STAKEHOLDER RECOMMENDATIONS

MOVING FORWARD WITH NO WRONG DOOR

June 2018
Agenda For Meeting

• Introductions
• Background Information
• Key Themes from Stakeholder Sessions
• Recommendations Based on Listening Sessions
Nebraska’s History of ADRC/NWD

2016 Legislature passes ADRC pilot

2016 DHHS Concept Paper includes goal of improving access to information and services

2016 ADRC pilots begin

2017 LTC Redesign Paper includes recommendation for NWD

Listening sessions on NWD initiative
Multimodal Stakeholder Engagement

- LTC Advisory Committee: April 2018
- Meeting with State Staff: April 2018
- Listening Sessions: April 2018
- Stakeholder Engagement:
  - Follow-up webinar: June 2018
  - Stakeholder Report to State: May 2018
  - Webinars, emails, phone calls: April-May 2018
- Stakeholder Report to State: May 2018
- Follow-up webinar: June 2018
NWD Stakeholder Project Timeframe

April 9-10
- Key informant discussants

April 16-May 4
- Hold webinars
  - 3 daytime
  - 2 evening

April-May
- Respond to emails and phone calls

May
- Provide state with recommendations

June
- Host follow-up webinar to share recommendations

Opportunities for Stakeholders to Share Their Opinions
Opportunities for Providing Input

ADPLC scheduled 5 webinars in order to gather additional input from stakeholders.
5 Stakeholder Webinars were scheduled.

Monday, April 16
10 am – 12 pm (CT)

Monday, April 23
7 – 9 pm (CT)

Tuesday, May 1
10 am – 12 pm (CT)

Wednesday, May 2
7 – 9 pm (CT)
### Types of Stakeholders that Participated

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Participants</th>
<th>Groups</th>
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<tbody>
<tr>
<td>Disability Rights Staff</td>
<td>Seniors</td>
<td>Individuals with Disabilities</td>
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<tr>
<td>Medicaid Consumers-all ages</td>
<td>AARP</td>
<td>Trade Associations</td>
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<tr>
<td>Medicare Consumers-all ages</td>
<td>AAA Staff</td>
<td>Service Providers</td>
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<tr>
<td>Consumer Advocates</td>
<td>State Legislative Staff</td>
<td>ADRC Staff</td>
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<tr>
<td>Caregivers/Parents/Guardians</td>
<td>Centers for Independent Living Staff</td>
<td>Managed Care Organization Staff</td>
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<tr>
<td>Local Medicaid Staff</td>
<td>DHHS Staff (State Unit on Aging, Behavioral Health, DD, Economic Assistance, DCFS, Medicaid and Long Term Care)</td>
<td>Developmental Disability Council</td>
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Stakeholders were asked to provide comments on the four key elements of a NWD:

1) Outreach and coordination with referral sources;
2) Person-centered counseling;
3) Streamlined access to public programs; and
4) State governance and administration.
Overarching Principles

After conducting the listening sessions with stakeholders the comments were categorized into four overarching principles:

1. **Accessible**: The NWD system should offer multiple access points with streamlined eligibility processes making it easy for individuals and family members to enter the system of care.

2. **Person-Centered**: The NWD system should provide services through a person-centered approach, focusing on individual and family choices, needs, and strengths.
3. **Coordinated**: The NWD system should coordinate efforts across local, county, and state agencies, including public and private providers. This will increase consumer satisfaction, ensure positive outcomes, and reduce costs from publicly-funded resources. Coordination will also enhance service delivery.

4. **Sustainable and Accountable**: The NWD system should be transparent, economically sustainable, and accountable through a method of measuring and reporting outcomes.
Key Themes from Stakeholder Sessions

• As a result of stakeholder input, several key themes emerged that highlighted areas of concern as Nebraska moves forward with implementing a NWD system.

• These themes fall under the four overarching principles.
Key Themes from Stakeholder Sessions
Accessible

• Entry Point:
  • Numerous doorways for individuals to enter the LTC system. Each doorway has its own processes, including screening, and information and referral.
  • Need a coordinated effort to ensure that whichever door an individual enters will provide a uniform process.
  • People experience frustration from being handed off from agency to agency when attempting to access services. Unless they know the name of a specific program and the eligibility guidelines, they are unable to get connected to the right service for their needs. Stakeholders suggested that the NWD enlist use of a “warm transfer” process to ensure the consumer reaches the appropriate entity for accessing the services that best meet their needs.
Key Themes from Stakeholder Sessions

Accessible – (cont.)

• Entry Point – (cont.):
  • Limited access to services for persons living in rural areas. NWD system would not only assist rural consumers with locating services but also identify gaps in services. General consensus that callers should get the information and assistance they need as quickly and simply as possible. NWD system must be responsive with streamlined access to services.
  • Need the NWD system to be versed in both publicly and privately funded LTC services. State staff must be cautious when referring consumers to private-pay entities so as to still give the consumer choice and avoid the appearance of favoritism towards a private-pay entity.
Key Themes from Stakeholder Sessions

Accessible – (cont.)

• **Training:**
  • Need cross-training about available resources throughout the state system and with all components of a NWD system. Each component does not need to have all the answers but should know the LTC system and associated services to support individuals and caregivers.
  • Need consistent and ongoing training for all members of a NWD system.
Key Themes from Stakeholder Sessions

Accessible – (cont.)

• Training – (cont.):
  • Providers who touch the lives of consumers, such as nursing home staff, medical provider offices, and hospital staff should be aware of NWD and how to access the system.
  • Disability network stakeholders cited need for cultural competency training for all partners in the NWD system. Although there was a general consensus from the aging network that they know how to assess services for persons with disabilities, the disability network disputed that claim.
Key Themes from Stakeholder Sessions

Accessible – (cont.)

• Marketing/Outreach:
  • Marketing efforts of the current ADRCs are lacking or non-existent, and are not customized for specific populations according to stakeholders.
  • NWD system should proactively engage in public education to promote broad public awareness of the resources that are available from the NWD system. Ongoing Public Service Announcements, billboards, pamphlets, easily searched internet sites, and other marketing tools were suggested methods that should be utilized to increase the awareness of NWD.
  • Lack of financial resources available, though, for marketing activities.
Key Themes from Stakeholder Sessions
Accessible – (cont.)

- **Marketing/Outreach – (cont):**
  - Families do not know where to go for help. They may come across the information accidentally or casually resulting in misinformation or incomplete information necessary to access services.
  - Concerns that, at times, consumers receive different information from different people answering their calls when inquiring about services.
  - Information about the NWD system must reach all parts of the state.
Key Themes from Stakeholder Sessions

Person-Centered

- **Too focused on seniors:**
  - Concerns were raised by the disability community (providers and caregivers) that the current ADRC pilot was too focused upon seniors and was not fully available to individuals with disabilities.
  - A mutually agreed upon definition of a person-centered approach will support all individuals in a NWD system.
  - Need consistent training on person-centered planning, citing that each organization does person-centered planning differently. Nebraska must shift to a person-centered model from the current provider-driven model of service delivery.
Key Themes from Stakeholder Sessions Coordinated

• Coordination/Integration:
  • LTC programs are operated in silos, with different rules, different taxonomies, and different staff infrastructure. Further complicated by a lack of communication between programs.
  • Need a streamlined system that would direct the consumer to the services they need. The State Unit on Aging is currently in the process of making changes to the taxonomy used by the ADRCs which primarily mirror the Alliance of Information and Referral System (AIRS).
  • Parents in the intellectual and developmental disabilities (I/DD) network expressed concern over what role the service coordinators would have in the NWD system.
  • Must look towards future needs of their children as they age out of the educational system.
Key Themes from Stakeholder Sessions

Coordinated – (cont.)

• Communication/Collaboration:
  • Comments varied regarding the communication and collaboration between the aging and disability communities in the ADRC. Aging community stated that the ADRCs are well-versed in meeting the needs of the disability community while the disability community voiced their concerns that improvements need to be made. Some progress has been made in communication and collaboration between and among aging and disability communities in the ADRC, and with the newly passed legislation there is language requiring the collaboration.
  • Important to continue the progress already made and to work together to ensure that individuals, regardless of age or disability, receive the necessary supports.
Key Themes from Stakeholder Sessions

Coordinated – (cont.)

- Communication/Collaboration – (cont):
  - All populations need to be represented in the planning process.
  - Need to strengthen communication at the state level as they move forward with NWD. Agencies must coordinate what information they release on the development of NWD and how they release the information.
  - Stakeholders need to be kept informed of the developments through emails, postings on the DHHS (or lead agency) website, and through webinars.
Key Themes from Stakeholder Sessions Coordinated – (cont.)

• Leadership:
  • Important that support and direction of a NWD system come from the top of state government. Multiple departments within state government should be represented, such as DHHS, Department of Education, VA, Vocational Rehabilitation, Division of Public Health, Juvenile Justice, Department of Corrections, MCOs and any other entities that interface with people accessing LTC services.
  • In order to work across different state departments, as well as communicating to line staff that NWD is a priority, it is necessary that leadership provide the direction.
Key Themes from Stakeholder Sessions

Coordinated – (cont.)

• **Technology/Data:**
  • LTC providers are using different systems to track consumer information including services and outcome data. Software systems used by some agencies are antiquated and many of the software systems are unable to talk to each other.
  • Access to shared data will support a comprehensive approach to providing, tracking, and enhancing services.
  • Need a more robust technology system to manage and track the NWD process.
  • Lack of financial resources is a barrier to updating technology.
Key Themes from Stakeholder Sessions

Sustainable and Accountable

• **Funding**
  - Concerns about the financial sustainability of ADRCs and a NWD system. Additional funding is necessary from the state as well as accessing federal matching funds.
  - Aging community, particularly the AAAs, have relatively stable funding. Disability community, particularly the Centers for Independent Living, currently do not have the stable funding necessary to participate in NWD.
  - In order to create and maintain a robust NWD system, adequate funding at the state and local level will be needed.
Key Themes from Stakeholder Sessions
Sustainable and Accountable – (cont.)

• Quality Measurement/Consumer Satisfaction
  • It is important to have measurements by which the NWD system could demonstrate consumer satisfaction.
  • Continuous quality improvement process that gathers input and feedback from the consumer regarding the responsiveness of the NWD system to their needs should be integrated into the system.
  • A process for tracking and addressing complaints and grievances should also be part of the system.
Recommendations Based on Listening Sessions

• Establish a NWD Advisory Committee
  • To assist Nebraska with a smooth transition to a NWD system, a NWD Advisory Committee should be established. Committee could be expanded from the current ADRC Advisory Committee, assuring that all populations accessing NWD are represented on the committee.
  • Multiple departments within state government should be represented including DHHS, Department of Education, VA, Vocational Rehabilitation, Department of Health, and any other state departments that interface with people accessing LTC services.
  • As an initial step in transitioning to a NWD system, the advisory committee should develop a vision and mission for NWD, as well as develop a set of guiding principles. This will be a critical step as the system will rely on collaboration of local, county, and statewide providers, both in the publicly and privately-funded arenas. Establishing a vision and mission will allow clarity and help establish direction as the project moves forward.
Recommendations Based on Listening Sessions – (cont.)

• Develop a Strategic Plan for NWD
  • Once a NWD Advisory Committee is established the committee should move forward with developing a strategic plan outlining the steps needed to establish a fully-functioning NWD system. Like any comprehensive strategic plan it could include:
    • An analysis of the current strengths, weaknesses, opportunities, and threats (SWOT) facing the implementation of a NWD system;
    • Outline goals and objectives for moving towards implementation of NWD, and;
    • Outline steps for monitoring the plan’s performance.
The NWD Stakeholder Report is posted on the Nebraska LTC Redesign Webpage, as is a copy of this PowerPoint:

http://dhhs.ne.gov/medicaid/Pages/medicaid_LTC.aspx
Questions and Comments?

Lowell@aginganddisabilitypolicy.com

Or

Call: 267-422-6644