

Opportunities for Technology Assistance
Prepared for the Legislative Commission's Subcommittee to Study Issues
related to Senior Citizens and Veterans
December 11, 2007

Background

It is not uncommon for every type of service program to collect data for service delivery, payment, assessment, or other types of client tracking. The kind of data collected has generally been based on the funding entity's request or mandates, state and federal. This data is generally collected at an agency level and is not easily accessible to other agencies or decision making bodies. This creates problems when determining statewide needs and characteristics of the aged population.

The necessity of technology solutions for data collection and need forecasting became evident during the development of the Strategic Plan for People with Disabilities and the Strategic Plan for Senior Services. The Plan for People with Disabilities noted that "A primary problem in Nevada is the lack of an effective overall information system for people with disabilities. Each state agency, sub-agency, county and private service provider has its own separate information system. As a result, service delivery is often provided in an inefficient and scattered manner. Information systems are replete with missing pieces in some places, and duplicated counts of people and service units in others, resulting in a common practice of development of service plans and budget projections based on misinformation. The Task Force has recommended support for a comprehensive review of all data systems for people with disabilities in Nevada and the development of a unified information system. The investment needed for the development of this system will be significant but medium and long-term benefits of such a system are incalculable."

DAS Solutions for Technology Assistance Needs

NEVADA CARE CONNECTION

In 2002, the Division worked with community partners to create a single point of entry plan. The plan development was financed by Older American's Act Title III E (Family Caregiver Support) funds. The following are excerpts from the Executive Summary of the Plan.

"The Nevada Single Point of Entry system will offer seniors, caregivers, family members and providers a variety of user-friendly access points for current and comprehensive information and assistance. The goals of the Nevada Single Point of Entry system are as follows:

- ❑ To assist seniors, their families and caregivers, by guiding them through the social services and health care maze;
- ❑ To give providers of services tools that will assist them in offering quality services in a timely and efficient manner;
- ❑ To gather data on what services are being provided, what services are needed, and what services are not available but should be part of the senior care system; and
- ❑ To enable seniors, their families and caregivers, to have easy access to information about how and where to get assistance, care planning and care management, and other essential services.

Seniors, as well as, social service and health care providers, are keenly aware of the need to have easily accessible information about available resources and services. The Single Point of Entry system will be a vehicle to improve access, reduce duplication, and cooperatively manage care for Nevada seniors and their families.”

The established objectives of the project are listed below and are still being pursued by the Division for Aging Services staff.

1. Improve the capacity of older Nevadans to live independently for as long as possible by:
 - ❑ Providing information, screening, eligibility assessment, assistance, service tracking and feedback;
 - ❑ Promoting awareness of services; and
 - ❑ Ensuring easy access to assistance/referral.
2. Develop an IT solution that will provide the above along with report generation.
3. Provide a model for collaboration among agencies.
4. Create a model for easy access that service providers for other populations may duplicate.
5. Develop a common standardized database of elder needs and services utilized to track individual and group services provided in order to provide data for reporting and predicting future needs.
6. Develop a marketing strategy to promote awareness of the Single Point of Entry (SPE) system for seniors, caregivers, family members, providers, and communities.
7. Develop universal accessibility through a variety of portals so seniors and their caregivers can reach the SPE system either directly or by referral.
8. Identify and pursue diverse funding sources to maintain and expand access to the SPE system.
9. Determine an appropriate governing body and establish policies and procedures to administer the SPE system.
10. Continuously and actively recruit partner agencies to expand the capacity and effectiveness of the SPE system.
11. Ensure that relevant training is available to and accessed by partners on an ongoing basis.
12. Develop a system for ensuring all referral information is current and accurate and continue to add new appropriate referral resources and information.
13. Develop and maintain a quality assurance program.

AGING AND DISABILITY RESOURCE CENTERS

In September of 2005, the Division received a grant award to establish Aging and Disability Resource Centers. The three year grant is sponsored jointly by the Administration on Aging and the Centers for Medicare and Medicaid Services. The grant is intended to provide citizen-centered “one-stop” entry points into the long term support (LTS) system. These entry points are designed to serve individuals in need of LTS, caregivers, and those planning for future LTS needs. This includes:

Awareness and Information

- Public education
- Information on LTS options

Assistance

- LTS options counseling
- Benefits counseling
- Employment options counseling
- Referral to other programs and benefits that can help people remain in the community, including programs to assist in obtaining and sustaining paid employment
- Crisis intervention
- Assistance in planning for future LTS needs

Access

- Eligibility screening
- Assistance in gaining access to LTS services that may be paid with private funds
- Comprehensive assessment of LTS needs and care planning
- Facilitate programmatic eligibility determinations for LTS services, including the Medicaid long term care level of care determination
- Facilitate Medicaid financial eligibility determination that is either integrated or so closely coordinated with the ADRC that applicants experience a seamless interaction

The grant afforded the Division the opportunity to continue work started on the Single Point of Entry Project. The grant award committed the Division to establish and maintain a Management Information System which should allow for tracking of:

- Client intake
- Needs Assessment
- Care planning
- Care utilization
- Costs

The Division also developed a work plan with DAS, Medicaid, and any State agencies serving individuals 60 and over and people with physical disabilities, to streamline access to LTS. The plan is intended to describe how ADRCs will integrate/coordinate, within the next two years, the functions of eligibility screening, programmatic eligibility determination and Medicaid financial eligibility determination through the ADRC.

To date, there are three physical ADRC sites in our state. There is also an establish website that will soon replace the Nevada Care Connection Website. This website (<http://www.nevadaadrc.com/>) is built with software compatible to our current case management tracking system and will allow for an easier flow of information. The website also includes a care self assessment section which is still being fully developed, and an electronic forms section that can be accessed by the ADRC sites. Division staff is working with the Department of Health and Human Services' grants management unit to integrate training and technology tools into the Family Resource Center Structure.

COLLABORATION WITH 211

Division staff have been involved in the development of the NV211 system from the beginning. The involvement has allowed for a clear definition of roles among the various projects and to assure neither project duplicates efforts. NV211 is often the first number a senior will call. NV211 will

often refer callers to the Division provider network as the need to address complex problems is discovered.

NASUA GRANT OPPORTUNITY

In October of this year, the National Association of State Units on Aging (NASUA), funded under a cooperative agreement from the U.S. Administration on Aging, entered into an agreement with the Nevada Division for Aging Services for the development and implementation of enhancements to the State Aging Management Information System, which in Nevada is the Synergy Software Suite currently in use within the Division. The goal of this project is to migrate local networks or stand-alone client tracking systems used by Nevada Care Connection Grantees to a web-hosted environment. The grant year begins in October of 2007, and work must be completed by the end of September 2008.

This project is compatible with the goals of Nevada Care Connection and ADRC. NASUA's State Management Information System Enhancement Grant will allow the Division and its partners to continue addressing the mission as stated in the Single Point of Entry Plan by further customizing the Synergy Software Suite for case management tracking (SAMS) and information and referral processing (Beacon I & R) as well as companion software to allow web-based access to services and self-assessment tools (AssistGuide/ADRC).

NO WRONG DOOR PARTICIPATION

No Wrong Door is the concept that means a person should have the access to information or human services which remains accurate and consistent regardless of the nature of the information or service, or the location or methodology by which it is accessed. A meeting was held in the South and another in North in the past year to discuss this concept. The events were sponsored by HELP of Southern Nevada (Nevada 2-1-1), Nevada Division for Aging Services (Nevada Care Connection and the ADRC Project), and Clark County Social Services.

The attendees saw overviews of Nevada 2-1-1, Nevada Care Connection, the ADRC Project and the Clark County CMS project and then discussed the barriers and opportunities available to service providers to partner by the use of "Information & Referral/Assistance" systems. With a focus on technology, security protocol, data collection/analysis, turf challenges, and maintaining updated information, the hope was to develop a multi-member commitment to the support of a statewide, integrated, efficient I&R system.

While the attendees agreed with the following strategies to improve client services by participating as a partner with Nevada 2-1-1, Nevada Care Connection, ADRC, and each other, some were hesitant to commit for their organization's management. The participants decided to talk to their management and ask them to commit. The areas seen as most important at this point in time include:

- To provide and monitor updated information on the services provided by each agency to the Nevada 2-1-1, Nevada Care Connection, and the ADRC project. Single notification to any one of these agencies would be shared with all three and accessible by any service provider.

- Pursue appropriate technology at individual agencies to maintain the tools necessary to share data with partnering agencies. This would be simplified by the use of XML web technology at a minimal cost to agencies.
- Maintain a standard method of data collection consistent with the parameters set by federal, state, and local guidelines, including privacy laws. A minimum standard set of data from clients would be established for initial input by all agencies. Additional information, such as eligibility criteria, would be collected by the organization providing the services, based on their individual standards of eligibility.
- Provide standardized reports (# clients served, # unable to help, types of services rendered, etc.) to a central data collection agency for analysis. Data collection, ultimately, would include feedback and shared information on services rendered to a “No Wrong Door” database (Nevada 2-1-1 would be the logical collector because of their wider scope of referrals to services.) A “No Wrong Door” client database could be used as a tool to identify clients receiving multiple services from a variety of agencies as well as a tool to identify gaps in services based on requests.
- Provide training for agency staff and participate in cross-training among partnering agencies. The 2-1-1 Executive Committee (appointed by the Governor) could develop a standard training curriculum to be used at various workshops organized across the state.
- Assist with sustainability by identifying and securing diverse funding sources, such as state and federal grants or private businesses.
- Participate in outreach and marketing efforts for the “No Wrong Door” through a variety of venues, such as Senior Fairs, Government TV channels, PSA’s, news media coverage, etc.

These suggestions have been considered in ongoing work on the Division’s projects.

Potential Framework for IT Solution

During the past few years, the Administration on Aging (AoA) and the National Association for State Units on Aging (NASUA) have both expressed interest in IT solutions for case tracking and offering seniors opportunities to plan for their own care. As a result, Westat conducted a study for NASUA in collaboration with the AoA on the nature and scope of information management systems used by the 56 state aging agencies. The study produced 20 recommendations for technological modifications to enhance state information systems and processes. The complete report is available on the NASUA Technical Assistance Support Center (TASC) web site at:

<http://www.nasua.org/tasc/pdf/MIS%20Study%20Report%20rev.pdf>

and on the U.S. Administration on Aging web site at:

<http://www.aoa.gov/about/results/Information%20Systems%20Management%20Study.pdf>

A few items noted in the executive summary of the report indicate that “the Administration on Aging (AoA), State Units on Aging (SUAs), and Area Agencies on Aging (AAAs) need timely and accurate information about their clients and services and that an agency’s internal management needs for information are equally important, including quality-assurance efforts, assessing needs and linking clients with services, fiscal control, planning, and research. The study found that there are

various, sometimes fragmented, approaches to the development and management of data and information reporting systems

The study lead to the development of recommendations to address four primary objectives. Highlights of the study findings and recommendations are listed below as they appear helpful to our state's situation. This is by no means all the information found in the study.

Objective 1: Define the common data requirements necessary for policy and management decision making, covering state and local initiatives (including advocacy) so as to limit federal requirements to a sub-set of state and local needs and uses.

Findings:

- The majority of states collect more data than is required by the National Aging Program Information System (NAPIS). States expressed a need for a new nationwide minimum data set with a focus on their common, internal information needs to assure proper program planning.
- SUA, AAA, and provider agency staff indicated that the benefits of having a comprehensive client data base, both for Registered and Non-Registered clients outweighed the costs of doing so.
- While external reporting requirements may not call for client termination (reason for exit) data, having this information available, longitudinally, provides important opportunities to analyze the relationship between services and outcomes, such as delays in nursing home placement.

Objective 2: Eliminate the need for elderly individuals and caregivers to provide identifying information repeatedly to various service providers.

Findings:

- Despite the existence of detailed client files, there is infrequent sharing of this information among multiple providers, which would avoid the redundant collection of personal data, when clients receive more than one service.
- The technology exists to eliminate the need for consumers to provide identifying information multiple times. However, there are state and federal policy barriers to fully implementing the technology.
- There is considerable confusion within the SUA and the state Medicaid agency, among others, about the specific requirements of HIPAA and any limitations this law imposes on sharing data among the SUA, AAAs, and service providers. The SUA, AAA, and provider staff interviewed in this study said that the next step is receive guidance on how these covered entities, such as home health agencies receiving AAA funds, might share client information as part of an integrated information system.

Objective 3: Improve data collection methods and systems to insure the ability to compute unduplicated counts of individuals across services, providers, and geographic locations.

Objective 4: Reduce the level and expense of information systems fragmentation by taking advantage of network economies of scale for information systems development and management, without compromising competition in the marketplace.

Findings:

- The initial software acquisition and development costs ranged from under \$16,000 to \$2,000,000.

- Annual software maintenance costs ranged from under \$11,000 to \$700,000.
- There is a need for extensive SUA staffing with technical expertise, even when using software from a commercial vendor.
- Data import and export capabilities must be a component of any MIS that states use.
- Integrating the data requirements of multiple funding streams and programs within a single information system also may help state and community programs on aging avoid fragmentation in the management and delivery of services, through single entry point systems and the Aging and Disability Resource Centers.
- Computer applications that address many of the specialized (intake, tracking the delivery of services, I&A, case management) functions within the scope of the MIS have considerable advantages over single-use software programs. This integration enhances the coordination of programs and reduces the burden of data collection on staff and clients.
- This integration of many agencies, funding streams, programs, and functions is a positive attribute of a state's information system, which provides for coordination and economies of scale.

Recommendations

This committee can use the examples offered in a report as a way to improve case management, quality measurement, and service effectiveness by including the following activities in any action plan which involves technology solutions. The activities include:

- engaging in discussions to facilitate the development of shared databases across funding streams and agencies. This includes public/private partnerships.
- encouraging efforts to eliminate perceived and actual barriers to integrating or coordinating multiple data-collection requirements.
- encouraging the migration of local networks or stand-alone client tracking systems to a Web-hosted environment.
- advocating for common data sets in programs collecting client and service delivery information.
- When purchasing new software or renewing annual licenses, negotiating on behalf of the multiple agencies and providers using or looking to purchase a Management Information System in order to minimize the initial costs and the annual fees.
- allowing for adequate technical support in programs/agencies to ensure the effective utilization and management of IT solutions.