

# Community Living Exchange Collaborative: A National Technical Assistance Program

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## Review of IT Systems for Single Point of Entry

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Prepared by:

**Randall Blume**

**Blume Associates, LLC**

**(856) 983-8781**

**[blumeassociates@aol.com](mailto:blumeassociates@aol.com)**



**Rutgers** Center for  
State Health Policy

Susan Reinhard, RN, PhD

**NATIONAL ACADEMY**  
for STATE HEALTH POLICY

Robert Mollica, EdD

*Managing Partners:*

Marlene Walsh

Roger Auerbach

Michael Morris

## Review of IT Systems for Single Point of Entry

This brief report is based on a survey that was conducted to assist the states that received the Aging and Disability Resource Center (ADRC) grants from the Department of Health and Human Services (DHHS), Administration on Aging and Centers for Medicare & Medicaid Services (CMS). These grants were awarded in 2003 with the purpose of assisting these states to effectively integrate their long-term support resources for consumers into a single coordinated system.<sup>1</sup> One common element in many of these grants is the development of an information technology (IT) system to support the state's ongoing effort. The purpose of the survey was to ascertain characteristics of existing IT systems in several states. We were also interested in finding out what barriers were faced by states that do not have an IT system.

Medicaid directors, Aging directors, and MR/DD directors in the states were contacted via email and asked if their state had an IT system that supported a "single entry point" (SEP), or "no wrong door," for services and if they would be willing to participate in a structured interview regarding their experience with developing and implementing the system. States that have not yet implemented such a system were also invited to share the issues that they faced when considering developing an IT system. CMS provided valuable guidance and assistance in developing the interview.

This brief describes our findings based upon interviews and contacts with representatives of seven states. All states that responded to us were very helpful. Five states were responsive to the entire survey as it was designed and are included in the chart in Appendix A<sup>2</sup>. Two additional states<sup>3</sup> responded to our request for information; however, they are not included in the chart because they have not developed an IT system that supports a SEP.<sup>4</sup>

The interviews with the states covered questions about implementation and functions of the system. Implementation involved questions such as

- Was it developed internally, involved a contractor or adapted from other software?
- Does it interface with the Medicaid Management Information System (MMIS) or other state programs?
- Is your state applying for, or have you received enhanced Medicaid match?

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<sup>1</sup> <http://www.hhs.gov.gov/news/press/2003pres/20030922a.html>

<sup>2</sup> Arkansas, Hawaii, Idaho, Minnesota and Washington

<sup>3</sup> Arizona and Florida

<sup>4</sup> This is not a representative sample and may not be representative of the IT system activity presently taking place nationwide but it does offer examples of key issues that this group of states has already explored.

Function involved whether it is used for tasks such as:

- Information and referral (I&R)
- Functional and/or financial eligibility determinations
- Case management

All states used a vendor for some aspect of their system; several used, and adapted, “off the shelf” products successfully. Interface with other IT systems is limited; however increasing this is a goal expressed by these states. The existing systems functions are primarily I&R, with some having specialized case management and eligibility functions. One system does not have an I&R component; it focuses on case management and eligibility.

## **IMPLEMENTATION**

Development and operation of an IT system is an expensive and time consuming task. One of the questions we were seeking to answer was whether any of the states interviewed applied for, or received, enhanced Medicaid match for the costs of developing installing and operating an IT system supporting a SEP. None of the states that responded to us reported applying for the enhanced Medicaid match their IT system.

States potentially can receive an enhanced match for building an information system that feeds information into the Medicaid Management Information System (MMIS). For example, a state could make the case that linking an assessment IT system to the MMIS would increase the efficiency of both systems and greatly increase a state’s ability to understand and manage Medicaid recipients and expenditures. Data from the MMIS, such as current Medicaid eligibility and use and enrolled providers, would be valuable to the assessment process. Data from the assessments, such as whether some one meets the long term care level of care criteria (LOC), would be valuable additions to MMIS data,

By linking the SEP IT system to the MMIS, the state could be eligible for match rates of 90 percent for design, development, or installation, and 75 percent FFP for operation of State mechanized claims processing and information retrieval systems (MMIS). To receive enhanced match related to the MMIS, any IT development must be directly tied to the MMIS through an integrated systems approach, interact with the MMIS data base, be HIPAA-compliant (adhere to the requirements for standard reporting and code sets as specified and updated periodically under the requirements of the Health Insurance Portability and Accountability Act), be a state-wide system, and under the direct control of the state’s Medicaid Director. A state would have to submit an Advance Planning Document (APD) to the CMS regional office (RO) and receive prior approval for this system.<sup>5</sup> In 2003, the CMS Philadelphia RO approved an APD for the District of Columbia to receive enhanced match for building a long term care IT system that included the assessment process.

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<sup>5</sup> This issue is addressed in detail by a Frequently Asked Question response from CMS available to the ADRC grantees at [http://www.adrc-tae.org/tiki-view\\_faq.php?faqId=8](http://www.adrc-tae.org/tiki-view_faq.php?faqId=8).

## **IT system development**

In several cases the software system is a basic product of the vendor<sup>6</sup> and in one case the vendor adapted a system that previously was designed for another state<sup>7</sup>. Only one state, Idaho, is adapting the system itself. The other states are having the vendor perform this work and another state, Hawaii, is using a vendor to develop a custom system.

All states obtained a vendor, either to perform the customizing work, provide basic software, or both. In all states, state staff was regularly involved with supervising the development or customization of the system. One state, Hawaii, also is using their state university as a significant resource in conceptualizing and developing the system.

Two states, Hawaii and Washington, obtained the vendor through a sole source contract. These states selected the vendor based upon expertise and, in one case, based upon seeing the vendor's product in a neighboring state. The others used an RFP process; one of these used a consultant's services in developing and evaluating the RFP.

To varying degrees, all states obtained input from potential users as to what functions they wanted the system to perform. For example, Hawaii obtained substantial user input, conducting a series of meetings and working sessions. In this case, the users, including consumers and family members, wanted a lot of features available. This complicated the development process but led to ease of use and provided significant value to the users.

Public involvement can lead to state staff becoming aware of additional I&R systems that exist in the state. These may be targeted to certain localities or groups, based on disability, and offer opportunity to incorporate their data. Minnesota indicated that, in retrospect, perhaps they could have approached their work with the "211" system differently and obtained more benefit from that system. This suggests that a state which has, or is developing a "211" system, may benefit from early contact with the "211" administrators or operators.

## **Interface with the MMIS or other state system**

Presently, none of the systems interface directly with the MMIS. Several of the states are either actively working on this interface or have plans to develop such an interface. Contractual arrangements with the Fiscal Intermediary are one issue that states mention needing to address in order to have systems interface.

Several of the states do have, or are developing, interface with their eligibility systems.<sup>8</sup> Interface does not always equate to direct, electronic submission of applications or other documents. The applicant's signature may be required and there may also be the need to date stamp an application in order to track timeliness. These factors necessitate applications being submitted in hard copy in Hawaii where the system allows the user to

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<sup>6</sup> AR, ID and MN

<sup>7</sup> WA

<sup>8</sup> HI, ID and WA

complete the application on-line, print the application forms and then either mail or fax it to the eligibility office.

The case management focused system for Idaho interfaces with the state's prior authorization system. The case management component of the system in Washington interfaces with the state's payment system and also supports prior authorization.

## **FUNCTION**

### **General**

The existing systems functions are primarily I&R, case management and eligibility. Not all systems perform all of the functions discussed below, and some systems have additional features. These systems are all web based making them readily accessible to users, regardless of location or the type of computer system. It also presents challenges with security, particularly in those systems that provide varying levels of access to different categories of users (eligibility workers, case managers, providers, consumers).

### **I&R**

With the exception of Idaho, the systems are configured so that the public can use it for I&R; the user may be the actual consumer or it may be a family member or friend acting on behalf of the consumer. Idaho's system is only available to state staff involved in eligibility and case management. Professionals, such as discharge planners and case managers, can also use these systems either on behalf of their clients or as a direct requirement of how their state conducts business. In I&R systems, service providers may register their service and input the data about their specific service. State staff can also use these systems, generally having specific levels of access that allow them to generate reports and administer the system.

In addition to searching for services, some systems allow public users to establish personal accounts, store personal information in the system and then use the information in other functions or personal pages.<sup>9</sup> This feature eliminates the need for the user to repeatedly enter information. It is important to note that this feature is voluntary; the user is provided the opportunity to establish this account and use the feature. Also, the user must authorize each use of the stored information. Storing personal information in a web-based system significantly increases the need for system security and confidentiality.

Service providers wishing to be included in the data base of services are able, and in some cases required, to register their service and input the data about their specific service.<sup>10</sup> The state staff may review and verify the information either before it is incorporated into the data base and available to users. There also is the opportunity to periodically verify the provider information after it is public. Obviously, provider data entry reduces the workload of system administrators and the respondents indicated that

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<sup>9</sup> HI and MN

<sup>10</sup> AR, HI, and MN

the systems were easy for the providers to use. Nonetheless, Arkansas has incorporated training and/or data entry services for providers into the early stages of system implementation and has found this to be valuable to them.

Incorporating existing, freestanding I&R systems (either local systems or larger systems such as “211”) and their data into a centralized system presents challenges. There is the need to determine what data elements are needed in the “new” system, as well as reviewing the existing system data elements. Often, resource data specifically for long term care will include more information than will typically be available through 211 systems. Decisions must be made about what will be incorporated as well as planning for how to incorporate it. Missing data elements will need to be entered and there is also the need to crosswalk from one system to the other. Overall, the state will need to decide whether the effort required to include the existing data is worth pursuing.

State staff can also use these systems to generate reports on system use. In some cases, state staff have the ability to verify and, if necessary, correct or delete data that is available to public users.<sup>11</sup> Minnesota noted that state staff verifies provider supplied data before it is made available to public users.

## **Eligibility**

The systems surveyed all have some degree of eligibility function. This ranges from an I&R system suggesting programs and services for which a person may be potentially eligible to being linked directly into the state’s eligibility system. For the most part, eligibility functions that are present relate to financial eligibility and most of this discussion will focus on that topic, unless otherwise noted.

As is described above, individual users may be able to establish personal accounts. When this is available, the information already on file may be transferred into the application(s) for services. If additional information is needed to complete the application, that information may also be retained in the personal account. Clearly this is advantageous as information only needs to be requested and supplied at one time.

Idaho’s system has a strong focus on eligibility but does not have an I&R component. An individual may apply for services at any one of the participating agencies and have eligibility determined for any of the available programs. The person does not need to apply for Medicaid at the Medicaid office or Food Stamps at the Food Stamp office. Rather, one application determines all eligibility at any one stop. If an application is not completed in one visit, the information that has been supplied is stored on the system. Should the applicant go to another office, the information already provided, and in the system, is available to the eligibility staff at the new office. There is no need for the applicant to provide the information again and the application can continue at the new site.

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<sup>11</sup> AR, HI and MN

Hawaii's system allows an applicant to use the information contained in the personal account to automatically complete applications. If the applicant is required to provide new information that is not already in the personal account, there is an opportunity to save the information so that more complete information is now in the account and available for use at a later date. Hawaii currently does not allow the application to be electronically submitted, although the system has the capacity to generate an electronic form. Users have the ability to print the application in a form acceptable to the state, sign it and then mail or fax it to the appropriate office. The printed form is required in order to have a signature and to allow the receiving office to date stamp the form in order to track timeliness. States may wish to explore methods to allow for electronic signatures and date stamps in order to eliminate the need for "hard copy" applications.

In the scenarios described above, the state needed to review all applications for the services to be included on the system and make provision to obtain and store the required data elements. If the state has, or develops, a common application for all services, data collection is simplified. If the state does not modify its various applications, it is necessary to assure that there is the ability to gather, store and later access all the data elements required in the various applications.

Washington has included functional eligibility determination into its system. A variety of standardized tools are used by assessors and the results are incorporated into the information available in the system.

Those states that have not included eligibility in their system at present have plans to either add the capability later or to develop that capability as a separate project.<sup>12</sup> There are two key issues to including eligibility in these systems. First, as pointed out by several states, including financial and/or functional eligibility is a large, expensive undertaking. Additionally, the inability of one state to incorporate electronic submission of applications, although technologically possible, demonstrates the relative inflexibility of existing eligibility rules and processes.

## **Case Management**

Not all states have particularly robust case management features in their system. One system is designed primarily as a case management system<sup>13</sup>; another system has significant case management components.<sup>14</sup> In other states the I&R aspect of the system is another tool available to case managers to use in planning for their client or obtaining information about the client. Specific features of a case management system, or subsystem, were not explored in depth with the respondents. However, there were some aspects that merit discussion.

When functional eligibility assessment is part of the state's overall system, it is valuable to automatically incorporate the information that has already been obtained into the case

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<sup>12</sup> AR, and MN

<sup>13</sup> ID

<sup>14</sup> WA

management system. This avoids the need for case managers to conduct another assessment and allows them to focus on the individual's needs presented during the application process.

Washington's system provides very specific assessment based protocols for the case manager to follow. These protocols are triggered by risk factors resulting from the assessment and require the case manager either to make a referral for that need or to provide a very specific response as to why there is not a referral.

In Idaho and Washington, the systems use the case management function, specifically the care plan, to achieve prior authorization by linking with the payment system. While the other states have not achieved this linkage, prior authorization of services is a function that they plan to incorporate into the system.

### **Additional Features**

All states report the capability to generate reports pertaining to system usage. Several states report the ability to generate reports relating to service utilization,<sup>15</sup> with one state having a very robust reporting function.<sup>16</sup>

Two of the systems, Hawaii and Minnesota support interactive functions such as chat, forums or expert panels that can respond to questions for the users.

### **OTHER OBSERVATIONS**

Data management and maintenance is an issue that needs to be addressed in developing any system. Several of the states noted that if it is not considered from the beginning there can be substantial effort needed in order to catch up. Minnesota indicated that, looking back, it would have been beneficial to include data management in the vendor's contract.

Florida, which has not developed an IT system, likened the SEP to the router or hub of a service network. As such it needs to have the wherewithal, technical, staff and monetary support to carry out their functions. Additionally, as a router and gatekeeper the SEP should not have an advocacy role either for providers or consumers but be a neutral part of the service delivery system with strict "by the book" protocols in order to assure fairness and consistency. That does not prevent linkages between the SEP and these advocacy interests; the SEP can and should have strong links with local services and volunteer organizations as these groups are the partners in service delivery and consumer information. This state indicated that they had many elements of an SEP in place but that they did not yet have the resources to fully develop and integrate these elements into a system.

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<sup>15</sup> MN and WA

<sup>16</sup> WA

Arizona notes that they began a “no wrong door” effort a number of years ago but that the effort stalled due to a lack of funding. They have continued to employ the “no wrong door” concepts as they make system changes. One major barrier this state faced was developing interfaces with a wide range of existing automated systems. Despite this barrier, the state expended considerable time defining common data elements across the systems and in making the compromises necessary to achieve commonality. They are now exploring procurement of a new automated system to support service delivery integration in a number of key social service programs. This state is also pursuing a “211” initiative that will provide a health and human services network.

## **CONCLUSION**

These findings report on a small sample of five states that have developed an IT system to support their SEP. Additionally, two states that have not yet developed such a system shared their experiences with us. The systems that are in place perform, predominately, I&R functions. However, not all systems perform I&R. Eligibility and case management functions can be performed with or without I&R. All the states utilized a vendor in their effort to develop a system; some by using an RFP and others selecting a sole source vendor. Only one state reported using state staff to modify an off the shelf system.

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## Appendix A

### Summary of Results

	AR	HI	ID	MN	WA
How was the system developed?					
Adapted from other software by vendor	X			X	X
Adapted from other software by state staff			X		
Custom design by vendor		X			
Was an RFP or Sole Source (SS) used?	RFP	SS	RFP	RFP	SS
What functions does the system perform?					
I&R	X	X		X	X
Functional eligibility determination			X		X
Financial eligibility determination		1	X		X
Case Management			X		X
Prior Authorization			X		X
Who are the primary users?					
Public	X	X		X	X
Providers	2	2		2	X
State Staff			X	3	X

- Notes:
1. Allows user to complete and print applications.
  2. Providers enter data about their service.
  3. State staff generate standard and specialized reports.

## Appendix B

### State Contact and Vendor Information

State	Contact name	System name	Vendor
AR	Debbie Hopkins, Real Choice Program Administrator, Division of Aging and Adult Services <a href="mailto:Debbie.Hopkins@mail.state.ar.us">Debbie.Hopkins@mail.state.ar.us</a> 501-682-8152	AR-GetCare	RTZ Associates, Inc. <a href="mailto:rick@rtzassociates.com">rick@rtzassociates.com</a>
HI	Rebecca Rude Ozaki, Ph.D., Project Coordinator, Real Choices ACCESS <a href="mailto:rozaki@hawaii.edu">rozaki@hawaii.edu</a> 808-956-9376	RealChoices.Org	AssistGuide, Inc. <a href="http://www.assistguide.com">www.assistguide.com</a>
ID	Ross Mason Department of Health and Welfare <a href="mailto:masonr@idhw.state.id.us">masonr@idhw.state.id.us</a> 208-334-5824	CAMIS (Case Management Information System)	Qualifacts
MN	Jim Varpness, Aging and Adult Services Director, Department of Human Services Executive Director, Minnesota Board on Aging <a href="mailto:jim.varpness@state.mn.us">jim.varpness@state.mn.us</a> 651-296-1531	MinnesotaHelp.Info	North Light, Inc <a href="http://www.northlightsoft.com">www.northlightsoft.com</a>
WA	Penny Black, Director Home and Community Services, Aging and Disability Services Administration <a href="mailto:blackpa@dshs.wa.gov">blackpa@dshs.wa.gov</a> 360-725-2312	CARE / ACES	Deloitte Consulting

## Appendix C

### System Costs

State	Development Cost	Operating Cost
AR	\$132,000 for first year including operation and maintenance	Basic operation at \$7,900 per month with an additional (optional) cost of \$7,500 for support such as local training of providers, data entry and on-site assistance
HI	Numerous community meetings involving citizens state staff, University staff and vendor.	Unable to quantify
ID	State appropriation of \$5.7 million.	Included in appropriation
MN	\$75,000 for developing RFP and evaluating responses. An additional \$170,000 for initial contract with vendor.	\$28,500 annual, additional costs for separate data management contract.
WA	\$3 million plus substantial staff time.	Unable to quantify