



CMS National Direct Service Workforce Resource Center

Connecting Older Adults and Persons with Disabilities with Personal Care Assistance: *The Potential of ADRCs as Hosts for Publicly-Funded Matching Service Registries*

Overview

The demand for personal care services and supports provided in individual homes is soaring. The growth is fueled by the aging of the population and new state and federal programs that help older adults and individuals with disabilities to stay in their homes. When given the option, many people choose—and benefit from—arrangements that allow them to hire, manage, and supervise their own caregivers rather than rely on home care agencies. While some of these individuals have a particular caregiver in mind, such as a family member or friend, others benefit from assistance in locating a qualified and compatible worker. In other cases, what is needed is not routine care but rather respite and emergency referrals, or assistance with transitions from one care setting to another.

Several states are experimenting with solutions to help individuals who need long term services and supports connect with available workers. One approach is a publicly-funded “matching service registry” (MSR) that facilitates connections between qualified home care workers and individuals who self-direct their in-home services and supports. These registries can help match supply and demand, allowing consumers to tap into an up-to-date registry of available workers, and workers to signal their availability for employment.

Aging and Disability Resource Centers (ADRCs), particularly at the state level, are potentially strong candidates for hosting and maintaining matching services registries. In their role as single entry points for long term services and supports (LTSS) for people of all disabilities and income levels, ADRCs are responding to increasing demand for participant-directed home-based services. As a result, they are well-positioned to market the value of MSR functions to individuals of all disabilities and income levels. In addition, state ADRCs typically have developed sophisticated dynamic information systems for providing individuals with information about where to access various long-term services and supports, including lists of agency providers and information about education and support services for persons with disabilities and their families. This existing infrastructure may lend itself to incorporating MSRs.

ADRCs and MSRs Respond To What Individuals and Workers Both Want:

- Quick access to up-to-date information
- High quality services in community settings
- Good matches
- One-stop type efficiencies and functions

What do matching service registries do?

Matching service registries (MSRs) are designed to play a very different role from two other kinds of registries that exist in all states: “safety registries” such as criminal background check and abuse registries, and “certification registries” such as certified nurse aide registries listing individuals who have satisfactorily completed a state’s training requirements to work in nursing homes.

The goal of publicly-funded MSRs is to provide efficient platforms for helping seekers and providers of in-home services to connect. To carry out this brokerage function, MSRs typically gather detailed information about the individual’s needs and preferences and the worker’s availability, skills, and preferences. Individuals and workers must each initiate their participation in a MSR. The resulting information is electronically stored and updated.

When an individual contacts the registry with a request for a worker, the matching is done in one of two ways: either the individual performs an electronic search of the worker database using one or more searchable criteria (e.g., zip code or availability by day of week/time of day), or the individual in need of services connects with trained MSR staff who in turn conduct the database searches and report the search results back to the consumer.

Then it is up to the individual to reach out to available workers to begin the screening and interviewing process. Each worker independently decides whether to take any offer of employment.

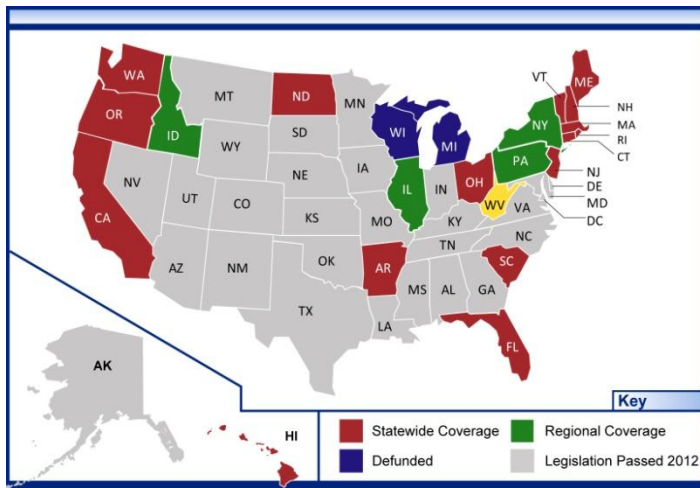
National Direct Service Workforce Resource Center

ADRCs and MSRs Respond To What Individuals and Workers Both Want:

- “Matching Services” Connect consumers with individual PCA workers
- “Safety Registries” Identify PCA workers with questionable backgrounds
- “Certification Registries” Verify training and certification compliance; also check background

Where do MSRs exist?

Fifteen publicly-funded state-based MSRs currently exist. In addition, four regional registries, operating in portions of a state, have also been identified. While most MSRs have been established in the past several years, the oldest MSRs are in California and began operation in the 1990s.



Three state-based registries are currently either nascent or in a holding pattern. Two MSRs have been defunded (in Michigan and Wisconsin). In West Virginia, an MSR is under development following the passage of legislation in March 2012 requiring the Bureau of Senior Services to develop and maintain an in-home worker registry.

Who operates existing publicly-funded MSRs?

Existing MSRs are operated by different entities—some directly by state agencies, others by home care commissions and public authorities (sometimes called home care councils or commissions). Still others are operated under contract with non-profit organizations. Existing regional MSRs tend to be operated by Centers for

Independent Living.

Who funds MSRs?

Existing publicly-funded MSRs are funded with state dollars. Initial or start-up funding for some MSRs was provided by federal Medicaid Systems Transformation grants. Sustaining financial and/or political support for MSRs recently has been challenging. In the past few years California, Washington, and Vermont all saw their MSRs at risk for termination. In 2011, MSRs in Michigan and Wisconsin saw their funding cut altogether.

Who is eligible to use MSRs?

Each of the state-based matching services was designed to accommodate individuals of participant-directed personal care services under specific Medicaid programs. These individuals use the MSR free of charge. Thirteen states also allow access to the registry to private pay individuals, nine of which offer use of the MSR for free.

How do MSRs facilitate “matches” between consumers and workers?

Most existing MSRs allow individuals to search for workers based on specific geographic location, as well as by worker availability, such as times of day, and live-in service. Availability for short-term respite or back-up is a particularly important need and can help individuals with disabilities cover situations where regular providers are sick or have time off, or where fill-ins are required on short notice or to assist with transitions from one care setting to another.

Some matching service registries offer more expanded search criteria—searches based on worker education, training, and experience, as well as availability of transportation. Others expand these searches further and include personality and home environment details with the goal of making better and more sustainable “relationship-matches” between workers and individuals.

What else do MSRs provide?

Many MSRs are part of larger systems of services and supports for individuals who direct their own services and their independent providers. Services sometimes offered in conjunction with MSRs include: worker screening and orientation, recruitment and outreach to potential workers, and training and peer mentoring opportunities for both individuals and workers.

Why ADRCs should consider hosting MSRs?

If brought to scale, MSRs have potential to play an

National Direct Service Workforce Resource Center

important role in building infrastructure to support participant-directed services and supports. But for the most part their numbers today are small—two-thirds of states lack any state-based publicly-funded MSR—and their scope is limited. Furthermore, most MSRs lack full integration with other publicly-supported information and referral networks such as those provided by Aging and Disability Resource Centers (ADRCs), and associated Area Agencies on Aging and Centers for Independent Living.

Compared to many community organizations, state ADRCs are likely to have the capacity and knowledge to build MSRs into existing resource database infrastructures and to manage a dynamic system through skilled resource managers. They are also well positioned to market the value of the MSRs to individuals of all disabilities and income levels.

MSRs can help ADRCs meet their evolving mission. The overall goal of each ADRC is to empower individuals with disabilities and their families to effectively navigate the long-term services and supports system by offering a “one-stop shop” for information, options counseling, and accessing public and private supports. MSRs can help ADRCs meet this goal by providing individuals and their families with access to a dynamic referral system to individual providers. Currently, many ADRCs do maintain hard copy lists of independent providers, but generally with minimal information about worker interests, specialty areas, and availability. Additionally, such information is often out of date.

More specifically, the MSR concept aligns closely with several core ADRC functions including: information, referral and awareness; options counseling; person-centered transition support; and individual-populations, partnerships and stakeholder involvement.

MSRs have the potential to bolster ADRC efforts to promote participant-direction, assist with care transitions, and bring new initiatives such as Veteran-Directed Home and Community Based Services to scale nationally. These initiatives are predicated on the ability to assist informal caregivers find respite services as well as to help participants identify individual providers to provide services on an on-going basis or with episodic assistance needed, for example, with a care transition such as returning home from a rehabilitation center. MSRs can support ADRC efforts to build partnerships across siloed long-term services and supports systems and help build a caregiving infrastructure that supports both the workers and caregivers (often family members and friends) as well as the recipients of long-term services and supports.

ADRC Functions Relevant to Registries	Matching Service Registries
Information, Referral and Awareness <ul style="list-style-type: none"> Link individuals with needed services and supports through established organizations Serve private pay individuals in addition to those relying on public assistance Support a comprehensive online resource database accessible to the public 	✓
	✓
	✓
Options Counseling <ul style="list-style-type: none"> Arrange for the delivery of services and supports for individuals, including hiring and supervising their own direct service workers Provide intensive support to individuals in short-term crisis situations 	✓
	✓
Person-Centered Transition Support <ul style="list-style-type: none"> Create formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another Help people quickly arrange for the supports and services they choose 	✓
	✓
Individual Populations, Partnerships & Stakeholder Involvement <ul style="list-style-type: none"> Support formal agreements between ADRCs and the VA system outlining a protocol for linking veterans with needed long-term services and supports 	✓

National Direct Service Workforce Resource Center

More Information About Matching Services Registries and ADRCs

- For an interactive state-by-state map of MSRs across the country, visit <http://phinational.org/policy/the-phi-matching-services-project/>. This resource provides contact information for each registry and basic profile information.
- For examples of publicly-funded matching services registries, see <http://phinational.org/archives/matching-service-registries-could-help-states-meet-class-workforce-infrastructure-requirements/>
- For more resources connected to particular publicly-funded MSRs (including reports and legislation), visit <http://phinational.org/policy/states>.
- For more information about Aging and Disability Resource Centers across the country, visit: <http://www.adrc-tae.org>.

Additional Resources

Matos, A. (June 5, 2011) "Search for Home Care Goes Online," *Minneapolis Star Tribune*.

Seavey, D. and Marquand, A. (Spring 2011) *Building Infrastructure to Support CLASS: The Potential of Matching Service Registries*, CLASS Technical Assistance Brief Series No. 16, The SCAN Foundation. Available at: http://www.thescanfoundation.org/sites/scan.lmp03.lucid.us.net/files/TSF_CLASS_TA_No_16_Matching_Service_Registries_FINAL_1.pdf

Span, P. (May 4, 2011) "A Better Way to Find Home Care Aides," *The New York Times*.

The Direct Service Workforce Resource Center is a CMS funded project bring together experts from: The Lewin Group; The University of Minnesota's Research and Training Center on Community Living; PHI PolicyWorks; LeadingAge Center for Applied Research; The Westchester Consulting Group; The Annapolis Coalition on The Behavioral Health Workforce; and The Family Caregiver Alliance (FCA). This Issue Brief was authored by Dorie Seavey and Abby Marquand at PHI with input from the full DSW RC team. In addition to CMS, this work was supported by the National Institute on Disability and Rehabilitation Research (U.S. Department of Education), Grant No. H133B080002.