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A Case Study of New Jersey Easy Access Single Entry

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Table of Contents

A Case Study of New Jersey Easy Access Single Entry

Winifred V. Quinn, M.A.

Executive Summary

"NJ EASE's initiative is to switch people from institutions to home and community based care." NJ EASE Administrator

In late 2002 the New Jersey Department of Health and Senior Services (DHSS) invited Rutgers Center for State Health Policy (CSHP) to assess one of their new Medicaid Waiver programs known as *Senior Initiatives.* As it serves as a conduit to these initiatives, CSHP assessed the state's single point of entry program, New Jersey Easy Access Single Entry (NJ EASE). Although statewide, this program is administered through the 21 County Offices on Aging (COAs). To examine the NJ EASE systems, the assessment addressed the following questions:

1. What are the internal communication structures in each office?
2. What is the case management design? Is it conducted in-house or is it out-sourced?
3. How does the referral process to case managers work?
4. What is the external communication structure?
5. Do the COAs conduct their own evaluation? If so, what did they find?

Ultimately, we were interested in learning how each of the COA's structure and system operated to fulfill their mission as the Information and Assistance (I & A) officials.

Findings

- There is a wide variation in the organizational structures of New Jersey's I & A program, which has significant impact on how Medicaid Waivers are case managed.
- Counties where there is a seamless case management structure seem best equipped to meet New Jersey's long-term care (LTC) needs.
- Seamlessness can be improved if the eligibility process were more streamlined.
- Counties with more integrated database structures have easier reporting processes and information systems; thus benefiting their external communication activities such as fundraising, volunteer recruitment, and other community participation.
- The branding of "NJ EASE" is not easily recognizable.

Recommendations

- The state and/or county should consider ways to make the I & A system more seamless. Some options to consider are:
    - Having all case managers become familiar with all funding streams and programs so that consumers do not need to switch case managers when they move from one program to another;
    - Merging agencies that perform different tasks for the same families to decrease the overlap of services and therefore creating less disruption in the familial setting;
    - Overall systems change: the State should consider using COAs as the facilitators of the I & A system because the current structure is not a true single point of entry system.
- Create quicker methods and processes for establishing eligibility;
- Reduce or eliminate waiting lists;
- Require all of the counties to use electronic databases for their internal documentation and communication systems;
- Improve or change the branding of NJ EASE;
- Change the telephone number so that it is easier to remember, such as 211 or 311.

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Background

This report presents the findings from a case study of five of the offices that implement New Jersey's single point of entry program. In late 2002, the New Jersey Department of Health and Senior Services (DHSS) invited Rutgers Center for State Health Policy (CSHP) to assess several of their new Medicaid Waiver programs and the state's single point of entry program, New Jersey Easy Access Single Entry (NJ EASE), which serves as a conduit to these programs.

NJ EASE is a policy and program that reflects the partnership of the DHSS and the 21 County Offices on Aging (COAs). The policy was designed by the state agency in consultation with a diverse advisory committee of stakeholders. It is locally implemented by each of the state's 21 COAs. The goal of NJ EASE is to provide a consumer-oriented statewide system that facilitates ready access to a range of services for older adults. The policy was initially designed in 1994 (and first piloted in January 1995) to address several factors related to the state's older adults: the increase in the aging population, especially those who are 85 and older; the long-term care bias of Medicaid that funds people to be institutionalized rather than live in their own homes; and the fragmentation and lack of coordination of home and community-based services (NJ DHSS, 2005).

The concept of single point of entry (SPE) is based in state policies and practices that support a person's preference for choice of quality services that will help him or her remain in the community and to "age in place" (Rosenblatt, Samus, Steele, Baker, Harper, Brandt, Rabins, & Lyketsos, 2004). The role of the SPE is to allow long-term care consumers to find out about all of the options available to them through one overall source. According to the National Association of State Units on Aging (NASUA) (2002), the Older Americans Act (OAA) and its associated amendments of 1973 charged the State Units on Aging with the task of providing reasonable and convenient access to long-term supports and services for those who are in need.

Also in 1973, a non-profit organization called the Alliance of Information and Assistance Systems or AIRS (NASUA, 2002) was established to advance the concepts of Information and Referral (I&R). This organization, along with the United Way, published the first standards on I&R and continued to update those standards in addition to producing an Assessment and Implementation Guide for State Units on Aging to use to establish and improve their I&R systems (NASUA, 2002). These guidelines are organized into five general areas: service delivery, resource database, reports and measures, cooperative

relationships, and organizational requirements (for detailed information regarding each of these sections, please see the glossary in Appendix A).

Assessment Methods

This assessment was designed to conduct site visits to several of the COAs so that the research team could familiarize themselves with the organizational structure and the case management and coordination processes. A separate study was to conduct a statewide mail survey of NJ EASE/COA callers (survey results presented in a separate report). Ultimately, the research team visited five COAs: Atlantic, Bergen, Middlesex, Somerset, and Union. In each county, we examined the different styles of organizational structure and how these may impact the case management of the Medicaid Waivers programs and other non-Medicaid programs. The COAs were selected to represent the existing models of organizational design. These specific counties were selected as examples of these models due to their quality of performance.

The guiding questions that the research team used in exploring the NJ EASE systems of the different COAs were:

1. What are the internal communication structures in each office?
2. What is the case management design? Is it conducted in-house or is it out-sourced?
3. How does the referral process to case managers work?
4. What is the external communication structure?
5. Do the COAs conduct their own evaluation? If so, what did they find?

While these questions provide detail about the process overall, we were interested in learning how the COAs' structure and systems impacted on their mission as the I&R/A officials in their respective communities.

Findings

Site Visit Results

In each of the counties, consumers looking fro assistance or information visit or call their COA or NJ EASE's toll-free telephone number. In some counties, the COA contracts with other organizations such as senior centers and senior citizen congregate housing offices to help them disseminate information. In all counties, the consumer has the option to also seek help in person—either at the COA or at the other locations. The primary worker in the NJ EASE system is the *intake person* who quickly assesses whether

he or she can provide the requested information, such as transportation or a relevant phone number, to the consumer or if the caller's needs should be further assessed. If the intake person determines that the consumer needs more attention than basic information, then that frontline worker records the name and contact information for the caller, completes a brief needs assessment form, and provides this information to a *case manager* (or a designated professional from the COA or the County Department of Human Services).

The case manager is required to call the consumer back within three days and is required to visit the person to conduct a needs assessment within eight days. The assessment consists of assessing the consumer's level of care need, helping the consumer with the application process for services, and the design of the care plan. If the case manager determines that the consumer is at a *nursing home level of care*[1], they work together on the consumer's Medicaid application. Simultaneous to the application process, the case manager helps the consumer design her or his care plan. Specifically, the case manager describes the types of programs that the client may be able to receive which is dependent on the client's income eligibility and need and available resources (see Table 1 for a list of the Medicaid Waivers and other services that the NJ EASE offices coordinate and/or case manage).[2] For example, some programs are limited in the number of clients they can enroll, and therefore may not be available. Also, programs have differing sets of services and therefore may be more or less appropriate depending on the individuals' needs. Upon completion of the application, eligibility process, and the care plan, the case manager maintains telephone contact with the client on a monthly basis and re-evaluates the consumer's condition and circumstances once a year.

[1] Specific state and federal guidelines are what case managers follow to determine if a consumer fits nursing home level of care.

[2] This table notes only some of the services that NJ EASE coordinates or oversees to some degree. Other resources include, but are not limited to, programs funded by the Older Americans Act, Housing and Urban Development, and state funds. Other services that NJ EASE works with include, but again are not limited to, Statewide Respite, Homemaker Services, Home-Delivered Meals, Congregate Nutrition, Medical/Social Day Care, Support Groups, Transportation, Housing, Legal Services, Adult Protective Services, etc. Overall, the funding streams and the amount of services NJ EASE oversees and/or coordinates are very complicated.

Table 1. New Jersey Programs and their Services*

MEDICAID WAIVERS AND SERVICES				NON-WAIVER AND SERVICES
CCPED	**AL**	**AFC**	**CAP**	**JACC**
· Care Mgmt. · Homemaker · Respite · Social ADC	· Care Mgmt. · Assisted Living · Social ADC (ALP only)	· Care Mgmt. · Adult Family Care · Environmental Accessibility Adaptation · Social ADC · Transportation · Respite	· Care Mgmt. · Homemaker · Respite · Chore · PERS · Attendant Care · Home delivered meal service ·Caregiver/Recipient training · Social ADC · Home-Based Supportive Care ·Transportation	· Care Mgmt. · Homemaker · Respite · Chore · PERS · Attendant Care · Home delivered meal service ·Caregiver/Recipient training · Social ADC · Home-Based Supportive Care · Adult Day Health (Med. Day Care) ·Transportation

* This is adapted from a table made available by the New Jersey Department of Health & Senior Services

Each of the COAs has unique qualities in structure, case management design, and referral services. Depending upon the COA's structure, the case manager is either employed by the COA or is a member of an agency that the COA subcontracts with to perform case management duties. The counties have different titles for their employees: Atlantic has *NJ EASE Case Managers* who conduct the full assessment; in Middlesex, it is the *Social Service Counselor* who performs this task. Some COAs, like Somerset and Middlesex, have case managers within their structure, and also subcontract out to community-based agencies. Other counties sub-contract all of their case management. An example of this structure is Bergen's COA, which contracts with agencies to work with the consumers—after the initial point of contact is made within the COA. Best exemplified by Atlantic Office on Intergenerational Services, some counties do all of their own case management. In addition to the frontline workers, such as the NJ EASE intake person and the case managers, each COA has a *care coordinator* who oversees all of the care services. This care coordinator is responsible for managing all of the state, state/federal, and federal funding that supports the COA and she or he is the liaison between the county and the state DHSS.

Table 2: Overview of Selected County Offices

County	Staff Structure	Case Management	Referral & Screening Process	Outreach	Evaluation
Atlantic	Structure • Differs from other counties. • Oversees services for people of all ages: children, troubled youth, youth in crisis and the office on aging • Work consists of congregate housing, meals, NJ EASE (including care management), respite, waiver care management, adult protective services, mental health administration, disability services, and transportation Staff: 1 primary I & A worker 5 NJ EASE case managers 9 Waiver case managers • Qualifications & Training: All Employees are civil service; BA or BS plus 1 year experience. Degrees can be in SW, nursing, psych, Ed, public health; • Aside from the mandatory state NJ EASE training, all staff are oriented to the division, and trained in their specific program by the appropriate supervisor. • The NJ EASE staff and Waiver CM's are trained on internal protocols and various programs that are available to the clients • Responsibilities: complete the first part of the CAT (tier I), if possible, for all callers	• All care managers are cross trained on all waivers, so the system is seamless to consumers as they switch programs. • All family members of caller are potential clients; • Family is assessed at the home visit. • Staff are also trained in areas of expertise from other departments. • NJEASE CMs can assess the entire picture on their visit and identify ne and other peop household • CM work is not subcontracted to outside agencies	• Electronic Database • Completed CAT Tier I for all callers • After the initial call by the consumer, NJ EASE CM calls within 2 days and conducts home visits within 5 days • Immediate relief services (OAA Funded) are available • Simultaneous financial eligibility assessment is done; if approved the person is referred to a Waiver CM and is then considered "discharged" from NJ EASE	• Annual County Outreach Day in May • With hospitals for nursing home diversion work • To all senior housing programs either directly or through sub-contractor • Shopping malls • AARP • Needs Assessment every 3 years: Send poll to all physicians and 1000 older adults	• Survey 5% of the NJEASE referrals regarding satisfaction

County	Staff Structure	Case Management	Referral & Screening Process	Outreach	Evaluation
Bergen	Serves older adults (60 years and older) and younger adults with disabilities Front line staff: 4 I & A employees who work in Division of Senior Services 2 I & A employees who work in Disability Services • Qualifications: BA/BS or equivalent in work experience • Responsibilities: completes first two pages (Tier 1) of CAT; determines level of need; refers to CM 2 benefits screeners: • qualifications: RN • Responsibilities: review the assessment performed by the IA worker and they prioritize the person's need 1 Supervisor 5 community agencies also perform I & A work as subcontractors: • Care Plus • MLK, Jr. Senior Activities Center: most clients are African American. • Midland Park Senior Activities Center • Southeast Senior Activities Center • Americas Unidas Senior Activities Center: most clients are Latino • Training: All NJ EASE workers (IA & CM & supervisors) receive the standard state training, and monthly in-service trainings that are hosted by the IA supervisor. Topics include: reversed mortgage options for LTC payment, Medicaid, Medicare, and housing • Case conferencing: A MSW/LCSW to works with the staff on-site 1.5 hours/month to provide training in such areas as active listening and facilitates the IA/CM staff discussions on difficult cases. The MSW is also available on an on-call basis for the front line staff people	• Subcontracted out to 7 community agencies: Catholic Community Services; Jewish Family Services; Heightened Independence & Progress; Bergen Family Center Friends of Grace; Bergen County Board of Social Services; Christian Healthcare Center • CMs assist clients with Medicare/Medicaid applications; determine eligibility; educate family/friends re: Alzheimers and other diseases that a client is experiencing • Follow up via mail re: any change in status; conduct follow up calls every 3 months • For wait-listed clients: complete Waiver application process; encourage family and friends to provide services	• Electronic Database • I & A worker completes first two pages (Tier 1) of CAT • I & A worker determines level of need. If the caller needs a higher level of care (one major criterion being home-bound) then they are referred to CM; • Benefits screener reviews assessment • RN refers client to the appropriate CM provider	• Multi-cultural: a Korean speaking IA person, and an Indian staff member • Local hospitals • Quarterly meetings with mayors, police departments • Weekly presentations at different social service agencies • Inform clergy of services	Information not available

County	Staff Structure	Case Management	Referral & Screening Process	Outreach	Evaluation
Middlesex	Frontline staff • Qualifications fit those of a clerk; receive general orientation training, customer service & crisis management; training in customer service, cultural awareness/sensitivity, dealing with difficult people and stress management • Responsibilities: Answer local COA and toll-free NJ EASE phone lines; Refer caller to a SSC; provide basic information • Senior Service Counselors (SSC) • Qualifications: Bachelors/equivalent and Masters preferred • Responsibilities: I & A Specialists: complete first page or two (Tier I) of Comprehensive Assessment Tool and send it to Care Managers Care Managers • qualifications: Bachelors/equivalent and Masters preferred NJ EASE Supervisor • qualifications: Bachelors/equivalent and Masters preferred • Responsibilities: planning, looking at demographic information, census data, and the needs assessment, compiling that information for use by the RFP panel in making funding decisions, & incorporates the planning and building of policies and protocols for new services or programs being administered through the office; coordinating needs assessments, request for proposals for Title III projects, meals on wheels, information & care management, adult • day care	Structure • Both in-house and outsourced: contracts with 3 agencies: Woodbridge Multi-services, University Behavioral Unit & Jewish Vocational Services Responsibilities • Each CM at this Office is specialized in a waiver; works with clients in their waivers; when a client moves from one service to another, she or he is switched to another CM	• Electronic Database • Once the client is complete, they fax it to the Care Managers (CM). The Tier I of the CAT is completed. Tier I consists of the first two pages of the CAT. The CMs follow up via phone with clients within 3 days of initial contact and perform a site visit within 8 days • Individuals may be referred from the SSC's or from workers at the local senior centers for individuals that require more than phone assistance. CM's may work with clients on a short-term basis or for years • Initial screening includes an income and assets assessment. If client not eligible for services yet, her or his case will be tracked for when she or he is income eligible.	Clients: • Email with one SSC who checks it once/day for emails of inquiry re: programs • 21 Senior Centers, 15 of which are NJ EASE points (where CMs have been trained) • Community presentations to churches, women's organizations, etc. • Brochures, also in Spanish Physicians and Medical Community: • In contact with geriatric and dementia programs in hospitals • Send brochures to MDs in county re: alcohol and drug abuse among seniors	• Send evaluation forms to 10% of callers • Send evaluation forms to all home and community-based programs

County	Staff Structure	Case Management	Referral & Screening Process	Outreach	Evaluation
Somerset	Frontline Staff • Completes brief intake form with caller (or consumer who stops by in person) Benefits Screener Briefly assesses Tier I of CAT before Elder Care Specialist (ECS) conducts full assessment ECS • qualifications: at least a BS or BA in Social Work, Nursing, or related field • responsibilities: ECS conducts Section II of CAT w/in 5 days of the initial phone call; conducts reassessments every 6 months Case Managers: • responsibilities: see case management column Registered Dietician • responsibilities: has educational programs at all of the NJEASE focal points throughout the county including the 8 senior centers Office Manager Office on Aging Specialist Part-time dietitian technician Contracts, Planning and Fiscal Coordinator Eldercare Marketing Administrator • responsibilities: with 40 "Handyman" volunteers; volunteers conduct light AT jobs at consumers' homes	• Program enrollment (JACC and CAP only-- different levels of involvement in each program); • Assessment of Nursing Facility Level of Care (JACC only--- because this county has presumptive eligibility for the JACC program); • Client needs assessment & Wholistic Care Plan based on the CAT & their interaction with client/family/significant others; • Cost Share calculations; Individual Service Agreement (ISA)-- contract with the provider of services detailing what service will be provided, # of units authorized per week, total cost per month; • Requests for pre-authorization of services (via special requests to DHSS) when services either exceed monthly cost cap or are a high-priced item; • Identification of those clients who are eligible for Client Employed Provider (CEP) participation & assistance to both client and service provider through application process; • Monitoring of client status & service package--- via minimum of quarterly face to face visits *and* monthly contacts (ie. via phone); • Monitoring of service costs--- ensures cost-effective service utilization and meeting clients' needs	• Electronic Database • The intake call is handled by one person who completes Tier I of the CAT and is subtitled Information and Assistance. • The benefits screener does a brief assessment, which is followed up in more detail, in person, by an ECS w/in 5 days of the initial phone call. This visit also includes the ECS performing an assessment using Section II of the CAT.	• Detailed database system • Includes the streamlined NJ EASE contact log; information on the client including income level and assets, care needs, care received, and emergency contact information. • Health Insurance Volunteers who assist consumers with any coverage related questions • "Handyman" volunteers who help build light assistive technology devices (such as ramps) at consumers' homes • ECSs follow up with caregivers who don't call 2nd time to check on them • Writing articles for weekly newspaper and small monthly magazines that are inserted into Courier News	• Client satisfaction records of their different programs

County	Staff Structure	Case Management	Referral & Screening Process	Outreach	Evaluation
Union	3 I & A Specialists (one part-time) • qualifications: at least a BS or BA in Social Work, Nursing, or related field • responsibilities: determines if a CAT needs to be performed; completes first page of CAT (Tier 1) level; part-time I & A worker follows up to make sure client uses resources and to assess client satisfaction 1 Special Projects Person • qualifications: at least a BS or BA in Social Work, Nursing, or related field • responsibilities: translator for Spanish 7 care managers • qualifications: at least a BS or BA in Social Work, Nursing, or related field • responsibilities: coordinates work with clients according to the funding stream client is on 1 care manager coordinator • qualifications: at least a BS or BA in Social Work, Nursing, or related field • responsibilities: determines need of clientele and assigns clients to CM's;	• CM both in house and sub-contracted out • CM is organized per waiver or funding, not by the person. The funding streams are: ▪ CCPED: this is the only one that is contracted out, but it's also case managed in-house by ½ FTE. ▪ AL, CAP, JACC, State Respite, Hope (HUD, section 8 program) ▪ NJ EASE: clients who are not yet connected to a state or Medicaid funding source, but who need services and help w/ services. CMs find them alternative resources on funded programs	• No electronic database • I & A specialist refers client to different CM (or funding stream)	• Outreach to social services agencies, physicians, Alzheimers Association, hospital discharge planners, police, & attorneys • publish a bi-monthly newsletter • notices in newspapers, senior centers, and the aging network	• random follow up calls to every 10th caller, includes satisfaction questions

Atlantic is most unique because it merged all of its family case management work under one structure and is referred to as the Atlantic County Offices of Intergenerational Services. In this county, all case managers (NJ EASE and Waivers) are familiar with all of the Waivers and all other programs that are funded by a myriad of funding streams (OAA; Housing and Urban Development, etc.). When Atlantic County case managers visit a home to conduct a full assessment, they assess the family rather than the one consumer. If the primary call into the NJ EASE phone number is in relation to an older adult, the case manager not only completes an assessment for that person, but also checks to see if there are minor aged children in the family and if the family should also apply for services for those minors. Caregiver's circumstances are also assessed in order to determine if the caregiver can remain healthy while taking care of their family members in need.

Of the counties that we visited, Bergen County is most similar to Atlantic in terms of serving different populations. Bergen's mission is to serve older adults and younger adults with disabilities; however, they have structured their office so that a few I & A workers serve older adults and two serve people with disabilities. The county's case managers are experts in one or two Waivers (or other funded services). Therefore, if a consumer switches from one funding source to another (for example, from the state-funded program Jersey Assistance for Community Caregivers (JACC) to the Caregiver Assistance Program (CAP) Waiver when he or she becomes eligible), then the consumer also change case managers.

In terms of the referral and screening processes, Union County was unique because at the time of the site visit they had not yet implemented a computerized database to keep track of their consumers. This system would expedite the referral processes in addition to other processes. Union also has the I&A Specialist assign callers to different sources. This is in contrast to other counties where other workers make this decision. For example, in Somerset County, the Benefits Screener determines which funding source would best serve the person. In Middlesex County, the Social Service Counselor refers the consumer to a service and then the Case Manager of that program works with the consumer until he or she switches to another funding source or ceases to be served by the county. In Bergen County, an I&A worker determines the level of need and then the Benefits Screener prioritizes the consumer's needs. This entails determining if they need to immediately access a program or if they can be added to a waiting list. Whichever decision the Benefits Screener makes, she or he then transfers the consumer to the appropriate Case Manager.

The counties have similar outreach activities: reaching out to discharge planners at the local hospitals as well as physicians' offices, local service agencies, and, in a couple of counties (Bergen and Union), to mayors' offices and police departments. Somerset County has a creative infrastructure to support its outreach. This office redesigned its outreach activities because it was determined that consumers were not responding to the office's brochures. New activities include writing an article for the

local weekly newspapers and printing a small magazine that is distributed monthly via a larger newspaper. To assist with the improvement of outreach activities, Somerset County developed a detailed database that includes information on the clientele's care needs and care received. This system has improved external communication activities because the COA can quickly assess how many people are being serving and the extent of services. Somerset's outreach activities are also noteworthy because of the types of volunteers attracted. For instance, there are health insurance volunteers who assist consumers with any coverage questions they have and "Handyman" volunteers who help build light assistive technology devices (such as ramps) at consumers' homes.

The last activity we discussed during the site visits was self-evaluation. All of the counties conduct such activities, surveying from five to ten percent of their consumers. Somerset County has plans to create more detailed quality assurance programs and Middlesex is planning to conduct focus groups and design a full needs assessment of the county's older adult population.

Discussion with Leaders

In addition to the discussion regarding their respective systems, the COA leaders offered other insights into the overall concept of NJ EASE, Medicaid eligibility, and the NJ EASE branding. One of the leaders suggested that there "should only be one or two models of NJ EASE—not the 21 different models that currently exist, from county to county" because such a streamlined structure would better serve consumers who move from county to county. Two of the leaders noted that there are '*catch-22s*' regarding waiting lists for the Medicaid Waiver programs. A county creates a waiting list when the limit of the funding is reached for a specific program. The waiting list means that consumers then need to wait for services until more funding becomes available. Thus, there are some consumers who are not receiving services. Some leaders, however, believe that they need to create a waiting list in order to show their funding sources that demand for the program is high and continued funding is needed.

One of the NJ EASE leaders suggested that fast-track eligibility be available for the Medicaid Waivers just like it is for the state-funded program, JACC. At the time of the site visit, the process to become eligible for JACC was similar to the Medicaid Waiver process: a functional and financial assessment was performed; however, for JACC, the counties were allowed to assume that the consumer was eligible and was quickly enrolled in the program. Because the Medicaid Waivers are constricted by both federal and state policies, the flexibility that exists for JACC is not available. There are three pilot

programs,[3] however, that are experimenting with the concept of fast-track eligibility for the Waivers. This process works in other states in a couple of different ways, one of which is for the state to assume the full cost of the Waiver level of funding for the individual until the consumer is formally funded in the Waiver.[4] Since most of the NJ EASE offices are not using fast-track eligibility, their consumers experience delays between the client's (crisis) situation which brought them to the NJ EASE/COA office and the time when services begin. These delays could exacerbate the consumer's problem situation. One NJ EASE leader envisions the practice of fast-track eligibility as a key solution to stemming her consumers' intensifying issues.

One controversial issue was the topic of name recognition or branding of the term NJ EASE. One leader said that she and her staff felt that consumers did not understand that NJ EASE and the COA were one and the same entity and that consumers often called both the NJ EASE toll-free number and the local COA's number not knowing that they led to the same system. Some of the counties also felt that the work they did before NJ EASE was designed has not changed. However, one leader pointed out that the addition of NJ EASE gave them funding to have more case managers because along with the new toll-free number, they also had new Medicaid Waiver and state programs (CAP and JACC) to administer.

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[3] The Aging and Disability Resource Centers (ADRC) grant is a joint program through the U.S. Department of Health and Human Services' Administration On Aging and the Centers for Medicare and Medicaid Services and is one of the President's New Freedom Initiatives to support people with disabilities of all ages to live full and independent lives. The general mission of the ADRC grant is to streamline the eligibility process via an I & A program and to promote seamless financing of Medicaid long-term care and services dollars (Day, 2004). This seamless financing includes the concept of "Money Follows the Person," which is when a Medicaid-funded nursing home resident moves back to the community, some of her or his Medicaid funds will remain available and pay for home and community-based services. New Jersey was one of the twelve states that were awarded ADRC grants in 2003. New Jersey's mission is to "redesign access to NJ's aging and disability LTC supportive service delivery systems to establish a single pathway that provides access to services for individuals over their lifespan and allows them to age in place" (Day, 2004). New Jersey's overall goals for its ADRC pilots are to improve customer excellence between I &A staff and their consumers, increase cultural competencies at the I & A's, and incorporate consumer direction principles into the LTC and service provision processes. In other words, the state would like to see I & A programs be more accessible to their consumers, address and be sensitive to the multi-cultural backgrounds of the consumers, and have consumers participate in the design and implementation of their care services.

[4] Waiver's costs are shared between the state and the federal government.

Conclusion

The site visits provided information regarding the different types of systems that NJ EASE offices use to serve their consumers. The visits and discussions also provided insight into how the different structures, systems, and policies could affect the quality of service provided to the consumers, such as:

- the degree of seamlessness when consumers switch from one type of service (or funding stream) to another;
- the seamlessness of services in a system that serves multiple populations;
- the availability and use of a database system;
- the eligibility process; and
- the name-branding of NJ EASE.

Atlantic County was the only office to have a structure whereby consumers experience a seamless transition from one funding source or type of service to another. Additionally, Atlantic County's structure of assessing all family members of the caller is another organizational structure and policy that facilitates a seamless service process. These assessments provide a holistic approach that addresses multiple issues at one time. In other counties, multiple government officials (or their sub-contractors) serve the various individuals within one family. This is a "*silo"* mentality of government structure whereby different populations are being served by different government agents. This system often leads to uncoordinated services which creates continued disruption in the familial household, thereby adding stress to an already stressful situation. Moreover, it most likely wastes government resources due to the overlap of having multiple case managers spending time with the same family.

Another issue is the various designs of the NJ EASE offices' databases. Somerset County's system not only provides reports to the state and federal governments, but also helps with its outreach efforts to potential consumers as well as possible volunteers.

The time it takes for consumers to access services is also an important issue. One factor in this is the waiting lists. Another factor is the time lag when a consumer applies for a program and is deemed eligible. Both of these factors create situations where consumers are not being served.

Branding is another issue that impedes services delivery. Counties find the use of the dual terms *NJ EASE* and *County Office on Aging* confusing for consumers who waste time trying to contact two different offices.

Recommendations

To improve the NJ EASE/COA system serves New Jersey's consumers, we suggest the following:

- The first set of recommendations are related to *seamlessness*:
    - Structure of Case Management: NJ EASE offices should train all care managers and other NJ EASE workers to be fully knowledgeable regarding all funding sources and their associated benefits. This would facilitate the seamlessness of the consumer's experience when he or she transitions from one program to another.
    - Structure of the social services agencies: Although this has far-reaching impact, the state should engage with local government policy makers (including freeholders and other county level policy decision makers) to assert that their local constituents would be better served if county agencies consolidated their efforts (such as merging Offices on Aging with Offices of Human Services). It needs to be underscored that, if done correctly, this would not cause a loss of employment for county employees. Instead, county agencies that prefer to not use waiting lists would not need to use such barriers because of a lack of funds. The funds would be used to serve families in a holistic manner.
    - Overall systems change: the State should consider using COAs as the facilitators of the I & A system because the current structure is not a true single point of entry system.
- The second set of recommendations is related to access of servicess:
    - NJ EASE leaders and state officials should have in-depth discussions regarding waiting lists and how to reduce barriers of care to consumers.
    - Consumers would benefit if the state and county levels of government could work out quicker processes for consumers to access services such as presumptive eligibility.
- The third set of recommendations includes:
    - Require all of the counties to use electronic databases for their internal documentation and communication systems;
        - County agencies who successfully use such databases can peer- train other counties on design.
        - I & A offices should discuss ways to use databases to improve volunteer coordination, volunteer services, and other outreach endeavors.
    - The state and county should discuss the name-brand issue of NJEASE.
        - State and I & A leaders should discuss more accessible/memorable numbers such as 211 or 311.

It is important to note that this case study has several limitations. The first one is that the NJ EASE offices that we visited are all suburban, except for Atlantic which is partially suburban, urban, and rural. Future case studies should include urban and rural counties. Second, the site visit discussions did not include discussions regarding consumer direction and autonomy. Therefore, the report does not reflect how case managers work with consumers (and in many circumstances do not work with consumers) in deciding the services that are most appropriate for the consumer.

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Appendix A: Glossary of Terms

Available from Alliance of Information and Referral Systems (AIRS) Standards for Professional Information and Referral

STANDARDS

I. SERVICE DELIVERY

The standards in Section I describe the service delivery functions essential for providing information and referral and assuring access for all, including a brief individual assessment of need; a blend of information, referral and advocacy in order to link the person to the appropriate service; and follow-up, as required.

Standard 1: Information Provision

The I&R service shall provide information to an inquirer in response to a direct request for such information. Information can range from a limited response (such as an organization's name, telephone number, and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for application.

Standard 2: Referral Provision

The I&R service shall provide information and referral services in which the inquirer has one-to one, human contact with an I&R specialist (paid or volunteer). The referral process consists of assessing the needs of the inquirer, identifying appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, and, when necessary, actively participating in linking the inquirer to needed services.

Standard 3: Advocacy/Intervention

The I&R service shall offer advocacy to ensure that people receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. For purposes of these standards, “advocacy” does not include legislative advocacy (lobbying). All advocacy efforts shall be consistent with written policies established by the governing body of the I&R service and shall proceed only with the permission of the inquirer.

Standard 4: Follow-Up

The I&R service shall have a written policy which addresses the conditions under which follow-up must be conducted. The policy shall mandate follow-up with inquirers in endangerment situations and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. The policy must also specify a percentage of other inquiries for which follow-up is required in order to assess overall service performance. Additional assistance in locating or using services may be necessary.

II. RESOURCE DATABASE

The standards in Section II describe the requirement that the I&R service shall develop, maintain, and/or use an accurate, up-to-date resource database that contains information about available community resources including detailed data on the services they provide and the conditions under which services are available. If the I&R service maintains a resource database of Web sites on the Internet, Resource Database Standards 5 through 9 still apply.

Standard 5: Inclusion/Exclusion Criteria

The I&R service shall develop criteria for the inclusion or exclusion of agencies and programs in the resource database. These criteria shall be uniformly applied and published so that staff and the public will be aware of the scope and limitations of the database.

Standard 6: Data Elements

A standardized profile shall be developed for each organization that is part of the local community service delivery system or other geographic area or service sector covered by the I&R service.

Standard 7: Indexing the Resource Database/Search Methods

Information in the resource database shall be indexed and accessible in ways that support the I&R process.

Standard 8: Classification System (Taxonomy)

The I&R service shall use a standard service classification system to facilitate retrieval of community resource information, to increase the reliability of planning data, to make evaluation processes consistent and reliable, and to facilitate national comparisons of data. Additional classification structures such as keywords may supplement the Taxonomy.

Standard 9: Database Maintenance

The resource database shall be computerized, maintained by trained resource staff and updated through continual revision at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of its contents.

III. REPORTS AND MEASURES

The standards in Section III describe the inquirer data collection, analysis and reporting functions of the I&R service.

Standard 10: Inquirer Data Collection

The I&R service shall establish and use a computerized system for collecting and organizing inquirer data which facilitates appropriate referrals and provides a basis for describing requests for service, identifying service gaps and overlaps, assisting with needs assessments, supporting the development of products, identifying issues for staff training and facilitating the development of the resource information system. Inquirer data includes information gathered during follow-up as well as that acquired during the original contact.

Standard 11: Data Analysis and Reporting

The I&R service shall develop reports using inquirer data and/or data from the resource database to support community planning activities (or planning at other levels), internal analysis and advocacy.

IV. COOPERATIVE RELATIONSHIPS

The standards in Section IV focus on the responsibilities of the I&R service to the local I&R system, the local community service delivery system, and state or provincial, regional, national and international I&R networks.

Standard 12: Cooperative Relationships within the Local I&R System

In communities which have a multiplicity of comprehensive and specialized I&R providers, the I&R service shall develop cooperative working relationships to build a coordinated I&R system which ensures broad access to information and referral services, maximizes the utilization of existing I&R resources, avoids duplication of effort and encourages seamless access to community resource information. I&R services within the system may choose to be “full service” programs performing all necessary I&R functions within their designated service area; or may prefer to partner with one or more I&R services to

share those functions. (e.g., one I&R service might build and maintain the resource database and another might assume responsibility for service delivery).

Standard 13: Cooperative Relationships within the Local Service Delivery System

The I&R service shall strive to develop cooperative working relationships with local service providers to build an integrated service delivery system which ensures broad access to community services, maximizes the utilization of existing resources, avoids duplication of effort and gaps in services, and facilitates the ability of people who need services to easily find the most appropriate provider.

Standard 14: Cooperative Relationships Among Local, State or Provincial, Regional, National, and International I&R Providers

Comprehensive and specialized I&R services at all geographic levels (local, state/provincial, regional, national and international) shall strive to develop formal and informal working relationships with the objective of broadening the availability of information and referral to all inquirers, facilitating access to appropriate resources regardless of their origin and/or location, avoiding duplication of effort and funding, expanding the effectiveness of social analysis with more global information about needs and services, and augmenting the impact of advocacy efforts through coordination, where possible.

Standard 15: Participation in State or Provincial, Regional, National, and International I&R Associations

The I&R service shall strive to strengthen state or provincial, regional, national, and international I&R networks by becoming active in planning, program development, advocacy, training, and other efforts at these levels.

V. ORGANIZATIONAL REQUIREMENTS

The standards in Section V describe the governance and administrative structure and I&R service needs in order to carry out its mission. Included are establishing itself as a legal entity, providing for ongoing program evaluation, developing policies and procedures which guide the organization, developing an organizational code of ethics, establishing sound fiscal practices, providing a conducive physical environment, managing personnel, providing for staff training, and increasing public awareness regarding the availability of information and referral services and their value to the community.

Standard 16: Governance

The auspices under which the I&R service operates shall ensure the achievement of I&R goals and meet the stated goals of funders.

Standard 17: Personnel Administration

The I&R service shall provide a framework and mechanisms for program and personnel management and administration that guarantee the continuity and consistency required for effective service delivery.

Standard 18: Staff Training

The I&R service shall have a training policy and make training available to paid and volunteer staff.

Standard 19: Promotion and Outreach

The I&R service shall establish and maintain a program which increases public awareness of I&R services, their objectives, and their value to the community.