



New York State Association of Area Agencies on Aging

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Response to REQUEST FOR INFORMATION for a Point of Entry System of Long Term Care in New York State

A. INFORMATION, ASSISTANCE AND ASSESSMENTS

- 1. What kinds of tools are necessary to perform strength-based social and medical screenings?*
- 2. Are there existing tools available or will new tools need to be developed?*
- 3. How would those tools be developed and identified?*
- 4. What other tools would be necessary in order to create service plans and/or referrals?*

The aging network has a long history of performing client screenings. Many tools already exist to perform this function, and are being successfully deployed by County Offices for the Aging every day. There are many models existing at the county level that have operated for years. New York's State's 59 local Offices for the Aging (OFAs) have been involved in an on-going process to evaluate cutting edge technology as well as examining the probable cost of shoring up and improving existing technological infrastructure. Criteria identified by OFAs as central to developing an appropriate tool to support a person-centered, strength-based service plan include systems that talk to each other, that is, a technology tool that is compliant with many different systems, to eliminate multiple assessments. Furthermore, any technology tool deployed by the POE must be HIPAA compliant. OFAs are constantly looking to improve processes by implementing new tools where practical and cost-effective and repackaging existing tools where appropriate. We believe that current systems already exist to effectively aid the POE to perform screenings, create service plans and accommodate referrals.

- 5. What is the best way to organize staff at NY ANSWERS to insure that the functions of information, assistance, screening, assessment, service/care coordination and public education are accomplished, and all functions are seamlessly coordinated?*

Offices for the Aging already offer information, assistance, screening, assessment and service coordination. In counties across New York State, OFAs serve as portals to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services. OFAs provide direct services and contract with local providers to furnish other services. While there is much consistency in the types of essential home and community-based services available across the state, these services are customized to reflect varying local needs and resources. OFAs have more than 25 years' experience administering and coordinating services for older adults. And, as the

population has changed over time - with people living longer but facing chronic illness and frailty - OFA services have evolved to meet these new and more challenging needs. OFAs coordinate the provision of low-cost, comprehensive, quality care to thousands of older New Yorkers by helping them and their families navigate a complex system of services. In their local communities, these agencies strive to maximize service potential and avoid duplication of effort. Unless existing mechanisms and agencies providing these services are utilized, the training component would be monumental.

Information, assistance, screening, assessment and service coordination should be based on need and not on payment source. Medicaid clients should be able to participate in such a coordinated system. Other partners, both traditional and new must be intimately involved to insure the success of a truly integrated system. The service coordination teams must be integrated with existing components of each community's long-term care system, including organizations that already serve as voluntary points of entry, "gate keepers", service coordinators or case managers to the target population. OFAs believe in building on community capacity by enhancing existing relationships and resources. For example, Independent Living Centers are a significant source of service provision, coordination and advocacy. There are 37 Independent Living Centers (ILCs) and an additional 8 satellite centers serving New Yorkers in every county in the State. Many offer the vital services involved in helping clients find and maintain jobs. ILCs serve an integral role in a coordinated system of service planning for consumers with the dual goals of avoiding nursing home admission, and maximizing the use of community resources and public programs.

Specifically relating to the aforementioned POE functions, the following criteria should be incorporated:

- Information, assistance and screening functions encompass a different skill set than assessment and service care/coordination.
- These components could be separate, or could be combined. Local flexibility and assets determine how this could be refined. OFAs currently combine these functions in ways that are both unique and advantageous to their respective communities.
- Public education is a separate component. Public outreach and education should be handled on a statewide basis. Coordinated campaigns should be the responsibility of the statewide oversight entity, with local customization relating to the strengths and needs of the county.

6. How can duplication with existing information, assistance and case management services be avoided?

Duplication can be minimized by effective use of existing technology, but must be coordinated by a central entity. The technology already exists to integrate data between multiple human service programs, allowing for the integration of long term care data for shared client populations.

A statewide entity needs to be a data management entity in terms of setting the parameters but letting locals use what works best for them within those parameters.

7. How should NY ANSWERS relate to existing services for infants and children?

If the POE should be determined to include infants and children, the Aging Network is well poised to integrate that population. With a child, there is already an expectation that a family will be involved; with elders, there is no automatic value given to family, except within the Aging Network. This philosophy of care, that is, a holistic plan that involves both formal and informal supports, is complementary to both populations. It would be easier for an Office for the Aging to learn about a new population than for a medical model system to transform their paradigm to a client-centered system.

8. How can NY ANSWERS effectively integrate informal/family supports into consumers' care plans?

A fundamental precept of the NY Answers concept is *choice*; choices for the impaired person and choices for the family. The OFA network has constructed its Information and Assistance system and its case management protocols on the belief that persons should have accessible to them the full range of services available within the community to address their needs in ways most consistent with their preferences. Explaining the range of service options to individuals and their informal/family supports is established practice in NY's OFAs.

Central to the Aging Network's approach in providing services is to support and maximize family and other informal caregivers. New York's families provide 80 percent of the care received by seniors. Caregiver arrangements exist in approximately 734,000 NYS households, or one-in-ten of all NYS households, touching all age cohorts. Informal caregivers save the New York State health system an estimated \$11.18 billion annually.

Recognizing the value and needs of family caregivers, the U.S. Congress added the National Family Caregiver Support Program (NFCSP) to the Older Americans Act (OAA) in 2000, and states and communities across the nation have begun to establish programs on their behalf over the last three years. National data indicates that Offices for the Aging have reached out to some 3.8 million individuals to inform them about the new caregiver program, and that at least 436,000 caregivers received some form of direct support under this program in 2002.

Prior to the passage of the National Family Caregiver Support Program in New York State, Offices for the Aging supported 17 Caregiver Resource Centers offering direct assistance and support as well as information on other resources, including support groups, available to caregivers in their areas. OFAs have a long history of integrating informal supports into care plans, to both maximize health care dollars as well as to increase consumer satisfaction. We have experience with involving family and informal supports in an individual's care plan, where necessary and appropriate, and would seek to do so for other populations.

Integrating informal supports into a care plan can be done with Medicaid, even though there are many challenges in doing so within an entitlement program. Despite the complications, it is being done at the local level, in many communities.

B. COMMUNITY, CAPACITY, COORDINATION, COMMUNICATION

1. How can NY ANSWERS staff be made fully aware of the populations to be served and of all available community resources and programs including social and personal supports, medical and social model services, ancillary supports such as housing, residential options, transportation, respite care, meal services etc.?

County Offices for the Aging have always been the information portal if not the service provider for older New Yorkers, yet the capacity to perform all the tasks, functions, and meet the responsibilities of a POE is not fully in place. However, the infrastructure and the operating philosophy consistent with NY Answers are in place. New York's elders know and trust their local OFA. Therefore, deploying a strategy of enhancing the capacity of existing, trusted agencies would result in greater efficiencies both in terms of cost and rapid deployment.

The Older Americans Act (OAA) requires that all older persons and their caregivers have reasonably convenient, direct access to information and referral services which are available to help them identify, understand and effectively use home and community-based programs and services. The Information and Referral/Assistance (I&R/A) network serves as the gateway to OAA programs and services at the state and local levels. A national study conducted in 2003 by the Administration on Aging found that:

1. OFA-provided I&R/A services are highly rated.

- 93% of respondents were satisfied with the way the call was handled (58% very satisfied; 25% satisfied; 9% somewhat satisfied)
- 89% of respondents would recommend the service to a friend.

2. OFA-provided I&R/A services serve as a gateway to OAA programs for vulnerable individuals and their caretakers.

- 58% of respondents reported the purpose of their call was to obtain help or services for themselves; an additional 42% reported they were calling seeking help or assistance for a relative or friend.
- 70% of the respondents wanted to obtain services.
- 76% of the callers surveyed reported that this was the first time they used the service.
- 65% of survey respondents reported family income under \$15,000.

3. I&R/A services are accessible.

- 98% of callers surveyed reported they got through to the service after three or fewer attempts.
- 95% of respondents said their call was answered within five rings.
- 85% of respondents reported their call was answered by a person rather than voice mail.

4. Persons providing I&R/A services are communicating effectively.

- 97% of the survey respondents reported that the person they spoke to understood what they were saying.

- 94% of respondents reported that the person they talked to explained things so that the caller could understand them.

5. Information provided through I&R/A services is useful to the caller.

- 88% of respondents reported that information received was helpful in resolving their issues (63% said the information was definitely helpful and 25% thought the information was helpful).

Local OFAs in New York State provide effective services because they have established partnerships that have helped them to work with a variety of service providers. They have a well trained staff that are uncommonly knowledgeable about local services.

2. How can NY ANSWERS work and collaborate with local stakeholders?

The state has already defined the basic parameters as stated in the POE function statements; local stakeholders MUST be included in any implementation efforts, especially at the local level. OFAs' past involvement in convening and coordinating local resources to effectively implement state programs has been proven since the passage of the Older Americans Act in 1965.

We must use existing resources, not create an additional layer of government, or parallel bureaucracy.

NY ANSWERS must be able to address the needs of multiple populations with disabilities. A POE would have to work with many other agencies and care should be taken to build on systems where these relationships already exist. Such relationships are critical in that mutual understanding, trust and respect must be established in order to suitably focus on the client's needs. A medical based model looks only to its own resource network. Conversely, OFAs have strengthened their community position by continuously creating new alliances and adapting to the changing character of their partner organizations.

A Long-Term Care Point of Entry will need to interface across a multitude of programs and systems if it is to be effective. Essential partners include local social service districts, county offices for the aging, independent living centers, local hospitals and the home care and residential provider communities, as well as consumers and caregivers. Collaborative linkages between partners is crucial to providing a system which meets the consumer's needs in timely, cost-effective ways that promote dignity, independence, personal responsibility and choice.

The Aging Network has historically embodied a client-centered philosophy, which looks toward each consumer's strengths and abilities to identify what is needed to enable the consumer to continue to live in the most integrated setting. These principles can and should be applied for all age groups.

While OFAs employ a social model, client-centered philosophy, they also interface daily with medical model service providers. The majority of the customers served by OFAs have significant health issues requiring ongoing health intervention. The OFAs are accustomed to integrating care for impaired persons. Offices for the Aging are adept at collaborating across

the service spectrum and coordinating diverse providers to make it possible for older individuals to choose the services and living arrangement that suit them best.

3. How can NY ANSWERS monitor community service gaps and work with appropriate partners to address them?

This question underscores the critical issues of capacity and responsibility. New York State's communities are markedly diverse. The existing service delivery network reflects this range. It is essential that there be local capacity, local accountability and local authority to address service system deficits. Most importantly, New York needs a local long term care system that is dynamic; changing as the "technology" of services advances and as the customers' needs, wants and preferences change.

Resources and needs vary from community to community. Service availability and usage must be determined locally, as service availability and unmet need is not consistent from county to county. OFAs have a greater capacity to determine local need than does a statewide authority.

OFAs are particularly good at this because this has been their established practice for 30 years. There must be local advisory capacity. New York State is too diverse to implement a cookie cutter approach. Flexible, dynamic services such as I&A cannot be "top-down" regulated. OFAs have an existing network that coordinates local agencies based on strengths.

Staffing for cultural competency is one area where only local expertise can effectively determine appropriate engagement. OFAs currently participate in a public hearing process to determine local need. In addition, they partner with a wide variety of organizations to address specific needs in their counties.

The Aging Network has an extensive and proven background in flexible planning for the packaging of services, both public and private. One of our greatest strengths is our networking ability, which allows the greatest possible use of traditional and non-traditional services in assisting individuals to remain independent while having their needs met. For example, many OFAs avail themselves of the services of the NYS Rehabilitation Association's Vision Services Division, which represents the vision rehabilitation providers across New York State. These agencies offer services that help seniors and people of all ages deal with vision loss, a disability which can lead to a host of problems including increased falls and an inability to correctly adhere to a prescribed medication regimen. Utilizing blindness services helps a senior to maintain many activities of daily living that have been preempted by vision loss. There is a greater likelihood that high cost services can be avoided or delayed to the extent people can learn to live as independently as possible despite their vision loss.

4. How would NY ANSWERS coordinate its services with other parts of the system used by participants e.g., hospitals, home and community based providers, Independent Living Centers, nursing homes, and State agency programs?

The local planning process is the key to a seamless coordination of services. Some authority must be given to mandate participation by all stakeholders. If the POE is to truly function for all stakeholders, all service providers must be directed to participate with the NY ANSWERS system. This will require legislative authority to achieve.

The POE must also address the integration of the Medicaid population. If this cohort remains outside the system, NYS will have made little progress toward improving the current, fragmented paradigm.

5. How would NY ANSWERS obtain community feedback about its services?

OFA's already do customer satisfaction surveys. Client satisfaction is handled as part of Quality Management.

Many OFAs have joined with NYSOFA on the AoA-funded Performance Outcomes Measurement Project (POMP), an effort to develop and field-test a core set of performance measures for state and community programs on aging operating under the Older Americans Act (OAA). The Performance Outcomes Measures project (POMP) helps States and local Offices for the Aging assess their own program performance. The project has been developing and refining performance measurement surveys for the assessment of services provided under Title III of the OAA for the past five years. The study shows that services provided by the National Aging Services Network:

- 1) are highly rated by recipients
- 2) are effectively targeted to vulnerable populations and individuals who need the service; and
- 3) provide assistance to individuals and caregivers which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

To date, the data in this project has primarily focused on "satisfaction." The new project phase will go beyond the "satisfaction" descriptor to measure "life change," that is, does the client perceive services provided by an OFA as making a significant impact in their quality of life.

C. SYSTEMS PERFORMANCE, EVALUATION, DATA COLLECTION AND MANAGEMENT

1. What data should be collected about consumers and about services to promote effective systems?

2. For purposes of evaluation and planning, how would that data be shared with appropriate stakeholders (e.g. local communities, state agencies etc.)?

Data collection should be intrinsic to the system, not collected by a separate entity.

Data should be collected in a manner that respects the needs of the individuals coming through the system.

Data should be collected in the least duplicative manner possible. Again, we encourage the use of existing technology as a vital tool to achieve integration of data across multiple programs, supported with meaningful and comprehensive care planning.

3. What skills should staff have? What qualifications are necessary for which functions? Which functions require licensed staff (e.g. RNs, MSWs)?

Licensed staff (i.e. nurses) are integral to an interface with the medical community. As mentioned earlier, several different skill sets are needed for POE staff. The coordination, cross-training and co-location of staff possessing such skill sets is a matter for local determination. Staffing must be commensurate with local needs and assets.

Locating NY ANSWERS within County government would provide ready access to and coordination with other health and human service agency specialists, such as Public Health, OMRDD, and APS. This would be a significant asset in the cross-system coordination of services. Many county Offices for the Aging already operate in such as fashion. For example, the Nassau County Department of Senior Citizen Affairs has successfully organized the broader spectrum of health and human service provider agencies (hospitals, educational facilities, county departments, community-based providers, consumers, etc.) through the development of a coalition to focus on community-based long term care issues for all populations.

D. ORGANIZATION AND FINANCE

1. What are the advantages/disadvantages of a single contract for NY ANSWERS with one statewide entity (with provision for local flexibility and adaptations)?

2. What are the advantages/disadvantages of multiple contracts with several NY ANSWERS providers?

We support the New York State Office for the Aging as the statewide oversight authority, with county offices for the aging acting as local representatives. The existing structure of the Aging Network provides an established framework for NY ANSWERS. Within the Aging Network, there is a mind set to provide consumer-focused, strength-based service. NYSOFA already successfully employs this model and has the insight and experience to deploy this for all populations.

We must use existing resources, not create an additional layer of government, or parallel bureaucracy. County Offices the Aging are established agencies with a reputation for working for the betterment of their communities. Our image in the community is seen as positive and non-threatening. OFAs are seen as an advocate for those requiring long term care services. The trust of this targeted population is central to the engagement of New York's elders.

3. Should NY ANSWERS services (regardless of the number of contract holders) be organized around single counties, consortia of counties (regions), or both?

Due to the vast differences in populations and resources across the state, single county systems for service delivery would prove most beneficial. A single, designated agency in each county would promote the most streamlined path to obtaining services. This single agency would work with already established community resources and services. Enlarging a service area to include a regional consortium would create an impossible situation for the single entity in terms of remaining current about all available resources, as well as providing an impractical challenge of managing a database of continually changing providers. Keeping county-based agencies in place preserves the sense of familiarity and local flavor that appeals to a population that is often skeptical of social services.

4. How would the number and location of NY ANSWERS sites be determined for each county/region?

Appropriate entities already exist at the local level to effectively implement NY ANSWERS. Dismantling too many existing systems will result in chaos.

Service availability and usage must be determined locally, as service availability and unmet need is not consistent from county to county. As the intent is for NY ANSWERS to serve multiple populations, requiring knowledge and expertise across a wide range of disabilities, age-related needs, service issues and programs, a local agency has a greater capacity to determine local need than does a statewide authority.

County Offices for the Aging, local health, medicaid and human service agency staff must work together to collaborate, through coordinated service "teams" to interact with all other organizations providing services, so as to assure consumers and their families the optimum level of service. Some cases may require specialized knowledge and expertise that may be best obtained through the formation of expert teams available to respond to special need cases, such as those involving mental health, mental retardation/developmental delays, and/or alcohol/substance abuse. In many counties these functions are already co-located. OFAs rely on help from their county partners. They are adept at maximizing use of existing County and provider staff. Partner expertise and developed relationships add value to the system.

5. Should a NY ANSWERS system be phased in by:

- Geography (e.g. pilot programs offering all services in model counties followed by a statewide rollout)?*
- Function (e.g. offering Information and Assistance in all counties initially and adding other functions gradually)?*

The system should be phased in over period of time, with the first phase to incorporate the elderly, then bringing in the disabled population. As seniors represent the largest cohort of long term care service consumers, it would make the most sense to address this group first. Once procedures have been established, the system could begin to incorporate the younger disabled and infants and children. Several counties already have systems that serve all populations. These existing systems could serve as a model. This process would result in less disruption of services, which would ultimately benefit all clients.

Further, there is a level of knowledge and trust in local Offices for the Aging, making it easier to engage elders and their families. This will allow a more rapid start up and a more rapid realization of cost and quality outcomes.

6. How can statewide performance standards and the need for local flexibility and variation (based on provider capacity, demographics, geographic factors, etc.) be accommodated and reconciled?

A statewide oversight entity should be responsible for performance standards, quality indicators, outcome measures and benchmarking as well as a technology framework and operational standardization. We need to retain flexibility locally to determine the best structure to meet local needs, but once the data collection piece has been accomplished at the local level, a reactive and responsive statewide authority should prescribe performance standards.

7. Should the NY ANSWERS entity be required to provide all required services itself or should it be able to subcontract?

The POE should be required to provide all services. Subcontracting will erode the continuity of the program and imperil the objectives of “consistent, comprehensive information and assistance in accessing LTC services...particularly ... for individuals whose needs cross various systems and who require multiple, diverse services.”

8. What should be the relationship of NY ANSWERS to Medicaid, Medicare and other health insurance programs?

Care management should be made available to any individual needing this service regardless of payment source. Funding should follow the individual, not the service. Offices for the Aging have long employed the maxim: first, address the needs of the individual, then the funding. Long term care services must be determined on a case by case basis, as each situation is unique.

Aside from Medicaid clients, Offices for the Aging are already coordinating the above-referenced payment sources, and in some counties, OFAs are working in conjunction or partners with their local Departments of Social Services to handle Medicaid.

Among the most significant challenges to establishing a point of entry for publicly-reimbursed long-term care services is the large number and complex nature of governmental funding streams that support such services. These include, but are not limited to, Medicaid, Medicare, Supplemental Security Income (SSI), Temporary Assistance (TANF/Family Assistance and Safety Net Assistance), the Older Americans Act, Social Service Block Grant, and Veterans Administration funds. Eligibility determinations, particularly for the Medicaid program, are case-specific and may involve significant complexities. In addition, such application processes and eligibility determinations currently fall under the authority of multiple State agencies and

their related local County departments. This process should be seamless to consumers; we can only achieve this by partnering with the appropriate local departments. Many counties have already established a procedure whereby specialists are co-located. Counties are uniquely able to conduct cross-system planning and service integration through their various departmental planning and service provision responsibilities. OFAs are uniquely poised to oversee such a collaborative venture.

9. What kinds of technology to support the POE functions are necessary, available and cost efficient?

We believe that current technology exists to fill this function. In order to deliver the best results in the most cost effective manner, the state must impose standard definitions and flexible reporting requirements across programmatic lines.

10. What reimbursement system for NY ANSWERS would best insure a comprehensive, quality, cost efficient, unbiased entity: grant or program dollars based on cost or cost plus incentives; fee for service; regional/local capitation; other?

11. If incentives are part of the reimbursement to a NY ANSWERS entity, what are some examples of outcomes to be rewarded?

12. Recognizing that there are many unknown factors, please give an estimate or range of the probable POE cost? If helpful, you may provide these estimates separately for upstate/downstate and for rural, suburban, urban.

The Aging Network has an unparalleled history of providing seniors with comprehensive assistance designed to achieve and maintain independence in the most integrated setting possible, appropriate to their needs, and they have done so in the most cost-effective manner possible.

Today, 80 percent of the State's Aging Network resources are committed toward maintaining the independence of the impaired elderly who are the most immediate at-risk of Medicaid dependency. Through assisting families and neighbors to sustain their efforts in providing the majority of care to the impaired elders, the Aging Network succeeds in maintaining the independence of elders in their communities at a fraction of the cost of medically focused long term care services and systems. Sustaining the elder's family and friends, who are supporting the elder, is a wise investment.

Offices for the Aging further promote economies of service by incorporating these elements into their service delivery system:

- 1) OFAs promote early identification and intervention – Early identification and intervention has long been proven to promote cost containment. This is especially relevant in the long term care arena when late stage intervention often means nursing home placement.
- 2) OFAs promote independence of the individual – Seniors living independently in their own homes is both cost effective to the state and emotionally beneficial to the individual.
- 3) OFAs focus on family – Family and other informal caregivers remain the primary source of care for clients served by the Aging Network. Offices for the Aging not only acknowledge

caregivers in a client’s care plan, but also provide a vital support network to caregivers to help them cope with their increasing responsibilities.

4) OFAs employ a non-medical model: In a medical model, the emphasis is on illness and treatment, whereas in the social model, the focus is on issues related to strengths and wellness. An underlying principle of a social model program is its emphasis on respecting individual differences and promoting individual choices.

5) OFAs promote flexibility: OFAs provide a dynamic care plan to suit each senior’s individual needs, reassessing and adjusting services over time. Seniors are given as many or as few services as are deemed appropriate. There is no “all or nothing” approach which is intrinsic to many medical model programs.

6) OFAs are effective and efficient – The Aging Network is a true network in that it employs all available community services. As situations change, OFAs have found creative ways to tap community and government resources. We are challenged to utilize every resource available, making it our number one goal to keep families together and as independent as possible, for as long as possible.

Here is an example of how Offices for the Aging utilize resources in a fiscally effective manner.

Characteristic	EISEP Services
Women	79%
Lives Alone	68%
Average Age	80
80+	56%
Service Hours	
Formal Services	10 hours
Home Care	5.5 hours
Case Management	0.5 hours
Other services	4.0 hours
Informal Care	12 hours
TOTAL	22 hours
Cost per customer	
Weekly	\$121
Yearly	\$3,704

This is a relatively nominal investment to make to support an individual in the most integrated setting.

13. How could the transition from the current system (with considerable local variations) to the NY ANSWERS system be accomplished?

14. How should NYS (the contractor) oversee and evaluate the service?

Appropriate entities already exist at the local level, with county Offices for the Aging well positioned with the appropriate experience and skills to assemble the necessary partners (i.e.: local DSS – Medicaid, public health and other community-based organizations) to successfully implement NY ANSWERS and build the needed capacity to cost-effectively meet the needs of

the consumer. Again, we advocate for a system that uses existing resources. Creating an additional layer of government, or parallel bureaucracy would only serve to further fragment New York's long term care system. We must not dismantle existing systems because the existing service array is flawed and confusing to the customer. Rather, we must re-combine those elements which are already uniquely successful, redefine cooperative relationships with providers in still other funding streams, and work together to provide disabled citizens with "one stop shopping" for assessment, service planning, service referral, and coordination.