

The aging and disability network facilitates informed decision-making about long-term services and supports (LTSS) for older adults, individuals with disabilities, and their families. This is done by creating **powerful networks** of state and community-based organizations (CBOs) to ensure each individual receives the appropriate services and supports to improve health and quality of life. The right Information Technology and management information systems (IT/MIS) can help facilitate this process. Ideally, IT/MIS support state and local organizations in the following areas:

- resource database management including searchable databases on public-facing accessible websites;
- client tracking including intake, needs assessment, care planning, and referrals;
- data sharing with partners, including between hospitals or other health care entities and CBOs to expedite services (i.e., interoperability for care coordination), ensuring privacy and security of data, adaptation of national standards,<sup>1</sup> and coordination with other referral platforms;
- reporting for federal, state, and local grants and for continuous quality improvement (e.g., using data for performance and outcome measures); and
- business process utilization, such as tracking and managing costs associated with Medicaid administrative claiming for NWD System activities.

### CHALLENGES

Over the years of NWD growth and development, states have reported many challenges related to developing or enhancing IT systems, including:

- IT/MIS procurement and budget challenges for statewide development and integration,
- insufficient resources for maintenance and updates;
- time intensive and burdensome for staff to devote to development, training, updates, and data entry;
- differences in IT/MIS systems and IT capacity across partnering organizations;
- difficulty integrating new systems/software with legacy systems;
- privacy and security concerns with sharing data;
- coordinating data entry across multiple programs and data systems;
- lack of standardization and capacity barriers; and
- maintaining resource directories on an ongoing basis.

### LESSONS LEARNED

There have also been lessons learned as states have worked to develop their IT/MIS systems, including:

- keep individuals and families being served at the center of the development process. (i.e. How can an integrated technology system help us serve people better?);
- identify the business processes and develop specifications for ideal system infrastructure first, then begin procurement process;
- involve end-users in IT/MIS development and adjustments (e.g. front-line staff for professional software or consumers for websites);
- talk to other states that understand the pain points and can share their experiences with vendors;
- invest in ongoing staff training;
- ensure software is accessible (e.g., compatible with screen readers, dictation) and user friendly;
- eliminate the need to reenter information into multiple systems;
- develop new or participate in existing software user groups;
- database maintenance is as important as creation and must be ongoing; and

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<sup>1</sup> See the Gravity Project, <https://thegravityproject.net/> and Open Referral, <https://openreferral.org/#>, for examples of national standards used to promote interoperability.

- good data will help identify service trends, community needs, and gaps in community resources.

## **STATE SPOTLIGHTS**

The state examples below provide a snapshot of IT/MIS in Virginia, Washington, New Jersey, and Ohio. The examples are not intended to recommend or endorse any particular system or vendor. If you have questions about a state's IT/MIS, please contact the [NWD State Lead](#) or email [nowrongdoor@acl.hhs.gov](mailto:nowrongdoor@acl.hhs.gov).

### **VIRGINIA: DATA SHARING AMONG PARTNERS and SELF REFERRAL**

Virginia's statewide referral system is called CRIA, which stands for Communication, Referral, Information and Assistance. It is an electronic tool within the NWD System that enables partners to make automated referrals back and forth, securely share information on the individuals they serve (with consent), track what is happening to an individual over time, and run reports to review client-level, agency-level, and community-level progress.

CRIA is not designed to replace case management systems, but instead to enable automated referrals between agencies and electronically manage and track those referrals. It provides very different functions from traditional case management, serving as the "electronic connector" to an entire network of partners, many of whom your agency may already be referring to by phone and fax. In fact, CRIA automates processes that have historically been accomplished by phone, fax, or email. Beyond that, CRIA allows a consumer record to develop over time, with input from multiple partners, providing a current and dynamic view of an individual's needs, preferences, and situation.

Certified partners pay a fee to access the CRIA resource database as well as electronic referrals and case management software, as needed. Note, the public facing site is completely free to people seeking LTSS. Partners can safely and securely access personal information, with consent, expediting an individual's access to LTSS. They can also provide person-centered decision support, send and receive real-time electronic referrals, document and securely share assessments, track enrollment, and analyze aggregated data on an individual, agency, community, and statewide levels. Virginia's NWD System offers electronic tools from case management intake to care transitions. CRIA helps partners work more efficiently, saving time and money, track individuals served across providers, and access valuable data. Partners also agree to maintain compliance with a set of standards.

Virginia recently added a new self-referral feature through their website called No Wrong Door Direct Connect. Direct Connect currently has a network of 510 programs for individuals to refer themselves or a loved one to be connected with the organization. See this link for more information. <https://www.ta-community.com/t/m1hkqbp/virginia-self-referral-to-nwd-system>

### **WASHINGTON: SEARCHABLE WEBSITE**

Washington also works with RTZ Associates for their NWD public searchable website and client tracking. The website provides (1) information about LTSS options and the NWD System, (2) a searchable resource directory using the Alliance for Information and Referral Systems LA/211 Taxonomy with ADRC filter, as well as (3) the means to directly contact local organizations. Google Analytics is used to develop reports on the number of visitors, where they come from, and how they use the site. Washington has invested in modifications to the consumer website and in collecting data to improve local outcomes.

<https://washingtoncommunitylivingconnections.org/consite/index.php>

### **NEW JERSEY: TRACKING INTEGRATED WITH MEDICAID CLAIMING**

In New Jersey, the Area Agencies on Aging (AAAs) which serve as ADRCs and their providers and partners make up the NWD System. They use an IT product called Social Assistance Management System (SAMS) run by Mediware (Wellsky) for federal reporting, including their ACL ADRC Semi-Annual Report. SAMS also has

the ability to track time spent with people on Medicaid-related activities, which the state can use to prepare the documentation needed for Medicaid administrative claiming.

## **OHIO: BUILDING A NWD SYSTEM RESPONSIVE TO NEEDS AND ROBUST DATA COLLECTION**

Ohio's Aging and Disability Resource Network (ADRN) utilizes the Ohio Benefits Long Term Services and Supports (OBLTSS) system to facilitate NWD System activities. Twenty-one entities in Ohio use the OBLTSS system, including AAAs and contracted NWD System partners. This system, created specifically for managing Ohio's NWD workflow, includes intake, referral, and person-centered counseling, known in Ohio as support navigation. It records NWD System activities for individuals calling on their own behalf, caregivers or other supports calling on behalf of an individual, as well as connections with callers who elect to remain anonymous. The system was designed to collect information used to identify and respond to areas of need, rather than assign individuals a category such as those with physical disabilities, cognitive impairments, etc.

While the data available in the OBLTSS platform is abundant, opportunity exists for enhancement. The OBLTSS system collects data on individuals identified as having support needs and whether they received support navigation and referrals to the Medicaid program. However, absent reviewing narrative case notes, data is not available to identify the specific type of support, an individual's disability status, and resources accessed or recommended to individuals. Callers are able to participate anonymously, which limits demographic information available for review. Moving forward, there exists opportunity to consider how to integrate case data into external case management systems for the purpose of continuity. The OBLTSS platform could also be enhanced to allow for a more comprehensive analysis of social determinants of health information and corresponding ADRC referral activities. The State continues to consider these opportunities as possible future enhancements.

## **FOR MORE INFORMATION**

**I&R/A Information Technology Systems: Findings from State Aging and Disability Agencies.** This report has a breakdown of the different systems states are using for I&R/A and case management developed by ADvancing States in December 2019. It is interesting to see that many states have staff entering data in multiple systems (Figure 7). <http://www.advancingstates.org/hcbs/article/ira-information-technology-systems-findings-state-aging-and-disability-agencies>

**State Aging and Disability Agency OAA Data Systems.** This issue brief provides an overview of state agency data systems that are utilized to collect, aggregate, and analyze data and includes a snapshot of state systems in 2017. WellSky dominates the market. <http://www.advancingstates.org/newsroom/nasuaad-news/state-aging-and-disability-agency-oaa-data-systems>

**Selecting an IT/MIS Vendor Checklist and Timeline.** This eight step model checklist outlines critical steps involved in building and IT system to support ADRC operations. These steps were adapted for ADRC grantees from resources available on the ADRC website and from the TechSoup Learning Center Website. <https://www.ta-community.com/t/p8h762b>

**ADBI resource.** Decision points for CBOs considering working with Social Health Access Referral Platforms. <https://2yjszzobx7o304u1b45x6bsd-wpengine.netdna-ssl.com/wp-content/uploads/2022/02/SHARP-Function-Checklist-from-Aging-and-Disability-Business-Institute-at-USAging.pdf>

**ACL's Social Care Referrals Challenge.** This competition led to innovative solutions that support the technical functionalities needed to enhance partnerships between health care systems, states, and community-based organizations striving to provide holistic health and social care for older adults and people with disabilities. <https://acl.gov/socialcarereferrals>