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New Jersey's Single Entry Program – NJ EASE: A Survey of Callers

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Executive Summary

Background

In 1996, the New Jersey Department of Health and Senior Services (DHSS) developed a number of new policies and programs collectively known as New Jersey's *Senior Initiatives.* One of the first *Senior Initiatives* involved creating a single point of entry program known as New Jersey Easy Access Single Entry (NJ EASE). NJ EASE was to serve as a conduit for Medicaid (and non-Medicaid) eligible older adults to gain information and access new home and community based waiver programs, as well as to provide information and referrals for a number of other services. NJ EASE is locally administered by each of the state's 21 individual County Offices on Aging (COA). The COA organizational structure varies from county to county. Because of these complexities, and its potential relationship to the under-utilization of CAP, we designed this project to better understand the clients' experiences with the NJ EASE office. Specifically, we were interested in how people reached this program and if their expectations were met.

Assessment Methods

The assessment design consisted of a statewide mail survey of persons who had recently contacted their NJ EASE office. Based on the COAs' estimates of 200 to 300 first time callers received per month, we planned to survey 150 potential respondents in each county for a total of 3,150 surveys statewide.
The main questions we were interested in examining were:

1. Who called NJ EASE or the COA looking for assistance?
2. What organizations or individuals do consumers turn to when seeking information and assistance on long-term care options?
3. How do consumers find out about NJ EASE or their COA?
4. How satisfied are consumers and their caregivers with NJ EASE or the COA?

Since many people who call NJ EASE are caregivers, we also surveyed them regarding the following issues:

1. What care do caregivers provide to their loved ones?
2. How long have they provided the care?
3. How much time do they spend caring for their loved one?
4. What impact does care giving have on their life, such as changes to their employment?

Results

We received a total of 496 surveys for a total response rate of 15.7 percent. Of these, 280 people called for themselves, 100 called for themselves and someone else, and 116 caregivers called on behalf of someone else.

- Persons calling for themselves were more likely to be female (75.7%), white (89.6%), and living at home (83.0%) or in an adult community (15.9%), more likely to be in the lower income groups (90% below 40K), between 65 and 84 (70.6%), and widowed (43.9%).
- People who had their caregivers call were more likely to be male, older- especially in the 85+ group, less likely to be white, less educated, slightly more likely to be widowed, and not surprisingly, about 20.1 percent also lived with the caregiver.
- More than half of callers were already enrolled in one of New Jersey's state pharmacy assistance programs (SPAP) (43.3% in PAAD and 16.1% in Senior Gold).
- Only 6.9 percent said they had called NJ EASE
- Callers had first heard about the NJ EASE/COA program from families and friends (37.1%), senior centers (16.3%), and the telephone book (9.8%).
- The average levels of satisfaction were high, ranging from 8.8, for satisfaction with the person that the caller initially spoke with, to 7.9, for having their expectations met.
- Indicating high satisfaction, 91.6 percent said they would call the NJ EASE/COA office again and 92.4% said they would recommend it to someone else.

Caregivers

- Caregivers provided most of their assistance with instrumental activities of daily living (IADLs) such as transportation (50%), shopping (45.8%), managing finances (45.4%), and household work (44.9%).
- Caregivers provided less help with activities of daily living (ADLs), but did help with toileting (16.2%), physical assistance (13%), and assistance with eating (11.1%).
- On average, caregivers provided assistance with 3.4 activities.
- Half of the caregivers reported that they spend almost everyday per week on care giving activities.
- Most caregivers have been providing care for less than four years.
- Of those who were employed (n=153), one in three (34.0%) indicated that they had altered their work situation due to their care giving activities.
- One in four (24.8%) reported they cut back on hours at work because of care giving activities. Almost equal amount (24.8%) said they had taken time off of work. One in eight (13.1%), however, has quit a job in order to be a caregiver.

Conclusion and Recommendations

These results highlight several key areas in which improvement is needed in reaching those consumers who are in need of assistance. The most important findings concern the brand identity of NJ EASE and the lack of awareness among consumers of where to turn to for help. Most of the callers recognized that they were calling their COA, but only a few knew the name "NJ EASE". Therefore, DHSS should consider the lack of name branding of NJ EASE and, either further publicize it among the general public so that it is better incorporated into the social fabric of care and support services, or consider whether a separate name is useful since consumers are familiar with the term "County Office on Aging." Although satisfaction levels were high, the lowest levels of satisfaction were in terms of meeting callers' expectations. While not everyone's needs can be met given state and federal resource limitations and eligibility requirements, meeting clients expectations are important which entails two things: educating consumers about available programs to ensure that their expectations are realistic, and ensuring that when appropriate programs and services are available, consumers are able to receive or enter them in a timely and efficient manner.

New Jersey's Single Entry Point Program-NJ EASE: A Survey of Callers

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Background

In 1996, the New Jersey Department of Health and Senior Services (DHSS) developed a number of new policies and programs collectively known as New Jersey's *Senior Initiatives.* The goal of these policies and programs was to balance New Jersey's long-term care programs by creating more home and community-based services for older adults who wished to remain in or return to the community. Prior to these efforts, the main options for individuals needing long-term care were nursing homes or a Medicaid waiver program called Community Care Program for the Elderly and Disabled (CCPED) which covers the cost of home health aides and assistance with prescription medications. While CCPED serves older adults in the community, it provides limited options and due to its "slot" design does not provide consumers or the counties with flexibility.

One of the first *Senior Initiatives* involved creating a single point of entry program known as New Jersey Easy Access Single Entry (NJ EASE). NJ EASE was to serve as a conduit for Medicaid (and non-Medicaid) eligible older adults to gain information and access new home and community based waiver programs, as well as provide information and referrals for a number of other services. One of first home and community-based Medicaid Waiver program, Caregiver Assistance Program (CAP) was designed to provide more flexibility in terms of how consumers use their monetary assistance, allowing for assistive technology such as building an access ramp for their apartment or house, and allowing consumers to compensate their family[1], friends, or neighbors for help related to their care. CAP, as well as many other senior services, is accessed through NJ EASE.

While CAP was developed to expand home and community based services in NJ, the program was initially under-utilized. In 2002 the Rutgers Center for State Health Policy (CSHP) in collaboration with the New Jersey Department of Health and Senior Services (NJDHSS) conducted a study to examine why this newly designed Medicaid home and community based service was being under utilized. CSHP began its examination of the NJ EASE system by focusing on the process whereby consumers gained access into the CAP program.

NJ EASE is locally administered by each of the state's 21 County Offices on Aging (COA). Typically, a consumer visits or calls their COA or calls NJ Ease's toll-free telephone number. In many counties, the COA contracts with other organizations such as senior centers and senior citizen congregate

[1] Spouses cannot be compensated through CAP.

housing offices to help them disseminate information. The primary worker in the NJ EASE system is the *in-take person* who assesses whether he or she can provide the requested information such as resources for transportation or a relevant phone number to the consumer. If the consumer needs additional information, a frontline worker completes a brief needs assessment form and forwards this information to a *case manager*. The NJ EASE case manager is then required to contact the consumer within 24 hours and, if required must visit the consumer within 5 working days to conduct a more in-depth needs assessment. The assessment consists of examining the consumer's level of care need, helping the consumer with the application process for services, and designing a care plan. The case manager describes the types of programs that the client may be able to receive, depending on their income eligibility and need. Services are limited in NJ's counties, and therefore specific programs may or may not be open for enrollment. Case managers work with the consumers to best match their needs and resources with the most appropriate and available services and programs (see Table 1 for a list of services provided by different programs).

TABLE 1: New Jersey Programs and 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

The COA organizational structure varies from county to county. Some COAs directly employ case managers, while others subcontract with community agencies for case management services. For instance, Somerset and Middlesex counties employ case managers within their organization, but also subcontract out to community-based agencies. Bergen county contracts with agencies to work with consumers after the initial point of contact is made within the COA. In contrast, Atlantic county does all

of their own case management (see CSHP report on the NJ EASE Case Studies for more details). Due to varying structures that exist in each county, the structure itself may affect the complex process of in-take, application, and care plan designs. It is these complexities that consumers need to navigate in order to get services such as those provided by the Medicaid Waiver CAP. Because of these complexities, and its potential relationship to the under-utilization of CAP, we designed this project to better understand the clients' experiences with the NJ EASE office. Specifically, we were interested in how people reached this program and if their expectations were met.

Assessment Methods

The assessment design consisted of a statewide mail survey of persons who had recently contacted their NJ EASE office. Based on the COAs' estimates of 200 to 300 first time callers received per month, we planned to survey 150 potential respondents in each county for a total of 3,150 surveys statewide. Due to concerns over confidentiality and HIPAA[2], it was determined that each COA would mail out pre-packaged survey packets utilizing their own individual lists. While this method did not ensure the random selection of agency clients, we asked the agencies to mail the packets to the first 150 callers in January 2004. We also emphasized the importance of avoiding a selection bias favoring active clients. The survey packets were assembled by Schulman, Rouca, Bucuvalas, Inc.(SRBI). SRBI, Inc. is a survey research firm located in New Jersey. This firm was subcontracted to print surveys, mail survey packets, and create the database from the returned surveys. The packets included both the survey itself and a cover letter introducing the packet and explaining the process. Packets also included a pre-addressed, stamped return envelope. Surveys were not marked with unique identifiers; thus, we were unable to track non-respondents so a second mailing to all potential respondents was sent to ensure an adequate response rate. The second survey mailing (in early March) included a note instructing those who had completed the first survey to disregard the second survey mailing.

The main questions we were interested in examining were:

5. Who called NJ EASE or the COA looking for assistance?
6. What organizations or people do consumers turn to when seeking information and assistance on long-term care options?
7. How do consumers find out about NJ EASE or their COA?

[2] The Health Insurance Portability & Accountability Act (HIPAA) was recently enacted to ensure confidentiality of patients' health information.

8. How satisfied are consumers and their caregivers with NJ EASE or the COA?

Although the NJ EASE program operates from these county offices, the state has tried to distinguish this program as a statewide single point of entry program. So, we also tried to assess whether callers recognized the NJ EASE name. This was made especially difficult because potential respondents were told that they had been selected for the survey because of their recent phone call. Anticipating low name brand recognition, we used the term NJ EASE/ COA throughout the rest of the questionnaire when asking about their call experience.

We were also interested in determining how easy it was for the caller to reach the office, how helpful the staff was, if their needs or expectations were met and in general, how satisfied they were with the services they received. Using a 0 to 10 Likert scale, we asked respondents to rate their level of satisfaction along these areas. Additionally, we asked about their history with Medicaid Waivers and state assisted programs and their health information seeking activities.

Since many people who call NJ EASE are caregivers, we also surveyed them regarding the following issues:

5. What care do caregivers provide to their loved ones?
6. How long have they provided the care?
7. How much time do they spend caring for their loved one?
8. What impact does care giving have on their life such as changes to their employment?

Results

Demographic Information

We received a total of 496 surveys for a total response rate of 15.7 percent. Of these, 280 people called for themselves, 100 called for themselves and someone else, and 116 caregivers called on behalf of someone else. Since the questionnaire was designed for both caregivers and recipients, we have demographic information for 380 people who called for themselves, 169 people who had someone call for them (including 100 who also called for themselves) and 116 caregivers (who provided information for themselves as well as those they provided care to (see Table 2).

TABLE 2: Respondent Demographics: Potential Client and Character Characteristics[1]

Basic Characteristics	Persons calling for themselves[2]	Care Recipients: Persons who caregivers called on behalf of	Caregivers who called
	(n=380)	(n=169)	(n=116)
Gender			
Female	75.7%	62.9%	78.4%
Male	24.3%	37.1%	21.6%
Age			
Under 55	7.4%	6.1%	50.0%
55 to 64	15.1%	6.8%	24.4%
65 to 74	28.8%	14.2%	13.3%
75 to 84	41.8%	44.6%	11.1%
85 and over	6.8%	28.4%	1.1%
Race			
White	89.6%	65.3%	87.9%
African-American	6.5%	6.0%	8.8%
Other	3.9%	28.7%	3.3%
Education			
< High School Diploma	20.8%	31.4%	6.5%
High School Diploma	39.4%	43.1%	25.0%
> High School Diploma	39.6%	25.5%	68.5%
Marital Status			
Married	29.9%	37.7%	66.3%
Widowed	43.9%	50.0%	8.0%
Divorced	15.5%	7.8%	15.2%
Never Married	10.7%	6.5%	5.4%
Living Situation			
Home/Apt	83.0%	60.4%	95.5%
Adult/Senior/Ret. Community	15.9%	8.1%	4.5%
Assisted Living	0.6%	3.8%	0%
Nursing Home	0.3%	5.0%	0%
Other	0.3%	2.5%	0%
With Caregiver	--	20.1%	--
Household Income			
0 to 20K	68.1%	69.1%	21.3%
20 to 40K	22.0%	22.8%	20.0%
40 to 60K	5.0%	2.9%	18.8%
60 to 80K	2.4%	0.7%	17.5%
80+	2.4%	4.4%	22.5%

[1] Taken from the demographic information provided by the survey respondents

[2] Includes 280 people calling for themselves and 100 who said they were calling from themselves and for someone else.

Persons calling for themselves were more likely to be female (75.7%), white (89.6%), and live at home (83.0%) or in an adult community (15.9%). These potential clients were also more likely to be in the lower income groups (90% below 40K). More than two-thirds (70.6%) of these callers were between 65 and 84. Not quite half were widowed (43.9%) and almost one-third were married (29.9%).

In contrast to people who called for themselves, people who had their caregivers call were more likely to be male (37.1% male vs. 24.3% female), older- especially in the 85+ group (28.4% 85+ vs. 6.8% less than 85), less likely to be white (28.7 non-white vs. 3.9% white), less educated, and slightly more likely to be widowed (50.0% widowed vs. 43.9% other). Not surprisingly, about 20.1 percent also lived with the caregiver. Caregivers (persons calling on behalf of someone else) tended to be younger (50.0% under 55), more likely to have more than a high school education (68.5%), and married (66.3%) than those calling for themselves. This is not surprising since about half were calling on behalf of a parent (47.5%) or a spouse (22.5%) (See Figure 1).

In addition to the callers' demographic information, we were also interested in their current service use or history with publicly funded programs. Although the NJ EASE program assists people who enter into services, more than half of callers were already enrolled in one of New Jersey's state pharmacy assistance programs (SPAP); 43.3% were enrolled in Pharmacy Assistance for the Aged and Disabled (PAAD) and 16.1% were enrolled in Senior Gold. Less than ten percent were enrolled in any of the Medicaid waver programs such as Adult Day Care (9.3%), respite (9.7%), CCPED (8.5%) and CAP (see Figure 2).

Call Experience

We asked a number of questions about the callers' experience with NJ EASE such as how they learned about the program, what information they received, and how satisfied they were with the outcome. In particular, we were interested in better understanding whether callers knew they were calling the statewide NJ EASE program. As mentioned earlier this was difficult given the mail survey format, but trying to assess this information, we asked them where they called: "toll-free NJ EASE number," "the County Office on Aging," or "not sure."[3] Only 6.9 percent said they had called NJ EASE, while 78.0 percent said they called the COA. Sixty-four people (12.9%) were unsure where they had called.

To assist the state's efforts to create "brand-name" recognition, we asked where the callers had first heard about the NJ EASE/COA program, and then in general where they learn about services for

[3] They were able to check off more than one response.

older adults. Families and friends (37.1%), Senior Centers (16.3%), and the telephone book (9.8%) were the most frequently cited sources for learning about NJ EASE/COA. Less common (< 5%) sources were the internet, doctor's offices, hospitals, and religious organizations (see Figure 3).

As a general source of information, callers also reported families and friends (38.7%), Senior Centers (26.2%), and the telephone book (16.1%) as common sources of information (see Figure 4). Doctor offices and hospitals were more commonly mentioned here, while the local offices on aging were cited by only 16.7 percent of the respondents as a source of information.

Turning to their call experience, we asked about what programs NJ EASE/COA gave them information about (see Figure 5). Although most callers were enrolled in one of the state pharmaceutical assistance plans, about half (48.0%) received information about PAAD. One-in-five (21.4%) received information about the Senior Gold pharmaceutical assistance program. Around 10 percent of these callers were given information about Adult Day Health (13.1%), Respite (12.0%), CAP (11.9%), CCPED (11.1%), Assisted Living (9.9%) and JACC (8.3%).

Since we were surveying first-time callers, we wanted to measure their satisfaction with the call experience. Rating their level of satisfaction from 0 to 10 (low to high), we see that the average levels of satisfaction were high ranging from 8.8 for satisfaction with the person that the caller initially spoke with to 7.9 for having their expectations met (see Figure 6). Although the majority of callers reported high levels of satisfaction, about one in ten rated their satisfaction in the lower score range (0 to 4). Sixteen percent of callers gave a low score (0 to 4) when asked about having their needs met, while seven percent reported a low score (0 to 4) for the helpfulness of the person they spoke with.

Additionally, we asked if they would call the NJ EASE/COA office again and would they recommend it to someone else. Indicating high satisfaction, 91.6 percent said they would call the NJ EASE/COA office again and 92.4% said they would recommend it to someone else (see Figure 7)

Caregivers

Since caregivers are often the ones to seek help on behalf of their family member or friend, it was important to learn more about them. We were particularly interested in knowing the type of care they provide, the amount of time spent on care giving, and how long they have been a caregiver and its impact on their employment.

Caregivers provided most of their assistance with instrumental activities of daily living (IADLs) such as transportation (50%), shopping (45.8%), managing finances (45.4%), and household work (44.9%) (See Figure 8). About a third also provided assistance with preparing meals (37.0%) and

managing medications (35.6%). Caregivers provided less help with activities of daily living (ADLs), but did help with toileting (16.2%), physical assistance (13%), and assistance with eating (11.1%). On average, caregivers provided assistance with 3.4 activities. About one-third (36.1%) did not provide any assistance, while about one-quarter (25.5%) provided help with one to four activities and another quarter (24.1%) provided help with five to seven. One in seven provided help with eight to ten of the activities.

Half of the caregivers reported that they spend almost everyday per week on care giving activities (see Figure 9), with about one quarter spending only a few hours per week on these activities.

Most caregivers have been providing care for less than four years (see Figure 10). About one-third have been providing care for 0-1 year (35.0%) with another third having provided care for 2-4 years (36.5%). Few have been providing care for more than ten years (12.1%). Although this indicates that some first-time callers maybe connecting with the NJ EASE office during their first year as a caregiver, it also shows that almost two-thirds have been providing care for more than two years without having connected to this source of information and assistance.

The impact of being a caregiver in terms of employment was also important to consider. Of those who were employed (n=153), one in three (34.0%) indicated that they had altered their work situation due to their care giving activities. One in four (24.8%) reported they cut back on hours at work because of care giving activities. Almost equal amount (24.8%) said they had taken time off of work. One in eight (13.1%), however, has quit a job in order to be a caregiver. Considering the overlap of these forms of employment disruptions, 21 people said yes to one type of employment change, 22 said yes to two changes, and nine said that yes to all three—they took hours off, days off, and quit a job (see Figure 11).

We also compared the impact on employment items with the number of days that caregivers provided assistance and the total length of time as a caregiver. The only significant relationship was between cutting back on work hours and number of days as a caregiver. Not surprisingly, people who provided more care were significantly more likely to cut back their work hours, but not significantly more likely to quit their job.

Conclusion and Recommendations

These results provide several important lessons to better reach the consumers who are in need of assistance. The most important finding concerns brand identity and the knowledge of where to turn to for help. Most of the callers recognized that they were calling their COA, but only a few knew of the term NJ EASE. Clearly, the method we used was not optimal, but is does suggest that most people identify their county office as a source of information rather than the NJ EASE program. This also supports the findings

from our case study of NJ EASE/COA leaders who believe that the term NJ EASE is not well known. Therefore, DHSS should consider the lack of name branding of NJ EASE and, either advertise it to the general public so that it is better incorporated into the social fabric of care and support services or consider whether a separate name is useful since consumers are familiar with the term "County Office on Aging."

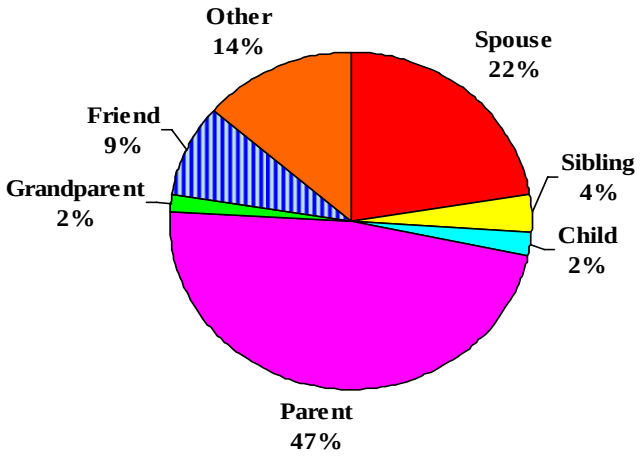
One interesting finding is that only a small portion of the people learned about NJ EASE or the COA from their physicians. Since health care providers are logical sources of information, the State might educate/encourage physicians and their staffs so they are better able to provide their older adult patients and caregivers with literature regarding NJ EASE/COA. Since a high proportion of older adults and caregivers were PAAD or Senior Gold consumers, DHSS can also take advantage of these programs by distributing information to its SPAP consumers regarding NJ EASE/COA.

In terms of demographics, it is important to understand that NJ EASE/COA serves two groups-clients and caregivers. Therefore, it is important to include younger potential caregivers in addition to the older generation in future health information campaigns. Health campaigns should have two different message designs: one for clients and one for caregivers.

Although satisfaction levels were high, the lowest levels of satisfaction were in terms of meeting callers' expectations. While not everyone's needs can be met given state and federal resource limitations and eligibility requirements, meeting clients expectations are important which entails two things: educating consumers about available programs to ensure that their expectations are realistic, and ensuring that when appropriate programs and services are available, consumers are able to receive or enter them in a timely and efficient manner.

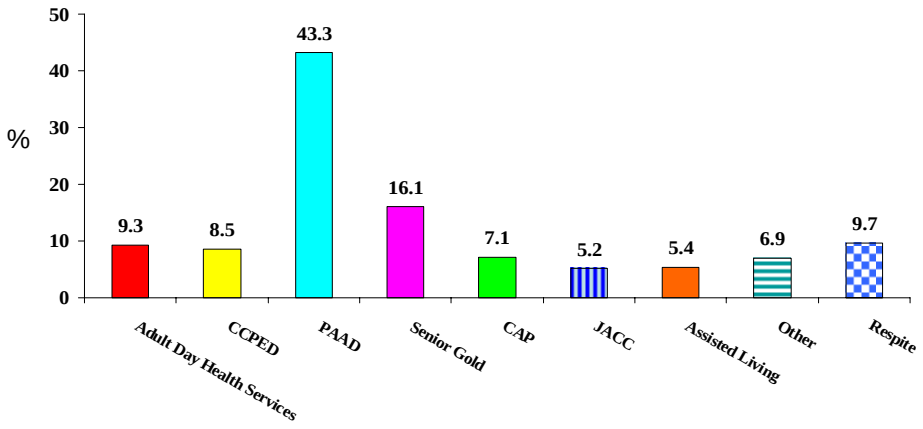
Figures

Figure 1: Care Recipients' Relationship to their Caregiver caller



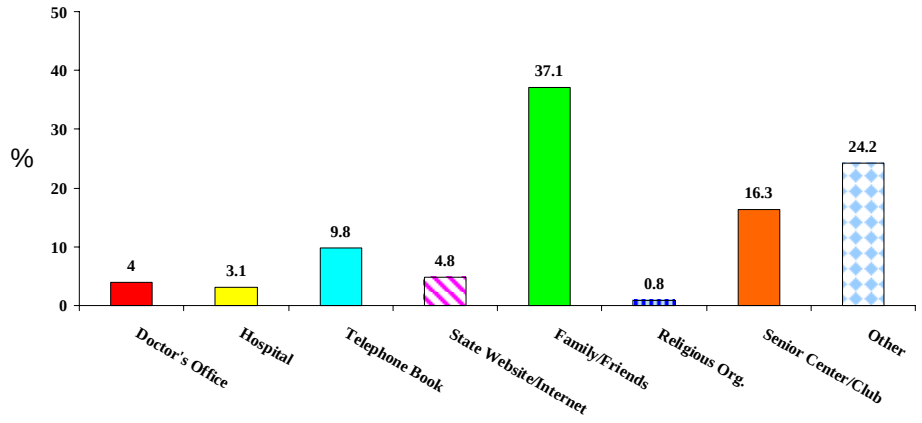
N=169

Figure 2: Service use prior to calling NJEASE/COA



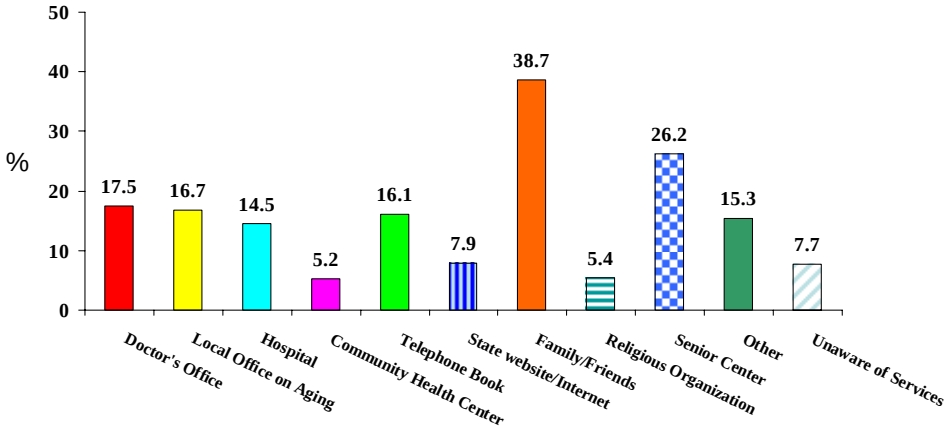
N=496, except for Respite N=216 caregivers only

Figure 3: How callers FIRST heard about NJEASE/County Office on Aging



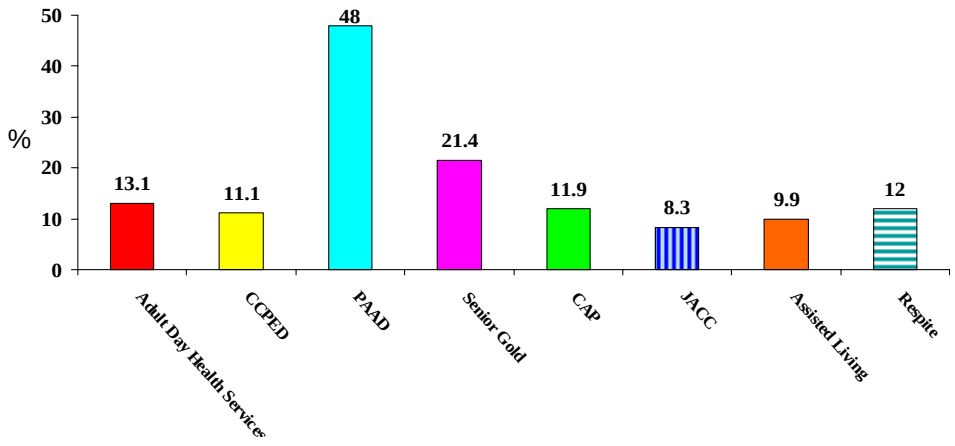
N=380

Figure 4: Where callers learn about services for older adults in their county



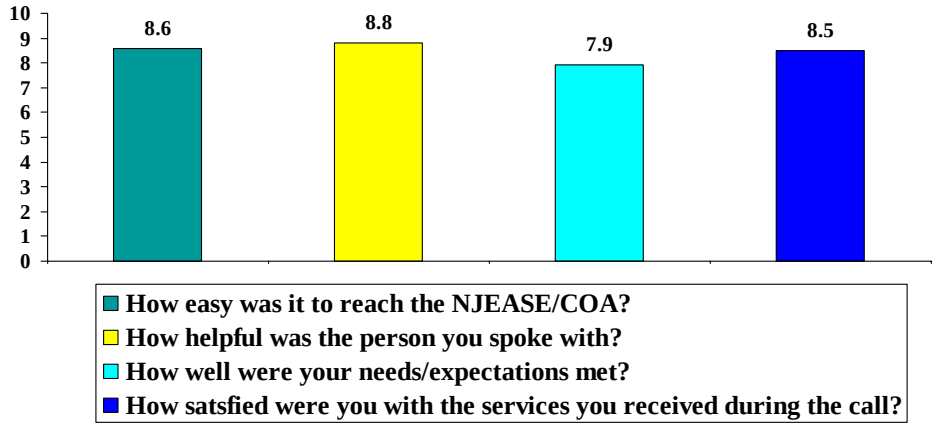
N=496

Figure 5: NJEASE/COA provided information about these programs



N=496, except for Respite N=216 caregivers only

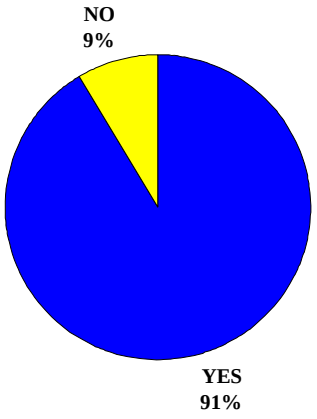
Figure 6: Satisfaction with NJEASE/COA



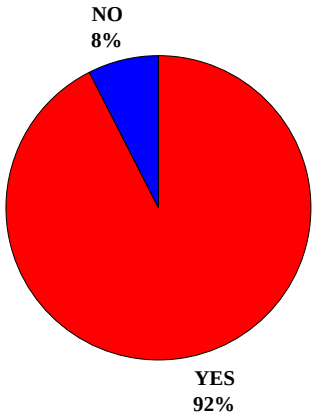
N=482-491

Average Score based on a 0 to 10 scale

Figure 7: Future Use of NJEASE/COA

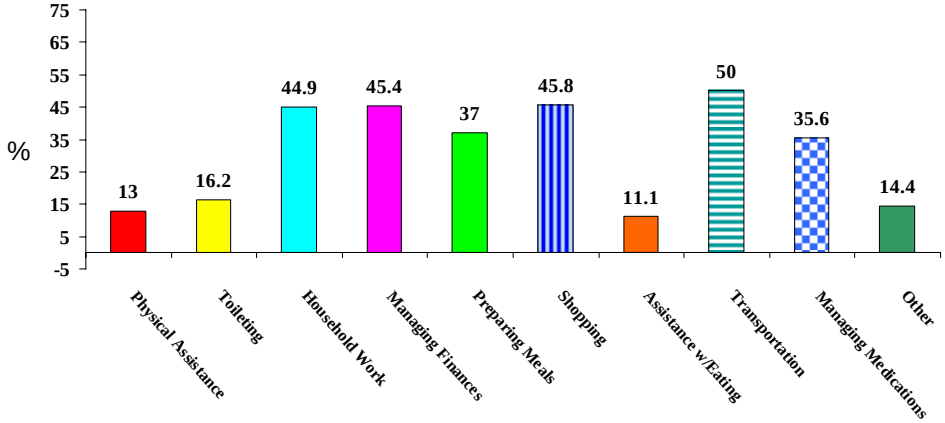


Would you call NJ EASE/COA again?



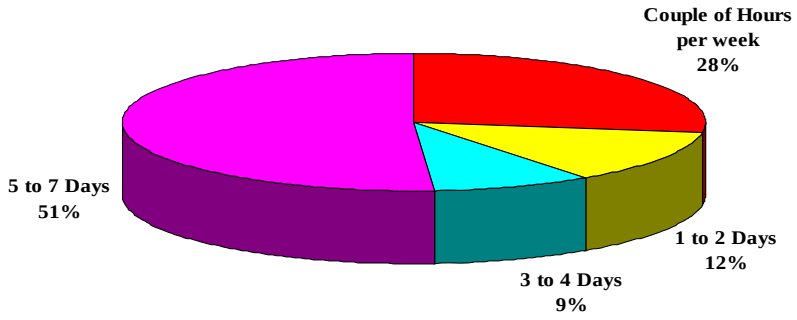
Would you recommend NJ EASE/COA to someone else?

Figure 8: Caregiver Respondents Only: What types of care they provided



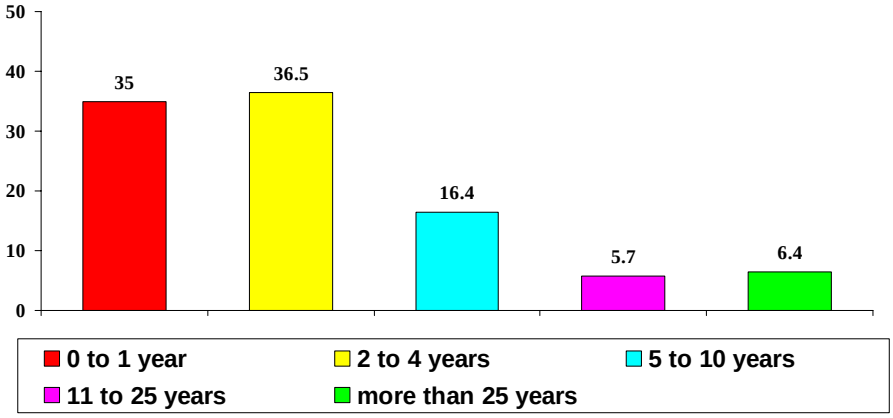
N=216

Figure 9: Caregiver Respondents Only: Time spent as the caregiver per week



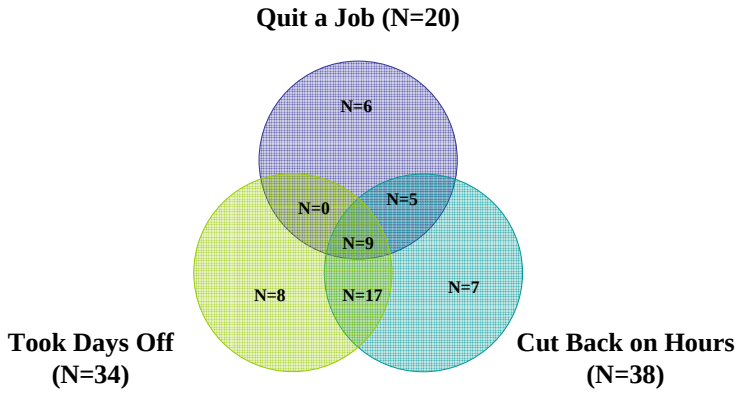
N=145

Figure 10: Caregiver Respondents Only: Number of years as the caregiver



N=216

Figure 11: Caregiver Respondents Only: Employment Impact



N=153 employed caregivers