Assistance and Options Counseling: Maryland's No-Wrong-Door data collection efforts

38th I&R Annual Training and Education Conference
May 22nd, 2016
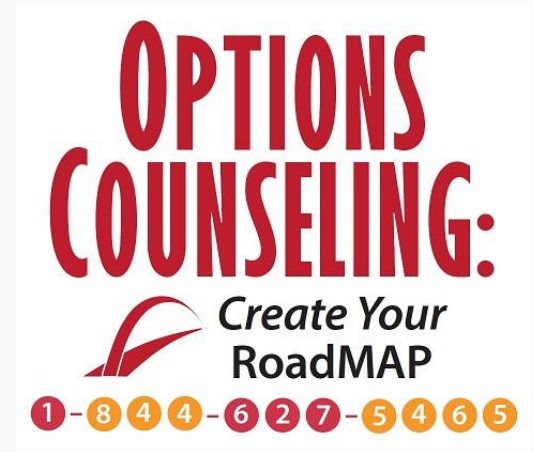
Maryland Department of Aging

Speakers

Eram S. Abbasi, CIRS- A/D
MAP Information and Assistance Program Manager
Maryland Department of Aging
Eram.Abbasi@maryland.gov

Emily Miller, LGSW
Options Counseling Program Manager
Maryland Department of Aging
EmilyN.Miller@maryland.gov

Learning Outcomes

1. Describe the relationship between I&A and Options Counseling
2. Evaluate and revamp data collection with concise steps
3. Use reports to highlight the value of your ADRC
4. Link data to support performance measures

Background Context in MD

Aging & Disability Resource Centers (ADRCs)

NATIONAL

- In 54 States and territories
- Partner with:
  - CMS- Centers for Medicare and Medicaid Services
  - VA- U.S. Department of Veterans Affairs
  - ACL- Administration for Community Living
- Major player in rebalancing efforts

MARYLAND

- 20 MAP sites statewide
- Partner with:
  - CILs- Centers for Independent Living
  - DHMH- Medicaid
  - DHR- Dept of Human Resources
  - MDoD- MD Dept of Disabilities
- Single entry point for community long term Medicaid programs

MARYLAND ACCESS POINT
YOUR LINK TO HEALTH & SUPPORT SERVICES

NO WRONG DOOR = System of multiple agencies & orgs
that oversee and collaborate to provide access to community services

MAP = Aging And Disability Resource Center

MAP = Single Entry Point To No Wrong Door System

MAP = a thought process and operational infrastructure,
NOT A PROGRAM.

Older Americans Act

Section 102(a)(4) in 2006

The term '**Aging and Disability Resource Center**' means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing –

(A) comprehensive information on the **full range of available public and private** long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;

(B) **personal counseling** to assist individuals in assessing their existing or anticipated long-term care needs, and **developing and implementing a plan** for long-term care designed to meet their specific needs and circumstances; and

(C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a **convenient point of entry** for such programs.

Maryland Legislation

Maryland Senate Bill 83 – passed in 2013
- Defines ADRC and establishes it in the MDoA

Human Services Article, Section 10-1001(D)
- Defines "options counseling" as a planning service for people with long term care needs.

Options Counseling

An interactive process that:
- Considers an individual's **needs, preferences, values**, and circumstances;
- Assists and supports the individual and others the individual requests to **participate** in the process;
- Determines the individual's **goals** for independent living; and
- Develops an appropriate long–term services and supports **plan** to achieve those goals.

What IS Options Counseling?
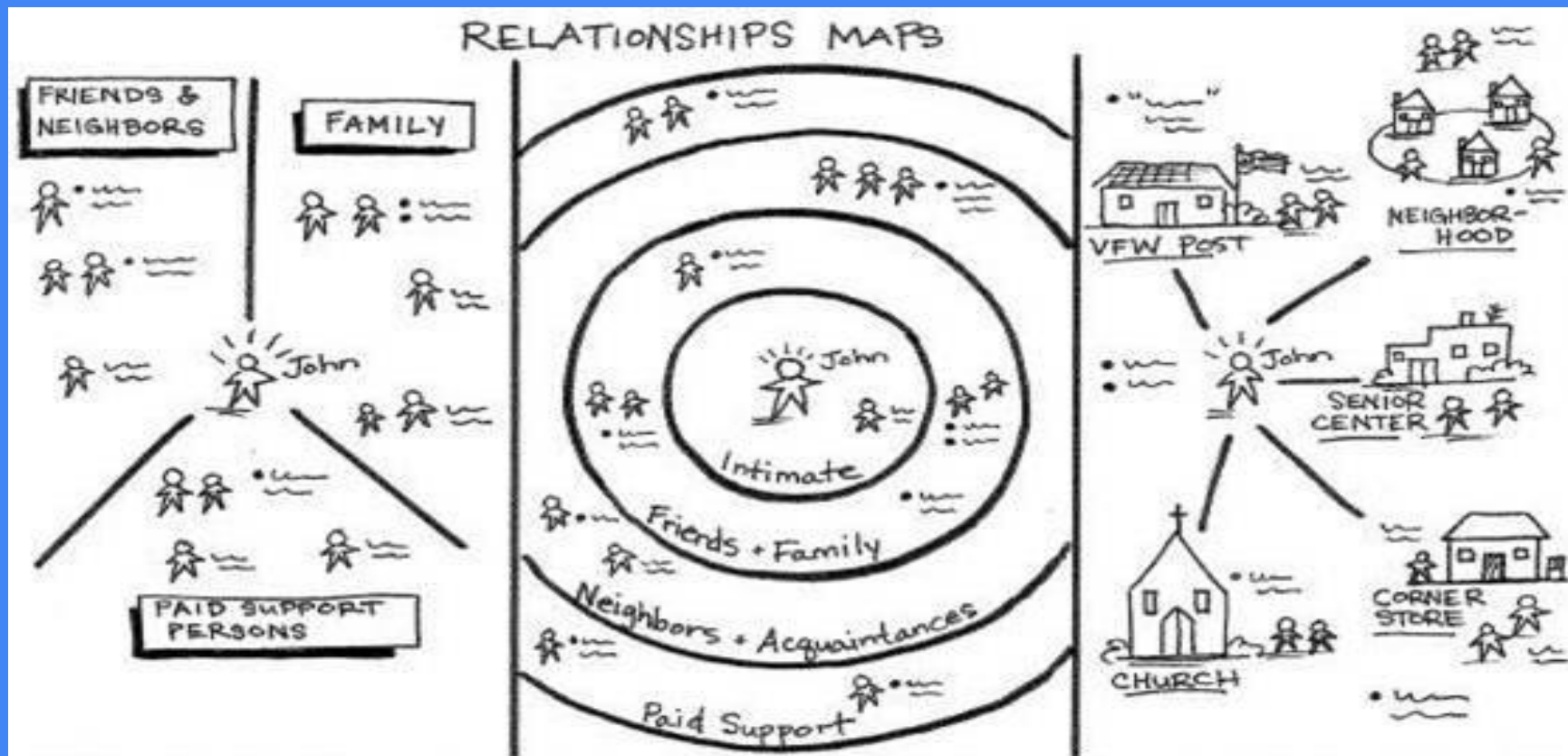
The Services Spectrum
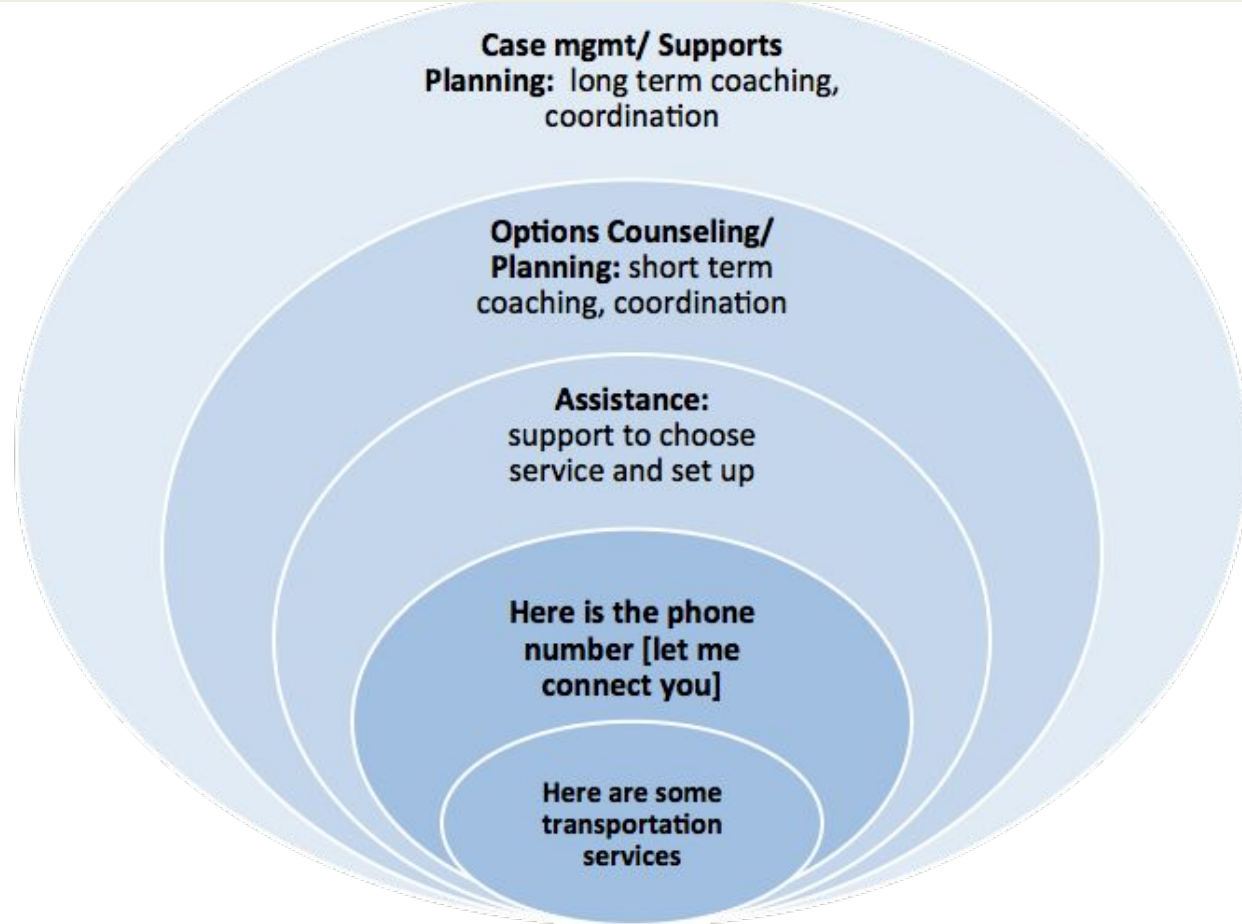
Revamping Data Process Overview

Steps to Evaluate your Data Collection

1. Identify Problem and Goal
2. Develop a Work Group
3. Draft and Feedback
4. Implementation

Step 1: Identify Problem and Goal

Problems:

1. Multiple Reports
   a. NAPIS
   b. No Wrong Door
   c. State Report
2. Reporting Burden
3. Definitions

Goals:

1. Standardize
2. Identify gaps and strengths
3. Collect "valuable" data

Step 2: Work Group

1. **Gather stakeholders**
   a. Direct line staff
   b. Supervisors
   c. IT administrators
   d. State level staff
   e. IT software vendor

2. **Unified Vision**
   a. Review existing State Plan and other strategic planning documents that require data
   b. Identify how collected data is used (or not used)
   c. Develop a comparison spreadsheet of all data required across multiple reports to identify common elements and resolve discrepancies.

3. **Assess current process**
   a. Compare what IS and is NOT required

Measure	State	NAPIS	NWD
Information, Referral, Assistance	X	X	
In-depth interview- by age, disability type, Veterans, Caregivers			X
Connection to private resources			X
Application Assistance – Medicaid AND Non-Medicaid			X
Age	X		X
Race	X		
Veterans, Caregivers/Informal Supports, Disability type (ID/DD, Behavioral, Physical, TBI, Dementia)			X
Topic(s) Identified	X		X
Written action plans			X

Step 3: Draft and Feedback
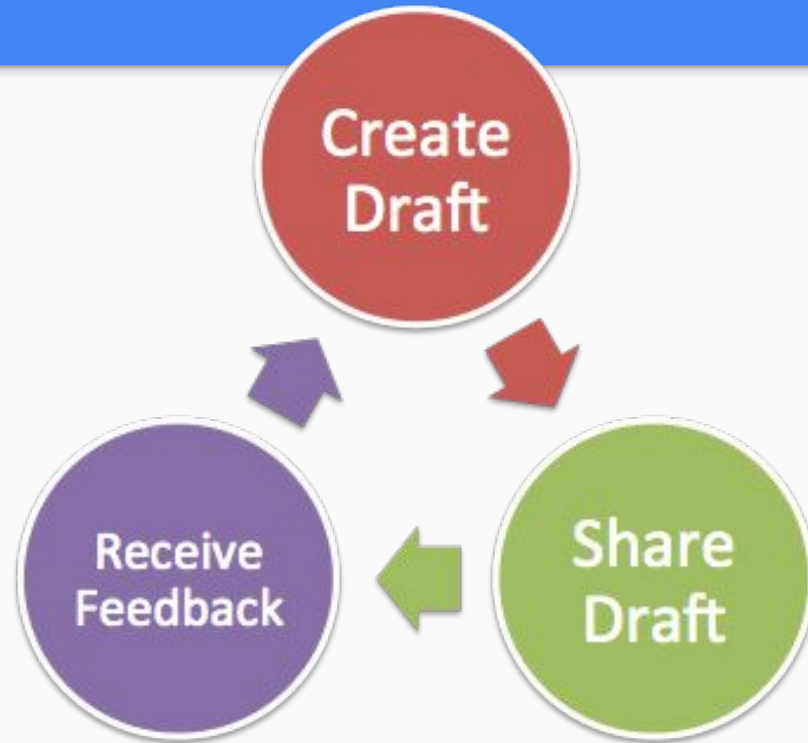
Step 4: Implementation

1. APD and "phase in"

2. Formal roll out

New Report:
Before and After

Maryland Department of Aging
Senior Information and Assistance Report

Area Agency: _____

Submitted By: _____ Title: _____

Check One: FFY 2008
☐ 1st Quarter   ☐ 2nd Quarter   ☐ 3rd Quarter   ☐ 4th Quarter

Data in Sections I, II and III are to be reported for the current quarter only.

I. Senior I&A Clients, All Services

	1. Unduplicated Persons	2. Units of Service
A. Information		
B. Assistance		
C. Referral		
D. Follow-Up		
Total		

Part I: TYPES OF CLIENT SERVICES PROVIDED AND CLIENT/UNIT COUNTS	Unduplicated	Unit of Services
Information		
Referral		
Assistance		-
Application Assistance		-
Related to CFC/CPAS		
Related to Waiver and Registry		
Other applications		
Total # In-depth Interview for LTSS		
With written Action Plan for LTSS		
Arranging private pay services		
All other assistance		
Follow-Up		
Total Unit of Services		-

II. Demographic Characteristics, Assistance Clients Only

Age	
64 and under	
65-74	
75-84	
85+	
Total*	

Race	
American Indian or Alaskan Native (Alone)	
Asian (Alone)	
Black/African American (Alone)	
Native Hawaiian or Other Pacific Islander (Alone)	
White (Alone)- Hispanic	
White (Alone) –Non-Hispanic	
Persons Reporting Some Other Race	
Persons Reporting 2 or More Races	
Race Missing	
Total*	

*Total must equal Total Unduplicated Persons for Assistance in I.B.1

Part II: Population Served (only for Assistance)	
	# of clients assisted
Ages 60+	
Ages 21-59	
Age 20 or below	
Unknown Age	
Total	0
Physical Disabilities	
Intellectual/Developmental Disabilities	
Mental/Substance Use Disorders	
Traumatic Brain Injury	
Dementia/Alzheimer's and Related Disorders	
Veterans	
Informal Supports/Caregivers	

III. Problems Identified Upon Contact, Information and Assistance Clients

A. Abuse		I.	Leisure Time	
B. Employment		J.	Nutrition/Food	
C. General Information		K.	Prescriptions/Pharmacy Assistance	
D. Health/Health Related		L.	Respite Care/Support Services	
E. Housing		M.	Transportation	
F. Income/Financial Resources		N.	Utility Assistance	
G. In-Home Care		O.	Other	
H. Legal				
			Total (A. - O.)	

Part IV: Topics Identified	
Abuse	
Assisted Living Facilities/Nursing Homes	
Caregiver Support Services	
Employment	
General Information	
Health/Health Related	
Housing	
Income/Financial Resources	
In-Home Care	
Legal	
Leisure	
Nutrition/Food	
Prescriptions/Pharmacy Assistance	
Transportation	
Utility Assistance	
Total	-

Part III and Attachments

Part III: Staffing	
FTE Staff for MAP	
Volunteers for MAP	
AIRS Certified Staff	

Other Quarterly Report Attachments	Initial below
Success Stories	
MAP Satisfaction Survey Summary will be sent separately	

Recently you received services from your local [NAME] Maryland Access Point (MAP). Please read and answer the following questions. Your feedback will help us improve our services. Thank you!

1. Age Range:
- ○ 20 or below
- ○ 21-59
- ○ 60 +

2. Please check any of the following that may apply to you:
- ☐ Person with a disability
- ☐ Caregiver
- ☐ Veteran/Military Experience (or spouse of a Veteran)
- ☐ Professional on behalf of a client
- ☐ Other (please specify): _____

3. Overall, how satisfied are you with the services provided?
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not satisfied
- ☐ Very dissatisfied

4. Please rate your agreement with the following:	Agree	Disagree
Overall, the staff made me feel welcome.	☐	☐
I would refer a friend or family member to [INSERT NAME] MAP.	☐	☐
The staff listened to me and gave individualized attention.	☐	☐
The staff explained my options, including why some may not be available to me.	☐	☐
I am better able to make decisions about my options after talking with the staff.	☐	☐
The staff and I worked together to develop a plan for what to do next.	☐	☐
Staff offered to explore additional needs beyond my reason for contacting them.	☐	☐
My options regarding benefits and services (such as Waiver, Community First Choice, etc.) were explained to me.	☐	☐

5. How did you hear about the [INSERT NAME] Maryland Access Point?

☐ **Print** advertising: flyers, newspaper, resource guide, etc.
☐ **Other advertising**: radio, TV, bus ad, etc.
☐ **Word-of-mouth**, referral from friend
☐ **Referral** from agency/professional
☐ **Online**: Google, Yahoo, Social media, Facebook, etc.
☐ Maryland Access Point **website**: www.MarylandAccessPoint.info
☐ Other (please specify): _____

6. If you were considering a nursing home, did the staff help you identify alternative options?

○ Yes   ○ No   ○ Not Applicable

7. Please rate your satisfaction with the following:

	Satisfied	Unsatisfied
Professionalism of staff	☐	☐
Hours open	☐	☐
Wait time (in person or on phone)	☐	☐

If you **visited** our office please rate the following:	Satisfied	Unsatisfied	Not Applicable
Facility overall	☐	☐	☐
Parking	☐	☐	☐
Near public transportation options	☐	☐	☐
Accessibility: ramps, automatic doors, elevators, etc.	☐	☐	☐
Translation services: including sign language	☐	☐	☐
If you **called** our office please rate the following:			
Voicemail returned in a timely manner	☐	☐	☐
Accessibility- TTY, translation services, etc.	☐	☐	☐

8. **What can we do to improve your experience?**

_____

_____

_____

9. **If you would like someone to follow up with you about your response, please provide your name and contact information. If you do not provide this information, your survey will remain anonymous.**

_____

_____

Thank you for your feedback! We appreciate your time and thoughts.

Alternative formats of this document available upon request.
Please contact [PHONE] or [EMAIL].

The Story of our New Report

1. Allows us to quantify how many clients….
   a. Received private pay options and/or written action plan
   b. Applied for a non-medicaid service

2. Compare target population characteristics with local demographics

3. Understand data changes
   a. Understaffed= explanation
   b. Encourage Volunteer involvement
   c. Informations vs. Assistance

4. Reduces reporting burden over time

Showing the Value of your ADRC

The Story of your Data and Agency

1. What are your key services?
2. Why do you matter?
3. Who are you serving?
4. How does the data relate to your performance measures?

1. What are your key services?

- What are you **currently** known for?
- What would you **like** to be known for?
- What are your strengths?

2. Why do you matter?

- How do you impact the target population?
- How are you relevant?
- How are you saving Medicaid $
- How many hospitalizations/institutional placements were diverted?

3. Who are you serving?

- What % received a satisfaction survey?

- How do the people you serve influence decisions made?

- Who is *not* being served?

- What about the people you serve, is not being collected?

- Does that match the demographics of your target area?

4. How does the data relate to performance measures?

1. How do you know you are doing well?
   a. Employee retention
2. Monitoring
3. Data- can it show the difference in the service?

GROUP ACTIVITY:

Showing the Value of your ADRC

1. What are your key services?

2. Why do you matter?

3. Who are you serving?

4. How does the data relate to your performance measures?

Final Takeaways

1. **Do not reinvent the wheel**
   a. Use local expertise and the national network
2. **Be open to feedback and critiques**
   a. Take questions, phase in with your "champions"
3. **Link to other forms and agencies**
4. **Share** data with local agencies

Learning Outcomes

1. Describe the relationship between I&A and Options Counseling
2. Evaluate and revamp data collection with concise steps
3. Use reports to highlight the value of your ADRC
4. Link data to support performance measures

Questions?

Thank you!

Eram Abbasi
Eram.Abbasi@maryland.gov

Emily Miller
EmilyN.Miller@maryland.gov