



New York State Association of
Health Care Providers, Inc.

Representing home care and related services since 1974.

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Point of Entry (POE) System

In January 2004 the Governor's Health Care Reform Working Group (*see Health Care Reform Working Group backgrounder*) submitted a report. Referring to long term care, the report stated that "An integral aspect of empowerment in the long term care system is creating a system that is easy for consumers and their caregivers to understand and use; that respects consumer choice by providing consumers and their caregivers with unbiased comprehensive information about available long term care options and provider performance; and that involves consumers and their caregivers in the planning, evaluation and decision making, so that supports are guided at all levels by consumer needs and preferences."

To assist consumers and their families and formal and informal caregivers to meet these needs, the Working Group recommended creating a point of entry (POE) into the long term care system where any and all will go to find information on and direction to appropriate forms of long term health care. This care will focus on community-based services and will include both medical and social support services. The State Office For the Aging (SOFA) sees this system as a one-stop-shop where individuals and their families will be able to access unbiased information and assistance related to their health care needs..

A Request For Information (RFI) was jointly issued by the Department of Health (DOH) and the SOFA in April 2004 seeking input on the creation of such a system that would apply to all individuals, regardless of age, income, disability, or payer source. Sought was information related to access, planning, capacity, coordination, communications, performance, data collection, management, organizations and finance. There is a need for consistent, comprehensive information and assistance in accessing long-term care services. This is particularly true for individuals whose needs cross various systems and who require multiple, diverse services. Consumers and their families, as well as long-term care professionals, need access to trained and knowledgeable persons who are available at first contact to assure informed consumer choice among services designed to achieve and maintain independence in the most integrated setting possible appropriate to their needs. To that end, and in response to the many calls for easier access to impartial screening, information and assistance, the Health Care Reform Working Group proposed, as a POE, NY ANSWERS (Access New York Services With Effective Responsive Supports).

HCP submitted a response in June 2004 to the RFI. In reviewing the RFI and formulating responses, HCP made every effort to provide as much information and assistance to the State as was possible given the information available.

However, in its quest to answer the RFI, HCP found it was difficult to merely answer the questions posed in the RFI because so many unknowns remained outstanding. Specifically, neither DOH nor SOFA indicated how this system would be financed, who would oversee the POE, the timeframe they intend to follow to implement the POE, or how they will follow-up with stakeholders relative to the information provided in response to the RFI.

Overall, HCP made some general recommendations and observations relative to reforming the long-term care system, whether through a POE system, using some of the POE components, or other approaches. HCP believes that patient access to cost-effective, quality home and community-based services should be a cornerstone of New York State health policy. Increasingly, the State and nation are looking to home and community-based care providers to meet the long-term, chronic care, and even acute care needs of our citizens. Home care is recognized as a cost-effective alternative to other care settings and it is the health care delivery setting that is preferred by more and more consumers. Regardless of how the long-term care system is ultimately configured, HCP strongly urges that the system be built using the efficiencies and cost-effective approaches to care that home care can provide.

Plainly stated, the home care industry has the experience, tools, cost efficiencies, and services necessary to be the epicenter of our long-term care system. Long-term care should begin at home and the State should strive to keep people in these settings, with the appropriate social, supportive, and clinical services, for as long as possible or desired by the consumer.

Over the summer and fall SOFA embarked on a state-wide listening tour to engage in informal conversations with the public and other stakeholders about designing a POE system.

HCP, along with a coalition of statewide health care provider organizations, hosted a one-day symposium in November in Albany that looked at POE systems in other states in an effort to better understand how a POE system may work for New York. Attendees exceeded 300 and they heard presentations by both government and provider representatives from Minnesota and Wisconsin, states that have already implemented POE systems, as well as an update from New York State officials that have been most involved with the development of a POE system for New York.

The overview included the numerous RFI comments that were received. Like HCP, many of those commenting urged caution about the idea of proceeding rapidly to an overall POE system and almost unanimously supported the concept of providing more information and education too consumers about long-term care options in New York State. Stakeholders were less supportive, especially without details, of moving to a single point of entry for accessing services and raised questions about the eligibility determination process, capacity to accommodate the volume of consumers without causing “bottlenecks” in the system, and adding more layers to an already complicated and fragmented system. Comments also noted that without broad regulatory reform such a system cannot work and reimbursement issues must be addressed as part of this process. Where the resources for this system will come from have not yet been identified either.

In the end, concrete next steps and time frames are yet to be established. State officials have indicated they are working on a matrix that will outline areas of agreement and areas that still need consensus. Once that is completed another document will be developed, which may be in the form of a more detailed proposal, and will be disseminated for additional comment.

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