# Did You Receive the Help You Needed? Quality Assurance and Training Drive Practice: Findings from the National Survey of Aging and Disability I&R/A Agencies

NATIONAL COUNCIL ON INDEPENDENT LIVING

ADVANCING STATES

# Did You Receive the Help You Needed? Quality Assurance and Training Drive Practice: Findings from the National Survey of Aging and Disability I&R/A Agencies

NATIONAL COUNCIL ON
INDEPENDENT LIVING

ADVANCING
STATES

# Table of Contents

## Introduction

In 2023, the National Information and Referral Support Center (the Support Center), administered by ADvancing States, conducted the Aging and Disability 2023 Information & Referral/Assistance National Survey in partnership with the National Council on Independent Living (NCIL). This survey was designed to assess the state of I&R/A systems serving older adults, persons with disabilities, and caregivers. Findings from the survey highlight important trends and developments in the provision of I&R/A services.

This issue brief is part of a series of issue briefs based on findings from the Aging and Disability 2023 Information & Referral/Assistance National Survey.[1] This brief focuses on quality assurance and training. Quality standards drive I&R/A service delivery. Quality assurance, staff training, and certification are important components of strengthening I&R/A services. Partners, funders, and individuals themselves look to I&R/A programs to provide empathetic, inclusive, and person-centered services. The 2023 survey examined developments in quality assurance and staff training from a variety of angles: I&R/A standards, quality assurance and improvement, outcome measures, staff training (including in the areas of options counseling and person-centered practices), and staff certification. The 2023 survey builds on a 2018 survey of aging and disability I&R/A programs, allowing for the identification of trends and developments over time.[2]

---

[1] For additional issue briefs in the series, visit https://www.advancingstates.org/initiatives/information-and-referralassistance/resources

[2] The report from the 2018 survey, titled *Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance*, can be found at https://www.advancingstates.org/sites/nasuad/files/NASUAD%20IR%20Survey%20Report%200719_web.pdf

## Methodology and Respondents

ADvancing States' National Information & Referral Support Center developed the instrument for the 2023 I&R/A Survey with input from a workgroup of national, state, and local aging and disability professionals. In collaboration with NCIL, the survey was administered to agencies primarily within the aging and disabilities networks that provide or oversee I&R/A services. Responses were collected through a web-based survey tool in April-May of 2023. To assess the landscape of I&R/A programs and systems, the survey gathered data in several key areas including job responsibilities, service needs and unmet needs, partnerships, quality assurance, training, and information technology. This issue brief focuses on quantitative and qualitative data collected on quality assurance and improvement, agency standards, staff training, and certification.

A total of 285 respondents completed the survey, including representatives from state agencies on aging and disability (35 respondents), Area Agencies on Aging (AAAs) (112 respondents), Aging and Disability Resource Centers (ADRCs) (49 respondents), Centers for Independent Living (CILs) (42 respondents), 211 (13 respondents), and other non-profit organizations (34 respondents). It is helpful to keep in mind that while respondents could only select one agency type for their organization, some respondents likely work in organizations that include more than one type of agency. For example, a respondent may work in a AAA that is also the lead agency for an ADRC. As will be noted in this issue brief when identifying trends over time, the previous 2018 National Survey of Aging and Disability I&R/A Agencies had a greater number of respondents from CILs (there were 93 CIL respondents, or 26 percent of survey participants in the 2018 survey, compared to 42 CIL respondents, or 15 percent of participants in the 2023 survey). It may be helpful to keep this in mind when reviewing the trend data presented in this issue brief.

Additionally, survey respondents were also asked to identify their agency's service area type. Almost half of respondents (48 percent) indicated that their agency serves urban and rural areas, for example, a multicounty mix of urban and rural areas. Twenty-one percent serve a statewide area, 20 percent serve a rural area, and eight percent serve a large urban area. Less than five percent of respondents reported that they serve "other," a small urban area, a national area, or a frontier area.

## Quality Assurance and Improvement
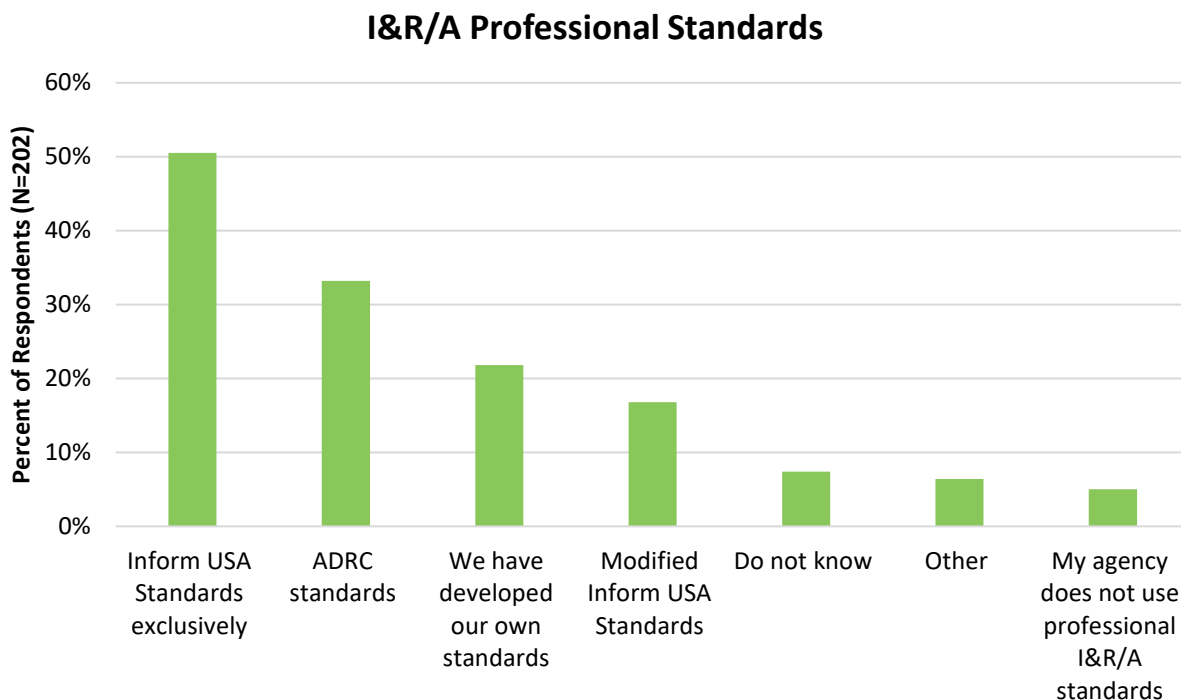
### *Professional Standards for I&R/A*

Professional standards and indicators are an important component of I&R/A service delivery. Professional standards provide a foundation for quality assurance and improvement, as well as guidelines and quality indicators that I&R/A organizations can use to improve all areas of service. Standards also offer benchmarks against which agencies can assess their current practices and measure their progress. Standards used by I&R/A agencies may be national in scope, statewide (such as state standards for ADRC systems), or unique to the I&R/A agency. For example, some agencies modify existing standards or develop their own standards. The aging network broadly adopted the Inform USA (formerly the Alliance of Information & Referral Systems or AIRS) *Standards*, a set of national standards and quality indicators first published in 1973.[3] The Inform USA *Standards,* currently in its 10th edition, includes 25 standards and is updated every three years to reflect trends in the industry. Each standard includes a set of quality indicators.

As seen in figure 1, of 202 respondents, 51 percent reported that their agency uses the Inform USA *Standards* exclusively to support their operations, and 17 percent reported that their agency uses modified Inform USA *Standards*. Altogether, the Inform USA *Standards* provide the foundation for almost 70 percent of survey respondents. Additionally, 33 percent of respondents reported that their agency uses ADRC standards. Twenty-two percent of respondents indicated that their agency developed their own standards, and another seven percent were unsure of the source of any standards used. Six percent reported "other." The majority of those who reported "other" noted that their agency uses standards set by the state agency. Lastly, five percent reported that their agency does not use professional I&R/A standards.

---

[3] Inform USA. Inform USA Standards: Standards for Excellence in Information and Referral. https://www.informusa.org/standards
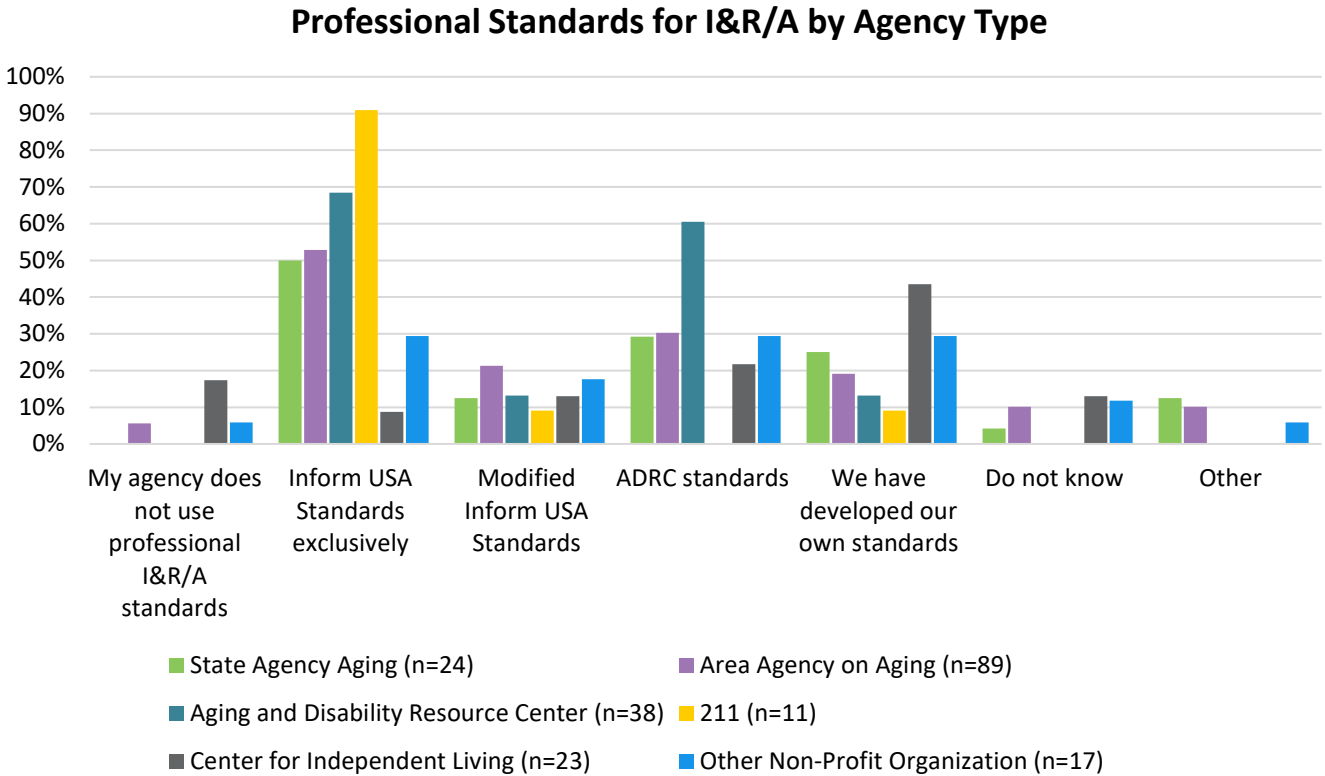
*Figure 1*

## I&R/A Professional Standards



*Figure 1. I&R/A Professional Standards Description: Figure 1 is a bar chart representing the type of I&R/A standards the respondents (N=202) use at their agency. 51% reported using Inform USA Standards, 17% reported using modified Inform USA Standards, 33% of respondents reported using ADRC standards, 22% reported their agency developed their own standards, and 5% reported they do not use professional I&R/A standards.*

Compared to 2018, more respondents in the 2023 survey reported that their agency uses the Inform USA *Standards* exclusively (51 percent in 2023 and 34 percent in 2018). This shift may be related to differences in the composition of survey respondents; the 2023 survey had 42 CIL respondents, while the 2018 survey had 93 CIL respondents. Respondents from CILs are more likely to report that their agency develops its own standards. Additionally, more respondents indicated that their agencies use ADRC standards (33 percent in 2023 and 24 percent in 2018). The increase in respondents using ADRC standards could be related to states continuing to develop and evolve their No Wrong Door (NWD) systems. Furthermore, similar to the 20 percent of respondents in 2018, 22 percent in 2023 reported that their agency has developed its own standards.

Figure 2 shows the use of professional standards by I&R/A agency type. The 2023 survey had more respondents from agencies who indicated that they use Inform USA *Standards* exclusively. 211 programs and ADRCs were most likely to report using the Inform USA *Standards* exclusively, followed by AAAs and state agencies. As noted above, CILs were most likely to report having developed their own standards. This is a historical trend for CILs. This likely reflects the Independent Living philosophy and practice of peer support and consumer control (people with disabilities are the best experts for themselves).

*Figure 2*

## Professional Standards for I&R/A by Agency Type



**Figure 2. Professional Standards for I&R/A by Agency Type Description**: *Figure 2 is a bar chart representing the type of I&R/A standards used by agency type, including State Agency Aging, Aging and Disability Resource Center, Center for Independent Living, Area Agency on Aging, 211, and others. An analysis of the data is in the text.*

### Spotlight on Washington's Statewide Professional Standards: The Community Living Connections Program Standards

Washington State's Community Living Connections (CLC) network is part of the Federal ADRC NWD initiative. As far back as 1996, Washington has used their state's professional standards to provide guidance for Information and Assistance (I&A) professionals. Over time, these standards have evolved from Case Management Standards in 1996, to Senior Information and Assistance Standards in 2005. In 2014, they implemented their Community Living Connections program and in 2024 updated to their current standards to reflect the evolution and be more encompassing of ADRC work. The CLC Standards address organizational requirements, service delivery, and include several appendices on topics such as person-centered assistance and Medicaid Administrative Claiming (MAC). See figure 3 for more information about what is included within the state's standards.

The purpose of the CLC Standards is to provide best practices and guidance for the ADRCs, while still respecting the uniqueness of each ADRC. In Washington, ADRC functions are subcontracted to the 13 AAAs to implement in their local networks. To update the standards the State Unit on Aging (the state) collaborated with a workgroup comprised of staff from the AAAs.

The 2024 update has facilitated more awareness and discussions about the CLC Standards. The state offers training and opportunities for conversations with the ADRCs about the Standards. These conversations have helped the state identify topics within the CLC Standards where there is a need for additional assistance. For example, during conversations with the ADRCs, there was significant interest and questions from the ADRCs on MAC. As a result, in addition to the CLC Standards, the state now offers one-on-one sessions with ADRC staff to review MAC. The CLC Standards also discuss documentation in the state client management system. ADRCs expressed an interest in learning more about advanced utilization of their client management system. Therefore, in companion with the CLC Standards, the state is updating their client management system manuals and will provide training. The state recognizes that the revised standards have aided opportunities for the state and ADRCs to learn from each other. As a result, the state has plans to revisit and reassess the CLC Standards annually.

*Figure 3*

***Framework for Community Living Connections Standards***
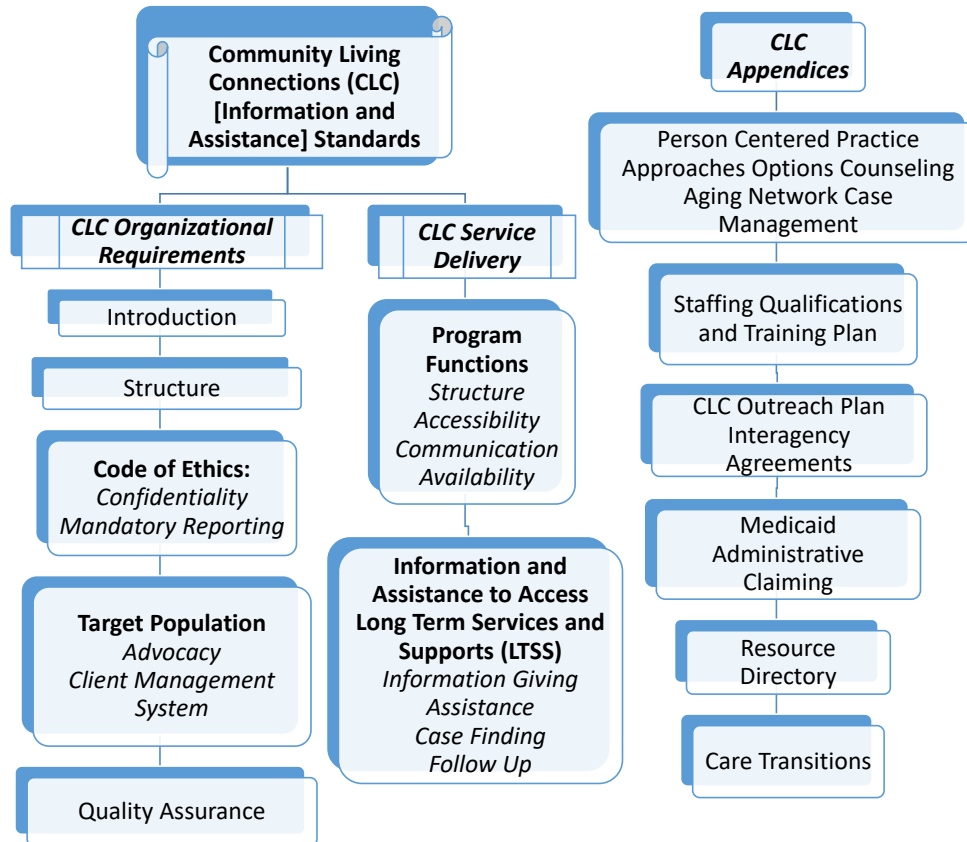


***Figure 3. Framework for Community Living Connections Standards Description:*** *Figure 3 is a chart of the organizational structure of Washington's Statewide Community Living Connection (CLC) Program Standards. The standards have two main categories. The first category labeled 'CLC organizational requirements' has three sub-categories, CLC Organizational Requirements, Code of Ethics, and Target Population. The second category labeled 'CLC Service delivery' has two sub-categories, Program Functions, and Information and Assistance to Access Long Term Services and Supports (LTSS). There is an additional section for CLC appendices.*
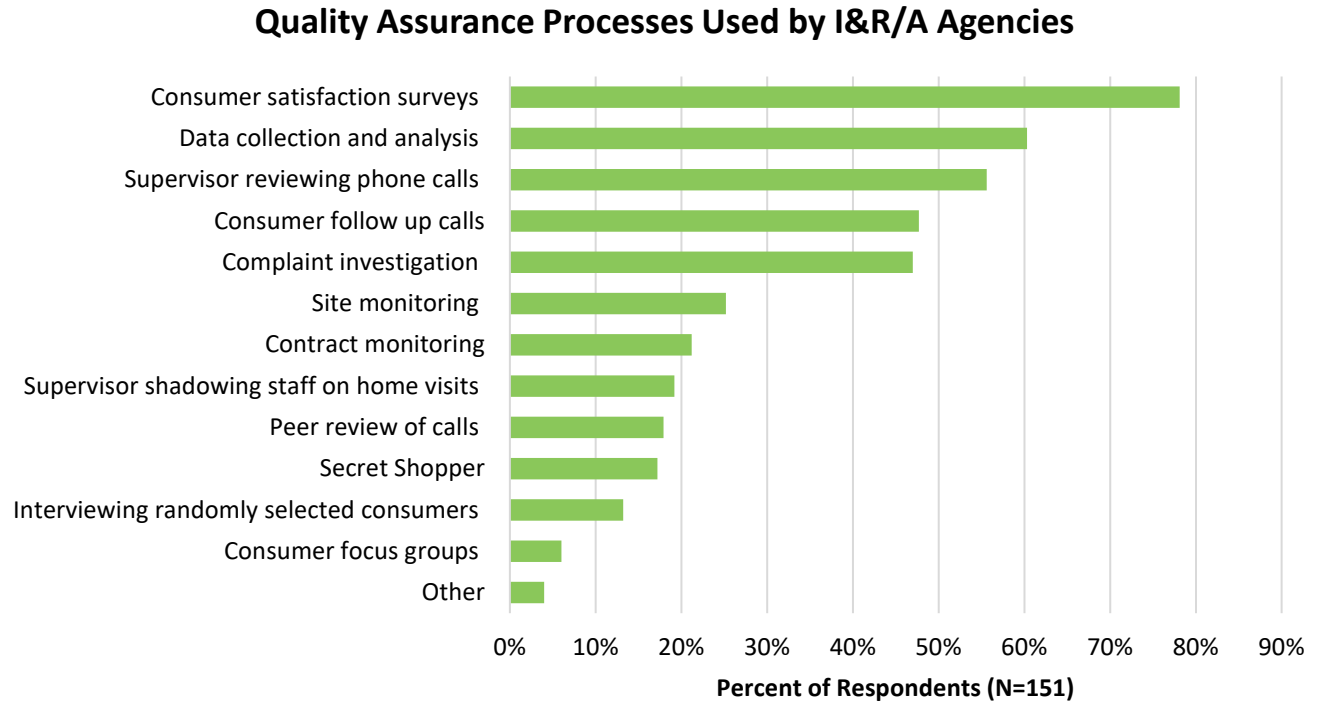
## *Quality Assurance Processes*

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

In the 2023 survey, 74 percent of participants indicated that their agency has QA measures for its I&R/A services. Ten percent reported that their agency does not have QA measures and 16 percent reported not knowing. Thus, for 26 percent of respondent agencies, QA measures for I&R/A services are not used or might not be known by staff. This is an improvement from the 2018 survey, in which 61 percent of respondents indicated that their agency had QA measures, and close to 40 percent of respondent agencies reported that QA measures were not used or not known by staff. This improvement may be related to growing expectations for effective and person-centered services. Opportunities in the area of social care referrals and partnerships with healthcare entities might also call for a focus on quality assurance.

For agencies that do not have a QA process for I&R/A services, the most commonly reported reason was due to a lack of staff time or understaffing. Furthermore, while some may not currently have QA processes in place, a few respondents mentioned that they are developing QA practices. For instance, one respondent shared that, *"This is in development, it has been a slow process due to lack of staff time."* A few participants also indicated that they do not have QA processes because of their limited data collection capacity.

There are a variety of QA processes agencies use to assess the quality and performance of their I&R/A services. Figure 4 displays the QA processes survey respondents reported using. The most commonly reported practices include consumer satisfaction surveys, data collection and analyses, and supervisors reviewing phone calls. The QA measures reported in 2023 were similar to those in the 2018 survey, underscoring the consistency of agency approaches to quality assurance.
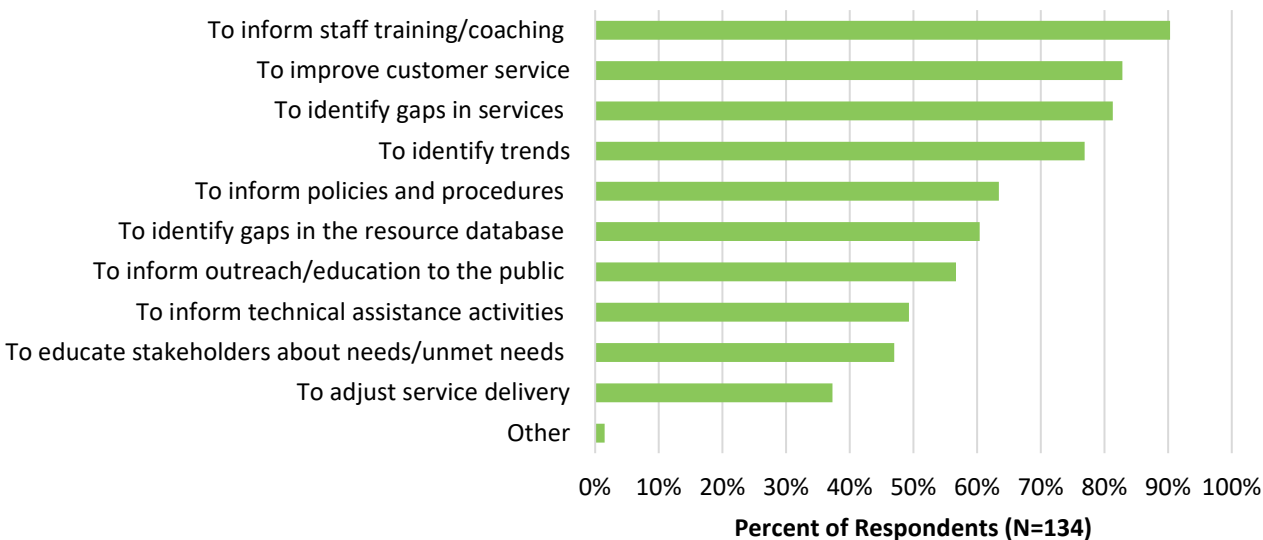
*Figure 4*

## Quality Assurance Processes Used by I&R/A Agencies



**Figure 4. Quality Assurance Processes Used by I&R/A Agencies Description**: *Figure 4 is a bar chart representing types of quality assurance processes used by I&R/A Agencies. The top 10 responses are consumer satisfaction surveys, data collection and analysis, supervisor reviewing phone calls, consumer follow up calls, complaint investigation, site monitoring, contract monitoring, supervisor shadowing staff on home visits, peer review of calls, and secret shopper. Additional analysis of the data is in the text.*

## *Quality Improvement*

Data and findings from quality assurance processes can inform quality improvement (QI) activities to improve the overall quality of I&R/A services. Eighty-nine percent of survey respondents indicated that they use information from QA practices to support QI activities, while four percent reported not using QA to support QI activities, and seven percent indicated that they did not know. This is an increase from the 2018 survey, in which 56 percent of participants reported using information from QA to inform QI. As seen in figure 5, I&R/A agencies use QA data to support many QI activities. QI activities range from internal facing, such as using QA to inform staff training and coaching, to external facing, such as using QA to inform education to the public and educating stakeholders.

*Figure 5*

**How Agencies Use Quality Assurance Processes to Support Quality Improvement Activities**

| Category | |
|---|---|
| To inform staff training/coaching | |
| To improve customer service | |
| To identify gaps in services | |
| To identify trends | |
| To inform policies and procedures | |
| To identify gaps in the resource database | |
| To inform outreach/education to the public | |
| To inform technical assistance activities | |
| To educate stakeholders about needs/unmet needs | |
| To adjust service delivery | |
| Other | |

0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

**Percent of Respondents (N=134)**

**Figure 5. How Agencies Use Quality Assurance Processes to Support Quality Improvement Activities Description:** *Figure 5 is a bar chart representing responses (N=134) on how quality assurance processes are used to support quality improvement activities. The top 10 responses are to inform staff training/coaching, to improve customer services, to identify gaps in services, to identify trends, to inform policies and procedures, to identify gaps in the resource database, to inform outreach/education to the public, to inform technical assistance activities, to educate stakeholders about needs/unmet needs, and to adjust service delivery.*

## State Quality Assurance Processes

In the 2023 survey, state agency respondents were asked if their agency has a quality assurance process to assess the quality (such as consistency, reliability, accuracy, and timeliness) of I&R/A services provided through the aging and/or disability network in their state. Of 28 state agency respondents, 57 percent indicated that they have a quality assurance process, 36 percent do not, and another seven percent said that they did not know. The following are examples, described by state agency respondents, of QA processes to assess quality:

- o Monitoring and reviewing calls and reports *(Example from respondent: "Statewide service with monthly monitoring and state staff review calls and monitoring on a regular basis.")*
- o Training
- o QA surveys (Example from respondent: *"QA surveys go to the management team for review of staffing, gaps in services, trends in services, etc."*)
- o Data collection

    o Site monitoring

Additionally, some respondents described improvements they are making to their system. For instance, one respondent shared that they are in the process of developing a data dashboard that will demonstrate the thoroughness of their data and provide management trends. Another participant reported that their quality team is working on updating processes and procedures due to management turnover.

## *Outcome Measurement for I&R/A Services*

Quality assurance includes process and outcome measurement. Process measures evaluate effort and indicate how well a service delivery system is functioning. Outcome measures evaluate effect and assess whether services make a difference and how they impact individuals and families. Outcome measures can address service outcomes such as whether an individual received the help they needed through the referral(s) provided, or they can address person-centered outcomes, such as an individual's progress towards or attainment of community living/independent living goals. Fifty-three percent of survey participants indicated that their agency measures outcomes for individuals that receive I&R/A services, 35 percent said that they do not, and 13 percent did not know if their agency measures outcomes. This finding represents an increase from 2018 in the number of respondents reporting that their agency measures outcomes (43 percent in 2018 compared to 53 percent in 2023). The following is an example of outcome measurement efforts from an Area Agency on Aging survey respondent: *"Bi-Annually, a random caller sample from a previous month is provided by the State Aging Unit to our agency. Volunteers outside of the I&R/A department are recruited to call each person in the sampling. The volunteer enters the person's responses directly in a secure portal link provided that only the State Aging Unit has access to the results. Afterward, the agency will receive a copy of the results to review and determine if any remediation is needed for areas of less than 80% positive results."* Measuring outcomes helps to demonstrate the importance of I&R/A services. One survey respondent described the critical nature of outcome measurement, sharing, "*we have an entire team dedicated to this to ensure we have high standards and provide quality assistance.*"

Follow-up is a core component of I&R practice and can be a valuable tool in assessing outcomes. Follow-up is the process of contacting clients to determine if their needs have been met and if not, why not. In fact, numerous survey participants noted that they perform follow-up activities to ensure service outcomes were met, or to identify further assistance needed. For instance, one respondent shared that, *"AAA/ADRC subgrantees perform follow-up activities (as detailed in the ADRC procedures manual) to ensure service outcomes were met or, if not, further assistance to provide consumer/caregiver a solution to needed assistance."* In addition to follow-up, respondents also reported using customer satisfaction surveys to measure service and client outcomes.

Survey participants further described the types of outcomes they measure through follow-up, customer satisfaction surveys, or other means. In general, examples include needs met and unmet needs; satisfaction with services provided and the referral(s) received; and enrollment into programs. Some respondents described outcome measures unique to their program, for instance, one participant reported, *"We measure outcomes of our Falls prevention program by asking the consumer whether they've had any falls in the three months prior to the home visit*

*and a follow up call three months after. The measurement is determined by whether they had falls after the visit was made.”* For some agencies, contracts or grants may drive the types of outcomes measured. Outcome measures can help demonstrate performance and the quality of services to funders. For example, one respondent shared that their agency tracks, *“specific outcome measures typically connected to NWD grant activities.”*

## Staff Training

### Training for I&R/A Specialists and Training Topics

In the 2023 survey, of 206 respondents, 89 percent reported that I&R/A specialists in their agency are given training on topics related to I&R/A. In the 2018 survey, 78 percent of respondents reported I&R/A specialists received such training. As seen in figure 6, trainings offered cover a wide range of topics.

*Figure 6*

**Training Topics for I&R/A Specialists**

| Over 70% reporting: | Over 60% reporting: | Over 50% reporting: | Over 40% reporting: |
|---|---|---|---|
| Community resources/programs | Person-centered practices | Crisis intervention | Use of resource database |
| Adult Protective Services | Communicating with people with disabilities | De-escalation techniques | I&R and/or case management software |
| Communication skills | Data collection and/or reporting documentation | Options Counseling | Medicare counseling |
| Diversity, equity, inclusion and accessibility | Advocacy | Disaster/emergency preparedness | |
| I&R/A Process | | | |
| Public benefits | | | |

*__Figure 6. Training Topics for I&R/A Specialist Description__: Figure 6 is a table displaying reported training topics for I&R/A specialists. An analysis of the chart is within the text.*

As the I&R/A role has become increasingly more complex, many agencies train specialists across a range of topics.[4] The percentages reported in figure 6 underscore the breadth of training needed for I&R/A work. For all but two topics, half or more than half of survey participants reported providing training on the topic. The top six training topics, all with 70 percent or more of respondents include:

1. Community resources/programs

---

[4] For more information about I&R/A roles and responsibilities, please see the issue brief in this series that draws from the Aging and Disability 2023 Information & Referral/Assistance National Survey, *Service Delivery in the Aftermath of a Pandemic: Findings from the Information and Referral/Assistance National Survey*: https://www.advancingstates.org/sites/nasuad/files/IR%20Service%20Delivery%20Issue%20Brief%202024%20FINAL_0.pdf

2.  Adult Protective Services

3.  Communication skills

4.  Diversity, equity, inclusion and accessibility

5.  I&R/A process

6.  Public benefits

This is similar to trends in the 2018 data, in which community resources/programs, communication skills, and the I&R/A process were reported as the top three training topics. Training on community resources and programs demonstrates the importance of I&R/A specialists being knowledgeable about programs and services for the individuals and families that they serve. Training on communication skills and the I&R/A process reflects the significance of specialists being equipped with foundational knowledge and skills to deliver effective I&R/A services. Adult Protective Services (APS) and public benefits were training topic options added to the 2023 survey. The percentage of respondents reporting these as training topics indicates a relationship between the services provided by I&R/A with APS and public benefit programs. Eighty-two percent of participants reported providing training on APS; this suggests that it is important for I&R/A specialists to be trained to identify possible safety issues, to respond to crisis situations, to understand protective services, and to be positioned to support and assist people experiencing self-neglect.  Additionally, 73 percent of respondents indicated they provide training on public benefits. Individuals and families seeking support from I&R/A agencies may be in need of or seeking services provided by public benefit programs such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), utility assistance, and more.

## *Training on Person-Centered Practices and Options Counseling*

As noted in figure 6, 68 percent of respondents reported that training on person-centered practices, such as person-centered counseling, planning, and thinking, is provided to I&R/A specialists at their agency and 56 percent indicated that training is provided on options counseling.

Respondents who reported the provision of training on person-centered practices and on options counseling were asked to describe how the training is provided to specialists in their agency. In figure 7, 68 percent of 126 respondents indicated that the training is provided by the state agency and 57 percent reported that they use an agency developed training. This finding does not necessarily imply that state agencies develop such training; state agencies might develop training or may coordinate the provision of training through existing training programs. As in 2018, state agencies were identified as a lead in the provision of options counseling and/or person-centered practices training, followed by agencies developing their own training. After training provided by the state agency and agency developed training, smaller percentages of respondents reported that training is provided through the Person-Centered Counseling Training Program (course content available from the Administration for Community Living (ACL)), conference-based training, Boston University CADER, and Person-Centered Counseling Training (DirectCourse). Not pictured in figure 7, are seven percent or less of respondents who reported using each of the following: Independent Living Research Utilization (ILRU) training, National Center on Advancing Person-Centered Practices and Systems (NCAPPS) educational resources, university-based training, Charting the LifeCourse program, other, and Learning Community for

Person Centered Practices. The following is an example from a state agency respondent of how person-centered training is provided to I&R/A Specialists: *"State Unit on Aging provides Person Centered Thinking Training that is open to all ADRC/AAA staff and partner agencies. Pre-pandemic, these trainings were mainly 2-day in person Learning Community for Person Centered Practices model. During pandemic, state staff developed 4.5 hour virtual model that is offered at least quarterly along with Active Listening and Dementia Capability person centered options. Some local ADRC's have also developed additional opportunities for their staff."*

Respondents from state agencies, ADRCs, and CILs were all most likely to report using training provided by the state agency. AAAs were most likely to report using training provided by the state agency as well as agency developed training. After training provided by the state, CILs were most likely to report using agency developed training and ILRU training.

*Figure 7*
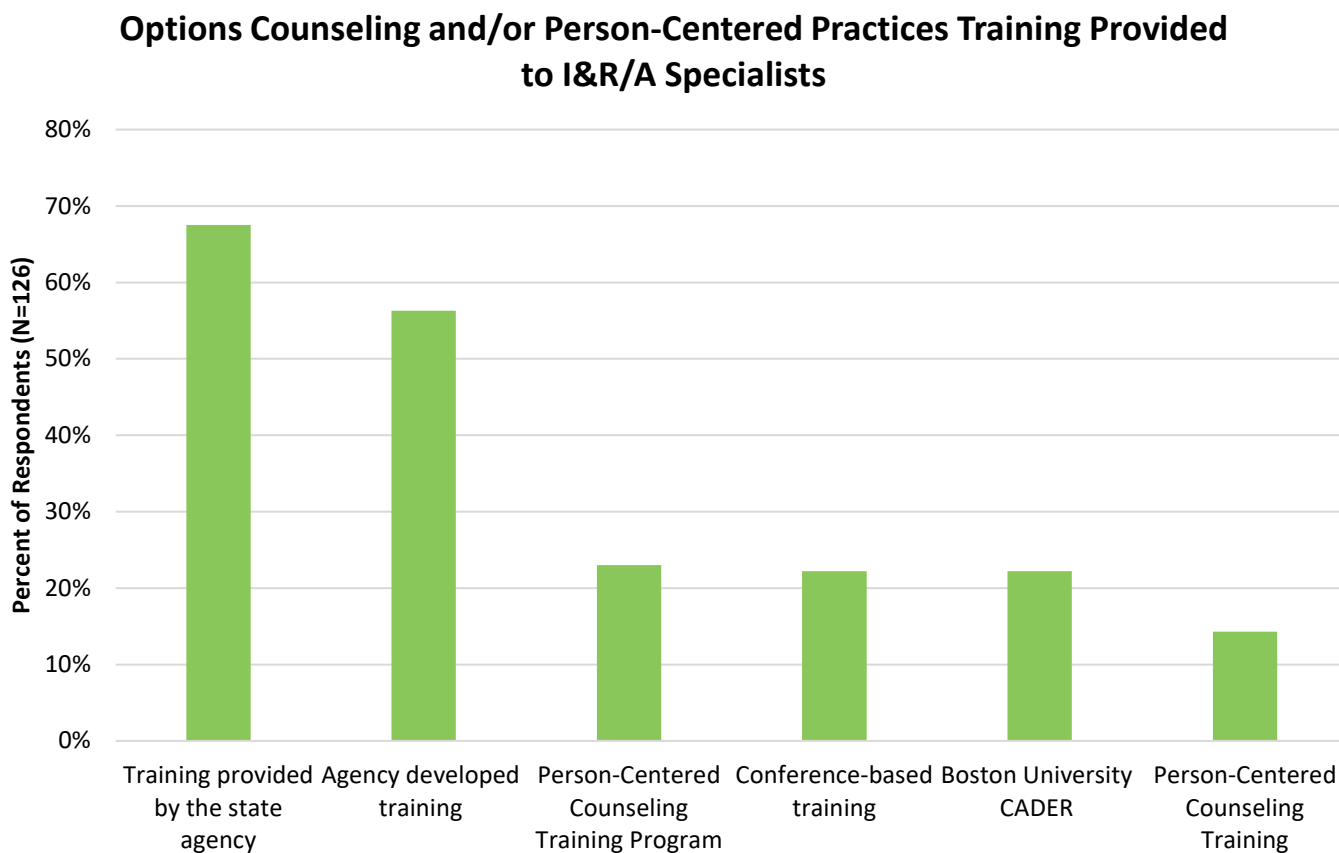
## Options Counseling and/or Person-Centered Practices Training Provided to I&R/A Specialists



*Figure 7. Options Counseling and/or Person-Centered Practices Training Provided to I&R/A Specialists Description:* Figure 7 is a bar chart representing responses (N=126) about how Options Counseling and/or Person-Centered Practices Training is provided. The top five responses are state agency, agency developed training, person-centered counseling training program, conference-based training, and Boston University CADER. Additional analysis of the chart is provided in the text.

## *Training on Person-Centered Practices — The Role of State Policies and Procedures*

Noting the role of state agencies in the provision of person-centered practices/counseling (PCC) training, the survey asked state agency respondents if their agency has policies or guidance that require or encourage the provision of training on PCC to specialists within their state's aging/disability network. Of 29 state agency respondents, 59 percent indicated that their agency has policies or guidance, and 14 percent shared that policies or guidance are in development. Respondents described how their policies or guidance address the provision of training on PCC. For instance, some require PCC training for new hires. One participant reported that, *"Everyone must complete the PCC trainings in Elsevier and attend an in-person session in the first year."* Others noted that PCC training is offered or required annually. For example, one respondent shared that, *"[Our state] Medicaid offers PCP training either annually or more for new Medicaid Waiver Case Managers and ADRC Specialists."* Additionally, one state reported that PCC training and language is included within their policy and procedure manual, and another indicated that person-centered language is included in their program standards.

## Staff Certification

### *I&R/A Certification Requirements*

Certification of staff is another component of strengthening the quality and consistency of I&R/A services. Certification within the field of I&R is based on specific competencies and related performance criteria, which describe the knowledge, skills, attitudes, and work-related behaviors needed by I&R practitioners to successfully execute their duties.[5] While Inform USA certification is not the only type of certification that may be held by I&R/A specialists, it is the only certification that is dedicated to the practice of I&R. The Inform USA Certification Program is based on established standards for the field of information and referral and is comprised of three designations.[6] In particular, the Certification for Community Resource Specialists — Aging/Disabilities (CRS-A/D, formerly CIRS-A/D) credential was designed for practitioners who work directly with consumers and caregivers within the aging and/or disabilities area. They perform the same basic range of skills and tasks as a comprehensive I&R Specialist, but also have a special depth of knowledge related to their core client group.[7]

Survey respondents were asked to describe their agency's I&R/A certification requirement. Figure 8 displays the respondent agencies' certification requirements. Forty-eight percent of respondents indicated that all I&R specialists must become Inform USA certified, 11 percent reported that a certain percentage of specialists must become Inform USA certified, and six percent shared that specialists are encouraged to become Inform USA certified. Twenty-two percent of participants reported that their agency does not have a certification requirement.

*Figure 8*

| I&R/A Specialist Certification Requirements | Percent of Respondents (N=201) |
|---|---|
| All I&R specialists must become Inform USA certified | 48% |
| My agency does not have a certification requirement | 22% |
| A certain percentage of specialists must become Inform USA certified | 11% |
| Specialists must complete training, but not necessarily certification, on certain I&R/A-related topics | 10% |
| Specialists are encouraged but not required to become Inform USA certified | 6% |
| Other | 3% |
| Specialists must achieve certification in something besides Inform USA certification | 1% |

---

[5] Inform USA. 2023. Certification FAQ. https://www.informusa.org/news/certification-faq
[6] The three designations include: 1) Community Resource Specialist (CRS), 2) Community Resource Specialist - Aging/Disabilities (CRS- A/D), and 3) Community Resource Specialist - Database Curator (CRS - DC).
[7] Inform USA. Certification. https://www.informusa.org/core-certification

***Figure 8. I&R/A Specialist Certification Requirements Description****: Figure 8 is a table displaying agency I&R/A specialist certification requirements. The top requirements include 'All I&R specialists must become Inform USA certified,' 'My agency does not have a certification requirement,' 'A certain percentage of specialists must become Inform USA certified,' and 'Specialists must complete training, but not necessarily certification, on certain I&R/A- related topics.'*

When compared to the 2018 survey, more respondents reported requiring that all I&R specialists must become Inform USA certified in 2023 than in 2018 (48 percent in 2023 and 34 percent in 2018). Similar to trends related to I&R standards, this finding may reflect changes in the composition of survey respondents between the two surveys. ADRC, AAA, and state agency respondents were most likely to report that their agency requires all specialists to become Inform USA certified. CILs and other non-profit organizations were most likely to indicate that their agency does not have a certification requirement.

To further understand certification, survey participants were asked to explain their agency's certification requirements. Several respondents described how a certain number or percentage of staff must be Inform USA certified. For instance, a few respondents said that one I&R staff member must be Inform USA certified. Others shared that they require or encourage Inform USA certification after a certain amount of time employed has elapsed, such as certification being required by the end of the first year of employment. Additionally, several respondents indicated other areas where training and/or certification may be required or encouraged. For example, these areas include person-centered counseling, Medicare counseling, training through Independent Living Research Utilization (ILRU), and training developed in-house.
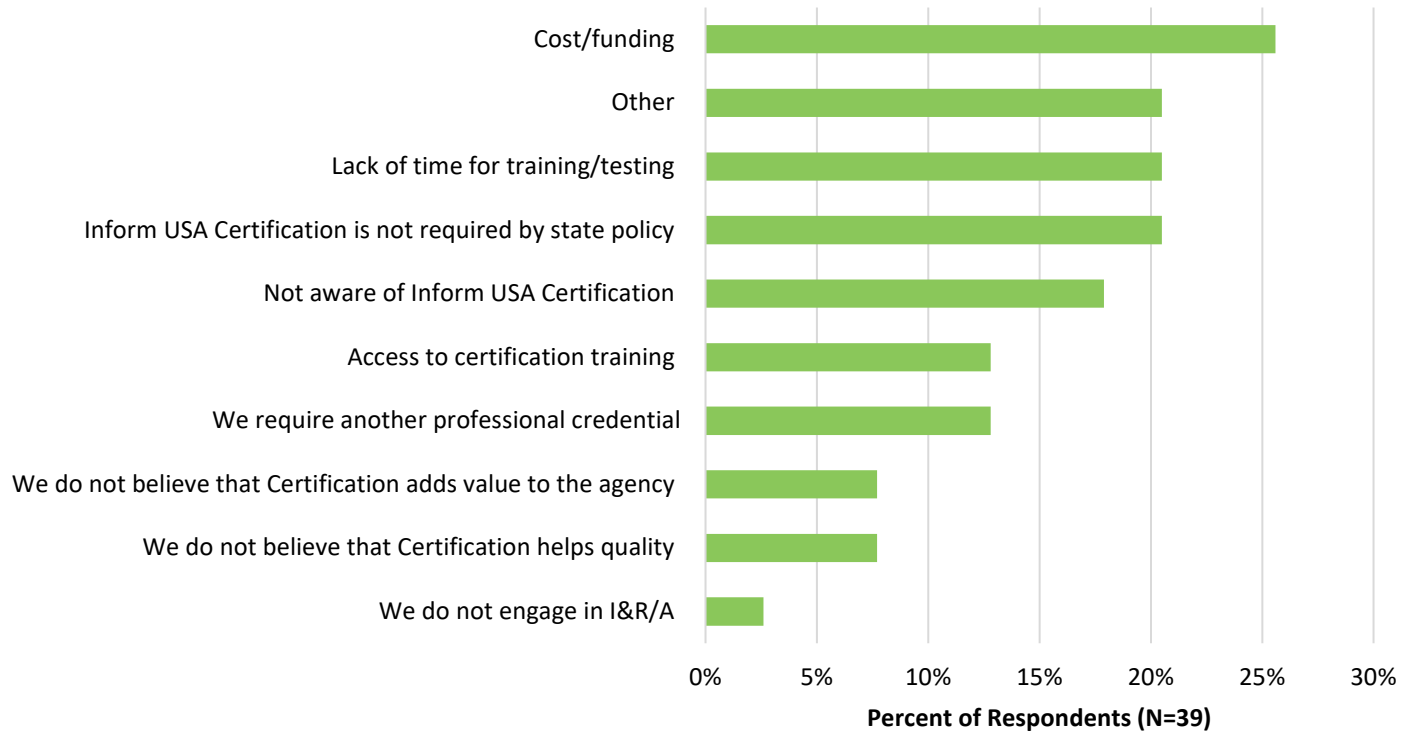
The 22 percent of respondents who reported that their agencies do not have certification requirements were asked to describe the primary reasons for this. As in past surveys, cost/funding is a key reason why certification is not required. The other top primary reasons include, certification is not required by state policy, lack of time for training and testing, and "other." Additional reasons reported include lack of awareness of Inform USA certification, requiring another professional credential, and access to certification training.[8]

---

[8] For agencies interested in CRS-A/D certification training, online training is available through ADvancing States IQ, https://www.advancingstatesiq.org/. For further information and training options, visit Inform USA at https://www.informusa.org/news/certification-study-suggestions. On-demand exam preparation training is available from ADvancing States through archived webinar training, visit https://www.advancingstates.org/initiatives/national-information-referral-support-center/ira-webinars.

*Figure 9*

**Primary Reasons Agencies Do Not Require Inform USA Certification**



Percent of Respondents (N=39)

**_Figure 9. Primary Reasons Agencies Do Not Require Inform USA Certification Description:_**
*Figure 9 is a bar chart representing the primary reasons agencies do not require Inform USA Certification. The top reasons include cost/funding, lack of time for training/testing, Inform USA Certification is not required by state policy, not aware of AIRS Certification and other.*

## State Policies Regarding I&R/A Certification

Certification of I&R/A staff can be impacted by state-level policies and practices, and there is wide variation across states in the number of CRS-A/D holders per state. Of 28 state agency respondents, 50 percent indicated that their agency has policies to encourage or require certification of I&R/A specialists in the aging and/or disability network in their state. In the 2018 survey, 44 percent reported having such policies. As described in figure 10, state agency respondents use a variety of state policies and practices to require or encourage certification. The two most frequently reported mechanisms used include I&R/A job descriptions requiring or encouraging certification and state policy requirements mandating certification. Additional tools used include state standards, contract requirements, training, and funding opportunities.

*Figure 10*

| How State Agencies Require or Encourage Certification of I&R/A Specialists | Number of Respondents (N=14) |
|---|---|
| I&R/A job descriptions require or encourage certification | 7 |
| State policy requirements mandate that I&R/A specialists (all or a certain number) become certified | 6 |
| State standards (for I&A, Options Counseling, etc.) require or encourage certification | 4 |
| Contract requirements mandate that I&R/A specialists (all or a certain number) become certified | 3 |
| My agency funds/subsidizes the cost of certification exams | 2 |
| My agency provides training for certification | 2 |
| Funding/grant opportunities require or encourage certification | 1 |

**Figure 10. How State Agencies Require or Encourage Certification of I&R/A Specialist**

**Description**: *Figure 10 is a table representing responses (N=14) about how state agencies require or encourage certification of I&R/A Specialists. 7 respondents reported that I&R/A job descriptions require or encourage certification. 6 respondents reported that State policy requirements mandate that I&R/A specialists (all or a certain number) become certified. 4 respondents reported that State standards (for I&A, Options Counseling, etc.) require or encourage certification.*

## *Provision of Certification Exam Training*

To become Inform USA certified, candidates must take and pass a certification exam.[9] To assist with exam preparation, some agencies may provide certification training to prepare I&R/A staff to take Inform USA certification exams. Of 205 respondents, 31 percent indicated that they do not provide training, 30 percent provide training, and 29 percent provide time and/or materials for exam preparation (for example, one respondent shared that, *"We would offer time, materials and access to training (such as ADvancing States) for staff pursuing certification."*). Therefore, almost 60 percent of respondents provide some level of support to prepare I&R/A staff for their certification exam.

---

[9] Inform USA. Certification FAQ. https://www.informusa.org/certification-faq

## Provision of Training to Maintain Resource Databases

The resource database is a core component of delivering effective I&R/A services. Resource databases house community resource information — i.e. information on programs and services. The Inform USA Standards for Professional I&R call for I&R services to develop and maintain up-to-date resource databases that contain information about available community resources. To support staff in maintaining database records for resource databases, some agencies may provide specialized training to staff. Forty-three percent of respondents indicated that staff in their agency receive specialized training to maintain database records for their agency's resource database and 35 percent reported that staff do not receive any specialized training. Additionally, less than ten percent of respondents indicated that their agency does not maintain a resource database, they did not know, their agency contracts/partners with another entity for maintenance of database records, or that their agency uses another organization's resource database.

## Cross-Certification with SHIP Counseling

To further understand areas of cross-certification, the 2023 survey asked respondents if their agency requires that Inform USA certified specialists are or become State Health Insurance Assistance Program (SHIP) certified. In 2023, of 114 respondents, 28 percent indicated yes. In 2018, 39 percent reported yes. A few respondents commented that referrals are made to their state's SHIP program. Another respondent shared that the majority of I&R/A specialists are cross-trained in their state's SHIP program.

## Conclusion

Quality assurance and training strengthen I&R/A service delivery and support effective services and outcomes. The survey results from the 2023 National Survey of Aging and Disability I&R/A Agencies demonstrate that agencies use a variety of means to ensure the quality of services provided. Professional standards, particularly the Inform USA *Standards*, provide a foundation for quality assurance and improvement for aging and disability I&R/A agencies. Additionally, with expectations for effective and person-centered services, as well as growing engagement in social care referral initiatives, it is increasingly important for agencies to measure and document the performance and quality of their programs. For some agencies, contracts or grants may drive the types of outcomes measured. I&R/A agencies also provide training across a range of topics to support the quality of services. The range of topics exemplifies the importance of I&R/A specialists being knowledgeable about programs and services, having more awareness and understanding of certain resources and programs such as APS, and being equipped with the skills to deliver effective services. Finally, aging and disability I&R/A agencies report commitment to strengthening the quality and consistency of their services through the certification of staff.

**The National Information and Referral Support Center** is administered by ADvancing States, with funding provided in part by the Administration on Aging within the Administration for Community Living, U.S Department of Health and Human Services. The 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. Inform USA, USAging, and the National Council on Independent Living (NCIL) are key partners in the success of the Center.

**ADvancing States** represents the nation's 56 state and territorial agencies on aging and disabilities and long-term services and supports directors and supports visionary leadership, the advancement of systems innovation and the articulation of national policies that support long-term services and supports for older adults and people with disabilities. ADvancing States' members administer services and supports for older adults and people with disabilities, including overseeing Older Americans Act (OAA) programs and services in every state. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering long-term services and supports (LTSS) for people who are older or have a disability and their caregivers.

**The National Council on Independent Living** is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the United States. Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL advances independent living and the rights of people with disabilities and envisions a world in which people with disabilities are valued equally and participate fully.