Chapter 12

Access to Services

The Access to Services chapter describes how adults age 60 and over and adults with disabilities can access the programs and services that meet their needs. Some individuals want to understand their options and how they can research the availability of services on their own either through using a resource directory or internet search. Other individuals need guidance to navigate the service system. Resource information, transportation, caregiver support, in-home services, and other factors all play a role in helping the individual determine the options that will best serve his/her needs. Access can range from any of the following: 1) a referral contact number for programs or services; 2) an individual screening needs assessment conducted by telephone; 4) a referral for an independent living assessment conducted in the home; or 4) enrollment in a program or services.

Area Agency on Aging and Disability (AAAD)
Serving as Aging and Disability Resource Center (ADRC)

12-1: Description of the Aging and Disability Resource Center (ADRC)

The Area Agencies on Aging and Disability (AAAD) serve as the Aging and Disability Resource Centers (ADRC) in Tennessee for adults age 60 and over and adults with disabilities to access services and programs to meet their needs. The ADRCs are known to be "no wrong door" or a "single entry point" and are designed to serve as highly visible and trusted places where people of all ages, incomes and disabilities get information and one-on-one counseling on the full range of long-term services and supports.

Statewide the nine (9) Area Agencies on Aging and Disability (AAAD) serve as the ADRC, the "single point of entry" for the services provided through the Older Americans Act, state-funded OPTIONS for Community Living Service(OPTIONS), federally funded State Health Insurance Assistance Program, and TennCare Choices home and community based services. The OPTIONS and SHIP programs and services accessed through the AAAD are described in additional chapters in the Service and Policy Manual.

Information & Assistance (I&A)

12-2: Description of Information and Assistance Service

The Information and Assistance (I&A) service was established by the 1973 Amendments to the Older American's Act, Title III, Part B and by the State of Tennessee (T.C.A. 71-5-1418 Long-term care client information, referral and assistance agency). The primary focus of I&A services is on adults age 60 and over, particularly those individuals with greatest social and economic need, and adults with disabilities by:

(1)   providing the individuals with current information on opportunities and services available within their communities, including information relating to assistive technology;

(2)   assessing the problems and capacities of the individuals;

(3)   linking the individuals to available opportunities and services; and

(4)   ensuring, that individuals receive the services needed through follow-up

T.C.A. 71-5-1418 "address the need of the State of Tennessee to develop for the future the framework and infrastructure for a comprehensive long-term care system that makes an appropriate place for both institutional care and a broad array of home-based and community-based services (HBCS)". "[T]his section establishes a service that is intended to provide information and assistance on a wide variety of quality, cost-effective and affordable long-term care choices that should be designed to provide data collection and assessment and referral to community-based services and appropriate placement in long-term care facilities." The long-term care client information, referral and assistance service is administered by "the executive director of the commission on aging" and implemented by the area agencies on aging and disability.

12-2-.01   Information and Assistance (I&A) Services and Individual Eligibility

Although I&A services are available to the general public, the primary focus of the I&A services is on adults age 60 and over, adults with disabilities, caregivers, and agencies or organizations seeking information on behalf of an individual. The individual may contact the I&A service through a telephone call, email, and/or personal visit. The services provided through I&A include:

(1)   Information

The I&A provides facts and knowledge about specific topics or services to the individual that can range from providing specific contact telephone numbers or addresses for a particular service or program to providing detailed data about community service systems, agency policies, eligibility requirements and/or procedures for application to the ability to connect the individual directly to the requested service through a "warm" transfer. If the counselor is unable to assist the caller, then, while the caller is on the line, the counselor can directly transfer the caller to another agency or organization that will better meet his/her needs. With the "warm" transfer, the counselor can listen to the caller's issue or problem and then can explain to the agency/organization the caller's issue or problem. Prior to the transfer, the counselor will provide the caller with the contact information, in case no one is available to answer the telephone at the other site or the caller is unintentionally cut off during the transfer.

(2)   Assessment

During the assessment process, the Community Resource Specialist assists the individual in identifying his/her problems/needs, evaluating his/her abilities/skills, determining and locating appropriate resources available and providing enough information about each resource to help the individual make an informed choice, and discuss the options currently available to assist the individual. The Community Resource Specialist will also help the individual, whenever preferred services and/or programs are unavailable, by identifying alternative resources. An initial telephone screening can determine whether or not the individual should be placed on program waitlist and/or referred for in-home assessment.

(3)   Referral

The Community Resource Specialist will link the individual to the appropriate services as determined by the individual and the Community Resource Specialist. The referral could be to services and programs provided by the AAAD as well as community-based agencies and organizations.

(4)   Follow-up

Through follow-up the Community Resource Specialist learns if the inquirer's needs were met and if not, why.. Follow-up. when feasible, helps to determine if the

information and assistance resulted in a positive outcome and provides measurement. Follow-up also includes the provision of additional assistance, if needed.

12-2-.02: Administrative Standards for Tennessee Commission on Aging and Disability (TCAD)

TCAD shall:

(1)   coordinate a statewide Information and Assistance (I&A) Services.

(2)   implement uniform standards for the I&A Services.

(3)   compile and analyze the service statistics,

(4)   comply with applicable federal and state laws, regulations, and policies.

(5)   monitor the quality of service delivery and provide the AAAD with a written quality assurance report annually.

(6)   provide technical assistance to the AAAD upon request or as determined necessary by TCAD.

(7)   sponsor statewide training annually relevant to the provision of information and assistance.

(8)   maintain a database for the statewide resource directory annually.

(9)   monitor the I&A function of the AAAD to ensure that all of the criteria for operation of the I&A are being met. This includes the following:

    (a)   The AAAD shall employ, at a minimum, the one-full time equivalent person to be responsible for handling the I&A services.

    (b)   All staff providing I&A services shall be Alliance of Information and Referral Systems (AIRS) certified or seeking certification after one year of employment.

    (c)   The AAAD shall maintain an accurate Resource Database in SAMS and shall ensure that the Resource Database is updated, at a minimum, annually.
        (ii) the AAAD shall have a written policy indicating the process and staff member assigned to perform the Resource Database in SAMS

    (d)   I&A shall collect and report individual demographic data in SAMS.

    (e)   Satisfaction surveys and follow-up contacts will be reviewed to determine if the individual made contact with the referral(s), if services were provided, and if the services met the needs of the individual.

12-2-.03:   Administrative Standards for Area Agencies on Aging and Disability (AAAD)

The AAAD shall:

(1)   adhere to the mandated statewide I&A Services that comply with the administrative requirements established by the TCAD

(2)   populate, maintain and use an accurate and up-to-date Resource Database that contains information about available community resources and update the Resource Database as needed and at a minimum annually

    (a)   Resources

        (i) The AAAD resource database must contain, at a minimum, information and/or available services that may be accessed by using the AIRS Categories

        (ii)   Each AAAD shall populate a resource database within the Social Assistance Management System (SAMS). The Resource Database shall be comprehensive in the type of information that it contains. This database shall be updated annually and contain the following information for each entry:

- Resource/Agency Name
- Type of Service
- Business Address (physical location)
- Mailing Address
- Telephone Number
- Fees (if applicable)
- Days/Hours of Operation
- Optional (if available): Email address/Website

    (b)   Resource Database Criteria

The AAAD shall implement the following criteria when deciding whether or not the agency/organization is entered into the Resource Database. The criteria shall be uniformly published and applied so that all staff and the public will be aware of the scope and limitations of the database.

        (i)   Inclusion Criteria

All services and programs that focus on adults age 60 and over, adults with disabilities, and their caregivers will be included in the Resource Database, especially those services and programs that provide long-term supports, home and community based services, and a continuum of care and assist the individual in remaining in his/her home as long as possible.

    (ii)   Exclusion Criteria

- Agencies that deny service on the basis of color, race, religion, gender, nationality, or on any other basis not permitted by law.

- Agencies or organizations that offer or provide services which are unlawful under federal, state or local statue, ordinance, regulation, or order shall be excluded.

- Agencies or organizations that misrepresent, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter shall be excluded.

(3)   employ, at a minimum, one full-time equivalent person to be responsible for handling the I&A services

(4)   provide adequate supervision, office space, equipment and supplies, and administrative support to the I&A Program

(5)   provide a telephone system that has the following capabilities:

    (i)   making a "warm" transfer

    (ii)   adjusting the number of rings to a maximum of three (3) rings before the call rolls over to another trained staff person or, if all staff are occupied, to voice mail during business hours

    (iii)   rolling the call over to voice mail after business hours; and

    (iv)   the call rolling over to voice mail after business hours the message on the voice mail shall clearly explain the following:

- what to do if this is an emergency situation; and

- what information is needed for a call back within two (2) business days.

(6)   require designated I&A staff to attend all State sanctioned I&A training

(7)   The AAAD will monitor the following at least annually:

(a) monitor and evaluate the quality of service delivery of internal and external I&A staff

(b) the individual's satisfaction with Community Resource Specialist

(c) the effectiveness in linking people to home and community based services (HCBS);

    (iii) the availability of needed services in the community; and

    (iv) the progress made in accomplishing the written plan of action.

(d) The I&A provider shall employ staff to be responsible for handling the I&A services.

(e) All staff providing I&A services shall be AIRS certified or seeking certification after one year of employment.

    (i) All Staff have one year and six (6) months to become AIRS certified.

    (ii) If staff has not attained AIRS certification within the required time frame they may only answer Information and Referral Calls. Non-Certified staff may not utilize the SAMS screening tool. In addition calls may be reported in SAMS as Information and Referral calls only not Information and Assistance calls.

(f) The I&A provider shall use the Resource Database in SAMS

(g) I&A provider shall collect and report individual data in SAMS.

(h) The I&A provider shall conduct individual satisfaction survey using a standardized tool in a pre-determined process.

(i) The I&A provider should conduct a follow-up call within 7-14 days to find out if the individual's needs were met and if not, why. Follow-up shall be conducted within one to three days of the original inquiry with inquirers who are at risk and/or vulnerable and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems.

(j) The I & A provider shall utilize SAMS to track the type of call. For example SAMS I & A, CHOICES.

(k)   The I & A provider shall use SAMS to indicate when a call needs follow-up and document the follow-up in journal notes.

(8)   build cooperative partnerships

(a)   Each AAAD shall identify and form partnerships with regional information and referral service providers, other agencies or organizations that might refer people to the AAAD and show evidence of partnerships developed through:

(b)   Examples of potential information and referral and information and assistance partners may include, but shall not be limited to: Tennessee Disability Pathfinder (www.familypathfinder.org), 2-1-1, Ask-A-Nurse, Crisis Hotlines, Senior Centers, Health Assist Tennessee, Department of Human Services, Adult Protective Service, Crisis Intervention Agencies, Hospitals, Alzheimer's Association, Centers for Independent Living, Tennessee Department of Health, Family Support Program, Employee Assistance Programs, AARP, ARC of Tennessee, Tennessee Disability Coalition, service providers, etc.

(9)   Become a member of the national organization Alliance of Information and Referral (AIRS) as recommended, but not required, by TCAD for each AAAD. The mission of AIRS is to provide leaderships and support to advance the capacity of a Standards-driven Information and Referral industry that brings people and services together. AIRS develops clear and consistent professional standards that benchmark every aspect of a quality I&R. AIRS membership is available for all I&R providers. AIRS has three (3) levels of membership: Basic, Standard, and Premium. The AIRS website identifies the cost of each membership level and the membership benefits for each level. The organization may select its level of membership based on the benefits provided at each level.

12-2-.04:   I&A Service Standards

This section describes the Tennessee standards for all aging and disability network I&A staff, services to be provided, and the protocols for delivering the support services that must be implemented by the provider of the Information and Assistance (I&A) Service.

(1)   Staffing

Alliance of Information and Referral Systems (AIRS) Certification

All staff providing I&A services must become an AIRS Certified Community Resource Specialist. AIRS is an international membership association for professional information and referral providers that offers AIRS training and accreditation in providing information and referral. The complete and most current AIRS Standards may be found at www.airs.org. A summary of the AIRS Standards may be found in Appendix F. AAAD staff must apply to take the AIRS Certification exam once they are eligible. Eligibility is based on information and referral and equivalent experience combined with educational background. To take the AIRS certification exam, the AAAD staff must have the following education and experience:

(a)   At least one year of employment in information and referral for applicants with a Bachelor's or higher degree

(b)   Two years of employment in information and referral for applicants with an Associates/Community College degree

(c)   Three years of employment in information and referral for applicants with a high school diploma or GED

(d)   The staff member must pass the AIRS Certification Examination and become an AIRS Certified Information and Referral Specialist-Aging within one year from his/her eligibility date in order to continue work in I&A services. Tennessee service standards for I&A shall follow the standards of the Alliance of Information and Referral Systems (AIRS).

(e)   I&A Staff Competencies
Requirements for Community Resource Specialist:

(i)   Bachelors or higher degree; or

(ii)   2-years of employment in I&A or case management for applicants with an Associate Degree; or

(iii)   3-years of employment in I&A or case management for applicants with a High School diploma or GED.

(f)   All Community Resource Specialists/Community Resource Specialists shall take 16 hours of continuing education annually, such as, but not limited to, on-line courses through the Center for Aging and Disability Education and Research

(CADER), Boston University School of Social Work, Boston University as well as seminars and webinars.

(g) All Community Resource Specialists shall have at a minimum the following competencies:

   (i) Understand consumer control, consumer choice, and consumer direction in providing community based long-term living supports and services;

   (ii) Understand the core roles of the Community Resource Specialist;

   (iii) Ability to explain the individual's right of choice and the benefits and risks of self-direction;

   (iv) Ability to identify legal and ethical considerations that are involved when working with an individual and his/her family;

   (v) Ability to recognize one's own personal bias and judgments when counseling with an individual;

   (vi) Ability to recognize the needs, values, and preferences of the individual as a consumer;

   (vii) Have interpersonal communication skills to support the consumer in the decision-making process, including decision-making support, effective ways to ask questions while providing resources, active listening, and paraphrasing;

   (viii) Seek creative ways to find services and supports; and

   (ix) Determine the level of support from family members and their interest in participating and assisting with the problem solving and resources.

(e) In addition, the Community Resource Specialist shall have the following competencies:

   (i) Ability to meet the needs of people who are angry and hostile, are manipulative, call frequently with the same problem, or are otherwise difficult to serve.

   (ii) Ability to meet the needs of special populations (i.e., adults age 60 and over, individuals with dementia, and adults with disabilities).

(iii)   In cases of domestic violence and other crisis situations, to take special precautions to safeguard the individual's identity and all aspects of the interview.

(iv)   Use appropriate disability language.

(v)   Use the resource database to create records of calls/contacts and accurately enter data for each inquiry in SAMS.

(vi)   Offer unbiased information about public and private services in the region.

(vii)   Provide accurate and up-to-date information and resources in a manner consistent with the individual's level of understanding;

(viii)   Provide information and assistance services in a manner that respects the values, origin, age, and background of the individual.

(ix)   Continuously update and maintain a database of information and referral sources.

(x)   Follow-up with individuals who are at risk and/or vulnerable and in situations where the Community Resource Specialist believes that the individual cannot follow through and resolve his/her problems according to AIRS Standard 4 for appropriate procedures.

(xi)   Assist with developing cooperative relationships with other local information and referral agencies, the local service delivery systems and regional and state associations.

(f)   Staffing and Training

(i)   At a minimum, each AAAD shall employ one qualified I&A Specialist crossed trained in SHIP to provide backup for vacation and sick days, lunch hours, etc.

(iii)   Staff development and training shall include required maintenance of certification and other training mandated by the State Agency.

(2)   Support Services Protocol

Support services are essential for providing information and referral and assuring access for adults age 60 and over and adults with disabilities, including a brief assessment of need; a blend of information, referral and advocacy in order to link the client to the appropriate service; crisis intervention, when warranted; and follow-up, as

required. The following sections describe the required support system that must be in place for the delivery of I&A services

(a)   Returning Calls

Calls that are captured on voice mail or by the answering service shall be returned within two (2) business days.

(b)   Internet Contact

Individuals using the internet to access I&A shall receive an e-mail response or follow-up call within two (2) business days.

(c)   Office Visits

Office visits may, or may not, be scheduled ahead of time, but individuals seeking I&A should be treated the same. The Community Resource Specialist shall not receive calls while the individual is being served.

(d)   Confidentiality

Confidentiality respects the individual's privacy by limiting access to and/or placing restrictions on an individual's personal information. The following ensures individual confidentiality:

(i)   Sharing individual information shall always be with the permission of the individual and on a "need to know" basis. Identifying information shall not be disclosed to other AAAD staff unless there is sufficient reason to do so.

(ii)   Computers shall face away from doorways or have filters that block visibility to anyone other than the staff member using the computer.

(iii)   Computers shall not be left unattended when individual information is displayed on the computer monitor.

(iv)   Each AAAD shall designate staff that shall have access to the individual information.

(v)   AAAD staff and volunteers working with individual information shall sign statements of confidentiality upon employment or start of service and annually thereafter.

(e)   Electronic Files

   (i)   Electronic individual files shall be backed up and archived for six (6) years following termination of the service(s) and, if still inactive at the end of the six (6) year period, shall be deleted.

   (ii)   An individual file may be held as an electronic file or hard copy, but need not be both.

   (iii)   If the AAAD maintains hard copies of the individual files, the following rules apply:

   - Hard copy of individual files shall not be left unattended at any time.

   - Hard copy of individual files shall be stored in locked file cabinets or locked rooms when not in use.

   - Hard copy files of an individual who is no longer enrolled in a service(s) shall be kept for six (6) years following termination of the service(s) and, if still inactive, shall be shredded.

(f)   Call Log

All telephone calls must be recorded in SAMS database by a Community Resource Specialist

(g)   Crisis Intervention

   Crisis intervention is not the primary focus of the I&A service through the ADRC; however, Community Resource Specialists shall be prepared to handle any call that comes in through the I&A service. This includes assistance for the individual threatening suicide, homicide, or assault; suicide survivors; victims of domestic abuse or other forms of violence; child abuse/neglect or elder/dependent adult abuse/neglect; sexual assault survivors; runaway youth; psychiatric emergency, chemically dependent in crisis; survivors of a traumatic death; and others in distress.

   (i)   The Community Resource Specialist shall have the interventions skills to:

   - de-escalate and stabilize the individual and help him/her remain calm;

- help the individual talk about and work through his/her feelings as part of the assessment and problem solving stages of the interview; and

- endeavor to keep the individual on the telephone pending referral or rescue.

(ii) The Community Resource Specialist shall have the skills to recognize the warning signs of imminent risk.

(iii) The Community Resource Specialist shall have the skills to recognize when an individual is in need of immediate intervention and shall follow the I&R service's rescue protocol for accessing 911 or other emergency personnel.

(iv) In cases of suspected child or elder abuse, the Community Resource Specialist shall be

familiar with his/her responsibilities under the prevailing legislation of the jurisdiction regarding mandatory reporting and shall file a report when indicated.

(h) Follow-Up

The AAAD should conduct a follow-up call within 7-14 days to find out if the individual's needs were met and if not, why. Follow-up shall be conducted within one to three days of the original inquiry with inquirers who are at risk and/or vulnerable and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems.

(i) Waitlist

i. I&A staff will complete the Intake Screening Form (Appendix A) on each individual. This form shall be used to rank the individuals on the wait list with individuals with the highest risk score at the top of the list. If more than one individual has the same score, he/she will be ranked by date with the individual with the earliest day going first.

ii. For APS referrals the Intake Screening Form will be completed by the I&A staff at the AAAD based on the information provided in the APS referral document. If the score and the level of need for the APS clients are comparable to non-APS individuals on the AAAD wait list, the APS client

will be added to the existing service wait list. A Notice of Action will be provided to the APS staff informing them of this decision. Individuals with the highest score and are on the wait list the longest, will be pulled off first to be assessed when there is funding available.

      iii.   All individuals who are screened and appear to be eligible for CHOICES will be referred directly to the CHOICES Counselor.

          1.   Individuals who are qualified for CHOICES and declines CHOICES are not eligible to receive OPTIONS services; however, they may be placed on the Title IIIB Supportive Services waiting list, on the Nutrition waiting list, or may choose the private pay option.

      iv.   Individuals who are screened and appear to be eligible for Title IIIB Supportive Services, Nutrition Services, or OPTIONS will be placed on the appropriate waiting list.

      v.   AAAD shall follow the standardized waitlist process as provided by TCAD (Appendix B)

          1.   Group A and Group B waitlist

             (a) Group A waitlist will be comprised of those that are projected to be served within 18 months.

                 i.   All group A individuals must be re-evaluated every 18 months.

             (b) Group B is not required to be maintained as a waitlist

12-1-03: Marketing and Outreach

(1)   Description of Outreach

The outreach and marketing plan considers all of the populations to be served focusing on adults age 60 and over and adults with disabilities including culturally diverse groups, underserved and unserved populations, those at risk of nursing home placement, family caregivers and professionals. Providing outreach includes providing information to large groups and the use of mass media. In addition, outreach activities may specifically include, but are not limited to, attending events or gatherings that are attended by adults age 60 and over and adults with disabilities; providing displays at meetings attended by agencies and organizations that

serve the identified population; providing information for newsletters; advertising; and distribution of cards and/or pamphlets.

(a) Outreach to Individuals

Outreach is defined as "Agency initiated activities designed to identify and provide one-on-one contact with isolated older persons or their caregivers who have unmet service needs and to assist them in gaining access to appropriate services; delivered by agencies designated by the area agency with a defined responsibility and trained staff specifically assigned for providing this service."

12-1-04:   Transportation

(1)   Description of Transportation Services

Transportation resources are needed to meet activities of daily living, such as, but not limited to, shopping for groceries and other needs, medical and other health care related appointments, pharmacies, meal sites, and socialization. Adults age 60 and over and adults with disabilities rely on both public and private transportation, such as buses, taxis, volunteer drivers, and senior center vans. In addition, transportation for many of the medical issues impacting these populations, such as dialysis, is not usually flexible enough to help individuals keep appointments.

The AAADs contract with senior centers and/or human resource agencies in their regions to provide transportation services; however, their transportation services are limited.

(2)   Administrative Requirements

(a)   The AAAD (ADRC) shall:

(i)   update at least annually the transportation services that are available including information such as, but not limited to, contact information, hours of operation, and service area and report to TCAD;

(ii)   assist organizations and/or agencies to actively recruit, when possible, volunteers who are willing to provide transportation and can be included in the Resource Database with their contact information and times of availability;

(iii)   partner with businesses and companies that have an interest in reaching adults age 60 and over and adults with disabilities to develop and implement transportation services to their businesses;