

Balancing Work Group
Sub-Committee for the “Structure of the Front Door”
Recommendations

A strong, uniform “Front Door” into the system providing long term services and supports is a cornerstone for a more balanced long term care delivery system. In order to provide all consumers, regardless of age or disability, with meaningful choice among an array of long term services and supports, Ohio must implement a “No Wrong Door” policy. Infrastructure behind that policy must ensure that, although consumers enter the system through various programs, departments, and agencies, the same standardized information is collected, the same information and referral resources are available, and the same possible options for meeting the consumer’s needs are identified. A single point of accountability should be identified to administer and operate the virtual “Front Door”, ensure consistency among entry points, and engender cooperation and collaboration among state and local agencies.

It is important that the “Front Door” recognize differences in individual situations and preferred methods of learning about and obtaining needed assistance. Thus, it is important that entry into any part of the long term services delivery system should be seamless and available in a variety of ways. Access to the “Front Door” should be available by telephone, through face-to face contact, and through the Internet.

The “Front Door” into Ohio’s delivery system for long term services and supports should recognize the needs of all consumers rather than just those receiving services through the Medicaid program. It is important that the information and referral functionality is broad enough to serve all consumers. In addition, by providing information to meet a broad range of needs, the “Front Door” can provide an important tool in encouraging and supporting planning for long term care.

Effective use of technology is a key element in developing a “Front Door” that provides entry into the system providing long term services and supports. The infrastructure to ensure consistency at all entry points is a critical element. In addition, the role of technology in enhancing consumer service by eliminating duplication in the collection of standardized information over time, and the ability to know of a consumer’s prior contacts with the long term services delivery system will facilitate increased coordination of services and information. Technology also has the ability to allow the consumer to maintain and share information relevant to his or her individual needs effectively.

Finally, marketing and education to ensure that the “Front Door” is recognized throughout the state as a valuable tool to plan for and access long term services

and supports is vital to the success of the initiative in improving consumer access to meaningful choice. While communities will continue to enjoy multiple entry points, in order to maximize the return on investment of limited state funds into marketing, a primary point of entry for a community (or region) should be identified as the focus of statewide marketing efforts.

Boundaries

The recommendations that follow define the key elements in an effective system for entry into the system providing long term services and supports. While recognizing the need for the development of infrastructure to support the “Front Door,” the subcommittee did not identify a specific information technology (IT) solution that should be implemented. The infrastructure to support the consistency across entry points might be accomplished through the development of a new centralized database or by enhancing and federating existing databases. The ability to utilize MITS to obtain the desired functionality should also be investigated. All approaches bring substantial challenges including the need for a consistent taxonomy, the need for an ongoing commitment to infrastructure, and challenges in maintaining accurate data. Role-based access (i.e. access appropriate to users based on their roles in the delivery system), ensuring compliance with all privacy and confidentiality requirements, is a critical element when developing the IT infrastructure to support the Front Door. The recommendations that follow rely significantly on the work of both other subcommittees supporting the development of the Front Door and other committees supporting the development of the plan for the Unified Long Term Care Budget. Those dependencies are identified throughout the recommendations.

Recommendations

The structure of the “Front Door” includes six critical components. These are Information and Referral, Screening and Intake, Informed Navigators, Data Management and Reporting, Financial Eligibility and Reporting, and Education and Marketing. Recommendations addressing both the overall vision and the specific components of the “Front Door” follow.

Recommendation 1: Ohio should adopt a “No Wrong Door” policy to facilitate consumer access to information and referral services with respect to long term services and supports. Access should be provided through multiple portals.

- Access to the delivery system providing long term services and supports should be available in multiple ways to ensure consumer access in away that accommodates individual situations and preferences. This would include access by phone, through face-to-face contact with trained personnel, and through the Internet.
- The “No Wrong Door” policy provides the opportunity to leverage existing tools and relationships with consumers and communities.

- Face to face counseling should be available where consumers are comfortable.
- Information and tools available through the virtual “Front Door” should be available in other accessible versions for consumers who prefer and/or need those formats. The Internet based system should be accessible to persons with sensory disabilities.
- Efforts should be made to personalize a consumer’s contact with an entry point into the long term services delivery system. Prompt follow-up is a key element.
- Information resources should include service options beyond those funded by Medicaid.
- The information resources should include tools to encourage and support advance planning for long term services and supports.

Recommendation 1A: The “No Wrong Door” policy should be implemented in a way that will provide consistency across delivery system and is a step toward eliminating silos in the long term care system.

- Tools included in the virtual “Front Door” (recommendation 2 – 2A) should be utilized at all points of entry into the system (e.g., state and county departments and various programs delivering long term care) delivering long term services and supports to ensure consistency.
- Resources and referral options should be driven by consumer needs. The connection between consumer needs and referral information will be driven, at least in part, by the criteria developed to support consumer access to programs offering long term services and supports.
- Regardless of the point of entry, the tools used and the information provided to a consumer should recognize that a consumer may need to access services through multiple delivery systems. How this is accomplished will depend, to a significant extent, on how care management is designed and implemented.

Recommendation 1B: The “No Wrong Door” policy should be implemented in a way that ensures consumers can easily take next steps. Whenever possible, a “warm hand-off” (i.e. personal contact from the referral agency to the service-providing agency) should be used when a consumer is moving from an entry point to next steps to access services.

Recommendation 1C: Technology should be utilized to create a common, secure, accessible electronic infrastructure to expand information sharing about consumers. This infrastructure should be seamless to consumers and providers.

- Information sharing should only occur with the consumer’s consent.
- The Internet based system will provide access across the delivery system for long term services and supports.

- Technology should be used to ensure that information and referral services can be “logic driven” so that preliminary decisions regarding level of care can be reached, criteria to identify behavioral health needs can be utilized, and available options likely to meet a consumer’s needs can be identified.

Recommendation 2: A virtual “Front Door” that supplements existing tools and provides opportunities for access to additional consumers should be developed.

- The Internet-based system should integrate existing tools and systems that are successful in linking consumers to service delivery options.
- The Internet based system can be utilized by the consumer, consumer’s representative, or consumer’s advocate in the setting most convenient for the individual. This may include through a telephone call, a visit from a care manager who enters information later, or Internet contact directly with the system.
- Links to existing referral systems will be an integral part of the virtual “Front Door.”
- Links to other websites of interest and the ability to access the Front Door from those websites either through a link or programming behind the scenes shall be included on the websites of agencies that serve as a “Front Door” to long term services and supports.
- Key elements for the virtual Front Door are listed on Attachment A.

Recommendation 2A: The virtual “Front Door” implemented to support consumer access to long term services and supports should include the opportunity for users to provide feedback.

- The Internet based system should include a location for consumers to collectively rate quality of and access to providers and to enter peer comments on provider quality.
- Consumers and providers should have the ability to provide feedback as to the accuracy of the information included in the Internet tools. A process to review the feedback and update information as appropriate should be implemented.

Recommendation 3: A standardized screening and intake process should be implemented at all entry points into the delivery system for long term services and supports.

Recommendation 3A: The screening and intake process should include the collection of a standardized data set that will be incorporated into processes used at all entry points into the system.

- The standardized data set should be stored and shared electronically as appropriate within privacy and confidentiality requirements.

- The content of the standardized data set will be driven by the criteria for accessing services.
- The connection between the screening at the entry point into the delivery system and a care manager (if requested) will need to be defined as care management is defined and implemented.

Recommendation 3B: The virtual “Front Door” (recommendations 2-2A) should include functionality that will utilize information collected in the screening tools, intake process, and in-person assessment and apply it to program services and criteria to identify a preliminary list of programs and services that might meet a consumer’s needs.

Recommendation 3C: The screening and intake process should include “tickler” functionality so that appropriate steps to check back with the consumer can be identified as appropriate.

- Reporting functionality should include a tickler system that can reflect a post acute care strategy, make sure reviews of consumer status are completed in a timely manner, and that care managers can identify opportunities to follow up with consumers to ensure choice throughout their contact with the delivery system for long term services and supports.
- The value of a tickler system is to flag a future point in time when a consumer needs to make a decision about how he or she will receive long term care services and supports. At that point in time, he or she may need additional information about available options.

Recommendation 3D: Technology supporting the “No Wrong Door” policy should include a component to better manage waiting or interest lists for home and community based services, have capacity to connect functional and financial eligibility, and support long term planning.

Recommendation 4: The “Front Door” should include access to an “informed navigator” when desired by the consumer at each entry point into the delivery system for long term services and supports.

- An “informed navigator” is an individual familiar with all related systems and proficient in assisting a consumer in identifying needs, finding information and taking next steps to access information.
- This role may be part of the care manager’s role as defined by the Uniform Long Term Care Budget subcommittee addressing care management issues.
- When an “informed navigator” is helping a consumer access the long term services delivery system, the navigator’s expertise may supplement the services and supports identified as potentially meeting the consumer’s needs through the tools in the virtual “Front Door.”

Recommendation 5: The “Front Door” should include functionality that addresses issues related to financial eligibility.

- The financial eligibility components should be available when programs with financial eligibility requirements have been identified as alternatives that might meet a consumer’s needs.

Recommendation 5A: A worksheet function that will calculate probable financial eligibility should be incorporated into the virtual “Front Door.”

- The worksheet function should provide tools that address financial eligibility for all programs that have such requirements.
- The worksheet function should clearly indicate that the financial eligibility determination is not final and specify how to obtain a conclusive determination for the applicable program.
- The worksheet function should give a consumer the option to apply online.
- The function should give the consumer the opportunity to print a completed application for the applicable program to minimize duplication of effort and to streamline the application process.
- The worksheet function should allow the consumer or an authorized representative to choose whether or not the financial information provided by the consumer would be retained in the system. The fact that financial information is not retained unless the consumer wishes it to be stored should be clearly stated and included in any marketing of the virtual “Front Door.” In the event that the consumer chooses to retain the information in the system, the data should be stored in a way that ensures the security and confidentiality of the data.

Recommendation 6: The “Front Door” should include robust data management and reporting capabilities at both the program level and the consumer level.

- Data should include information from both contacts with the virtual “Front Door” and with more traditional entry points into the long term services delivery system.
- Reporting capabilities should accommodate analysis based on both contacts with the system and unduplicated individuals who have utilized an entry point into the long term services delivery system.
- Reporting capabilities should be flexible enough to accommodate reporting based on both consumer needs (including unmet needs that the system does not address) and consumer diagnoses.
- Reporting capabilities should accommodate analysis using geographic parameters (e.g., zip code, county).

Recommendation 6A: Technology should be used to develop an infrastructure that will maximize reporting to support program management and development.

- The technology supporting the “No Wrong Door” policy should provide the ability to analyze trends within and among programs.
- Reporting functionality that will improve data driven policy development should be incorporated into the reporting functionality.
- A “tickler system” providing a tool to address the issues related to convalescent stays should be included. The tool should collect PASSR (Pre-Admission Screening and Resident Review) information, including reasons for exempted stays.
- The “Front Door” should collect information allowing for analysis to determine whether the development of an alternative benefit package would reduce utilization of a more expensive option.
- The “Front Door” should collect information that will facilitate analysis showing whether demand for a program has declined to a point where it makes sense to take it down and shift resources to other options. The information, in combination with other utilization information, should allow analysis of how the needs of consumers utilizing the program could be met if that choice is made.
- The “Front Door” should collect information identifying where there is the need for additional capacity or new alternatives to address unmet needs.

Recommendation 6B: The technology supporting the “No Wrong Door” policy should include reporting capabilities to support informed choice by consumers.

- The “Front Door” should include a tickler system to assure consumer understanding of options available as needs change and before choices become difficult to access.
- The virtual “Front Door” should have the ability to notify consumers of changes in options as programs change or are added.

Recommendation 7: So that the implementation of the “No Wrong Door” policy and the “Virtual Front Door” have the maximum benefit for Ohio’s consumers of long term services and supports, intensive marketing and education programs about the resources should be pursued.

- Education for trained personnel who assist consumers in making choices about long term services and supports so that those trained personnel are proficient in using resources included in the virtual “Front Door” and knowledgeable about programs offering long term services and supports across delivery systems will, in large part, determine the success of any initiative addressing entry into the delivery system.
- Consumer education so that they know what resources are available and are comfortable using those resources, is also critical to the success of any initiative addressing entry into the long term services delivery system.

- Media advertisements, word of mouth and previous contact with entry points (e.g., equipment loan programs) are effective means of consumer education.
- Marketing efforts should focus on a primary “Front Door” while recognizing existing resources and entry points.
- A public awareness campaign advertising the “Front Door” in a way that asks and answers questions should be implemented.

Recommendation 7A: Ohio should pursue a consumer education program designed to encourage individuals and their families to access resources relating to available long term services and supports before the need exists. This is an essential step in providing meaningful choice to Ohioans.

Recommendation 7B: Education to ensure consumer and trained personnel understanding of both the process to access long term services and supports and the array of services available is a key to a “Front Door” that provides meaningful choice.

- Court appointed guardians should receive training to facilitate the assistance they provide consumers as they navigate the long term services delivery system.
- Discharge planners must be educated about the full array of options for services.

Recommendation 8: Ohio shall identify a single point of accountability to administer and operate the “Front Door,” while ensuring collaboration and cooperation among state and local agencies.

- The agency responsible for administration of the “Front Door” will coordinate cross training efforts among systems.
- The agency responsible for administration of the “Front Door” will develop memoranda of understanding and operational protocols for organizations that are a part of the “Front Door.”
- The agency responsible for administration of the “Front Door” should engage in quality assurance efforts to ensure consistency among entry points.

Attachment A
Key Elements for the Virtual Front Door

1. The information and referral system should be flexible in providing information across delivery systems and populations.
2. Information should be available in multiple languages.
3. The virtual “Front Door” should offer the highest level of accessibility accommodations to facilitate use by the visually impaired and persons with disabilities (e.g., have the capability to change the display to have large font, text only, etc.).
4. Advocacy information (e.g., links to organizations supporting consumers needing long term services and supports) should be included on the virtual Front Door.
5. The virtual “Front Door” should not include any advertising.
6. The virtual “Front Door” should give individuals accessing the website the opportunity to create their own page or folder and to provide access to individuals designated by consumer (e.g., family members, providers).
7. A critical element of the virtual “Front Door” is a strong search engine (e.g., the ability to search using key words, phrases, service type or from a list of services).
8. The virtual “Front Door” should provide access to an on-line reference library, which may include links to external information resources.
9. The virtual “Front Door” should allow consumers to enroll for email alerts when information about a specific program or subject is made available.
10. The virtual “Front Door” should include a mapping function that will allow consumers to identify programs and providers based on geographic location (e.g., zip code, within x miles of an address, within a county).
11. The virtual “Front Door” should include a live demo with narrator and captions.
12. The virtual “Front Door” should include quick information links for commonly asked questions.
13. The information included in the virtual “Front Door” should be written so that it is easy to use and understand.
14. Confidentiality and security provisions are essential elements of the virtual “Front Door.”
15. Access and direction to the personal contact components of the Front Door should be embedded in and visible throughout the Internet based system.
16. The virtual Front Door should allow consumers to print or e-mail resource lists that are developed.
17. The virtual Front Door should use the AIRS taxonomy for human services.