## Staffing Requirements

## A. Staffing Plan

A personnel file will be maintained for each ADRC staff person and volunteer according to standard human resources best practices, including a criminal background check per contract requirements. Each file shall include a job description, training documentation, and standardized observation and performance appraisal forms. Staff evaluations will address specific responsibilities, roles, and job functions outlined in the individuals’ job descriptions and will be conducted at minimum on an annual basis.

Each service provider shall develop a written staffing plan which:

1. Defines the qualifications and skills for, and duties of, each staff position for at minimum, the following ADRC roles: Information, Referral and Awareness; Resource Directory Management; Options Counseling and Access Assistance, Care Transitions Support; Quality Assurance and Continuous Quality Improvement (QA/CQI); Program Supervision, and Program Management/Directorship. This includes defining the skills needed to serve the target populations and individuals who are difficult to serve. An ADRC best practice is to also include Care Coordination as a role within the ADRC.
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 sufficient ADRC staffing to support the service area, ADRC functional criteria, unique populations within the service area, phone-call and home-visit volume, and electronic services.

## B. Basic Staff Qualifications

Responsibilities of ADRC staff may vary depending on the ADRC’s size, organization, and funding sources. Roles employ person-centered concepts at all times and include Awareness, Information and Referral, and Resource Directory Management, Options Counseling and Assistance, Transition Support, Care Coordination, Quality Assurance and Continuous Quality Improvement, and others.

1. ADRCs may organize their staffing structure so that each individual has only one role; or in a way that optimizes existing staff to serve in “blended roles” within the ADRC. Blended roles may even include other program responsibilities such as Core Case Management, Family Caregiver Support, health insurance education and counseling, and others. It is at the discretion of the ADRC to determine what staffing structure will work best based upon their agency, organizational capacity and target population. In addition, some roles may best be centrally located, either within the AAA or in a primary ADRC, to ensure consistency across the PSA in coordination with the statewide ADRC program.
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.
4. All staff who provide ADRC services must at minimum have a general knowledge of:
	1. The AIRS training curriculum, *ABC’s of I&R*;
	2. The aging process;
	3. Disability definitions, concepts, etiquette, and independent living philosophy;
	4. Person-centered concepts;
	5. Consumer direction;
	6. Characteristics of other target populations served by the ADRC;
	7. Interviewing expertise;
	8. Cultural competence;
	9. Dementia capability;
	10. The Aging Network service delivery system, including long-term care;
	11. Disability-related service delivery systems such as Independent Living Centers; Developmental Disabilities and Mental Health;
	12. Children’s services delivery systems;
	13. Recognizing abuse and exploitation
	14. APS and CPS Mandated Reporting protocols
	15. Clients rights and grievance procedures
	16. Services funded by ADSA and other service delivery systems in the community;
	17. The purpose of the ADRC program and the services it provides; and
	18. Responsibilities of ADRC, Care Coordination, Core Case Management and Nursing Services, the Divisions of Developmental Disabilities (DDD) and Behavioral Health and Recovery (DBHR), and regional Home and Community Services (HCS) staff.
	19. Federal acts and initiatives pertaining to job duties, for example, the Older Americans Act (OAA), the American with Disabilities Act (ADA), the Affordable Care Act (ACA); the Social Security Act, Medicare and Medicaid, and the joint Administration on Aging and Centers for Medicare and Medicaid Services ADRC initiative.
5. All ADRC personnel, including volunteers, who have unsupervised access to vulnerable adults and/or children, must have a criminal history background check on file per state regulations and contract requirements. Staff or volunteers with disqualifying crimes as defined in [RCW 43.43.830](http://www.leg.wa.gov/RCW/index.cfm?section=43.43.830&fuseaction=section) and [43.43.842](http://www.leg.wa.gov/RCW/index.cfm?section=43.43.842&fuseaction=section) 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.
6. All ADRC personnel, including volunteers, will adhere to state and federal confidentiality requirements, including those under the Health Insurance Portability and Accountability Act (HIPAA).
7. Upon written request, the ADSA Program Manager may waive educational/experience requirements in order to meet the service needs of special populations, including individuals with limited English proficiency; or other reasons, as described by the AAA. The decision of the ADSA Program Manager will be based on the ADRC’s recruitment strategies and outcomes, geographical location, demographics, and special population characteristics, and will be accepted in good faith as final.
8. For most ADRC roles, AIRS credentialing is expected within the first two years of employment, or before completion of 4,000 hours part-time paid or volunteer work. It is also expected that current employees in these roles will have competed this criterion within three years after the issuance of these standards.

Note: In consideration of the fact that the AIRS certification exams are not currently available in alternative language formats; and if an individual is unsuccessful in passing the exam after two attempts, contact ADSA Program Manager for possible waiver to this requirement. Waivers will be considered for some ADRC roles in order to meet the service needs of special populations, including individuals with limited English proficiency and individuals with disabilities.

**C. ADRC Staff Roles and Applicable Qualifications:**

1. **Awareness**

The purpose of Awareness is to build community awareness of ADRCs and to promote awareness of the various service and support options available to individuals in their own communities.

ADRC staff, or others performing the full range of this role and duties, may be volunteers; but must meet the same qualifications as paid employees. Volunteers recruited for short-term special ADRC projects may or may not meet these qualifications.

## Education/Experience

1. B.A. in relevant field and two years of experience providing marketing and outreach; OR two years of relevant college level courses and four years of experience providing marketing and outreach.
2. Experience may be paid or volunteer.
3. Experience providing marketing and outreach for programs serving older adults, persons with disabilities, and persons of all ages is preferred.

**Suggestion for each of the different roles: Could a specific # years of experience substitute for education? Maybe allow up front, especially for those in field for many years. E.g. some have been in the field over 10 and 20 years. Concentrate on capacity vs. just education. ADSA Leadership will make decision.**

1. **Information-giving**

The purpose of information giving is to provide a person and/or their representative with enough information to enable them to locate and obtain needed services without additional assistance from the ADRC staff.

ADRC staff, or others performing the full range of this role, may be volunteers; but must meet the same qualifications as paid employees. Volunteers recruited for short-term special ADRC projects may or may not meet these qualifications.

## Education/Experience

1. 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.
2. Experience may be paid or volunteer.
3. Experience providing services to older people and people of all ages with disabilities is preferred.
4. AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credentialing is expected within the first two years of employment, or before completion of 4,000 hours part-time paid or volunteer work.

## Resource Directory Management

The Resource Directory Specialist, in coordination with Aging & Disabilities Services Administration (ADSA), develops and maintains the local Area Agency on Aging’s portion of the statewide web-based ADRC resource directory .This role will also coordinate the updating of the AAA’s portion of the community resource records in accordance with statewide policies and procedures, in response to community needs, and in collaboration with the statewide ADRC Resource Directory Advisory Subcommittee.

## Education/Experience

1. Four year degree preferred, with demonstrated competency in computer technology; however an Associate’s degree or High School diploma or G.E.D. can be considered with two years demonstrated competency in computer technology.
2. Familiarity with the *AIRS Standards for Professional Information and Referral* as they relate to development and implementation of an ADRC resource database.
3. Familiarity with the basic structure and contents of the *AIRS/INFO LINE Taxonomy of Human Services*; its classification system/taxonomy/thesaurus and; and/or other indexing structures used in database management.
4. Experience in indexing terms and other codes within a taxonomy or other classification system
5. Proficiency in applicable software, which might include information and referral/assistance software. Technical mastery sufficient to write queries, forms, reports and macros.
6. Expertise in writing, proofreading, and editing clear concise descriptions within predefined formats
7. Understands the human service delivery system. Experience involving services to older adults and persons with disabilities is preferred.
8. Proficient in understanding and employing accommodations for persons with disabilities and assistive technology.
9. AIRS Certified Resource Specialist (CRS) credentialing is expected within the first two years of employment, or before completion of 4,000 hours part-time paid or volunteer work. It is also expected that current employees will have competed this criterion within three years after the issuance of these standards.

## Options Counseling and Access Assistance

Options Counseling helps facilitate informed decision-making and successful linkage to needed and wanted services and supports. Preferably it is provided by one Options Counselor who supports an individual through the entire decision making process and follows up with the individual to see what decisions are working. Rapport-building is a critical component of Options Counseling.

## Education/Experience

1. Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience (preferred); OR
2. B.A. in relevant field (social science) and two years of experience providing direct human services; OR
3. Two years of relevant college level courses and four years of experience providing direct human services.
4. Experience providing services to older people and people of all ages with disabilities is preferred.
5. AIRS credentialing is expected within the first two years of employment, or before completion of 4,000 hours part-time paid or volunteer work.
6. Formal Options Counseling Training is expected within the first six months of employment.
7. National Options Counseling credentialing is expected within the first two years of employment, or before 4,000 hours part-time paid or volunteer work.

## Care Transition Support

ADRC Care Transition coaches employ person-centered and evidence-based care transition practices to assist requesting individuals in the successful transition from acute or institutional care, to home and community-based settings. Diversion?

## Education/Experience:

1. Master’s degree in behavioral or health sciences and one year of paid on-the-job healthcare experience (preferred); OR
2. B.A. in health or social science and two years of experience providing direct health or human services; OR
3. Associate degree in a health care field and four years providing direct human services;
4. Experience in helping patients communicate their needs to different healthcare professionals
5. Experience working independently with minimal supervision as well as part of a team.
6. Demonstrated exemplary customer service skills and ability to handle stressful situations with compassion and understanding.
7. Demonstrated ability to make mental and cultural shift from care provider to coaching paradigm, and the ability to adjust to associated process changes.
8. Demonstrated ability to encourage an individual and/or caregiver’s to be as independent and self-reliant as possible.

Note: It is expected that the ADRC will work with funders and evidence-based model developers to ensure staff meet training and educational/experience qualifications. Please see attachment, entitled \_\_\_\_\_\_ for information on different Care Transition models and their staffing requirements.

## Care Coordination

The primary function of Care Coordination is to assist adults at risk of institutionalization and/or their caregivers in accessing, obtaining and effectively utilizing the necessary services which will enable them to maintain the highest level of independence in the least restrictive setting. Care Coordination activities are consumer centered, with the consumer involved in all phases, whether in an active or consultative mode. Additional ADRC functions may be blended with care coordination to streamline access and enhance the consumer’s experience.

## Education/Experience:

1. Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or
2. Bachelor’s degree in behavioral or health sciences and two years of paid on-the-job social service experience; or
3. Bachelor’s degree and four years of paid on-the-job social service experience.

## G. Quality Assurance and Continuous Quality Improvement

## Education/Experience

1. Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or
2. Bachelor’s degree in behavioral or health sciences and two years of paid on-the-job social service experience; or
3. Bachelor’s degree and four years of paid on-the-job social service experience.

## Duties include:

1. Ensure services are available, are of high quality, and meet the needs of individuals and are sustainable.
2. Ensure that services adhere to program and industry standards.
3. Ensure that public and private investments in the AAA’s ADRC operating organizations are producing measurable results.
4. Recommended criteria and metrics to be addressed in the performance of this role include, but may not be limited to: Keep headers, but put details into an appendix.
	1. Sustainability:
		* The AAA’s ADRC operating organization(s) operates in accordance with the AAA’s Area Plan, the Washington State ADRC Expansion Plan, the Washington State ADRC Program Standards, and any contractual requirements.
		* The AAA’s Area Plan details how ADRC services will be made available PSA-wide and sustained through a variety of funding sources.
	2. Management and Staffing:
		* The AAA has one overall coordinator or manager with sufficient authority to maintain quality processes across all the AAA’s ADRC operating organizations;
		* Each ADRC operating organization has adequate staff capacity to receive referrals, including from partner organizations, and assist individuals in a timely manner with information and referral, options counseling and access assistance, electronic self-services and the resource directory, and care transitions.
	3. Information Technology/Management Information System (IT/MIS):
		* The ADRC operating organization(s) use management information system in collaboration with ADSA that support all program functions.
		* Data validation and remediation is performed on a scheduled and continuous basis, using random sampling for selection of records;
		* The AAA works with ADSA to efficiently share resource and client information electronically across ADRC operating organization(s) and with external entities (as needed/appropriate), from initial contact to service delivery;
	4. Continuous Quality Improvement:
		* The AAA has a plan in place and implemented (per AAA Policy and Procedure Manual, Chapter 6) to monitor program quality; and a process to ensure continuous program improvement through the use of the data gathered, sources which may include:
		* Client satisfaction evaluations or surveys;
		* System-wide/random consumer follow-up processes;
		* Individual follow-ups
		* Stakeholder forums;
		* Root cause analysis;
		* Case/file reviews (both electronic and hardcopy);
		* IT/MIS reports;
		* Special project data analysis by research professionals;
		* Analysis of complaints, grievances, and outcomes.
		* Each ADRC informs consumers of complaint and grievance policies and has the ability to track and address complaints and grievances;
	5. Performance Tracking:
		* The ADRC routinely tracks and reports service delivery and individual outcomes and can demonstrate:
			+ That the ADRC serves people of different age groups, with different types of disabilities and income level in proportions that reflect their relative representation in the PSA
			+ That the Options Counseling provided enables people to make informed, cost effective decisions about LTSS
			+ The number of individuals served by the ADRC that are diverted from nursing facility/institutional settings; and
			+ The number of individuals successfully transitioning from institutional settings (i.e. the number of people assisted through formal coordinated or evidence-based care transitions programs).
		* In coordination with the ADSA ADRC program manager and other AAA staff, help evaluate overall effectiveness of both the local and statewide ADRC program in the following areas:
* Reduction in the average time from first contact to eligibility determination (both functional/clinical and financial) for publicly funded home and community-based services;
* Impact on the use of home and community-based services vs. institutional services; and
* Documentation of the cost impact to public programs including Medicaid
1. Assist in developing ADRC staff training plans; and
2. Utilize a communication feedback loop with ADRC program managers and staffers to continually engage them in the QA/CQI process.

## Aging & Disability Resource Connection Supervision

All ADRC 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 role may also perform the job duties listed below, this is not required. This role and the listed job duties might be called Lead ADRC Specialist or ADRC Coordinator, but the AAA must ensure that they meet the education/experience requirements listed below.

## Education/Experience

1. BA in relevant field (social science) plus two years of experience providing direct human services or two years of supervisory experience.
2. Experience must be paid.
3. Experience providing services to older adults and persons with disabilities is preferred.
4. AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credentialing is expected within the first two years of employment. It is also expected that current employees will have competed this criterion within three years after the issuance of these standards.

## Aging and Disability Resource Connection Program Management/Directorship

Each ADRC 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

1. 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). Masters degree in relevant field (social science or public administration) preferred.
2. AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credentialing is encouraged

## I. Orientation/Training

The agency providing ADRC 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 ADRC will develop a written training plan and standardize orientation for new staff members and continuing training. The plan will encourage staff professional development including assistance in pursuing the nationally approved Alliance of Information & Referral Systems (AIRS) Certification program as a standard for excellence.

Initial training should cover skills that are essential to achieving clear and effective communication with inquirers by telephone and in person and should be completed prior to a new staff member assuming his/her duties assisting callers.

ADRC Group suggests: Rather than list specifics, consider a shorter more encompassing list of training coverage areas, e.g. competencies, service delivery to special populations, laws/regulations, emerging practices…/

Topical Work Group suggests: a list of minimally required training and suggested additional topics. Group agreed should be part of text vs. in an appendix. Maybe group by general information, and then by specific skills that need to be acquired. *Susan will work on this.*

 Types of training appropriate for ADRC staff include, but are not limited to:

1. Introduction to federal, state, and local aging and disability service networks
2. Philosophy of the ADRC program, target population, and program functions;
3. Independent Living Philosophy;
4. Person-Centered concepts and methods;
5. Consumer-directed services;
6. Agency policies and procedures;
7. Overview of Information & Referral/Assistance objectives, characteristics, and process;
8. Interviewing techniques and listening skills;
9. Bringing calls and face-to-face meetings to successful closures.
10. Screening and assessment skills;
11. Information-giving and referral procedures, including protocol(s) for working with other agencies;
12. Options counseling and access assistance skills and procedures;
13. Care transitions coach training and mentoring;
14. Techniques for handling emergency and crisis situations;
15. Techniques for recognizing and assisting indiviudals with behavioral health issues, including use of a lethality assessment;
16. Methods and practice for effectively dealing with “difficult” inquirers such as people who are angry and hostile, people who are manipulative or people who call frequently with the same problem;
17. Approaches for working with multicultural/ethnic inquirers, older adults, people with disabilities, sexual minorities and other special populations;
18. Community Resources and Services
19. Cross-training from community partners, including other I&Rs, who serve ADRC target populations in order to facilitate appropriate consumer service provision and interagency communications and/or referrals.
20. Management and/or use of the resource directory;
21. Appropriate data collection and documentation of ADRC activities;
22. How to work as part of a team;
23. Use of technology in provision of services, including electronic communications.
24. Signs of abuse and exploitation
25. APS/CPS Mandatory Reporting responsibilities and protocols

Ongoing professional development shall be a shared responsibility of both the ADRC operating organization and each ADRC staff. ADRC personnel shall be responsible for attending and obtaining documentation of a minimum of six hours of continuing education each year; and the ADRC shall annually offer six hours of continuing education with topics to be determined as staff needs/interests are identified. In the first start-up year of an ADRC it is recommended that training be provided 2-3 hours/month to learn about different target populations and service/support options. 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 ADRC program directors and supervisors. *The ABC’s of I&R* Training Manual published by AIRS ([www.airs.org](http://www.airs.org)) will be used as part of the training curriculum.

A staff person who answers the telephone but does not meet the qualifications for required ADRC roles, 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 one of the ADRC staff 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.