



Older Adult Services Advisory Committee

Point of Entry Work Group

Date: September 9, 2005

Health and Medicine provided questions for use at the meeting. We divided into four groups – two discussed access points and two discussed coordinated points of entry. The groups reported very similar characteristics for both areas of discussion. **It was determined that further discussion on neutrality, AIRS, the role of private geriatric care managers, the flow chart and technology will be included in the agenda for the work group's future meetings.**

Coordinated Point of Entry Goals and Objectives

Vision: The Coordinated Point of Entry will be visible, accessible, consumer focused, inclusive and supportive. It will facilitate ease of access into the system no matter the individual's or family's economic or social needs. Older people and their families can expect a knowledgeable staff that will be able to provide information and assistance in getting what they need, when they need it. Consumers will have the right to a complete menu of services and assistance that are available to them at the CPE.

Goal I. To design and implement a system of access points throughout the state that allows older people to gain entry into the aging service system in multiple ways.

Objective #1: Define the minimum requirements for access points (refer to consumer flow chart)

The Coordinated Points of Entry should set up the system of access points that best meet their communities needs.

The Coordinated Points of Entry will then have the responsibility for assuring that the access points provide the required information and support per statewide standards for this concept.

Access Points will have basic access, and higher levels of access and support per state standards for both of these concepts. One group suggested that there be technology only access points, and access points-plus that include access to an informed individual. Access points-plus will have designated times of operation with staffing available during those times (e.g. Monday, Wednesday and Friday). Good training and education for staff at the access point-plus will be required. The access point will submit a plan to the Coordinated Point of Entry on how it will operate. The Access Points and Access Points-Plus will not just be at senior service locations, but where seniors congregate. The other group identified enhanced access points. These can be at commercial locations with computer, literature, linkage to the Coordinated Point of Entry and the web page. There will be letters of agreement for the access points with the Coordinated Point of Entry. Corporations will be outreached to help support the creation of the access points. The brand and name for an access point will be similar to a good housekeeping seal of approval.

Access Points will be neutral and not guide a person or family to a set of services they directly offer or gain from.

There was agreement that the access points physical design will be developed by demonstration or state Department direction after the Coordinated Point of Entry system is developed. The host of an access point will be responsible for assuring that the access point has the appropriate access media or stock of information determined to be essential to the program. One group suggested that a minimum of literature rack, phone number, and branded name be included at an access point.

Access points will be branded with the logo and the name selected for the entire system.

Objective #2: Determine acceptability of the plan to potential end users

- i. Conduct focus groups in identified locations in the state
- ii. Modify plans, if required, from focus group feed back

Goal II. To develop Coordinated Points of Entry (CPES) throughout the state for older people needing more information and guidance than is available at the access points; for example, people may receive information, consultation, mini-assessments and assistance with service planning per the definition in the Older Adults Service Act.

Objective #1: Develop a client flow chart that indicates how a person can negotiate the system
COMPLETED for Discussion Purposes

Objective #2: Determine functions of CPEs

1. Offer information and referral services from a standard, well-organized web based source and update responsibility of web page on local resources.
 - a. Must contain information on all available federal, state, and local programs that provides services to older adults and families
 - b. Should contain a standardized profile for each organization listed in the file.
2. Provide immediate telephone access to a trained person
 - a. Staff at a minimum should be AIRS certified and SHIP trained.
 - b. Assure that telephone system permits routing to needed sources in and out of building with one call.
 - c. Develop training components for CPE staff; CPE certified.
3. Offer a single recognizable phone number which to the extent possible can directly connect to the local CPE (2-1-1 discussions indicated that a call can be routed to the local telephone service area for handling); The local CPE is responsible for routing calls to the best resources possible including other CPEs in the state. And a “branded” identity.
4. Have a walk-in Resource Center that provides standardization. Someone responsible for it to be up to date; material forwarded to clients (lending library); information on multiple issues related to older adults and families; the information may be fact sheets, books, and/or other resources and must include information on LTC options for older people of all economic backgrounds.
5. Have professional staff available for those individuals requesting consultation; this person will know the resources available at the CPE and will have experienced staff persons who have the benefit of working directly with other individuals and families in similar circumstances as the current client. After an initial conversation, they may:

- a. Hand the individuals materials that they need, *and if appropriate*,
 - b. Do a mini-assessment and make necessary referrals to other resources/specialists and perform follow-up, *and if appropriate*,
 - c. Assist with family's own consumer action plans and what can be done to improve that plan, *and if appropriate*,
 - d. Explain and encourage referral to CCUs for case management for those with more complex needs.
6. Assist consumer, if requested, to fill out forms for all public programs.
Provide a smooth linkage to the comprehensive assessment and care planning process provided by neutral brokers of service under the Older Adult Services Act for all Illinoisans in need of such a service. Discussion on who may provide this service included private geriatric CM and Specialized care managers but no conclusion was reached on if this service is through case coordination units only)
7. Participate in a statewide management information system that documents gaps in services.
 8. Must be a physical facility place (accessible and public with staff receptionist and multi-media capability including the walk-in resources identified above.)
 9. Must be a pure broker and not a service provider that may provide Case Management. (At the next meeting a discussion of neutrality will take place.)

The following objectives were not fully discussed at the meeting. They appear to be logical steps for the development of the concepts above.

Objective #3: Develop standards to guide decision-making about what steps are appropriate after the verification/screening process.

Objective #4: Develop a referral process that objectively states the advantages and disadvantages of a particular service or provider.

Objective #5: Develop a standardized mini-assessment tool.

Objective #6: Develop standards for the accurate, consistent dissemination of provider information.

Objective #7: Develop the MIS that identifies and reports gaps in the system.

Objective #8: Develop criteria for selecting the CPEs so that "honest broker" characteristic is preserved.

Objective #9: Develop or obtain resource information for use by the CPEs

Objective #10: Develop feedback system to determine if clients got what they needed in the ways in which they wished to receive it.

Objective #11: Develop a data collection system for all LTC services that provides planning information, quality assurance and accountability for all involved in the LTC system.

Goal III: Create means to evaluate system on an ongoing basis that incorporates and tracks client satisfaction, outcomes of services and gaps in the service system.

Goal IV: Pilot and evaluate newly designed CPEs in three parts of the state that includes rural, suburban and urban parts of the state. (Demonstration sites)

Objective #1: Develop RFP for these pilot CPEs that includes evaluation components.

Objective #2: Solicit bids and award contracts.

Goal V: Assure that older people in the state are aware of the new system's "branded" name (uniform name, logo, and toll-free number) and how and where they may go to access information about resources, services and other information they need to make decisions about long term care. The brand will serve as a "Good House keeping Seal of Approval." WE AGREED THAT THE BRANDED NAME INCLUDE ACCESS POINTS, CPEs, AND THE ENTIRE SYSTEM OF SERVICES

Objective #1: Develop the brand name (and logo) that reflects the message of options and choice

1. Seek design help for the logo
2. Consider placement in the phone directory.

Objective #2: Design and implement a marketing/public information campaign that introduces the "branded" name and logo for aging services in Illinois that is immediately recognizable to the public.

1. Develop a marketing campaign to introduce this branded name
2. Determine budget for this campaign
3. Develop time line for its implementation

Objective #3: Test marketing/public information plan with potential end users and modify as needed.

Objective #4: Implement marketing/public information plan.