REPORT OF THE
SECRETARY OF HEALTH AND HUMAN RESOURCES

"No Wrong Door" Study

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 12

COMMONWEALTH OF VIRGINIA
RICHMOND
2006

COMMONWEALTH of VIRGINIA

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January 3, 2006

The Honorable Mark Warner
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The Honorable William J. Howell
Speaker of the House
General Assembly Building
Richmond, Virginia 23219

The Honorable Walter A. Stosch
Majority Leader of the Senate
General Assembly Building
Richmond, Virginia 23219

The Honorable Morgan H. Griffith
House Majority Leader
General Assembly Building
Richmond, Virginia 23219

Dear Governor Warner, Speaker Howell, Senator Stosch, and Delegate Griffith:

Pursuant to House Joint Resolution 657 (2005), the Secretary of Health and Human Resources is directed to report on efforts to evaluate the feasibility of developing a "No Wrong Door" approach for the Commonwealth of Virginia.

I am pleased to submit this report to the Governor and the General Assembly, which summarizes the efforts of this Administration and a task force to evaluate the feasibility of and develop a No Wrong Door approach for Virginia's long-term support system. This report is intended to fulfill the requirements of House Joint Resolution 657.

If you have any questions regarding this report, please contact Ms. Cindi Jones of the Department of Medical Assistance Services at (804) 786-8099.

Very truly yours,

Jane H. Woods

Attachment: "No Wrong Door" Study

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INTRODUCTION

Streamlined, sufficient, and adequately funded long-term support services are integral to the health, safety, and wellness of Virginians. Long-term support services, also known as long-term care, make it possible for individuals with disabilities and those experiencing physical or mental challenges due to chronic illness or aging to live as independently and productively as possible. Long-term support services encompass a wide array of programs, services, and entities aimed at encouraging self-sufficiency and facilitating integration into the community. These services also benefit family members and friends of individuals who use these services to support their role as caregivers. As the number of Virginians over age 60 continues to increase and as Virginia continues to fully integrate individuals who have physical or mental challenges into the community, the need for optimized long-term support services has never been greater.

In Virginia, there are over one million people age 60 and older and over 90,000 Virginians age 85 and older. This represents over 15 percent of the state's population. Over this decade (2000-2010), Virginia's older population will increase much faster than the total population. Virginians 60 and older are also growing more ethnically diverse. During the first 25 years of the new millennium, the percentage of non-white older Virginians is expected to increase faster than the national average. In addition, Virginia's baby boom population is advancing into old age. In 1990, baby boomers represented about one third of Virginia's total population. In 2006, the oldest members of this group will begin turning 60.

The degree of chronic illness and disability among seniors and individuals with disabilities is a key policy and budget issue for the Commonwealth. The aged and disabled populations make up 30 percent of the Medicaid population in the state, but account for 70 percent of a budget that exceeds $4 billion. Because of the high cost of institutionalization (exceeding $50,000 a year in some homes), the Medicaid program pays for more than 2/3 of all nursing home care in the Commonwealth. Most people who enter a nursing home in Virginia either are Medicaid recipients or become Medicaid recipients once they have “spent down” their assets paying for nursing home care. In fiscal year 2004, the Commonwealth spent more than $726 million in Medicaid-funded institutional care and $552 million for home and community-based waiver services.

Optimizing the long-term support network is vital to Commonwealth. Long-term support services are provided through numerous private and public sources and are often difficult for consumers to effectively access. For the past five years, Virginia has helped to support a public private partnership called SeniorNavigator, which was created to be a one-stop resource for health and aging information. While Virginia is fortunate to have a strong network of service providers and the robust database of SeniorNavigator to connect seniors to the vital services they need, this is only half the solution. The other half is developing a comprehensive service coordination system (Community-based Coordinated Services) which: qualifies their eligibility for assistance; ensures that they actually receive the help they need; tracks their progress; measures

results; and identifies gaps in services based on need. Historically, referrals between services have been encouraged, however, providers frequently lack the eligibility and availability information about other resources that are critical in helping them determine the best match. Additionally, there is no way to automate referrals, so they are done through paper and phone calls, with no process in place to ensure that a referral has successfully led to enrollment. In addition, most service providers don't have an efficient way, and in many cases a mutual agreement, to share information about a client. The result is a gross duplication of effort – many providers asking the same questions, and many consumers answering them over and over again.

House Joint Resolution Number 657 of the 2005 Session of the Virginia General Assembly requested that the Secretary of Health and Human Resources study the development of a No Wrong Door approach for Virginia's long-term support service system and report the findings (Appendix A). In accordance with HJ 657, Secretary Jane Woods convened a task force to evaluate the feasibility of developing a No Wrong Door system for Virginia's long-term support services.

This report highlights the current national trends in exploring the development of a No Wrong Door approach as well as past, present and future efforts in Virginia to develop its own No Wrong Door approach.

VIRGINIA'S CURRENT LONG-TERM SUPPORT SYSTEM

Long-term support services are provided by a wide array of public and private providers in the Commonwealth. At the state level, the majority of long-term support services are provided through six agencies: the Virginia Department of Health (VDH), Department for the Aging (VDA), The Department of Medical Assistance Services (DMAS), the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) the Department of Rehabilitative Services (DRS), and the Department of Social Services (DSS). Each agency has varying degrees of responsibility for the provision, licensure, and reimbursement of long-term support services.

- VDH oversees licensure and certification for home health agencies, home care organizations, and nursing facilities. VDH also has programs aimed at reducing falls and managing chronic diseases such as diabetes, cardiovascular disease, and arthritis for the elderly and individuals with disabilities.

- VDA works with 25 local Area Agencies on Aging (AAA) and other public and private organizations to help older Virginians maintain their independence and avoid inappropriate or unnecessary institutionalization. The AAAs plan, coordinate, and administer a comprehensive and coordinated system of services for older persons at the community level.

- DMAS funds the majority of long-term support and community based care services provided across the state. The federal government allows Medicaid to pay for community-based services in lieu of institutional care through home and community-based care waivers. Virginia currently operates seven of these waivers, which provide a number of services such as personal care, nursing, environmental modifications, and assistive technology. Seniors and individuals with disabilities who receive long-term support services via one of the Medicaid home and community-based waivers also have access to the full array of Medicaid covered services. In Fiscal Year 2004, DMAS provided care to 208,503 aged, blind and disabled beneficiaries at a cost of almost $2.6 billion dollars.

- DMHMRSAS works with 40 Community Services Boards (CSBs) to provide efficient mental health and substance abuse services in the most accessible, responsive and appropriate yet least restrictive settings possible. CSBs draw upon all available community resources along with the individual's natural support systems (family, friends, work supports) to ameliorate the effects of mental disabilities and substance abuse, encourage growth and development, and assist individuals to realize their maximum potentials. DMHMRSAS and the CSBs also directly operate the Mental Retardation and Day Support Medicaid home and community-based waivers.

- DRS collaborates with the public and private sectors to provide a variety of employment related community services that empower individuals with disabilities to maximize their employment, independence, and full inclusion into society. One critical service includes the creation of the State's first consumer-directed personal assistance program. DRS has also been instrumental in the Medicaid Infrastructure Grants.

- DSS coordinates services with 120 local departments of social services to assist individuals with triumphing over poverty, abuse, and neglect to shape strong futures for themselves, their families and communities. Recent systems reform accomplished by DSS includes strengthening adult protective services and assisted living regulations and the creation of information technology software (SPIDeR) to provide a single point of entry to multiple data systems.

At the local level, long-term support services are provided through 120 local departments of social services, 25 AAA's, 34 health departments, 16 Centers for Independent Living, 40 local CSBs, faith-based organizations and private non-profits. Eighty-eight percent of all care and support is provided through an informal network of family and friends. Examples of community services provided by organizations include companion care, meals on wheels, congregate meals, personal care, and mental health services. In all, there are more than 7,000 public and private organizations in Virginia providing some type of service to older adults and people with disabilities.

Virginia is Continually Rebalancing its Long-Term Support System

Virginia has a long history of promotion of community-based care through both state and local initiatives and has been active in exploring avenues for rebalancing long-term care funding for more than 25 years. It was the first state in the nation to develop a statewide nursing home pre-admission screening program, which was designed to divert or delay nursing home admissions. Virginia's Medicaid program also created alternatives to institutional (nursing home) care through seven home and community based waivers from the federal government that allow Medicaid to pay for community services in lieu of institutional care. The local community agencies, including the area agencies on aging, the social services agencies, and the community services boards provide a full array of community services to seniors, such as companion care, meals on wheels, congregate meals, personal care, and mental health.

All seniors are assessed for publicly funded long-term support services through the use of a comprehensive uniform assessment tool, the Uniform Assessment Instrument (UAI). Approximately 19,282 individuals were screened for long-term care services in calendar year 2004; of these, 38 percent were referred to community-based services, and 62 percent were referred for nursing facility care.

Virginia is currently working on several initiatives to rebalance its long-term support system as described below:

"One Community: The Olmstead Initiative": The Olmstead initiative works to enable people with disabilities to live independently in the community. Its focus is to create state policies that help people with disabilities live in settings that are most appropriate for their needs and to allow individuals to live with as much dignity and independence as possible.

With the support of Governor Warner, the Olmstead Task Force was created by the General Assembly in the 2002 Appropriation Act. The Task Force's goal was to assure that Virginians with all types of physical, mental, or sensory disabilities have an opportunity to live in the community. The Task Force gathered data on populations and services and examined the needs of individuals with disabilities in the areas of accountability, education, housing, employment, prevention and transition services, qualified providers, transportation, and waivers.

Governor Warner issued Executive Order 61 (2004) to further the Olmstead implementation efforts in Virginia. He directed four secretariats and 18 state agencies to cost out recommendations in the final Task Force Report and take implementation steps. Additional information on this initiative can be found at: http://www.hhr.virginia.gov/Initiatives/olmstead.cfm

SeniorNavigator.org: Developed as an initiative of the Virginia Health Care Foundation, with the Governor's leadership, this website and community network of over 300 centers, now stands as an fully independent non-profit, public/private partnership. Ninety percent of it's development and start-up was funded by the private sector, however, for the past two years it has received a state appropriation for 25% of it's operating budget. Among it's private supporters are 13 health systems and corporate partners such as Anthem, Dominion, Verizon, and Novartis. SeniorNavigator developed and maintains a database of over 19,000 programs and services -- helping professionals in the aging network, older Virginians, and their families navigate the wide range of community and government options available for meeting their needs. More that just a directory of services, SeniorNavigator provides an objective, comprehensive look at the range of options, both institutional and community-based, available for families with details that help families and professionals determine the best match for a senior. SeniorNavigator is recognized by the National Governor's Association, Southern Gerontological Association, and the American Public Health Association as a best practice in the field of health and aging information.

"Community Reinvestment Project"**:** Research has made clear that appropriate community-based care is often the best way to serve those in need of mental health services. However, state budget priorities have not always reflected that thinking. Governor Warner proposed a major shift in policy toward community mental health care to improve care for patients, build community services, and position Virginia as

a national leader in moving patients from state institutions back into their communities. The Governor's proposal redirects nearly $22 million annually from state mental health institutions to community services boards.

Real Choice Systems Change Grants for Community Living/New Freedom Initiatives: Virginia is utilizing grants from the Centers for Medicare and Medicaid Services to focus on a variety of activities, including: improving access to consumer-directed services available through Medicaid waiver programs, developing methods for informing consumers of their community options, increasing customer satisfaction with community services, improving the quality of community services, and improving the training and retention of direct service workers.

Program of All-Inclusive Care for the Elderly (PACE): Virginia is actively working with several communities in the development of both rural and urban PACE sites. PACE programs feature a comprehensive service delivery system and integrated Medicare and Medicaid financing. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Capitated financing allows providers to deliver all services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. The PACE package will offer and manage all of the medical, social and rehabilitative services their enrollees need to preserve or restore their independence, to remain in their homes and communities, and to maintain their quality of life. Services are available 24 hours a day, 7 days a week, 365 days a year. Generally, services are provided in an adult day health center setting (called a hub), but may also include in-home and other referral services that enrollees may need (called satellite services). This includes such services as medical specialists, laboratory and other diagnostic services, hospital care, and nursing home care.

Previous Efforts to Streamline Virginia's Long-Term Support System

Virginia has previously explored ways to streamline its long-term support system in the state. In 1993 the General Assembly directed the Secretary of Health and Human Resources in House Joint Resolution 603 to develop a plan to restructure and consolidate all aging and long-term care programs in Virginia. A task force met to discuss potential options, and the recommendations were published in House Document No. 44 (1994). Some of the recommendations included:

- Consolidation of programs, services, and functions related to aging and long-term care provided by four separate agencies (VDA, DMAS, DSS, and VDH) into one restructured agency. The restructured agency's responsibilities would include "planning, administration, management, development, regulation, and funding of long-term care and aging services";
- Creating a policy-making board for the consolidated agency, which would have been composed of citizens, consumers, providers and individuals who are educated and familiar about long-term care issues; and

- Designing the long-term support system to include individuals of all ages needing long-term care services.

As a result of this report, the 1994 Virginia General Assembly passed House Joint Resolution No. 295, which directed the Secretary of Health and Human Resources to review and develop a plan for consolidation and coordination of certain long-term care and aging services and agencies. The study resulted in a 1995 report House Document No. 5 "The Consolidation of State Level Aging and Long-Term Care Services for the Elderly and People with Disabilities." The report made several recommendations on ways to improve the delivery system of long-term care services. The 1995 report recommended consolidating aging and LTC services by implementing the following:

- Establishing state Long-Term Care Ombudsman and Protective Services programs to oversee and act on complaints by the target population;
- Creating a new division dedicated to aging, disability, and long-term care services and consolidating the functions, programs, and services related to long-term care within the DMAS; and
- Consolidating several services under DMAS to facilitate access and increase efficiency, to include licensing and certification; program development, research and evaluation; regulatory development and coordination; rate and reimbursement, provider review, and audited providers' financial reports; and implementation and evaluation of programs and services.

The recommendations from this report were not implemented due to the costs that would be incurred to realize program consolidation, and state and local level resistance to the proposed changes. Proposing this type of change again to physically streamline agencies and programs that provide LTC services, even ten years later, would evoke similar challenges and resistance.

Renewed Interest in Streamlining Long-Term Supports

In 2004, the Virginia chapter of the American Association of Retired Persons (AARP Virginia) commissioned a study to examine the status of the Long-term Care (LTC) system in Virginia. The study showed that Virginia has many strong programs that address the long-term care needs of its citizens. These strengths include:

- The availability of electronic information about a variety of resources addressing long-term care and healthy aging, including the SeniorNavigator website and service-provider database;
- The crucial agencies that address LTC services and issues report to one Cabinet Secretary, the Secretary of Health and Human Resources. This fosters a unified approach to LTC services;
- The expansion of Virginia's home and community-based services through the creation of 965 additional waiver slots for two existing waivers and 300 slots for a new waiver for people with Alzheimer's and related dementia; and

- The creation of new opportunities for Virginians to direct their own care (a person-centered planning approach).

The study also revealed the challenges in the current system. Some challenges noted include:

- The absence of a single-point-of-entry system for LTC services in Virginia. The report cited inefficiencies, decreased consumer choice of services, and delays or prevention in getting the appropriate care as a result of not having this type of system;
- Inconsistencies in providing older Virginians who are hospitalized with information on support and assistance for home-based care upon discharge. When leaving a hospital, many individuals go to LTC facilities instead of their homes due to a lack of awareness of home-based services in their community; and
- Despite a variety of LTC services available to Virginians, current services are inadequate to meet the need of Virginia's elders, especially in rural areas.

The study also identified several areas in need of improvement to better meet the needs of the older adult population now and in the future. The report recommendations included:

- Increasing publicity for the SeniorNavigator website and expanding links to websites of agencies providing LTC services;
- Directing the Secretary of Health and Human Resources to develop a plan for a comprehensive LTC access system at the local level. This plan should include recommendations on how to coordinate LTC services among the differing agencies serving the older adult population in Virginia;
- Designing a program to educate consumers about LTC services and supports;
- Exploring ways to encourage and sustain family caregiving; and
- Increasing reimbursement for home care services providers.

THE "NO WRONG DOOR" APPROACH

A No Wrong Door approach, or virtual Single Point-of-Entry system, is designed to enable individuals to access long-term and supportive services through any agency or organization using one system. No Wrong Door creates a single, coordinated system of information and access for all persons seeking long-term support; minimizes confusion; enhances individual choice; and supports informed decision-making. With advancements in technology, a No Wrong Door system no longer needs to be a consolidation of agencies under one roof. Instead, the focus has shifted to sharing health and long-term support information among providers electronically.

Virginia Has a Current, Nationally Recognized No Wrong Door System for Its Child Health Insurance Program

Family Access to Medical Insurance Security Plan (FAMIS). Virginia is not new to the No Wrong Door approach. The Department of Medical Assistance Services (DMAS) adopted the No Wrong Door model and successfully implemented this approach with the state's children's health insurance program, FAMIS, on September 1, 2002. DMAS enacted the No Wrong Door policy for its two children's health insurance programs: FAMIS Plus (Medicaid for children whose families have incomes below 133% of the Federal Poverty Guidelines) and FAMIS (a child health insurance program similar to Medicaid for families with incomes between 133% and 200% of the Federal Poverty Guidelines). The No Wrong Door system enables parents and guardians to apply for FAMIS Plus and FAMIS through one combined application available at local departments of social services, selected hospitals and health departments or via phone, fax, mail, or internet. Most parents and guardians who apply for FAMIS or FAMIS Plus do not know which program is appropriate for their child, so this combined application helps to increase enrollment in the programs by eliminating confusion on eligibility.

The FAMIS program has experienced great success with the use of this approach. Since 2002, more than 138,000 additional children have been covered by health insurance through FAMIS and FAMIS Plus. Of the children estimated to be eligible, 97 percent are now enrolled in this program. This program has been nationally recognized as a model for a single point of entry system. The success of the FAMIS program is largely due to the extensive commitment by the Warner Administration and members of the General Assembly to streamline the enrollment process and conduct extensive outreach. These administrative costs are in addition to FAMIS medical program costs.

Virginia Initiatives to Create a "No Wrong Door" Model for Long-Term Supports

The 2005 Virginia General Assembly passed House Joint Resolution 657, which calls for the Secretary of Health and Human Resources to study a "No Wrong Door" approach for Virginia's long-term support system. In accordance with HJ 657, Secretary Jane Woods convened a task force in May 2005 to evaluate the feasibility of developing a No

Wrong Door system for Virginia's long-term support services. This task force consisted of representatives from the following agencies and organizations:

- State Agencies (DMHMRSAS, DRS, DMAS, DSS, VDH, VDA, Virginia Employment Commission, Housing and Community Development, and Rail and Public Transportation);
- SeniorNavigator;
- Local departments of social services;
- Advocacy groups; and
- Municipalities.

The task force met three times through the Spring and Summer of 2005 to explore current No Wrong Door efforts occurring in the nation and the Commonwealth, seek possible avenues for funding the development of this approach, and develop tasks for the creation of a No Wrong Door system over the next two years. One of the initiatives discussed by the No Wrong Door task force pertained to development of a pilot for No Wrong Door that is in the early stages of implementation thanks to Federal, local, and private funding.

National Initiatives to Create a No Wrong Door Model for Long-Term Supports

There is currently a national initiative underway for creating a single point of entry for long-term care services. The U.S. Department of Health and Human Services developed an initiative in 2002 to establish a national framework for and to implement a single point of entry for long-term support services in each state. This initiative is a partnership between the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS). Thirty-one states have developed or are developing single point of entry systems for long-term support. A majority of these states are developing this single point of entry system, with the assistance of an Aging and Disability Resource Center (ADRC) grant.

Aging Disability and Resource Center Grant

Under the guidance of the Secretary and the No Wrong Door task force, Virginia applied for and received a federal Aging and Disability Resource Center (ADRC) grant to develop and pilot a No Wrong Door system in Virginia.
The $756,670 grant will enable Virginia to implement a No Wrong Door approach to long-term supports through the creation of the Community-based Coordinated Services System (CCSS), which will be piloted in a minimum of nine regions over the next three years. The ADRC grant builds on funding that was already obtained through other sources to develop the CCSS system, such as a private donation by Dominion Resources ($100,000), and funding from local government and private foundation contributions.

Funded jointly by AoA and CMS, the ADRC grant is designed to stimulate the development of a statewide system to integrate information and referral, benefits and counseling services as well as facilitating access to publicly and privately financed long

term care services and benefits. The goal of the ADRC grant is to create a highly visible and trusted Community-Based Virtual Resource Center System where older adults and adults with disabilities can turn for information and access to public and private long-term support and benefits. To date, 24 states previously received this federal grant to help develop a national single point of entry model for long-term support services that can be replicated by other states.

Community-based Coordinated Service System

The Community-based Coordinated Services System (CCSS), the No Wrong Door system being piloted in Virginia, uses technology to improve the access to and delivery of services for seniors and adults with disabilities. This web-based system includes both a HIPAA-compliant secured client database and a comprehensive provider database. The decentralized model will not create new physical centers, but will enhance the capacity of existing service providers in Virginia by creating a virtual single point of access -- allowing them to share information on clients, eliminate duplicated collection of the same information and harness technology to provide a web-based system that enables agencies to efficiently coordinate information and referral and case management. In developing such a system, it was important to recognize the work that has already been done to move Virginia forward in meeting the long term care needs of older adults and adults with disabilities. With that intention, the CCSS is building on Virginia's strengths – the UAI, SeniorNavigator's database, and a rich history of public/private partnerships.

This program will enable public and private service providers to maximize human and financial resources by sharing, within public law and policy for informed consent, customer information and care needs. More importantly, the CCSS will extend independence, raise the quality of life, and improve customer and community-level outcomes for disabled adults, seniors, and their caregivers by:

- Determining the individual's eligibility for assistance;
- Ensuring access to the appropriate services;
- Tracking the individual's progress;
- Measuring effectiveness of the services; and
- Identifying gaps in services based on need.

CCSS is currently being piloted in three Virginia communities (Peninsula, Central Shenandoah Valley, and Greater Richmond area) and will expand to six additional communities over the next two years. At the end of year three, the CCSS will be prepared to be used in all communities across Virginia, thus creating a statewide look at gaps in services and trends in service delivery.

Statewide Advisory Council for the Integration of Community-based Services

The Statewide Advisory Council for the Integration of Community-based Services (SACICS) was created in 2005 as a part of the No Wrong Door approach to serve as

the advisory board for the CCSS system. It consists of all state agencies or offices that are involved in long-term care support as well as consumer and advocacy groups. A list of participating stakeholders may be found in Appendix B. It is chaired by Secretary Jane Woods and vice-chaired by the Virginia Department for the Aging (VDA) Commissioner, Jay DeBoer. The No Wrong Door task force was consolidated into the SACICS in the Fall of 2005 to streamline task force efforts. SACICS will continue to meet regularly to oversee the progress of the CCSS and to work through any state and local level issues pertaining to the development of a No Wrong Door system. Issues being addressed include:

- Interagency Collaboration (at state and local levels);
- Security, Consent, and client privacy
- Data Use and Storage Policies (HIPAA, data sharing needs); and
- Benchmarks and Outcomes.

Phase II – Consumer Directed Services

While much of the CCSS system will be accomplished through funding from the ADRC grant, local government, foundation and corporate contributions, additional CCSS programming components are needed to ensure as much individual control as possible. This can be accomplished by providing individuals with direct access to the tools being used through the CCSS system to determine preliminary eligibility and enable financial management of services. Additional funding will provide for:

A Web-based Consumer-Directed Eligibility Tool. This tool willould streamline the State's eligibility processing system by building on the CCSS system to develop a complete pre-authorization and screening tool and online application for state services. A crucial element in the No Wrong Door approach is the streamlining of eligibility processing for publicly funded community long-term care, including Medicaid services. Financial and program eligibility assessments are an important part of gaining access to care. To accomplish efficient eligibility processing, Phase II of the CCSS system will develop a web-based preauthorization and screening tool for state services. Key eligibility items from Virginia's Uniform Assessment Instrument, which is the statewide instrument used to assess the need for publicly funded aging and long-term care services, will be incorporated into the CCSS intake and assessment tools.

Adding the Consumer-directed Eligibility Tool will allow individuals and their caregivers to access the CCSS system to seek public and privately funded services. It will also allow individuals and their caregivers to be able to complete pre-screening and program eligibility determinations and thus apply for some services electronically. This could include services funded through the Older Americans Act, local funding/services through the Department of Social Services, and preliminary estimates of Medicaid program eligibility.

Person-Centered Planning. A care management system is also planned for Phase II, to be used in the pilot sites in the CCSS system. The care management system is an innovative, HIPAA-compliant information tool that would link automatically to the CCSS and enable providers to record, track, and report information on clients, services, and costs. This system will also enable agencies to monitor contract compliance and report aggregate data directly to the state, which, in turn, will use this system for easy online NAPIS reporting and program planning.

The additional person-centered planning components will customize the CCSS system to allow individuals receiving services to interact within the care management system and manage their own services. It would allow individuals to complete electronic applications for services, dialogue with their service team online in "real time" and when appropriate, design and monitor their own service budgets as a part of an individualized budgeting program.

With additional funding, Phase II of the pilot will focus on taking the technology that is being created for aging professionals and putting it into the hands of consumers, thus expanding the system to encourage consumer direction of community-based services. Older adults and adults with physical disabilities will have a one-stop resource, not only to turn for information and access to public and private long-term support but to also determine eligibility and process enrollment of services. At the completion of Phase II, the CCSS would allow professionals and individual consumers to access long-term support services through a seamless electronic process.

Additional Funding Opportunities

Systems Transformation Grant

Under the guidance of the Secretary and the No Wrong Door task force, Virginia also applied for but did not receive a federal Systems Transformation Grant. The Department of Medical Assistance Services (DMAS) applied to CMS for the Systems Transformation Grant to augment the ADRC grant and fund Phase II of the system. The Systems Transformation Grant would have further promoted efficiency and ease in accessing long-term support services and created consumer-directed service mechanisms for the CCSS system.

FUTURE STEPS FOR VIRGINIA'S NO WRONG DOOR SYSTEM: CONTINUED DEVELOPMENT OF THE CCSS PROGRAM

On December 1, 2005, Governor Mark Warner launched the Coordinated Care Support System (CCSS) which will dramatically change the lives of Virginia's seniors and adults with disabilities, as well as those dedicated to providing services for them. By putting No Wrong Door in action for long-term supports, the CCSS will harness technology to make it faster and more efficient to match individuals with services. It will speed case management, allow individuals to move through the system faster, accurately assess communities' long-term support needs and identify gaps in service.

This system, the most sophisticated ever introduced for long-term supports, is built upon the collaboration of Virginia's public agencies and their private sector counterparts and benefits from their financial support of Dominion, among other grantors. Instrumental as well will be the participation of the pilot communities within the CCSS initiative.

Future Steps

There are three steps that will be crucial to the continued systematic development of the CCSS in Virginia:

1. Statewide implementation;
2. Expansion to include individuals with disabilities and service systems; and
3. Addition of Consumer-Direction to the CCSS system and system maintenance.

The first two steps are written into the three-year plan and can be funded through the ADRC grant and continued support from the private sector and local government. However, funding for Phase II, consumer-directed components to the CCSS System as well as on-going support and the maintenance of this system remain undetermined.

Consumer-Directed Components for the CCSS System and System Maintenance

The addition of the two consumer-directed components discussed in the Systems Transformation Grant section of this report will provide the critical tools to empower individuals to directly access the CCSS system and enable person centered planning opportunities. While these services are not mandated, they are considered a crucial component to the development of an effective, streamlined CCSS that will significantly improve access to long-term support services through a "No Wrong Door" system.

If this additional funding is provided, the CCSS will have the ability to:

1. Allow individuals to complete online pre-screening and eligibility determinations or apply for some services electronically; and
2. Enable individuals to manage their own services online.

This funding is necessary to develop a client statewide system that empowers the ability of clients to apply for and manage their own services online. The ADRC grant does not cover the expenses for the development of an online eligibility resource tool for the CCSS, nor will it have the capability to allow individuals to care manage their own services.

Although the development of the information system software will be a one-time cost over two fiscal years ($286,250), the remaining funding in subsequent years ($36,000 per year) will be for ongoing costs – approximately ten percent of the overall operating costs for the CCSS system. The funding for this portion of the No Wrong Door initiative will be managed by DMAS. The remainder costs for this system will be funded through local government, private dollars and grants.

Appendix A
House Joint Resolution No. 657

Requesting the Secretary of Health and Human Resources to study a "no wrong door" approach for long-term care services in Virginia. Report.

Agreed to by the House of Delegates, February 5, 2005
Agreed to by the Senate, February 24, 2005

WHEREAS, long-term care is a vital government service to citizens of the Commonwealth; and

WHEREAS, long-term care services are provided by numerous state and local agencies; and

WHEREAS, consumers applying for services from one agency often require services provided by other agencies; and

WHEREAS, simplification of the process for accessing long-term care services would increase the availability of such services to citizens for whom they are intended to benefit; and

WHEREAS, a "no wrong door" approach simplifies access to long-term care resources by directing consumers who apply for services at an agency to other state and local agencies providing long-term care services for which they may be eligible; and

WHEREAS, the Commonwealth has successfully implemented a "no wrong door" approach in other health and human services programs, including the Families Access to Medical Insurance Security Program; and

WHEREAS, AARP Virginia, in its recent report on long-term care, recommended a study of comprehensive access to long-term care services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretary of Health and Human Resources be requested to study a "no wrong door" approach for long-term care services in Virginia.

In conducting its study, the Secretary shall make appropriate recommendations for developing such a system for the Commonwealth.

Technical assistance shall be provided to the Secretary by the Department of Social Services. All agencies of the Commonwealth shall provide assistance to the Secretary for this study, upon request.

The Secretary of Health and Human Resources shall complete her meetings by November 30, 2005, and shall submit to the Governor and the General Assembly an executive summary and a report of her findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports no later than the first day of the 2006 Regular Session of the General Assembly and shall be posted on the General Assembly's website.

Appendix B
Statewide Advisory Council for the Integration of Community-based Services (SACICS)

Subcommittee 1 - Interagency Collaborations

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Statewide Advisory Council for the Integration of Community-based Services (SACICS)
Subcommittee 2 - Data Use and Storage Policies

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Subcommittee 3 - Benchmarks and Outcomes

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