)
   b. A code for identifying the organization responsible for data maintenance.
   c. Legal name, common name and/or acronym of resource (include branch office information).

    d.   Program name.
    e.   Street address, mailing address, telephone number (including TTY/TDD number), fax number, web site address, and email address.
    f.   Hours and days of operation
    g.   Geographic area served.
    h.   A description of services provided
    i.   Eligibility requirements.
    j.   A description of languages other than English offered.
    k.   Application/Intake procedures.
    l.   Cost of service and/or donation policy.
    m. A description of method of payment accepted and fee structure.
    n.   Known barriers to facility use (if applicable) or problems with accessibility of services (such as a waiting list).
    o.   A description of the legal status of the organization.
    p.   Name of contact person/intake worker and administrators.
    q.   The date the information was last verified.
    The Senior I&A provider may choose to add additional elements.

3. The resource file shall be updated at least once a year, and procedures shall be established for responding to interim information changes.
4. As part of developing and maintaining a community resource file, the I&A program may choose to develop resources not otherwise available. Information about service gaps will be shared with AAA planning staff. This is valuable in AAAs overall responsibility to identify service gaps and programs to address them.
5. The I&A provider will develop written criteria for the inclusion or exclusion of agencies and programs in the resource database. See Appendix B.
6. Resource information shall be indexed and classified (it is recommended that the AIRS/INFO LINE Taxonomy of Human Services be utilized) to make the Resource File more easily accessible.

Cooperative Relations

1. The Senior I&A service provider will identify the primary community resources utilized by older persons. When deemed necessary and appropriate, formal working agreements with these resources may be developed. These resources may include Home and Community Services (HCS), other AAA service providers, housing authorities, mental health, home health agencies, and legal services providers. Interagency Agreement examples can be found in Appendix C.

2. Working agreements will address at least the following:
    a.   How long each party will take to respond to a request for service.
    b.   Release of information procedures that meet appropriate state and federal requirements.
    c.   Referral and follow-up procedures.
    d.   How each party will notify the other of program changes and unavailability of service.
    e.   Procedures for working out problems between the two parties.
3. To assure clarity and allow for staff turnover, the I&A service provider will forward signed copies of the working agreement to the service provider and maintain an original on file.

4. Working agreements may be reviewed as needed.
5. Each I&A provider will be required to establish a written agreement or Interagency Agreement with local WIN 2-1-1 entities. Samples are provided in Appendix D.

Record Maintenance

1. Program and client records will be maintained to provide an information system which assures accountability to clients, the I&A program and funding agencies, and supplies data for community planning efforts. This information can be kept in paper files or electronically (preferred) for all assistance calls. The information system established will comply with ADSA, AAA and service provider policies and include, but not be limited to, the following:
   a. A face sheet containing personal and demographic information about the client and their informal support system.
   b. Pertinent correspondence relating specifically to the client.
   c. A narrative record of client contacts, including problems encountered, service referral recommendations, client permission and service plan modifications developed in response.
   d. Such other documentation as may be necessary to systematic case work and service plan continuity.
2. Client contact documents will be retained a minimum of six full years from the date of last contact. If batching by year, retain each year's documents for seven years.

III.   INFORMATION & ASSISTANCE SERVICE DELIVERY FUNCTIONS

Program Publicity

1. The purpose of program publicity is to inform older persons, their representatives, service providers and the general public about the availability of the I&A services and how it can be accessed.
2. I&A will be publicized as an access point to community and Long-Term Care Services. Service providers shall be instructed, and community agencies shall be encouraged, to refer clients who might need long-term care services to I&A for screening.
3. The availability of I&A services may be publicized throughout the service area using the following suggested methods: Mass Media (radio, television, local senior newspaper, internet) articles describing the program (if possible), and brochures and/or posters.
4. The primary Senior I&A program telephone number must be listed in the yellow pages of the telephone book under the "Senior Citizens" heading or similar heading, and the title used shall be the same as the title used in program publicity.
5. Publicity about the I&A program must include a title describing the population served (Elder Services, Senior I&A, etc.), the telephone number of the Senior I&A program (including the after hour emergency number if applicable), location of the I&A office, hours and days of operation, and services provided by the I&A program.
6. If the I&A provider determines that a significant number of potential I&A consumers speak a language other than English, the I&A program shall be publicized and brochures developed in that language.

7. The agency providing I&A services must participate in activities to increase community awareness as appropriate to setting. The I&A component must periodically contact appropriate Department of Social and Health Services (DSHS) providers and as appropriate, employers, civic groups, professional organizations etc. within its service area to inform them about the availability of I&A services.

Case Finding

1. Referrals for I&A will be accepted from any source and may include older persons seeking or already receiving another service through Home and Community Services (HCS), the Aging Network or a community agency.
2. The person making the referral can request to remain anonymous.
3. Once a referral is received, it is the responsibility of the I&A program to contact the individual referred within one working day. Unsuccessful attempts at contact should be documented.
4. If requested, the I&A Specialist may provide contact confirmation with referral source as long as he/she is still in compliance with applicable federal and state laws.
5. Each I&A program will identify and maintain periodic contact with individuals, businesses and agencies in the community who are most likely to come into contact with vulnerable older persons in its service area. The goal is to educate and/or train them on the goals of the I&A program, the services it provides, and its relationship to other programs for older persons within the area. These "Gatekeepers" can be instructed to play a vital role in the service delivery system by referring the names of vulnerable older persons to the I&A program. Examples of those Gatekeeper-type contacts might include:
   a. apartment, hotel, and mobile home park managers;
   b. postal carriers;
   c. gas, electric, and water meter readers;
   d. fuel oil dealers;
   e. clergy;
   f. appraisers;
   g. police and firemen;
   h. grocery store clerks (especially those who deliver groceries);
   i. pharmacists;
   j. bartenders;
   k. hospital emergency room staff; etc.

Information Giving

1. The purpose of information giving is to provide an older person or their representative with enough information to enable them to locate and obtain needed services without additional assistance from the I&A Specialist. This component is utilized when the caller can identify the senior's need and make a direct request for resource information to meet that need. If the older person is unable to self-refer and has a willing informal support system, provide necessary information and support to the older person's informal support system to enable them to make the appropriate referrals.
2. The I&A Specialist will provide information on multiple referral options when available.

3. The I&A Specialist will encourage inquirers to call back if the information proves to be incorrect, inappropriate or insufficient to meet their needs.
4. Clients not meeting the criteria for target population groups shall be given contact information to access appropriate services.
5. If the simple provision of information is not enough to enable the older person or their representative to access needed services, the I&A Specialist shall conduct a screen to determine whether the older person needs additional help from I&A or needs to be referred to another community resource.

Information &Assistance Screening

1. The purpose of screening is to determine whether an older person needs service referral, assistance and/or client advocacy from the I&A program and/or is a potential case management client who should be referred for a comprehensive assessment.
2. Screening may be provided over the telephone or in the field by the I&A Specialist, or a community agency. As appropriate, screening shall include direct contact with the older person being screened. (Although third-party information is valuable in developing an overall impression of an individual's level of functioning, direct contact is required to confirm the need for and willingness to receive services.)
3. The I&A provider shall develop and use a screening process which at a minimum includes the following: date of referral, referral source, date of screening, presenting problem, whether the person screened was referred for an assessment by HCS, Aging Network or other service providers.
4. Screening for referral to community resources may include:
   a. Assessing the older person's needs. This includes exploring special needs such as disability access, transportation etc.,
   b. Utilizing the resource system to identify the most appropriate resources to meet those needs,
   c. Determining the older person's potential eligibility for services,
   d. Determining the older person's ability to follow-up,
   e. Assessing possible endangerment situations.

Assistance/Referral

1. The purpose of assistance is to help an older person obtain a needed service or accomplish a necessary task. This component is also utilized when the caller requires assistance understanding the specific nature of their problem and needs. Assistance is provided only when the older person is unable to obtain the service or perform the task on their own and lacks a support system that is able and willing to act on their behalf. If an inquirer has a case manager with the Aging Network or HCS, they may be referred back to their case manager.
2. Assistance may be provided over the telephone, in the field or in the I&A office, as appropriate and may include: Contacting resources and making referrals for the older person who is unable to advocate for themselves and lacks an informal support system.
3. The purpose of service referral is to ensure that an older person is successfully referred to needed community resources. This function is completed by the I&A Specialist if the older

person does not meet the criteria for case management target population groups served by either the Aging Network or HCS.

4. The referral process for different types of clients shall be as follows:

   a. All I&A staff are Mandatory Reporters. Refer adults in need of Adult Protective Services (APS) directly to the APS program for APS investigation, following instructions in the ADSA Long Term Care Manual, Chapter 6. See also **Partners in Protection: A Guide for Reporting Vulnerable Adult Abuse** DSHS 22-810(x)(REV. 8/04). The brochure is available on-line on the ADSA internet at http://www.aasa.dshs.wa.gov/Library/publications/brochurestext.htm#abuse_mandatory.

   b. Refer adults who request and appear to need ADSA-funded in-home assistance, nursing facility placement or other residential services to HCS intake for ADSA services eligibility screening within one working day after contact by the older person and/or their representative. If necessary, document reasons why the referral is not completed within this time frame, for example the need to assist with related applications, acquiring documents, or client advocacy.

   c. Refer unpaid caregivers to Family Caregiver Support Program (FCSP), if I&A is not providing those services directly.

   d. Refer to appropriate services those adults who do not meet the Non-Core Case Management target population criteria (as defined in Chapter 5 of the Long Term Care Manual) but appear to require other services.

   e. Refer to appropriate services those adults (under age 60) who do not meet the criteria for a target population group.

   f. Persons over 60 seeking services outside the AAA planning service area shall be referred to Elder Care Locator or to their closest local Senior I&A.

5. An older person receiving assistance shall be given the Senior I&A program telephone number and encouraged to call back if further problems arise.

Client Advocacy

1. The purpose of client advocacy is to help an older person receive, retain or establish eligibility for services, by clarifying communications between inquirers and service providers. Client advocacy is provided by I&A staff only when older persons cannot advocate for themselves and have no one in their support system able and willing to advocate on their behalf.

2. In all cases involving advocacy, the specialist must obtain the informed consent of the inquirer before proceeding.

3. As appropriate, I&A staff should seek to involve the older person and/or their representative in advocacy efforts.

4. Client advocacy will usually be provided over the telephone, but may be provided in the field or I&A office as appropriate.

System Advocacy

1. System Advocacy may be undertaken to effect changes in public policy relating to the needs of older people. Actions may be taken by the I&A entity to seek changes in state and/or community conditions, structures or institutions when modifications in the service delivery system are required to ensure the adequate availability of essential community services. Such

advocacy may include the collection, analysis, and dissemination of data on human service needs.

2. For the purposes of these standards, system advocacy does not include legislative advocacy (lobbying). All advocacy efforts shall be consistent with written policies established by the governing body of the I&A entity.

Follow-Up

1. Follow-up is important to determining client satisfaction and identifying service gaps or systemic issues, client outcomes, and additional needs the client may have. The I&A service must offer follow-up with all inquirers/representatives who need further assistance accessing services due to capacity or disability issues, or had endangerment issues. The timeframe will be ten business days, unless the referral type provided would need a longer timeframe to be determined successful or not.
2. The I&A service must also follow up with a random 5 percent sample of other assistance contacts to determine if information given by I&A was successfully utilized.
3. During the initial contact(s), the specialist should obtain permission to contact the inquirer/representative for follow-up. If permission is denied, it should be duly noted in the case record.
4. On follow-up, should the original referrals prove unsuccessful, I&A staff will identify substitute resources and referrals if they are available and make another follow-up contact within ten working days.
5. Follow-up results will be documented in the client record. Include a brief description of the reason referrals were unsuccessful.

IV.   STAFF REQUIREMENTS

Staffing Plan

A record will be kept on each I&A staff person and volunteer according to standard human resources best practices, including a criminal background check when hired or grandfathered.

Each service provider shall develop a written staffing plan which:
1. Defines the qualifications and skills for and duties of each staff position for I&A Specialist, Resource Database Specialist, and others.
2. Indicates whether each position is full or part-time.
3. Indicates which positions are filled by paid employees and which are filled by volunteers.
4. Includes an organizational chart showing lines of reporting.
5. Provides a sufficient number of I&A Specialists and other staff to support the service area and call volume.

Basic Staff Qualifications

1. Responsibilities of I&A staff may vary depending on the size of the I&A program. Areas of specialization may include I&A Specialist, Resource Database Specialist, and others. In large programs, one or more staff members may be assigned to each task. In smaller programs each

staff member may have a variety of I&A responsibilities or even other program responsibilities such as Title 19 Case Management, Respite, and Family Caregiver Support.

2. All staff must have demonstrated proficiency in interpersonal communication, both oral and written.
3. All staff must have demonstrated skills and knowledge commensurate with their job responsibilities at the time of employment or have the potential of achieving the required skills and knowledge through training. All staff who provide I&A services must have a general knowledge of:
   a. The aging process and disabilities;
   b. The Aging Network service delivery system;
   c. Services funded by ADSA and other service delivery systems in the community;
   d. The purpose of the I&A program and the services it provides;
   e. Responsibilities of I&A, Case Management, and HCS staff.
4. All I&A staff, including volunteers, who have unsupervised access to vulnerable adults must have a Washington State Patrol Criminal History Background Check on file. Staff or volunteers with disqualifying crimes as defined in RCW 43.43.830 and 43.43.842 cannot be given unsupervised access to vulnerable adults. The information is used to determine the staff person's character, suitability and competence to perform in the position.

A. Information and Assistance Specialist

I&A Specialist staff, or others performing the full range of these duties may be volunteers, but must meet the same qualifications as paid employees. Special project volunteers may or may not meet these qualifications.

Education/Experience

   a. B.A. in relevant field (social science) and two years of experience providing direct human services. OR two years of relevant college level courses and four years of experience providing direct human services. If no qualified applicants, contact ADSA Program Manager for possible waiver to this requirement.
   b. Experience may be paid or volunteer.
   c. Experience providing services to older people and people with disabilities is preferred.
   d. AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credentialing is encouraged.

Duties are:

   a. Provide information individually as requested or in group settings
   b. Refer for services
   c. Screen and assess callers to determine if assistance is needed
   d. Provide appropriate assistance over the telephone or in person
   e. Arrangement of services
   f. Screen callers to determine whether a referral for Non-Core Case Management services, HCS, or other services is appropriate
   g. Provide supportive counseling
   h. Advocate

i. Follow up to see if services were put in place
j. Record maintenance

B. Resource Database Specialist
The use of this position will vary by size of agency and usage of technology.

Education/Experience

a. High School diploma or G.E.D. plus a minimum of two years of post-secondary education in a computer technology related field. Four-year degree preferred. OR one year of relevant college level courses and two years of relevant experience.
b. Proficiency in applicable software, which might include information and referral/assistance software. Technical mastery sufficient to write queries, forms, reports and macros.
c. Experience involving services to older people and people with disabilities is preferred.
d. AIRS Certified Resource Specialist (CRS) credentialing is encouraged.

Duties may include:

a. Develop and maintain database of resources available for older adults and their caregivers for use by I&A staff in service provision.
b. Coordinate the updating of Information and Assistance resource files by:
c. Developing and monitoring annual plan for update of resources.
d. Contacting providers to update resource information.
e. Noting any changes in the service delivery system and purging old information.
f. Categorizing resource information in accordance to the AIRS Taxonomy.
g. Promptly updating the computerized database and hardcopy consumer documents.
h. Research and assist with the development and maintenance of a website.
i. Maintain, troubleshoot and repair databases. Assist with the production and management of Agency databases.
j. Develop appropriate written consumer materials. Assign and coordinate writing tasks for consumer directories.
k. Maintain and develop database forms and reports as requested by I&A Specialists.
l. Coordinate the distribution of updated material to designated staff.

C. I & A Supervisor

All I&A staff shall have an assigned supervisor. Supervisors shall be paid employees.

The term supervisor as used in these standards does not necessarily refer to a person who has hiring and firing authority, monitors attendance, etc. Although this person may also perform the job duties listed below, this is not required. The person performing the listed job duties might be called a Lead I&A Specialist, but the AAA must ensure that they meet the education/experience requirements listed below.

The supervisor shall be knowledgeable about the community resources, screening tools and process, and physical and mental health issues in the client population.

Education/Experience

a. BA in relevant field (social science) plus two years of experience providing direct human services or two years of supervisory experience.
b. Experience must be paid.
c. Experience providing services to older people is preferred.
d. AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credentialing is encouraged.

Duties are:

a. Maintain regular contact with staff.
b. Review case records with staff to determine effectiveness of actions taken.
c. Provide and arrange for formal staff training.
d. Provide consultation to staff as needed.
e. Arrange for appropriate case consultation by other professionals, as needed.
f. Monitor and report follow-up activities.
g. Review a sample of two assistance records for accuracy and completeness at least once every 90 days for each I&A Specialist.
h. Conduct a formal evaluation of each staff person at least once a year.

D. Program Director Qualifications

Each I&A program, or each component if the program is divided among more than one service provider, shall have a program director. The program director shall be a paid employee.

Education/Experience

A. B.A. in relevant field and two years of administrative experience (one year of supervisory experience may be substituted for one year of administrative experience).

Duties

a. Develop and implement program policies, goals and objectives utilizing follow-up information to identify possible gaps in the service delivery system. Advocate and plan for system improvement.
b. Cooperate and advocate with AAA planning unit to determine where gaps in services exist for the target population
c. Hire and supervise appropriate staff.
d. Arrange for volunteer and student assistance and supervision as appropriate.
e. Manage or delegate day-to-day program operation.
f. Develop program operating procedures, personnel policies, job descriptions and record maintenance system.
g. Submit required reports in a timely fashion.

h. Develop and maintain linkages with community agencies and organizations that could give support to the program or individual older persons.
i. Educate community agencies and groups and the general public on the goals of the I&A program, the target population and services provided.
j. Develop program publicity.
k. Establish systems for evaluating program effectiveness.
l. Ensure that a case finding system is developed and maintained by the I&A.

E. Orientation/Training

The agency providing I&A services must make orientation and training available to paid and volunteer staff. Each service provider will have a process for identifying the training needs of staff, both at the initial point of employment and during the course of employment. The I&A program will develop a written training plan and standardize orientation for new staff members and continuing training. The plan will encourage staff professional development including pursuing the nationally approved Alliance of Information & Referral Systems (AIRS) Certification program as a suggested standard for excellence.

Initial training should cover skills that are essential to good telephone contact and should be completed prior to a new staff member assuming his/her duties assisting callers. Types of training appropriate for I&A staff include, but are not limited to:
a. Introduction to the Aging Network;
b. Philosophy of the I&A program, target population, and program functions;
c. Agency policies and procedures;
d. Interviewing techniques and listening skills;
e. Screening and assessment skills;
f. Information-giving and referral procedures, including protocol for working with other agencies;
g. Techniques for handling emergency situations;
h. Setting up and maintaining resource files;
i. Appropriate data collection and documentation of I&A activities;
j. How to work as part of a team;
k. Use of technology in provision of services.

Six hours of continuing training shall be offered annually, with topics to be determined as staff needs/interests are identified. In-service training can be held as a part of regularly scheduled meetings in which staff has an opportunity to discuss problems and successes and receive peer feedback regarding call handling techniques. In addition, there should also be regularly scheduled training sessions which focus on more specialized topics to refine and up-date staff skills and increase understanding of emerging issues. Training programs should also be designed to meet the continuing education needs of I&A program directors and supervisors. The ABC's of I&R Training Manual published by AIRS (www.airs.org) is a valuable training resource.

A staff person who answers the telephone but does not meet the qualifications for an I&A Program Specialist, at a minimum, shall be trained to:

1. Know what types of information he/she can give;
2. Take the caller's name and telephone number and inform him/her when an I&A Program Specialist or case manager will be in contact;
3. Know how to handle an emergency by providing the name and phone number of community resources that provide emergency services.
4. Follow a protocol for dealing with difficult callers.

APPENDICES

Appendix A
Medicaid Admin Claiming Policy and Procedure

Appendix B
Sample Time Study Sheets for Medicaid Admin Claiming
Individual Time Sheets
Individual Time Study Summary
Agency Time Study Summary

Appendix C
Sample Resource Database Inclusion/Exclusion Policies

Appendix D
Sample Interagency Agreements