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**Point of Entry Systems for Long-Term Care:
State Case Studies**

EXECUTIVE SUMMARY

prepared for the New York City Department for the Aging

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Introduction

This report was prepared to inform the New York City Department for the Aging about other states' long-term care ("LTC") point of entry ("POE") systems. The analysis and case studies summarized in this report focus on the following topics:

- system structure and integration at the state and local levels;
- common elements of successful systems; and
- special features of each POE system.

The POE and integration of the LTC system

The establishment of a POE implies some degree of integration of the overall LTC system, but establishing a POE is not the same thing as establishing a fully integrated LTC system. According to some observers, there are four aspects of a state LTC system, each of which can be more or less integrated:

1. planning and policy development;
2. system access, client assessment, and local service delivery;
3. cost containment and private sector involvement; and
4. quality assurance and consumer protection.

Establishing a POE involves integrating the second component (system access, client assessment, and local service delivery) in order to achieve equal and easier access for the greatest number. From the perspective of the consumer, integrated access is of paramount importance. From a policy perspective, however, it is useful to consider the role of integration throughout the entire LTC system.

State-Level Structure and Integration

At the state level, there are 3 ways in which LTC responsibilities can be structured: the cabinet model, the umbrella model, and the consolidation model.

Integration of the LTC System at the State Level

Coordination ←-----→ Consolidation

Cabinet Model

Umbrella Model

Consolidation Model

Cabinet model. Under the cabinet model, existing cabinet level agencies (e.g., aging, health, human services) retain their LTC responsibilities but function under an official interagency coordinating committee (Colorado). Such an interagency coordinating committee is the locus for development of any integrated LTC state policy. There is no need for departmental reorganization. This structure requires the least amount of change, but it also lends itself least to true service integration and coordination. Its success is largely dependent upon personal effort and informal agency head consensus; support of the governor is key under this model.

Umbrella model. Under the umbrella model of state administration, all LTC services are provided under one single agency, usually a department of health and social services. Different LTC programs and functions are dispersed among various divisions and bureaus within the umbrella department (Indiana, Maine). Internal responsibilities are shifted in order to increase inter-divisional coordination. An intra-departmental coordinating structure is usually developed to integrate planning, policy development, and resource allocation among the different divisions. Integration of services is fostered by assigning responsibility for programs to one division, using one local access and delivery system, and developing an intra-departmental planning and coordinating committee.

Consolidation model. The consolidation model entails wholesale governmental reorganization. All LTC responsibilities, both institutional and community-based, are placed within one sole-purpose agency (South Carolina (proposed); Texas). This normally requires a major reorganization of state government, including the possible creation of a new super-agency and the dismantling of existing departments. Alternatively, the sole-purpose agency could be a new division of an existing department (Alaska; Massachusetts; Oregon; Wisconsin). Consolidating authority and responsibility in a single organizational structure substantially enhances administrative efficiency and accountability for LTC outcomes. Many states face difficulties in pooling different categorical funding streams that have contributed to the development of fragmented systems. As resource shortages limit states' capacity to fund both nursing home care and HCBS, and trade-offs become necessary, both efficiency and consumer choice are better served if decision-making is integrated within a single organizational structure that has authority over all LTC resources.

Elements of an integrated state LTC policy. Regardless of which structural model is adopted, integration of either the POE or of the entire LTC system does not occur automatically. The plan needs to include the following specific actions to ensure that this integration takes place:

- Agreement on common assessment tools for preadmission screening for nursing homes and for eligibility for HCBS;
- Coordination of a LTC information management system designed to produce usable information for policy development, planning, and resource allocation;
- Coordination of planning, policy development, and resource allocation to ensure that all decisions that impact the LTC system are made with the full knowledge and participation of affected programs and divisions; and
- Use of a single local client assessment and delivery system for HCBS.

Local POE Structure and System Integration

From the consumer's perspective, the state-level structure of the LTC system is far less relevant than how the system is structured locally. Regardless of the model of state government, a POE system should help reduce service fragmentation at the level of the individual consumer. In general, researchers have found that:

- POEs that **serve multiple populations** can achieve economies of scale and streamline relationships with providers;
- **combining or coordinating financial and functional eligibility determinations** expedites access to HCBS; and
- POEs that **coordinate multiple funding streams** have more flexibility to respond to various individual needs.

A POE is **not necessarily a single physical location**. Regardless of the model of governmental structure, a POE does not necessarily require all consumers to enter through a single, physical, geographic location. Alternatives include:

- home visits;
- toll-free telephone numbers;
- a single local or regional agency with multiple locations statewide; and
- “No Wrong Door” – multiple agencies retain responsibility for their respective services while coordinating with each other to integrate access to those services through a single, standardized entry process that is administered and overseen by a coordinating entity.

There is considerable variation in the **type of organizations that act as POE agencies** at the local level. Moreover, some states have multiple types of organizations serving as POE agencies. Typically, different local organizations bring different strengths and face different challenges.

County Governments

- Have extensive expertise in administering state HCBS programs.
- Greater public accountability than private organizations.

... *but*

- Lack experience managing the complex financial aspects of a risk-based managed care operation. Wisconsin offered counties the assistance of a financial consultant to help them design their fiscal management systems.

Aging Agencies

- Have experience with people of all socio-economic groups and have a broader mission than just access to public benefits, so routinely interact with people not familiar with public programs and are perceived as having a broader mission than connecting people with public benefits.
- Staff broaden their knowledge as they begin to work with other target groups, and this strengthens the agency and enhances services to older adults as well. The target groups have more in common than initially recognized.

... *but*

- Takes time for aging agencies to change the organizational culture to incorporate other target groups.
- Aging agencies serving as POEs need to implement systems to ensure that OAA funds are used only for older adults, not other target groups served by the POE.

Human Services/Social Services Agencies

- Already have an intake system, including close collaboration with financial eligibility determination, that makes it easier to develop a POE for publicly-funded LTC programs.

... *but*

- Need to avoid public perception of the POE as part of the welfare system; thus, some degree of separation between the POE and the rest of the agency may be helpful in reaching a broader group of consumers.
- Need to be careful to assign people with a broad focus to staff the POE.
- Strong interaction and collaboration with local aging programs is necessary for the POE to meet its goals.

Private Organizations

- May have specialized experience managing complex information systems, databases, call centers, or managed care systems.
- Have greater flexibility in managing personnel, because they are not subject to civil service rules or hiring restrictions

... *but*

- May have higher overhead, because they typically do not receive in-kind space or administrative support from local government agencies

Common Elements of Successful Systems

Successful POE models share several common elements:

- **Administrative uniformity + flexible service packages.** Some aspects of community LTC systems can be tightly structured and uniform statewide without compromising states' ability to flexibly respond to individual service needs. Uniform assessment tools, explicit financial eligibility criteria, and the development of POE systems themselves have all made access to community care more predictable from a client's perspective and more standardized as viewed by program administrators. Yet the actual services provided often are very loosely defined, giving local program managers considerable latitude in tailoring service packages to individual needs.
- **Comprehensive planning + gradual implementation.** Most states studied developed their systems incrementally. Some phased in statewide implementation of POE initiatives by geographic area. Some added various program components over a period of several years. However, since the various components of LTC systems all interrelate, undertaking a comprehensive planning process before major new initiatives are underway:
 - ⇒ is essential to ensure that guiding principles and goals are reflected in all aspects of the system;
 - ⇒ better enables a state to manage the system as a whole, rather than its parts;
 - ⇒ makes it easier to add new elements in the future.
- **Accountability for outcomes, not micromanagement.** States prefer to hold local POE systems accountable for end results rather than trying to control every detail of local administration. This approach recognizes differences among communities in local practices and traditions and avoids emphasizing process requirements.
- **Stakeholder consensus on values and goals.** Successful system changes often begin with the achievement of broad-based consensus among key stakeholders on the values, principles, and goals that a new system should reflect. Such an approach has many benefits:
 - ⇒ All stakeholders have a common understanding of what the new system is expected to accomplish for participants.
 - ⇒ As program design and implementation proceed, a strong values framework provides a guidepost for decision-making and for resolving conflicts about competing strategies.
 - ⇒ All stakeholders have a shared investment in making the plan succeed and achieving the goals of LTC reform.
 - ⇒ Stakeholders are more willing to give up their turf in order to put consumers first and work together as a team.

San Diego, California's LTC system features:

- POE is a county-wide toll-free Call Center based in an expanded AAA
- integrates OAA, state general funds, Medicaid waiver and state plan, social service block grants, and county funds
- investment in staff development
- strong community support

Colorado's LTC system features:

- POE agency chosen by counties and certified by the state
- state has performance-based contracts with POE agencies
- multi-county POE districts, to achieve economies of scale
- gradual implementation of POE system, by geographic area and by function
- formal processes for stakeholder input and local resource development
- aging network and POE system are not integrated at the state level, but can be integrated locally at the option of each local POE agency.

D.C.'s LTC System Features:

- A detailed fiscal impact statement for development of a POE
- D.C.'s POE system is based on the Wisconsin model.

Maine's LTC system features:

- Centralized administration to control costs and streamline consumer access
 - ⇒ centralized access via telephone or referral form – not a physical location
 - ⇒ a single, for-profit agency to perform assessments statewide
 - ⇒ centralized oversight and authorization of all agency-provided HCBS by one statewide authorizing agency
- decentralized, local service provision
- laptops in the field limit back-end need for data entry
- use of program and evaluation data to analyze program costs and incorporate into planning

Massachusetts' LTC system features:

- Centralized access, medical eligibility determination, service authorization, and case management, via a network of 27 regional Aging Services Access Points (ASAPs);
- a uniform assessment instrument and uniform case management standards;
- collaboration among ASAPs and with other community partners;
- consolidation of LTC administration in a single state agency; and
- support from the state legislature, the state aging office, and a strong trade association.

New Jersey's LTC system features:

- POE agency chosen by counties
- Information systems upgrade plans required
- Toll-free number for information and services
- Gradual implementation of POE system

Oregon's LTC system features:

- AAAs have the option to serve as POE agencies
- Case managers use laptop computers to complete an automated assessment instrument
- POE determines financial eligibility for Medicaid
- Priority level system facilitates planning and resource allocation
- Recognized as a leading model for LTC reform

Wisconsin's LTC system features:

- managed care pilot
- “no waiting list” guarantee
- Web-based functional screening tool
- gradual implementation
- localities have the option to include Older Americans Act funds
- has been extensively studied and written about

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