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NY Connects
Your Link to Long Term Services and Supports

NY Connects Quality Assurance and Innovation: A Highlight of Successes and Standards

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June 5, 2018

Agenda

- Information & Assistance
- No Wrong Door Implementation Teams
- Long Term Care Councils
- Questions & Answers

Our Panelists

Orange County

- Aimee Parks, NY Connects Program Coordinator, Westchester ILC
- Ian Weinstein, Outreach Specialist, Westchester ILC (Orange County)
- Maureen Collett, Special Programs Director, Orange County OFA
- Jaime Uhelsky, NY Connects Coordinator, Orange County OFA
- AnnMarie Maglione, Director, Orange County OFA

Otsego County

- Tamie MacDonald, Director, Otsego County OFA
- Tina McQuiston, NY Connects Program Coordinator , ILC of the Hudson Valley
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Information & Assistance

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Standard 15: Information and Assistance

- After the NWD Screen is conducted, the individual will received information and assistance about LTSS options. Information and assistance must meet the following criteria:
  - Support the individual's independence and self-determination
  - Be objective and accurate
  - Include an explanation of available services and supports, program eligibility requirements, financial eligibility requirements, and provider contact information
  - Be provided via website, mail, telephone, email, and/or in-person. Information must be mailed within 3 business days
  - Information collected must be kept confidential and adhere to appropriate privacy standards

NYSOFA Quality Assurance: Test Calls

- 13 calls to the AAAs, 11 to the ILCs
- Identified Best Practices:
  - Call was connected to a live person
  - Call was answered “NY Connects”
  - Consent was addressed as appropriate
  - Probing questions were asked
  - Resources were explained
  - There was reference to the AAA-ILC partnership

Test Call Follow-Up

- A number of metrics were evaluated and results varied.
- In the next month, NYSOFA staff will review the results with each AAA and ILC that was contacted.
- As part of ongoing QA this process will be continued so each AAA and ILC is contacted to evaluate I&A processes.

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No Wrong Door Implementation Team

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Standard 1: NY Connects as a No Wrong Door (NWD) Hub

NWD Implementation Team

- Membership: AAA, LDSS, ILC, OPWDD, and OMH
- Meeting Requirements: Formerly once a month
- Objectives:
  - Establish seamless linkages between partner agencies
  - Identify and develop communication strategies to support efficient service delivery
  - Identify and promote best practice and other local implementation strategies
  - Identify and address barriers that may be impeding implementation
  - Address culture change within each system to foster effective working relationships

NWD Objectives in Action

Seamless Linkages

- Review eligibility, referral, warm transfer, and follow up processes including discussion of data elements in client data system and consent to refer

Communication Strategies

- Develop procedures to complete secure referrals with agencies
- Explore terminology utilized in each service system

Promote Best Practices

- Review case scenarios in which clients' needs cross service systems
- Establish processes for Resource Directory listing updates
- Coordinate collaborative public education

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NWD Objectives in Action (continued)

Address Barriers

- Provide orientation trainings and flow charts that describe service delivery and referral protocols
- Strategize on reach outs to other partner agencies

Effective Working Relationships

- Rotate meeting locations among the various partner buildings
- Develop MOUs
- Cross train staff utilizing guest speakers

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Long Term Care Councils

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Standard 20: Long Term Care Council

A Long Term Care Council (LTCC) must exist in each county or AAA PSA to conduct LTSS system planning and development in order to ensure achievement of the goals and objectives of NY Connects. The LTCC must report their activities and recommendations to the NY Connects local administrative agency, which must report LTCC activities to the NYSOFA in the State prescribed format and frequency.

20.1. The local administrative and/or local operating agency will provide leadership, logistical and administrative support to the LTCC.

20.2. The AAA Director, LDSS Commissioner, State Contracted ILC or Community Based Agency must be members of the LTCC.

20.3. Representatives of the Specialized NWDs are invited to participate as members.

20.4. The LTCC must meet a minimum of three times annually and at a frequency adequate to fulfill its responsibilities. The LTCC may choose to meet regionally with other LTCCs and in such cases one regional meeting may substitute for one of the three required meetings to occur annually.

20.5. The LTCC must have governing policies in place that address recruitment, selection, membership criteria and attendance, meeting frequency and the process for documentation and follow up of meeting outcomes.

20.6. The LTCC membership must represent the diversity of individuals from the populations in need of LTSS (e.g., underserved, culturally diverse populations, limited English proficiency, and various income levels). Membership should encompass providers of community based LTSS, residential settings, acute care and other critical pathways, advocacy groups, individuals utilizing LTSS, and caregivers. Such membership must represent all age groups (children, adult, older adult) and also represent individuals with physical, behavioral health and Intellectual Disability and/or Developmental Disability (ID/DD).

Standard 20: Long Term Care Council (Continued)

20.7. In its advisory capacity, the LTCC has the following duties and responsibilities, at minimum:

- Identify and analyze emerging community needs and gaps in the LTSS delivery system, service accessibility, capacity and availability, and develop strategies to respond to those needs in a timely and appropriate fashion;
- Identify issues in the existing LTSS system and its capacity to provide access to a coordinated system of service delivery for individuals and/or caregivers and develop strategies to improve coordination;
- Identify and solicit input from LTSS stakeholders regarding changes in the community environment (e.g., new resources or closing of providers), legislation, or regulations;
- Review the LTSS delivery system by identifying entry points to the system and the manner by which populations in need of LTSS navigate or access services throughout the system;
- Serve, in its advisory capacity, as a catalyst to advance changes in the LTSS system when modifications are required to ensure the availability of appropriate and quality community services;
- Help identify existing and new LTSS resources in the county to be included in the statewide web-based NY Connects Resource Directory;
- Provide recommendations regarding the future development and growth of NY Connects, and suggest areas for improvement; and
- Promote the local NY Connects as the “go to system” for information on community based LTSS.

Difference Between No Wrong Door Team and the Long Term Care Council

NWD Implementation Teams *are charged with establishing the operational foundation of NY Connects through planning, coordination and implementation of organizational policies and procedures and clear roles and responsibilities among the partner agencies*

Long Term Care Councils *are responsible for locally based systems change relative to LTSS*

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Long Term Care Council
Required Representation from:

AAA Director, LDSS Commissioner, and the State Contracted ILC or CBO

LTSS providers, advocates, key stakeholders, and consumers representing individuals of all ages with physical, behavioral health, and intellectual and/or developmental disabilities. The LTCC membership must represent the diversity of individuals from the populations in need of LTSS (e.g., underserved, culturally diverse populations, limited English proficiency, and various income levels). Membership should encompass providers of community based LTSS, residential settings, acute care and other critical pathways, advocacy groups, individuals utilizing LTSS, and caregivers. Such membership must represent all age groups (children, adult, older adult) and also represent individuals with physical, behavioral health and Intellectual Disability and/or Developmental Disability (ID/DD).

The Long Term Care Council acts in an advisory capacity to support LTSS systems change in the following ways:

- Identify and analyze emerging community needs and gaps in the LTSS delivery system and develop strategies to respond to those needs
- Identify issues in the existing LTSS system in the provision of access to coordinated service delivery and develop strategies to improve communication
- Identify and solicit input from LTSS stakeholders regarding changes in the community environment
- Identify entry points in the LTSS system
- Serve as a catalyst to advance changes in the LTSS system

Why is the Long Term Care Council important?
What can the Council do?

Long Term Care Councils answer the following questions:

- What is new in our community?
- What innovations have been created?
- How can the community improve long term care services?
- What can the community do to reach those who have unmet needs?
- What are the unmet needs in the community?
- What is the area of greatest need?
- What can we do?

Long Term Care Council Reporting
October, 2016 through September, 2017

34 Long Term Care Councils were chosen in a random manner for this survey. Of those 34 Long Term Care Councils, the following was noted:

- 100 percent of the Long Term Care Council rosters showed participation from multiple agencies representing a variety of populations.
- 78 percent met 3 or more times during the time frame.
- 97 percent of the 34 sampled Long Term Care Councils demonstrated positive partnerships and collaborations that worked on local issues and build community systems of long term services and supports.
- NYSOFA received detailed reports from 71 percent of those Long Term Care Councils in their qualitative reporting about their successful and productive collaborative endeavors.

Just a Few of the Coordination and Collaborative Partnerships originating in LTCCs:

Hospitals, health organizations, and Performing Provider Systems (PPS),
Fire Departments and Emergency Responders
Centers for Elder Law and Justice,
County Executives,
Mobile Crisis Assessment Teams,
Veterans Services Providers,
Community Action Programs,
County Transportation Task Forces
Care Transition Teams
Faith Based Organizations
And Many More…

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QUESTIONS??

THANK YOU