

2007 Innovations Awards Program
APPLICATION

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ID # (assigned by CSG): 07-S-11VANOWRONGDOOR

Please provide the following information, adding space as necessary:

State: Commonwealth of Virginia

Assign Program Category (applicant): Health & Human Services (Use list at end of application)

1. Program Name: *No Wrong Door*
2. Administering Agency: **Virginia Department for the Aging**
3. Contact Person (Name and Title): **Debbie Burcham, Chief Deputy Commissioner**
4. Address: **VA Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, VA 23229**
5. Telephone Number: **804-662-7047**
6. FAX Number: **804-662-7035**
7. E-mail Address: debbie.burcham@vda.virginia.gov
8. Web site Address: www.vda.virginia.gov
9. Please provide a two-sentence description of the program.
No Wrong Door is a Resource Center that is a highly visible and trusted place where individuals can turn for information on a full range of long-term supports and entry into public assistance programs and benefits. No Wrong Door utilizes a web-based portal that creates a virtual single point-of-entry into a coordinated system that provides consistent, complete information about long-term support options; where service providers can capture client information and coordinate services; and individuals can access information about available services and determine pre-eligibility.
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered.
The No Wrong Door initiative began as a resolution passed by the Virginia General Assembly in January 2005 directing the Secretary of Health and Human Resources to study a No Wrong Door approach for the Commonwealth of Virginia's long-term support system. In response

to the resolution, a No Wrong Door Task Force was created. In June 2005, three communities led by their local Area Agencies on Aging (AAAs) committed to piloting the project. After nine months of product development, the first pilot became operational in March 2006, followed by the second pilot in June and the third in September of that year.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Individuals and families needing long-term supports are already carrying a great burden. The burden increases in a state system that is extremely fragmented, making it difficult for consumers to know where to turn for information and assistance. In the Commonwealth of Virginia, the Virginia Department for the Aging (VDA) is charged with oversight for long-term care; however, nine other state agencies and their local counterparts, in conjunction with innumerable public and private agencies and providers, play significant roles in providing long-term supports for seniors and individuals with disabilities. The challenge for the consumer is how to navigate this complex system. The challenge for providers is how to access services for the consumer, share information and make referrals efficiently. The challenge for the Commonwealth is to provide its citizens with a consistent message of available long-term supports and expedited service delivery, no matter where their point-of-entry into the system.

12. Describe the specific activities and operations of the program in chronological order.

In 2005, the Virginia General Assembly passed a resolution requiring a study of a No Wrong Door approach for the Commonwealth's long-term support system, which led to the creation of a No Wrong Door Task Force by the Secretary of Health and Human Resources. In June 2005, three local AAAs committed to piloting the No Wrong Door system in Virginia. In September 2005, the No Wrong Door Task Force was merged into a newly established Statewide Advisory Council for the Integration of Community-Based Services (SACICS), an oversight group for the Aging and Disability Resource Center (ADRC) grant. SACICS was also given the task of providing oversight for the overall implementation of No Wrong Door. The next nine months were spent developing the necessary technology and functionality of the system. VDA worked with RTZ Associates, Inc. (Oakland, CA) and Senior Navigator, a nonprofit provider database of more than 9,000 providers and 21,000 services, to customize a web-based software program called GetCare. The Uniform Assessment Instrument (UAI), a tool developed by the Virginia Department of Medical Assistance Services to assess the needs of individuals for long-term care services in Virginia, was incorporated into GetCare. In March 2006, the first of three communities, led by the local AAA, began to pilot the GetCare intake and assessment tools. Within six months, the other two pilot communities were on board. Since September 2006, the design of the care planning and care management tools has been accomplished. The three pilot agencies continue to work with RTZ to modify and enhance the Get Care tool functions. VDA issued a Request for Proposal (RFP) and will expand the pilot into three more regions by August 2007. In October 2007, another RFP will be issued for three additional pilots. The goal is to expand the program statewide by 2010. Other public and private service providers, such as Meals on Wheels and United Way, are eager to use the system to exchange data and coordinate services. In addition to service providers, individuals will be able to access information on their own and pre-qualify for public assistance services through a consumer-directed module to be developed.

13. Why is the program a new and creative approach or method?

No Wrong Door is about Resource Centers that are highly visible and trusted places where individuals can turn for information on a full range of long-term support options and entry into public assistance programs and benefits. Each region that implements No Wrong Door

brings public and private providers and health service referral agencies together, many for the first time, to identify how the region wants to coordinate long-term supports within the community. To help accomplish this, No Wrong Door uses a web-based portal designed to help seniors, individuals with disabilities, and their caregivers navigate the fragmented maze of available services and service providers through a single point-of-entry into the long-term support system. Once consumer information is collected on the UAI, service referrals and information exchange can be done securely and electronically, saving consumers from having to call or visit numerous agencies and retell their histories multiple times in order to obtain services. Eventually, the system will allow consumers direct access to search and apply for services online. Benefits that will be realized by consumers through use of the No Wrong Door system include elimination of confusion and duplication of effort, and reduced waiting and transportation time and costs. Once the consumer-directed module is available, consumers will have immediate access to information about available services that meet their needs; and the application process for public assistance programs will be streamlined and available online at any time. Benefits for service providers include elimination of duplication of effort, as well as increased staff efficiency and productivity. The No Wrong Door system will provide coordination and integration of community-based long-term care services and serve as a model of intergovernmental and public-private collaboration. It will allow consumers to receive appropriate services more quickly with improved outcomes. It has the potential to extend independence, decrease institutionalization, and ultimately improve the quality of life for seniors and individuals with disabilities in the Commonwealth of Virginia.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Private corporate support contributed \$100,000 (\$50,000 each year for two years) initially as seed money for the project. A three-year Aging and Disabilities Resource Center (ADRC) grant for \$756,670 was received from the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA). The first year of this grant funding allowed Senior Navigator to work with RTZ programmers to customize the GetCare tools and to assist the first three pilot agencies with systems transformation. Subsequent years of the grant will allow six additional AAAs to join the pilot program by 2008.

15. What are the program's annual operational costs?

The annualized operational costs for FY2008 are approximately \$ 1 million.

16. How is the program funded?

The Commonwealth of Virginia continues to receive funding from the ADRC grant from CMS and AoA. VDA will receive funding of approximately \$250,000 each year through 2008. In 2007, Governor Tim Kaine included funding in his budget to support the No Wrong Door initiative. The Virginia General Assembly approved \$504,184 in state general funds for VDA to contract with RTZ Associates for the No Wrong Door system and develop the in-house expertise to manage the system in future years. This will provide continued funding for a No Wrong Door Coordinator and an IT Technical Report Writer.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

The No Wrong Door initiative was the outgrowth of House Joint Resolution 657 passed by the Virginia General Assembly during its 2005 Session. During the 2007 Virginia General Assembly Session it became an initiative of the current Governor who included funding in his

amended budget for development of the infrastructure for the program. No legislation was passed impacting the Code of Virginia since VDA was already charged with coordinating long-term supports. The Older Americans Act (OAA) was amended in 2006 and defined ADRCs as a coordinated system that provides:

- (A) comprehensive information of the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;
- (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
- (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point-of-entry for such programs.

18. What equipment, technology and software are used to operate and administer this program?

No Wrong Door is designed to provide seamless or transparent integration between two technology applications: Senior Navigator, the service provider database of more than 21,000 listings with approximately 30 data elements, and an integrated web-based system that offers a consumer-directed module and a service coordination system for providers, which includes information & referral, assessment, care management, and reporting tools. The software application is built on open source technology, such as Linux, JAVA, and JBOSS tools. It supports a PostgreSQL database. The system has the ability to exchange data with other databases upon identifying the common elements of interest. It has the flexibility of several hundred permutations of user permissions to enable administrators to provide only needed access to ensure HIPAA compliance.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

The concepts of an integrated services system and a single point-of-entry are not new; however, we believe that the No Wrong Door initiative is a unique state model because of the intergovernmental collaboration and private sector partnerships, such as those established with Senior Navigator and 211 Virginia. In addition, we are not aware of any other state systems that attempt to link state and local governmental agencies with nongovernmental human service organizations and private sector service providers in a transparent integrated network.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Several states, including Pennsylvania, Texas and Utah, have online application and submission processes for public assistance programs. Minnesota has an ADRC with a system of websites and toll-free phone lines that provide information and assistance. Massachusetts has launched its "Virtual Gateway" which offers a catalog of services and a self-screening tool. This system is very similar to Senior Navigator which launched its first website in 2001. Michigan's ChoiceNet is the program that will have the most similarities to No Wrong Door, including single point-of-entry, a directory of long-term care services, provider service navigation and consumer-directed options. However, ChoiceNet is still in the design phase and will not be implemented until FY 2009.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

The pilot will be expanded to three additional geographic regions in March, May and August, 2007. In October 2007 another RFP will be issued to include three more pilot communities. The goal is to expand the system statewide, with all 25 AAAs using the system by 2010. VDA is also working with AoA and CMS to replicate the system to other states.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

The AAAs that are piloting the system have noted some unexpected advantages. Because No Wrong Door is a web-based application, client information can be recorded and accessed at any time, thus promoting telecommuting and allowing staff to work off site during inclement weather. Laptops and wireless capability can eliminate the need for data entry personnel, and the foundation has been laid for electronic client files. The care management tools provide additional assessments and demographic screens, while care plans and progress notes promote better documentation and information sharing between programs. The AAAs involved in the current pilot program served as the beta test sites for the GetCare tools. Because the tools were customized from off-the-shelf software, system programming errors had to be identified and corrected. Although the conversion from a paper intake process to online was more time consuming, other data entry became faster as users became more familiar with the tools. Conversion to this system forced a review of current systems and procedures to aid in streamlining processes and increasing efficiencies. In order for the various human services agencies to exchange client information, they must change their business practices to accept client information entered by other service providers. A common set of data elements will have to be agreed upon that will meet each agency's eligibility requirements. The cost of integrating the myriad of software applications that are used by all of providers must be taken into consideration in view of competing priorities. The consumer-directed module is yet to be developed, but the self-assessment tool and database directory are available. Once the consumer-directed module becomes fully operational, consumers will be able to access numerous services and apply for assistance from home by entering their information only once through the web portal.

23. How has the program grown and/or changed since its inception?

No Wrong Door continues to evolve. It has become the Governor's initiative and a model of intergovernmental and public/private collaboration. It is being developed in partnership with the Virginia Departments of Aging, Medical Assistance Services, Social Services, Mental Health, Mental Retardation and Substance Abuse Services, and Rehabilitative Services; and two private, non-profit organizations, Senior Navigator and 211 Virginia. In the future, service providers will be using the system to exchange referrals and client information to coordinate services. Consumers will be accessing the system to pre-qualify for public assistance programs. Discussions are currently underway to develop a streamlined Medicaid application that can be integrated into the GetCare tools for online submission.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Other states wishing to use the No Wrong Door system will have to customize the GetCare tools to create the necessary functionalities to match their internal processes. The greater challenge, however, is to develop models for the intergovernmental collaboration among various health and human services agencies and the public/private partnerships that were necessary for this project. It is also critical to have the understanding and support of both the executive and legislative branches of state government to secure funding allocations necessary

for the technological development of the system.

2007 Innovations Awards Program Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations

- Administration
- Elections
- Public Information
- Revenue

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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CSG Innovations Awards 2007
The Council of State Governments
2760 Research Park Drive, P.O. Box 11910
Lexington, KY 40578-1910

Contact:

Nancy J. Vickers, National Program Associate
Phone: 859.244.8105
Fax: 859.244.8001 – Attn: Innovations Awards Program
The Council of State Governments
E-mail: nvickers@csg.org

This application is also available at www.csg.org, in the Programs section.

Deadline: April 2, 2007