Streamlining Access to Public Programs

Overview

Streamlined access to public programs is one function of a No Wrong Door (NWD) System that exists to strengthen how individuals access and enroll in publicly funded Long-Term Services and Supports (LTSS), including those funded by Medicaid, the Older Americans Act (OAA), and other federal and state programs and services like informal and fee for service/private pay supports. Streamlining access to programs helps individuals receive the care they need in a timely and cost-effective manner. Taking inspiration from a person-centered approach, this function assimilates into its operations an understanding that health and well-being exists across a wider system of social determinants. This includes not only affordable health care and LTSS, but also adequate nutrition, safe and accessible housing, transportation, neighborhoods, social and community connections, and more. With this holistic and integrated approach, individuals and their families are supported to live their healthiest lives in a more equitable public system.

NO WRONG DOOR SYSTEMS

Empower individuals to:
- Make informed decisions
- Know all their options
- Exercise control over their LTSS needs
- Achieve their personal goals and preferences

The Problem

>> ## The Solution

The current LTSS access system involves **multiple funding streams with often duplicative eligibility and enrollment processes,** leaving many individuals feeling bewildered and overwhelmed.

A single NWD System is where anyone can be **seamlessly connected to the full range of community-based options.** Through a network of agencies, NWD expands access to services and supports, helping individuals and their caregivers navigate resources they need with a person-centered approach.

Key activities of a streamlined system include facilitating financial and functional eligibility, conducting, or coordinating with a Level of Care (LOC) determination or comprehensive functional assessment, and assisting individuals in completing documentation needed for financial eligibility determination. This resource supports state NWD Systems in building operational capacity, not only at the state level, but also at the local and regional partnership level to achieve streamlined access.

Federal Vision

The federal vision for the streamlined access function is a NWD System that:

1. Assesses individuals once via a common or standardized assessment that captures a core set of required data elements, reducing the need for individuals to repeat their story to multiple different agencies or staff, and supports informed decision-making about the range of LTSS;
2. Moves individuals' applications through the eligibility determination and enrollment process in an efficient and timely manner; and
3. Supports individuals in understanding the status of their applications by responding to in-person inquiries and offering interactive online systems where individuals can determine the status of their application and next steps in the process.

Exhibit 1 below describes the key functions of a NWD System, including public outreach and coordination with key referral sources, delivery of person-centered counseling, which includes discussions related to paying for LTSS and available sources based on each unique person's circumstances, including the linkage to streamlining access to those needed and/or chosen services and supports, whether publicly funded or private pay.

Exhibit 1. Key Functions of a NWD System
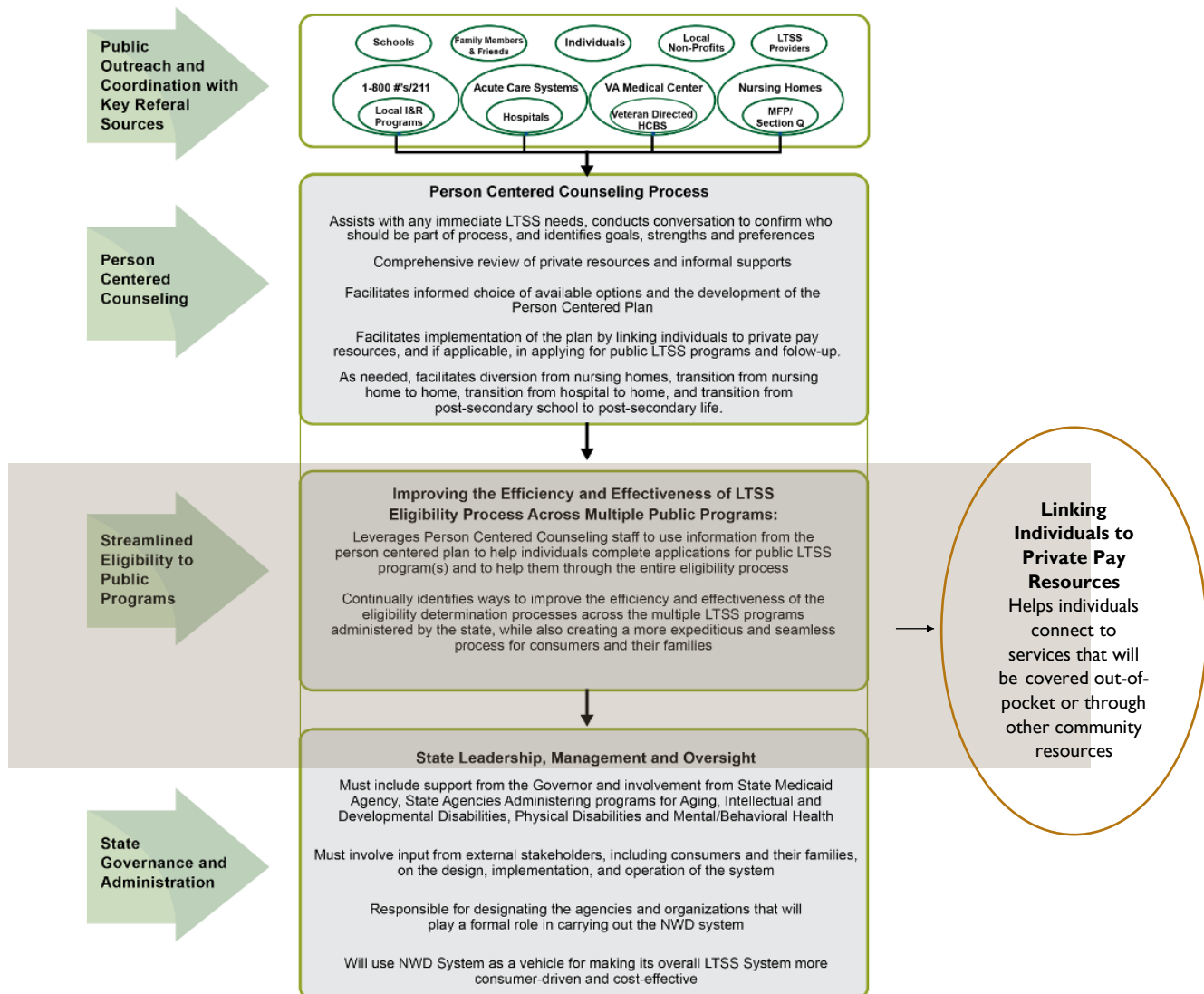
State Strategies and Key Partnerships

Below outlines several key strategies and partnerships that NWD Systems can discuss, build into their NWD planning, or begin implementing depending on the NWD System's stage of readiness.

1. State Medicaid agency - The NWD System carries out tasks for Medicaid Administrative Claiming with some states using presumptive eligibility or a "fast track" to expedite the Medicaid eligibility process;
2. Co-location of functional and financial eligibility determination staff at NWD System partner sites;
3. Shared data systems across NWD partners and state eligibility systems to facilitate tracking the status of applications and/or inputting status updates;
4. Shared training on Medicaid eligibility processes, including clinical and financial, across NWD partners;
5. Connections with health plans providing integrated Medicare and Medicaid services and supports; and
6. Cross referrals and partnerships with other state agencies that administer public programs such as housing and public health, including nutrition programs.

Presumptive Eligibility

Presumptive eligibility allows an individual to complete an application for Medicaid funded services (e.g., Home and Community-Based (HCBS) waiver) and begin receiving services while the formal application process is underway. NWD or Medicaid staff can use screening tools that help them quickly determine whether the individual is likely to meet financial eligibility requirements. While the applicant's financial application is moving through the eligibility process, HCBS services are initiated until a formal decision is made. The state, and in some cases HCBS providers who are delivering the services, retain financial risk for services already delivered should the individual be found ineligible, however when used properly the risk can be relatively low.

A recent AARP Public Policy Institute Report identified several important trends across the five states that currently use presumptive eligibility to support the core function of streamlining access within NWD Systems:

1. States **co-locating staff** (as noted in #2 in Key Partnerships above) responsible for clinical and financial eligibility processes realized improved collaboration and faster processes given the easy access they have to one another including the ability to communicate, ask questions, and fill in the gaps in the application process;
2. States that **cross train their staff** found that they are able to assist individuals more quickly, more accurately, and troubleshoot challenges as they arise rather than waiting for issues to be discovered down the road in the eligibility process.

Additional information on how states are implementing presumptive eligibility are included in the state examples below.

Semi-Annual Report Data

The 55 NWD grantees completed semi-annual reporting between April 2020 and March 2022 – sharing key data related to streamlining access. This data demonstrates how having a strong NWD governance structure inclusive of state agencies responsible for aging, disability, and Medicaid, coordinate and leverage funding from different funding streams to advance a state's access system.

- 41 states and territories reported **assisting individuals with applications for Medicaid LTSS programs** and 37 reported assisting with other federal and state programs

- 32 states reported assisting individuals with completing *financial* **assessments** for Medicaid LTSS programs and 30 reported assisting with other federal and state programs

- 36 states reported assisting individuals with completing *functional* **assessments** for Medicaid LTSS programs and 30 reported assisting with other federal and state programs

- 24 states reported NWD support of **care transitions** from hospital to home and 34 from nursing facility to home

State Examples

Florida

Florida's legislature passed legislation, effective July 1, 2011, creating the new Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program, requiring the availability of long-term care managed care plan services statewide. Through protocols established between the Aging and Disability Resource Centers (ADRCs) and the local CARES (Comprehensive Assessment and Review for Long-Term Care Services) offices, and agreements established between the ADRCs and the Department of Children and Families (DCF), the referral process for eligibility determination is being streamlined. Recent data from 2014 reports that Florida invested $12.6 million to enroll wait-listed individuals with the most critical needs into its MLTSS program. The design of Florida's ADRCs requires the co-location, either physically or virtually, of state staff responsible for eligibility determination for public assistance programs. The Department of Elder Affairs CARES staff is responsible for conducting the functional assessment to determine if the individual meets nursing facility level of care. The DCF staff is responsible for review and analysis of financial and technical program specific criteria to determine if an individual is qualified to receive publicly funded program services.

Tennessee

Since the implementation of Tennessee's MLTSS CHOICES waiver, the Area Agencies on Aging and Disability (AAADs) not only conduct LOC assessments for HCBS but also for prospective nursing facility residents. Tennessee eliminated waiting lists for TennCare CHOICES consumers who qualify for a nursing facility level of care; and, through its Section 1115 demonstration, the state also provides individuals needing a lower level of care with a narrower package of services to prevent or delay transitions to nursing facilities.

Wisconsin

Wisconsin built and grew an integrated LTSS system over the last 20 years, where ADRCs are the entry point into publicly funded services and supports. This includes statewide expansion and the addition of options counselors in the functional eligibility assessment process. Wisconsin eliminated their two-decade old waitlist for the LTSS program FamilyCare in 2021. Wisconsin now serves over 77,000 adults statewide across their HCBS programs. In light of the COVID-19 public health emergency, Wisconsin expanded presumptive eligibility for hospitals through their BadgerCare Plus Express Enrollment, that includes services for older adults age 65 and over and blind or disabled adults who are enrolled in Medicare with an income of up to 100 percent of the federal poverty level.

Massachusetts

Massachusetts – The aging partner agencies (Aging Services Access Points or ASAPs) within the ADRCs have considerable contractual authority and responsibility for conducting functional eligibility determination and level of care for nursing facilities and Medicaid waiver services. The Commonwealth implemented the Virtual Gateway which serves as a single point of access for multiple programs including disability and community-based programs such as personal care and waiver services, Veterans' services, food assistance, and healthcare. The state, providers, and community-based organizations, including ADRCs, access the Virtual Gateway to run reports, track application status, and connect with individuals to provide services and supports as quickly as possible.

Oregon

Oregon has been strengthening and refining its streamlined access system for over 30 years. Individuals seeking public supports can receive information and assistance on a broad range of public programs and have their eligibility determined for Medicaid, Medicaid LTSS, and food stamps. State staff and AAA staff are available to give information and assistance and gather information to determine eligibility in hospitals, nursing facilities and in individuals' homes.

Washington	Washington's program to engage individuals shortly after admission to a nursing facility is a model program that avoids unnecessary institutional lengths of stay. Washington also uses presumptive eligibility to streamline and expedite access to Medicaid HCBS as part of its two 1115 Medicaid waivers.[1]

Michigan	The Michigan Department of Health and Human Services developed a website – MI Bridges – to streamline access to benefits programs and resources. In fact, it was designed as a one-stop shop for applying for benefits, exploring state and local resources, and managing benefits cases. In addition to providing contacts and references for over 30,000 state and local services across Michigan, the website facilitates applications to programs for cash assistance, healthcare coverage, food assistance, child development and care, and state emergency relief. Michigan also uses presumptive eligibility to streamline and expedite access to Medicaid HCBS, however HCBS waiver agencies are not required to implement and if they do elect to implement, they retain financial risk.[2]
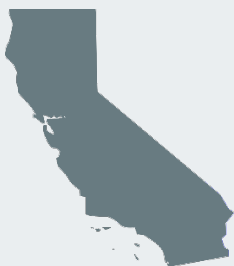
California	The California Health and Human Services Agency is developing a Data Exchange Framework (DxF) and Data Sharing Agreement (DSA) to facilitate the exchange of an individual's healthcare information across the continuum of care. This initiative is aiming to provide the policy roadmap and legal architecture to govern data sharing across the state and will mandate a first-ever statewide data sharing agreement across specific providers and offer community-based organizations the opportunity to voluntarily sign the data sharing agreement to further interoperability and streamlining access into smaller community-based organizations that play a critical role in supporting Californians.[3] At the same time, the Department of Health Care Services has spearheaded initiatives like CalAIM, California Advancing and Innovating Medi-Cal, California's Medicaid Managed Care Program. This initiative will incorporate social determinants of health, furthering integration between medical and social services. The two main components include Enhanced Care Management and Community Supports. California also expanded its Hospital Presumptive Eligibility to additional populations in light of the COVID-19 public health emergency, allowing individuals to "presumptively" access Medi-Cal services as they go through the application process. The expanded population groups include those eligible due to age or disability categories.[4]

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[1] Presumptive Eligibility for Medicaid Home and Community-Based Services Can Expand Consumer Options - AARP LTSS Choices Spotlight
[2] Ibid.
[3] This work builds on California's existing State Health Information Guidance (SHIG) Documents. https://www.chhs.ca.gov/ohii/shig/
[4] Presumptive Eligibility for Medicaid Home and Community-Based Services Can Expand Consumer Options - AARP LTSS Choices Spotlight

How to Start

State NWD Systems can begin by assessing where they are in building their capacity to streamline access to public and privately funded services. This includes evaluating processes starting from initial contact to enabling consumers to access services in the most efficient, easy to understand manner possible. Using the key NWD functions in Exhibit 1, staff or advisory committees can engage in discussions to proactively consider the level of readiness and capacity of their own efforts toward streamlining access.

Another way to assess capacity and current operational prowess in streamlining access is to assess current individual and family caregiver access. To do this, each state NWD System governing body can conduct a mapping analysis by analyzing the following:

- Key coordination referral sources for all populations and caregivers, including health care entities or referral vendors;
- Public outreach and education activities for caregivers and those who need caregiving support;
- Activities to support obtaining and sustaining housing;
- Transitions across hospital and institutional settings;
- Youth transitions to postsecondary life and gaps in services filled by caregivers; and
- Access for caregivers of Veterans, including through formal agreements with Veterans Administration Medical Centers.

After completing an analysis of streamlining access capacity and activities, the state's NWD System governing body can develop a plan to address the identified individual and caregiver access challenges and service or population gaps.

> *Did you know?* Forty-one states and territories reported assisting individuals with applications for Medicaid LTSS Programs (Spring 2022 ADRC Semi-Annual Reporting).

Additional Resources

ACLs No Wrong Door
This is the ACL website which links to No Wrong Door initiatives and resources.

ACL Technical Assistance Community: Streamlining Eligibility for Public Programs
ACLs webpage linking to articles and resources related to the streamlining access function.

Business Opportunity for Community-based Organizations: MLTSS Care/Service Coordination
A resource for CBOs/ NWD Systems to learn about business opportunities to expand capacity to contract with MCOs for core NWD functions as part of state movement to MLTSS.

Community-based Organizations and MLTSS: An Issue Brief to Assess CBO Readiness
A resource for CBOs and NWD Systems to learn about key considerations for engaging and participating in MLTSS programs.

Boosting SNAP Participation Among Older Adults to Reduce Food Insecurity
A link to a series of Older Adult SNAP Reports and opportunities to improve access to SNAP benefits.

Opportunities to Streamline Enrollment Across Public Benefit Programs
This Center on Budget and Policy Priorities article talks about streamlining enrollment in public programs generally.