

July 2018

**Final -
Nebraska No Wrong Door:
Gap Analysis and
Recommendations**



The National Association of States United for Aging and Disabilities (NASUAD) represents the nation’s 56 state and territorial agencies on aging and disabilities and supports

visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community-based services for older adults and individuals with disabilities. NASUAD’s members oversee the implementation of the Older Americans Act (OAA), and many also function as the operating agency in their state for Medicaid waivers that serve older adults and individuals with disabilities. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering home and community-based services and supports for people who are older or have a disability, and their caregivers.

EXECUTIVE SUMMARY

The Nebraska Department of Health and Human Services (DHHS) contracted with the National Association of States United for Aging and Disabilities (NASUAD) to analyze the actions and resources required for the state to develop a No Wrong Door (NWD) model. The 2017 Long-Term Care (LTC) Redesign Plan recommended that the state address NWD as a high priority systemic issue.

This report summarizes the findings of NASUAD's review of the current Aging and Disability Resource Centers (ADRCs); synthesizes findings from the stakeholder meetings; and provides recommendations based on other states' experiences in the development of NWD Systems.

This assessment was based on interviews with the Division's leadership and select staff, review of prior evaluations, interviews with other states, and documents provided by DHHS. NASUAD's prior experience as part of the project team that developed the LTC Redesign Plan and our experience helping states to implement ADRCs and NWD models, coupled with our experience in running the national Information and Referral (I&R) Resource Center, supplemented the findings.

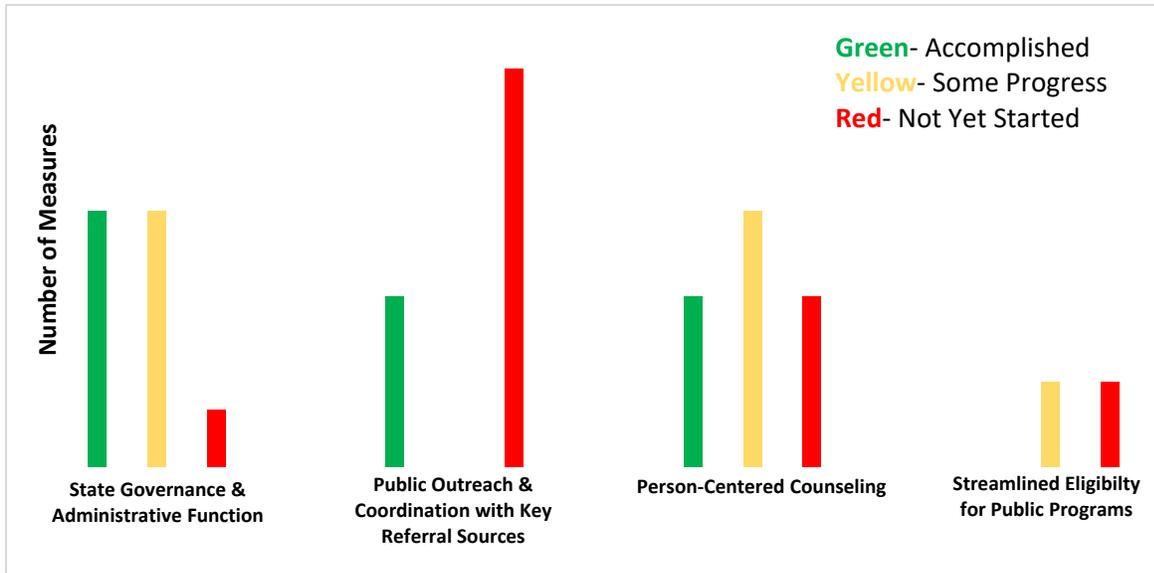
The Administration for Community Living (ACL) describes the core functions of a NWD System as:

1. State governance and administrative function;
2. Public outreach and coordination with key referral sources;
3. Person-centered counseling; and
4. Streamlined eligibility for public programs.¹

On the following page, Chart 1 titled "Nebraska NWD Report Card" NASUAD provides an overview of the state's progress towards implementing each function, with measures marked as accomplished, in progress, or not yet started (find data utilized in Appendix A). It is important to highlight that even in areas where Nebraska has accomplished the function, ongoing efforts for quality improvement are required in order to maintain success. Expansion from the current ADRC model to a NWD model will require increased focus with additional formal partners in the NWD system.

¹ https://nwd.acl.gov/Building_A_NWD_System.html

Chart 1: Nebraska No Wrong Door (NWD) Report Card (NASUAD)



METHODOLOGY

The following gap analysis of the current system seeks to build upon and not duplicate the evaluation efforts of HCBS Strategies under the ADRC evaluation project. Our approach to this analysis included the following steps:

1. Interviews with DHHS' leadership and select staff;
2. Review of Nebraska's ADRCs;
3. Review of the evaluation of the ADRCs for years one and two;
4. Interviews with state grantees participating in the ACL's NWD grants (Part A states);
5. Interviews with professionals and experts in I&R, options counseling, and NWD systems;
6. Hosting a webinar of leader states in the ADRC and NWD field to share promising practices; and
7. Review of the 2018 NWD Stakeholder Report prepared by Aging and Disability Policy Leadership Consultants (ADPLC).

As a basis for our analysis, NASUAD used the core functions of a NWD system as designed by Part A states and summarized in Exhibit B: "Key Elements in a No Wrong Door schematic" (found on page eight). NASUAD then outlined proven strategies and promising practices from early implementer states to identify areas where DHHS has the opportunity to create new roles, responsibilities, or functions. NASUAD also highlighted newly developed materials from ACL and AARP that outline additional considerations for Nebraska's NWD system, underscoring successful strategies and lessons learned in strong NWD programs.

ABOUT THIS REPORT

In 2016, Nebraska contracted with Mercer Government Human Services Consulting and NASUAD to assist in the redesign of the state's LTC system. The 2017 LTC Redesign Plan identified several high-priority systemic issues that the state should address to improve the overall LTC system. Building an effective navigation system for LTC was one high-priority recommendation identified in the report.²

The Mercer/NASUAD LTC Redesign Plan recommended establishing a No Wrong Door (NWD) model to address this recommendation. A NWD model offers a single, more coordinated system of information and access for all consumers seeking LTC, both publicly and privately funded. Under a NWD model, consumers can access information regardless of their entry point into the system. Activities that can be included in a NWD model include: outreach, referral, assessments, functional eligibility, and final determinations.

Often, consumers will access the LTC system in a time of crisis and end up utilizing publicly-funded, high-cost services, when, if given options, they will frequently choose a lower-cost option. The NWD system

² <http://dhhs.ne.gov/medicaid/Documents/NE-LTC-Redesign-Plan-080917-Final.pdf>

helps states use resources more efficiently and effectively on behalf of consumers and caregivers, including promoting the use of lower-cost options, such as private-pay resources. The NWD system represents a collaborative effort of ACL, the Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA), and “has the express intent of improving the entry into and navigation of LTC systems.”³

Earlier this year, the Nebraska DHHS contracted with NASUAD to conduct and draft a Gap Analysis and Recommendations Report “in order to implement a NWD System.” The following report represents that gap analysis of the current system.

BACKGROUND

The State of Nebraska Legislature funded a demonstration project for three ADRC sites through Legislative Bill (LB) 320, which was approved by Governor Pete Ricketts on May 27, 2015.⁴ This legislation directed DHHS’ Division of Medicaid and Long-Term Care to award grants to ADRCs in order to fulfill “one or more” of the following responsibilities:

1. Provision of comprehensive information on the full range of available public and private long-term care programs, options financing, service providers, and resources within a community, including information on the availability of integrated long-term care;
2. Assistance in accessing and applying for public benefits programs;
3. Provision of options counseling;
4. Serving as a convenient point of entry to the range of publicly supported long-term care programs for an eligible individual;
5. Establishment of a process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs;
6. Facilitation of person-centered transition support to assure that an eligible individual is able to find the services and supports that are most appropriate to his or her need;
7. Promotion of mobility management on the appropriate use of public transportation services by a person who does not own or is unable to operate an automobile; and
8. Establishment of a home care provider registry that will provide a person who needs home care with the names of home care providers and information about his or her rights and responsibilities as a home care consumer.

DHHS conducted a Request for Proposals (RFP) and subsequently awarded three ADRC demonstration project sites. The services provided in the ADRC demonstration projects are:

- Information and referral (I&R);
- Options counseling; and

³ <http://dhhs.ne.gov/medicaid/Documents/NE-LTC-Redesign-Plan-080917-Final.pdf>

⁴ <https://nebraskalegislature.gov/FloorDocs/104/PDF/Slip/LB320.pdf>

- Identifying unmet service needs in their communities.

The ADRC sites collaborated with local partners and established an online hub of information (www.adrcnebraska.org) and a statewide toll-free number, (844) 843-6364. The ADRC demonstration limited participation to Area Agencies on Aging (AAAs); however, the legislation required that these AAAs coordinate with entities that supported other populations, including individuals with disabilities. The participating Nebraskan AAAs include: the Northeast Nebraska Area Agency on Aging, the Eastern Nebraska Office on Aging, the South Central Nebraska Area Agency on Aging, the Aging Office of Western Nebraska, the Aging Partners, the Blue Rivers Area Agency on Aging, and the Midland Area Agency on Aging. Additional named partners for the ADRCs include: The Arc of Nebraska, Disability Rights Nebraska, Independence Rising, NE Statewide Independent Living Council, and the UNMC Munroe-Meyer Institute. While the partnerships with the disability communities exist in name, formal agreements and identified roles with these partnerships are not yet in place.

On April 23, 2018, the Governor signed into law an amendment to LB793.⁵ The law cemented ADRCs as an “ongoing component of Nebraska’s long-term care continuum” and required “that aging and disability resource center sites coordinate and establish partnerships as necessary with organizations specializing in serving aging persons and persons with disabilities to provide the services described in the act.”⁶ Buttressing the Nebraska LTC system with an access point for information and referral coupled with options counseling, which has been done with the Nebraska’s ADRC implementation, is the foundation of a NWD system.

⁵ https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=34221

⁶ <https://nebraskalegislature.gov/FloorDocs/105/PDF/AM/AM2871.pdf>

Profile of Aging Nebraskans and Nebraskans with Disabilities Accessing LTC Services

Access to long-term services and supports (LTSS) without regard to population or payer is central to the successful functioning of the NWD system. The below graphic highlights data regarding the various stakeholders that may need to use the Nebraska NWD system:

Exhibit A: Use of Nebraska's NWD System

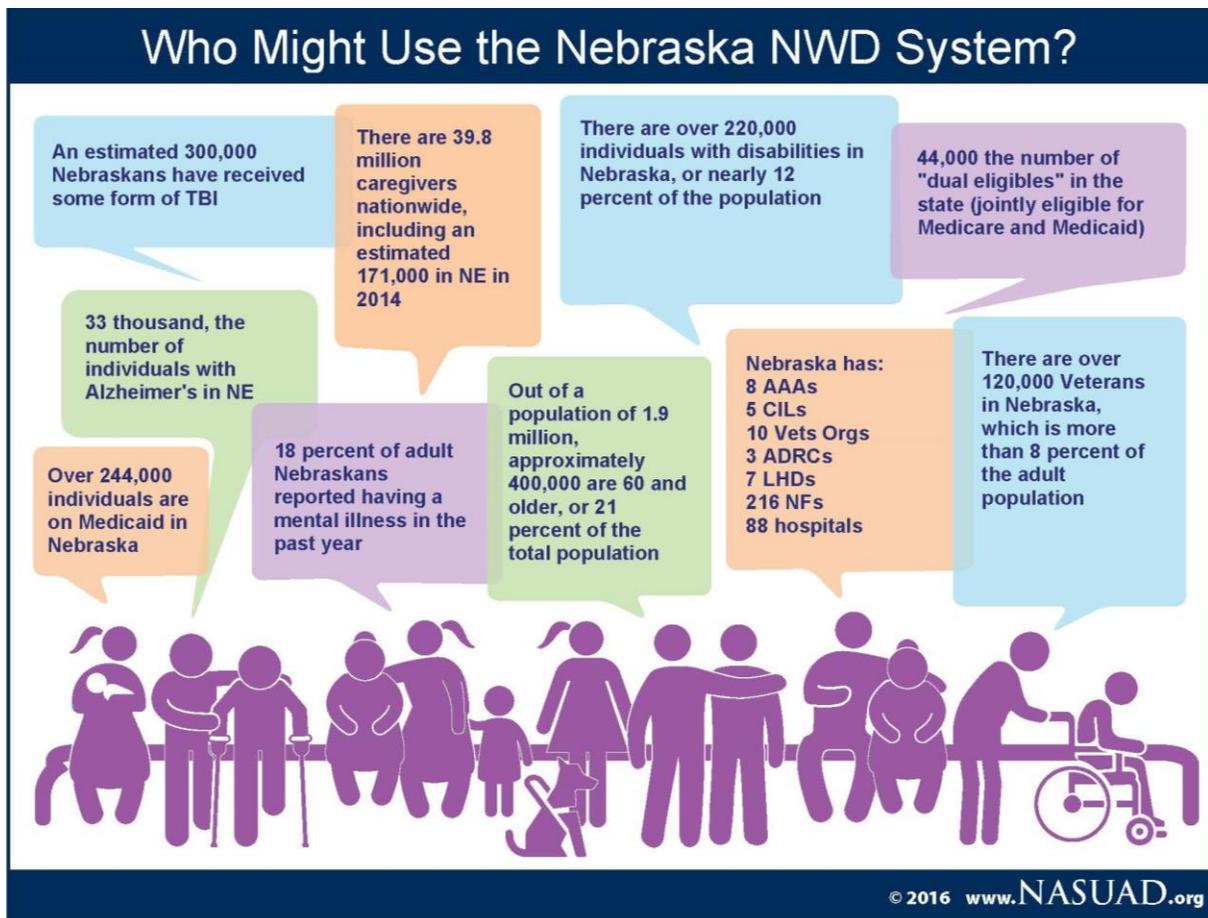


Exhibit A notes that 244,000 individuals in Nebraska are on Medicaid, with 44,000 of those being dual eligibles (jointly eligible for Medicare and Medicaid). Older adults represent 21 percent of Nebraska's overall population, while individuals with disabilities make up 12 percent of its population. These staggering statistics and percentages are likely to grow over the next decade, as more individuals are aging and people with disabilities are living longer. This data demonstrates the urgency of establishing appropriate supports for people as they access the LTC system, as Nebraskans seek to live safely and well in their homes and communities.

NWD Framework & Schematic

From over nearly two decades of work, ACL has documented what is considered “a framework for developing ‘high performing’ No Wrong Door Systems.” Nebraska should use the ACL NWD framework to “enhance consumer choice and control” and to “create a more consumer-driven, more efficient, and more cost-effective LTSS system.”⁷ There are four primary functions ACL defined in its framework for a high-performing NWD system; two supplementary elements have been added to the ACL model by other states with high-performing NWD systems and these are discussed later in the report, starting on page 20.

In *Building a NWD System*,⁸ ACL describes the four primary functions of the NWD System:

1. State Governance and Administration;
2. Public Outreach and Coordination with Key Referral Sources;
3. Person-Centered Counseling (PCC); and
4. Streamlined Eligibility for Public Programs.

The two additional elements not explicitly mentioned in the framework are listed below:

5. Role of Technology; and
6. Financing and Sustainability.

This NWD framework should be built upon a foundation of supportive state leadership, management, and oversight, which involves all LTC stakeholders, both external (consumers, families, caregivers) and internal (partners, state staff, service providers). The process of providing feedback, listening, and making improvements is iterative and must be continuous in order to ensure the system transformation effort results in a strengthened access system, rather than causing additional frustrations for the consumer.

Public outreach and coordination with key referral sources must be quite extensive so as to provide multiple entry-points in an effective NWD system. Formal relationships and partnerships with community referral sources create opportunities for public outreach, as well as certify that the NWD system is the “trusted source for unbiased and in-depth information and one-on-one counseling.”⁹

When a consumer/caregiver accesses a high-functioning NWD system, regardless of the entry point, the individual should encounter a person-centered counselor (PCC). The PCC may be called an “options counselor,” “choice counselor,” or another title. The PCC’s role is to ensure that a person-centered plan is developed in order to provide guidance and insight on appropriate services and supports for the individual. The needs, preferences, goals, and existing supports of the consumer/caregiver are

⁷ <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf,pii>

⁸ https://nwd.acl.gov/Building_A_NWD_System.html

⁹ <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf,p9>

highlighted in the person-centered plan, which inform the potential services and payment source(s) (public/private) the individual may need to access.

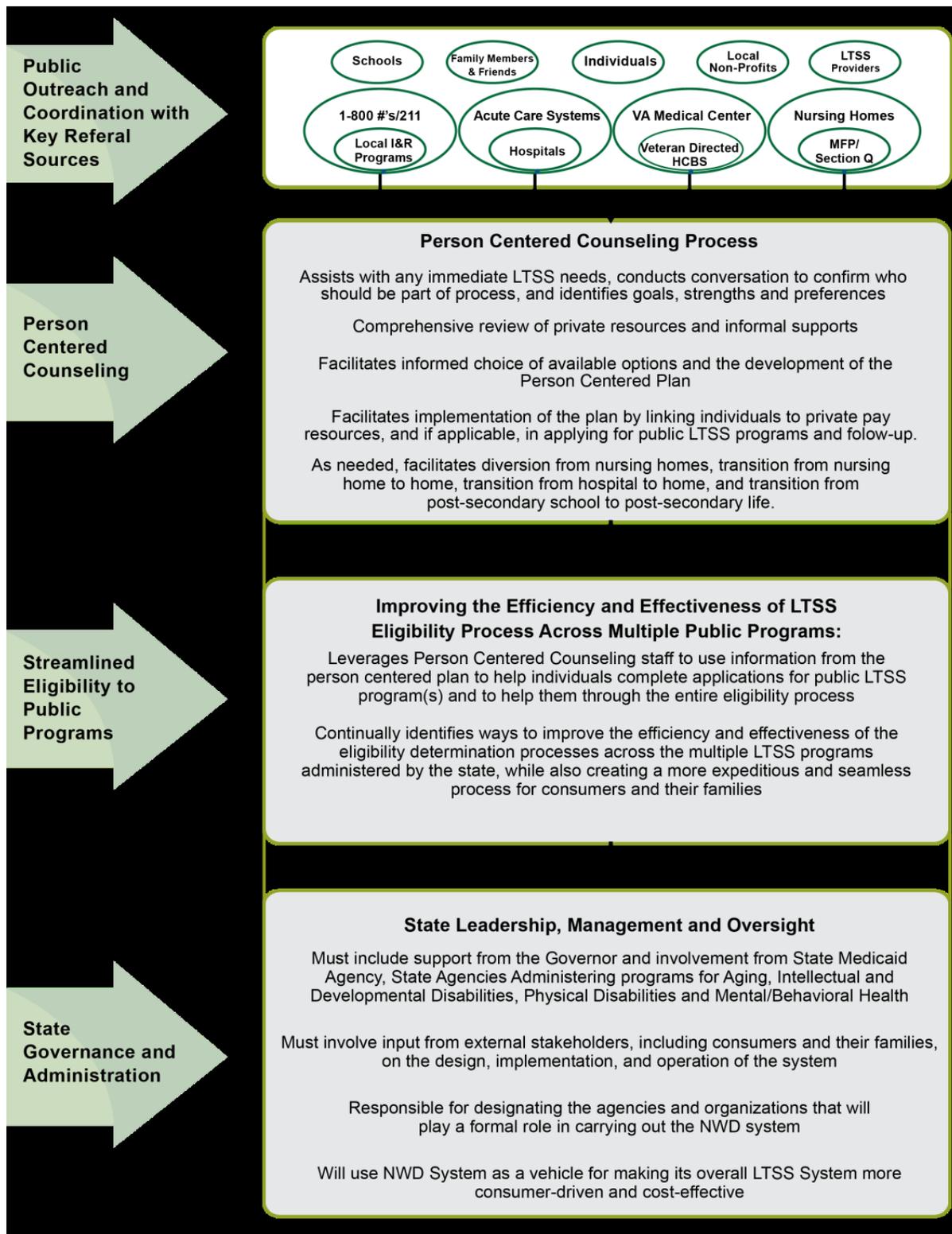
Another primary goal of an effective NWD system is to streamline the eligibility process, making it easier for the consumer to navigate the wide range of programs that they may be able to access. A number of states are utilizing uniform assessment tools to pre-screen individuals for LTSS programs during the streamlining eligibility phase.

Overall, the described elements set forth in the ACL's NWD framework require system-change, and it will take time to transform the Nebraska LTSS access system completely.

NWD Schematic as a Visual Tool

The No Wrong Door Schematic was created by a group of states in conjunction with ACL and other partners to describe key elements of the NWD system. It offers a visual depiction of the NWD framework. Please see Exhibit B below. The following pages of the report go into more depth on each function depicted in the schematic, and outline Nebraska's current status regarding these functions as well as the opportunities that are available to move toward a desired, high-performing NWD system.

Exhibit B: Key Elements in a No Wrong Door Schematic¹⁰



¹⁰ <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>

NWD Function 1. State Governance and Administration

The state's governance model is the foundation of the state's NWD system. The support of the Governor and cabinet-level officials, along with the active, intentional, involvement across multiple state agencies that provide services and support to older adults and persons with disabilities across the state, is key in ensuring that access to LTC is easy to navigate. This leadership and administrative structure will set clear expectations for the leadership, employees, participants and stakeholders of the NWD system. The state must establish a single entity with clear ownership over the system that both aging and disability communities will feel connection to and will feel heard by. This owner must have support from the state's high-level officials and be empowered to carry out the improvements to the NWD system. The governance model may include a NWD taskforce or advisory group that has representatives from participating state agencies, governor's office appointees, as well as stakeholders (AAAs, CILs, ARC, etc.). Continued and meaningful involvement of the key stakeholders in the system is paramount to meet the complex, changing needs of the populations that enter the LTC system.

- **State Leadership and Collaboration** – The Nebraska legislature has supported the development and ongoing implementation of ADRCs in the state. The continued support from the Nebraska Governor's office and legislature will be important as the NWD system blossoms in the state. The state must have sustained buy-in from all state agencies that participate in the LTC system. The state should clearly define the expectations and required collaboration amongst these state agencies, with a single state agency being responsible for the overall coordination of the effort. Issues of financing system development can work through the state Medicaid agency or can be led by another state agency in partnership with the state Medicaid agency to receive Medicaid match. The current ADRC model is led by the state unit on aging. In the future, the state may wish to consider having the NWD effort being led by the Medicaid agency. This will ensure that all funding opportunities are maximized and that the NWD is viewed as a model that is inclusive of all LTSS populations, including those outside of the aging community.
- **Stakeholder Inclusion** – Through the efforts of the prior LTC Redesign Stakeholder sessions and the work of ADPLC, Nebraska has obtained necessary stakeholder feedback in the development and implementation of the ADRC and NWD system. The state should maintain consistent and continuous efforts to solicit and respond to stakeholder feedback. All stakeholders, regardless of age or disability type, must feel heard and be a part of the process for a successful NWD implementation. Additionally, these stakeholders should have ongoing participation in the NWD system. The formation of a broad NWD stakeholder advisory council would help strengthen stakeholder engagement across all LTC recipient groups. This council could focus on access to LTC in Nebraska for all populations, and include individuals who represent older adults, intellectual and developmental disabilities, traumatic brain injuries, behavioral health, physical disabilities, veterans and other entities that may require LTSS. The state should continue to partner with and include support from The Arc of Nebraska, Disability Rights Nebraska, Independence Rising, The League of Human

Dignity, NE Statewide Independent Living Council, Nebraska 211, local Medicaid access agencies, community-based service providers, and other I&R services in the state.

- **Designation of Non-State Government Entities to Perform NWD Functions** – In a NWD system, there are “doors” at the state and local level. Indeed, as the schematic highlights, examples of organizations that can be designated by the state to perform NWD functions includes, but is not limited to:

AAAs	Developmental Disability Management Organizations	Centers for Independent Living	ADRCs
Local Medicaid Agencies	Behavioral Health Management Organizations	Organizations serving minority populations	School districts
Faith based organizations	Local public housing	Organizations with peer-to-peer, including Family to Family	Other organizations

The state currently has designated pilot program ADRCs to perform some of the NWD functions; however, inclusion of disability points-of-entry must be intertwined into the system so that disability groups can become more meaningful stakeholders in the NWD system. Currently, not all of the ADRCs have formal agreements with partners in the disability community, which could lead some populations to feel that the existing system is solely for older adults. As Nebraska moves to a statewide NWD system, the lead state agency should require formal agreements with a variety of partners throughout the Nebraska LTC system. Formal agreements should be drafted for all participating and non-participating AAAs, ADRCs, Centers for Independent Living, Behavioral Health Organizations, all types of disability organizations, local service providers, and a wide range of related organizations. These formal agreements should describe the functions that the partners will perform in the NWD system. The state should have a communication strategy to coordinate with the various agencies to efficiently and effectively operate this single statewide NWD system.

- **Person-Centeredness** – Options counseling has been a core function of the Nebraska ADRC sites. Whether options counseling or person-centered counseling terminology is used, Nebraska’s NWD single-entry system must prepare front-line staff to complete person-centered plans to outline the needs, preferences, goals, and existing supports of LTC consumers. In the current ADRC sites, HCBS Strategies documented that action plans only contained person-centered goals in a little over one-third of the cases reviewed and that

many plans only outlined needed services.¹¹ In the state's development of a NWD system, staff should be competent in person-centered planning and ensure that the program participant drives all access to the LTC system.

- **Performance Standards and Continuous Quality Improvement** – Nebraska is currently collecting data from the ADRC sites. It is important for the state to expand its data collection to all NWD system partners so that full management, evaluation, and improvement can occur continuously within NWD system. The state should create or procure an information management system to collect and analyze data from state and local sources to manage, evaluate, and continually improve the performance of NWD system. Performance measures as well as data collection and analysis should be Strategic, Measurable, Achievable, Realistic, and Time-specific (SMART). The SMART performance measures will allow the state to assess how individuals access the NWD system, their experience in the NWD system, and their realization or achievement of their personal goals and preferences. The states evaluation of data will support process changes as well as system changes that will improve overall outcomes. Data points to be collected on the state's NWD system include:
 - **Visibility** – the public's awareness of the NWD system is important to ensure the necessary information is provided during public outreach and education.
 - **Trust** – the reliability of the NWD system to provide objective and comprehensive information for consumers and caregivers trying to access LTC services.
 - **Ease of Access** – the amount of time or ease of use obtaining the useful information.
 - **Accessibility** – ADA 508 compliance of all written and web-based materials and accessibility of all physical locations and entry-points.
 - **Responsiveness** – Use of the person-centered counseling (PCC) to enable the consumer and their caregivers ease the personal goals and preferences, along with responding to any complaints or grievances.

While consumer experiences in the NWD system are the primary importance, there are also other sources of data that can help frame the functional health of the NWD system. These data include Medicaid LTSS expenditures, the total number of unduplicated participants that have accessed the NWD system, and the number of participants diverted from higher cost care to HCBS services.

- **Staffing** – Capacity, adequacy, and quality are three areas that staffing in the NWD system must possess and maintain to ensure successful delivery and ongoing resources to the network. Building on the ADRCs in Nebraska, the state should make training available to all disability partners and assess their ability to meet the needs of the NWD system. Currently,

¹¹ <http://dhhs.ne.gov/Reports/ADRC%20Evaluation%20Year%202%20Report%20-%202017.pdf>

in Nebraska, each ADRC sets their staff qualifications and training. Establishing minimum requirements for training in a NWD system is crucial to its success.

The Alliance for Information and Referral Systems (AIRS) offers several certifications that will improve the quality of staff through adequate training. AIRS provide its members, who are information and referral (I&R) and information and referral/assistance (I&R/A) providers with training, support, technical assistance, industry standards, certification, accreditation, advocacy, and partnership opportunities. NASUAD operates the National Information and Referral (I&R) Support Center and has partnered with AIRS since 1990 on aging and disability I&R/A. Both NASUAD and AIRS offers many opportunities for training and development of NWD staff. Currently, only one of the three Nebraska ADRC participating AAAs has received AIRS certification for its staff. The three certifications offered through AIRS, Certified Information and Referral Specialist (CIRS), Certified Resource Specialist (CRS) and Certified Information and Referral Specialist Aging/Disability (CIRS A/D), establish industry competencies. These certification programs assess knowledge, skills, attitudes, and work-related behaviors for I&R/A staff to provide quality service as they execute their duties and responsibilities.

ADRCs must also be fully integrated with overall AAA functions, in addition to the development and integration of disability organizations and other LTC agencies to complete NWD activities. The state should integrate traumatic brain injury, disability, and organizations for deaf and hard of hearing into the staffing training, to create a cross-training across all entry points. In addition to the AIRS certification training that can be implemented, formal training should include options counseling and person-centered planning/thinking programs.

In addition to the current training needs, ACL recommends that each state documents how it will determine the current and future demands of the NWD system, as well as an implemented strategy for ensuring that capacity within the different types of population that will access the state's system. The capacity, adequacy, and quality of the staff in the NWD system are paramount to the success of the system. Capacity is determined by measuring the needs of those who could require LTSS in the state. This analysis should also identify trends in the aging and disability population in the state to determine the continued adequacy of staffing in the NWD system. This capacity review must not only focus on having the number of staff needed for the different population groups that are entering the system, but also look at the adequacy of the system.

NWD Function 2. Public Outreach and Coordination with Key Referral Sources

The public outreach and coordination with key referral sources is quite extensive in an effective NWD system. The State of Nebraska currently has formal agreements with its ADRCs, but must include a number of other formal partners to ensure a productive NWD System. These partners must assist the NWD system in obtaining appropriate referrals from Nebraskans that may need to access the Nebraska

LTC system. The partners must include, not only ADRCs, Nebraska 211, CILs, University Center of Excellence in Development Disability Education (UCEDDE), it should also have formal relationships with any organization that may assist people who may enter the LTC system. Some of the referral sources include: I&R/A programs, non-profit organizations, faith-based and community groups, community health centers, homelessness resource organizations, veterans' services and organizations, hospitals, institutional facilities, even the YMCA and YWCAs. These relationships with community referral sources create opportunities for public outreach, along with certifying the NWD system is the "trusted source for unbiased and in-depth information and one-on-one counseling".¹²

- **Public Outreach and Education** – Nebraska has actively conducted public awareness campaigns through building a ADRC website, creating a ADRC state-wide hotline and informally working with partners to publicize and outreach to the Nebraskans that may enter the LTC system. However, there is an increased need in the state's public awareness for the ADRC/NWD system. The aging and disability communities must see the state's NWD system as the trusted source for information. The statewide NWD website should highlight all of the partners in the different networks that are active and passively engaged in the NWD system. Many states have a statewide toll-free number that is publicized throughout the state.
- **Information and Referral Entities** –While all referral sources are important, key entry-points into the NWD system must receive adequate public education so their staff can be knowledgeable and capable in person-centered thinking and planning. In Nebraska, triage and referral to other agencies procedures are in place and largely being followed; however, ADRCs still lack formal agreements such as MOUs with other agencies to facilitate consistent referral processes. These formal agreements are the core of the NWD concept; if the ADRCs are the only entry-point into the system, it leaves the potential for consumers to not receive the appropriate person-centered planning necessary as they enter in the LTC system in the state.
- **Nursing Facilities and Other Institutions** –Nebraska's NWD system should act as tool and opportunity to divert individuals from potentially unnecessary institutionalization, such as Nursing Facilities (NF). The diversion from NF can involve preadmission screening tools that provide information to individuals about how they can receive the needed supports in their homes and communities. The NWD system should also coordinate the implementation of the Pre-Admission Screening and Resident Review (PASSR) that helps identify individuals with mental illnesses and intellectual/development disabilities, diverting those individuals from institutional care to receiving preferred and less costly home and community-based services. Nebraska should track the diversions from institutional care through NWD pre-screening activities. The state should also use transition programs that, once identified

¹² <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>, p9

offers person-centered counseling to individuals that indicate a desire to move into the community, out of institutional care. The HCBS Strategies' ADRC Evaluation report noted potential NF diversion, but the state still needs to effectuate implementation, in areas such as the Minimum Data Set (MDS) - Section Q.¹³ There is also potential to receive Medicaid reimbursement here. Once individuals indicate a desire to transition through the MDS-Section Q, the state should have designated local agencies available to assist the transition into the community. Nebraska should track individuals transitioned from NF through the state's NWD system response to the MDS Section Q tool and also through the help of the NWD staff.

- **Hospital Facilities and Other Health Care Settings** –Another key area that Nebraska should enhance current key partnerships include hospitals and other acute care settings. As the state establishes its NWD system as the trusted, unbiased option for information and referral to appropriate LTC services and person-centered counseling, the medical community will grow in their relationship with the NWD system. When discharge planning occurs in hospitals and other acute care settings, the NWD staff should have formal agreements with those institutions to be prepared to conduct person-centered counseling during the discharge planning period. To enhance the current ADRCs, the state and participating AAAs should work with health care facilities discharge planning staff to ensure knowledge of NWD system and assist facilitation to the community. Formal agreements should be created with hospitals, acute care settings, and the NWD system. The state should track the number of discharge plans the NWD staff have participated in developing. Participation in the discharge planning stage will assist both hospitals and individuals understand their options to return to their homes and communities.
- **Youth Transition and Entities and Systems** –While formal relationships with key referral sources and other partners may be intuitive, one area that can easily be overlooked when working with individuals entering the LTC system are youth transitions. Many youth with serious disabilities are supported through family and educational relationships throughout their education. These youth, once they have completed their educational journey, need assistance navigating their ongoing LTC needs. The state should partner, through formal agreements, with educational systems (secondary and higher education), employers, and other organizations that may encounter youth during this transitional period. Nebraska has only one youth transition was reported during the HCBS Strategies Evaluation 2¹⁴. This may reflect that youth are not utilizing ADRCs to transition from post-secondary life. As the NWD is further developed, NWD staff must be visible, available, and prepared to assist youth through person-centered counseling as they transition into the next stage of their life. It is also important for staff to track the number of individuals with intellectual/developmental

¹³ <http://dhhs.ne.gov/Reports/ADRC%20Evaluation%20Year%20%20Report%20-%202017.pdf>

¹⁴ <http://dhhs.ne.gov/Reports/ADRC%20Evaluation%20Year%20%20Report%20-%202017.pdf>

disabilities who are successfully transitioned into post-secondary life using assistance from the NWD system.

- **VA MedicalCenters** –The VHA in conjunction the ACL has created the Veteran-Directed Home & Community Based Services (VD-HCBS) programs. The VD-HCBS program provides another opportunity for the state’s NWD system to partner with local Veterans Administration (VA) centers. While VA centers offer many HCB services, it is also essential that formal agreements be developed with the NWD system to offer person-centered counseling to veterans who may need supplemental services. The NWD staff should also know what is available to veterans, and capable of developing person-centered plans for veterans including all eligible services. The NWD system should track individuals receiving VD-HCBS, as well as individuals that have received person-centered planning that include veteran services.

NWD Function 3. Person-Centered Counseling (PCC)

Person-Centered Counseling (PCC) is the core of the successful NWD system. PCC allows individuals who are currently in or interested in entering the state’s LTC to identify their strengths, needs, and preferences as the resources to assist them in the HCBS are designed around them rather than availability in the system. Person-centeredness ensures the individual is the driver of decision-making and the appropriate family, friends, and supports surround the individual throughout the process. Person-centered counseling helps determine appropriate services and who should offer those services to meet the needs of the individual and their family. As Nebraska’s NWD system advances, person-centered counseling capability must be advanced throughout the NWD system.

- **Individually-Led** –Individuals accessing the NWD system in Nebraska should have complete ability to direct the planning process. There are many instances when a person may have family members, guardianship, or parents involved in the care decisions. The individual receiving services must be allowed to direct their care to the extent possible to be a person-centered process. Staff in the NWD system should be able and competent in a person-centered delivery with the minimum standards set forth in the CMS HCBS Final Rule of 2014.¹⁵ The state should be able to measure the extent of the person-centered delivery based on satisfactory services of the individuals entering the NWD system.
- **Personal Interview** –There are several interviewing techniques deployed during the PCC process. Motivational Interviewing is used to encourage the individual to actively participate in the interview. The information needed to create a Person-Centered Plan (PCP) with the individual must emerge through the personal interview process. This personal interaction is present as a staff person answers or responds to every entry into the NWD system. During the personal interview, staff can determine a lack of need for the LTC system

¹⁵ <https://www.medicaid.gov/medicaid/hcbs/guidance/settings/index.html>

or an emergency that should be addressed right away. As the NWD staff person engages with the individual, there should be an ongoing discussion of resources that may be available to enhance the individual's strengths and abilities.

- **Development of a Person-Centered Plan** –Regular, person-centered planning should occur in all NWD systems. These plans should include, at a minimum, the individual's goals, desires, and resources, both paid and unpaid that the individual has identified need. The PCP is broad and must be written in plain language, strength-based, and centered around the individual. Currently in Nebraska, "Plans" including a list of services are regularly provided, but these plans oftentimes do not include the goals or action plan to meet those goals. Many plans contained only goals that reiterated services, while eight percent contained person-centered goals. The person-centered plan should be used to inform formal assessments, eligibility, and service plans and is not meant to be a list of what the individual will receive but what the individual believes will best meet their needs. In the NWD system, the state should ensure a minimum level of knowledge, skills, and abilities of the NWD staff to ensure Person Centered Planning occur within the system. The state should also track the number of PCPs developed through the NWD system that meets the minimum provisions set for in the CMS HCBS Final Rule of 2014¹⁶.
- **Facilitating Access to Private Sector Services and Supports** –The NWD system should include a variety of resources without regard to payor source. This variety must include private services and supports, since many people who needs assistance navigating LTC systems will not qualify for publicly-funded services. The NWD system should have partnerships with private pay and community resources and organizations that offer these services.
- **Facilitating Access to Public Programs** –Public program eligibility programs can be daunting and overwhelming for many people. The NWD system in the state should offer pre-screening to individuals that may need to enter the LTC system or are in the LTC system, to help them determine if the application process for those programs will provide a potential benefit to the individual. In Nebraska, there is a low number of people receiving financial pre-screening, which reduces the ability to direct participants to the appropriate program or payor. If pre-screening is appropriately used, it will feed into the application process making the progression to eligibility simpler for the individual and their caregivers. The NWD staff should be able to follow the individual through the eligibility process to track entry into the LTC system and offer alternative supports, when necessary. As Nebraska augments its NWD system, prescreening tools and eligibility tracking procedures must be put into place to streamline access to the LTC system.

¹⁶ <https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

- **Specialized Person-Centered Counselors** –Person-centered counselors should be developed in the NWD system to meet the needs of all possible individuals that will enter the LTC system. All NWD staff should have the ability to conduct person-centered counseling, and the state should assess and ensure adequate staff exists to assist with individuals with intellectual/developmental disabilities, mental illness, transitioning including youth, veterans, and individuals in facilities such as hospitals, nursing facilities, and other institutions. It is critical that the NWD system serves as a portal that can assist meeting all individuals entering the LTC system. This means that a variety of organizations should be trained to conduct person-centered counseling in the NWD system. In Nebraska, stakeholders have indicated a lack of dependence of the current ADRCs to meet the needs of individuals in the disability communities. Expanding the types of organizations in the NWD system may offer an opportunity for the system to be the trusted source for all types of individuals that may be in or need the LTC system.
- **Follow-up** –Follow-up in the NWD system should include assisting the PCP developed meets the needs of the individual. This follow-up can include contacting the individual receiving services, their case manager, or caregivers. Currently, the NE ADRCs have policies and procedures in place for timelines for follow-up that are generally followed. While the follow-up is occurring, it is important for the state to measure the quality of the follow-up and how it reflects the implementation and ongoing development of the PCP.

NWD Function 4. Streamlined Eligibility for Public Programs

It is instrumental to use the state’s NWD system to optimize the eligibility process for public programs, specifically Medicaid programs. As addressed before, using pre-screening tools to assist with the application phase of programs can reduce the overwhelming feelings experienced by LTSS applicants.

- **Efficient, Effective, and Seamless Eligibility Determination** – CMS recommends the use of a Health Information Exchange (HIE) to transmit data seamlessly from one organization to the next. A part of the usefulness of the NWD system is the ability to reduce the amount of effort that goes into finding and obtaining needed resources, In Nebraska, the percentage of individuals receiving eligibility counseling and financial prescreening is quite low to date. Uniform assessment/pre-screening tools may be developed to assist in identifying programmatic and financial appropriateness for specific LTSS programs. Using an HIE to ensure a warm-transfers occur to the agency that conducts eligibility for all public and private programs beneficial.
- **The Role of Person-Centered Counseling** – In addition to using HIE to perform warm transfers, the state may also utilize the person-centered counselors in the NWD system, to conduct eligibility activities. Employing the NWD staff to assist with eligibility determination

can support the state, and reduce or rework the unnecessary burden and strain on the applicants to the LTC system.

NWD Function 5. Role of Technology

Technology is essential when addressing the ability to optimize system access. All of the core functions of the NWD system can be supported by information technology (IT) systems. The IT system allows sharing of consumer information to transfer information seamlessly from the personal interview, to the person-centered plan, to the eligibility and application process, then service plan development and back around. This sharing of data should include sharing of information with formal partners, such as hospitals, key referral sources, the state, and others. The use of technology allows for tracking data that will determine effectiveness and efficiency of the NWD system.

Along with other Medicaid Administrative functions, CMS has offered states the ability to claim development of IT systems of the NWD system for federal financial participation (FFP)¹⁷. The state may receive “90-percent federal financial participation (FFP) for design, development, or installation, and 75-percent FFP for operation” for IT system related to the enhancement of the state’s Medicaid Management Information System (MMIS) that will support the NWD system.¹⁸ CMS provides technical assistance for the use of administrative claiming and other resources are available to the states.

NWD Function 6. Financing and Sustainability

In addition to costs associated with funding and sustaining the NWD system’s technology needs, the state must plan for financing and the sustainability of all the activities involved in the NWD system. Over the years, there have been several opportunities for funding in the development of ADRCs and NWD systems by ACL and CMS. These funding opportunities included Money Follows the Persons (MFP) demonstration grants, ADRC grants, Care Transitions grants, CMS Balancing Incentive Programs (BIP), NWD grants, and administrative claiming guidance by CMS. While some of these opportunities are no longer available, some of these funding sources are still offered to assist in development and ongoing operation of the state’s NWD system. Of the grants offered, Nebraska took advantage of the MFP demonstration grant that provided additional funding for individuals transitioning out of institutional care to their homes and communities. While Nebraska was awarded a BIP grant from CMS¹⁹, the state decided to terminate its BIP participation, for a state-funded option to develop the NWD system.²⁰

¹⁷ <https://www.medicaid.gov/medicaid/finance/downloads/no-wrong-door-guidance.pdf>

¹⁸ <https://www.medicaid.gov/medicaid/data-and-systems/mmis/index.html>

¹⁹ <http://dhhs.ne.gov/medicaid/Documents/BIP-Award-Notice.pdf>

²⁰ <http://dhhs.ne.gov/medicaid/Documents/Nebraska%20Balancing%20Incentive%20Program%20March%202015%20Letter%20to%20Stakeholders.pdf>

An opportunity recently available was an ACL grant, the No Wrong Door System Business Case Development with applications due June 11, 2018²¹. The current grant opportunity allows grants of \$390,000 to \$600,000 to seven states to be used for “to develop an integrated data system, evaluate existing data elements, and/or implement a training protocol to support the intervention being tested.”²²

Still available to Nebraska is the opportunity for funding the NWD system Medicaid activities with administrative claiming through CMS. Administrative claiming through CMS is an ongoing source for development and system operation of the NWD system. This administrative claiming takes planning, stakeholder engagement, time studies, procedural codes, cost allocation tracking, continuous quality improvement, and formal agreements drafted for participating partners and state agencies. CMS has outlined that allowable and unallowable activities for administrative claiming but use of these funds must be used for activities that support Medicaid related expenses. Nebraska is in planning stages of administrative claiming in the current ADRC system, but may use this claiming method as it expands to a statewide NWD system.

Next Steps

Nebraska’s effort to initiate the ADRC program has laid the foundation for the state to develop a statewide NWD system. The state can use the ACL NWD Framework to further advance growth towards streamlining access into the state’s LTC system. Nebraska has been supportive of its NWD system’s development through several pieces of state legislation.

- The state can shore up its governance model by creating a formal NWD state agency owner, alongside adding more formal agreements with stakeholders across all populations and payors.
- Nebraska’s disability community needs to be encouraged to join the NWD effort as full partners in the project.
- Nebraska should focus its efforts on encouraging standardized training for person-centered practices across all NWD staff and participating organizations. This training will help to ensure NWD staff have the necessary skills to serve persons across populations.
- The state should increase efforts of public outreach through additional partnerships with key referral sources, educational systems, hospitals, and acute care settings. This will establish the state’s NWD system as the trusted source of unbiased information into the LTC system.
- Nebraska should leverage the NWD system to streamline access and the eligibility process for public LTSS programs, utilizing Medicaid administrative claiming to finance and sustain the development of ongoing operations of NWD functions.

²¹ <https://www.grants.gov/web/grants/view-opportunity.html?oppld=300673>

²² <https://www.grants.gov/web/grants/view-opportunity.html?oppld=300673>

- The state needs ongoing input from stakeholders regarding the state's LTC system as the NWD system continues to develop.

Appendix A: Nebraska No Wrong Door (NWD) Report Card (NASUAD)

Measure	Status
<p>State Governance and Administrative Functions</p>	
<p>The state has the Governor’s and/or State Legislatures’ written support for developing a NWD system consistent with the functionality described in “Key Elements of a NWD System of Access to LTSS for All Populations and All Payers”</p>	<p>The Legislature advanced and the Governor signed legislation making ADRCs permanent. The ADRC model differs from the NWD network concept and the state will need to ensure buy-in of key leadership to support further development.</p>
<p>The state has a formal multi-state agency body that coordinates the state government’s work to develop a single No Wrong Door system for all people needing LTSS, regardless of income, age, or disability, and this body includes the state Medicaid agency, the state unit on aging, the state agencies that serve or represent the interests of individuals with physical disabilities, intellectual and developmental disabilities, and the state authorities administering mental health services.</p>	<p>The state currently has the state unit on aging as the lead agency for the ADRC and the NWD project is being led by the Medicaid Agency. The different agencies play different but complimentary roles in NWD systems but each should be given assigned tasks and responsibilities. If the state it to pursue a NWD, they should assign one lead state agency.</p>
<p>The State uses a variety of state administered funding sources to support the planning, implementation and on-going operation of the state’s No Wrong Door System including Medicaid.</p>	<p>Initial funding for the ADRC pilots was granted by the legislature and run out of the state unit on aging. Recognizing that ongoing support will be necessary, the state is working towards Medicaid administrative claiming for the ADRCs. If the state pursues a NWD model, the state would likely also need to consider the use of the 90-10 Medicaid match for the purchase of technology solutions tied to eligibility.</p>
<p>The State coordinates their NWD System with a variety of state and federal administered programs that help beneficiaries understand their health insurance programs (e.g., Senior Health Insurance Program).</p>	<p>The current ADRCs (although not statewide) do also operate the SHIP programs. If the state migrates to the NWD model, careful consideration should be given to ensure that individuals entering the system where there is not a SHIP counselor are referred in a warm transfer to an AAA for that service.</p>
<p>The total Medicaid (state and federal) financial investment used to support the ongoing operations of the State’s NWD System functions (12 month period).</p>	<p>The state will have to start a system to collect this information.</p>

Stakeholder Inclusion	
Based upon input from consumers and other sources, the state has developed a multi-year plan for implementing a NWD System consistent with the functionality described in the “Key Elements of a NWD System of Access to LTSS for All Populations and All Payers.”	The state has not developed a plan for implementing a NWD system.
The State has a formal process in place for involving external stakeholders groups and individuals, including older adults, persons with disabilities, (physical, behavioral and ID/DD) and family caregivers in the development and on-going implementation of the NWD System, and it has documented evidence that stakeholder input is influencing the design and ongoing operations of the NWD System.	The state has undertaken several statewide multidimensional stakeholder efforts to improve their overall LTC system. The stakeholder engagement sessions were done in person across the state, via webinar, conference calls, and telephones. Consumers were also given access to a devoted email for the express purpose of collecting information on the LTC system. The state should continue the effort to meet regularly with stakeholders including the LTC Advisory Committee to solicit additional feedback.
Designation of Non-State Government Entities to Perform NWD Functions	
The State uses a formal process and clearly defined criteria to select and oversee the entities outside of state government that play a formal role in carrying out the NWD System function of Person-Centered Counseling.	In the recent HCBS Strategies evaluation report of the ADRCs, only a little over one-third of the cases reviewed had person-centered goals in the plans. All individuals working on the NWD, will need additional training and support in the use of person-centered planning and its importance.
The NWD System uses a variety of different organizations to do Person-Centered Counseling such as Area Agencies on Aging, Independent Living Centers, etc., to ensure its NWD System has the capacity to serve different LTSS populations.	The only data that we can currently report on is the evaluation of the ADRC. Since the ADRC is comprised mainly of the Area Agencies on Aging (due to limitation in the original legislation), there is not good data outlining the person-centered counseling offered by other partners. In moving to a NWD system, the state would have to develop a connected network so that the data like this could be collected across programs.
Person-Centeredness	
The State is implementing Person-Centered Counseling consistent with Person-Centered Planning definition in the HCBS Final Rule.	A LTC system that is person-centered empowers individuals to make informed choices about their LTC options consistent with their personal goals, and to successfully navigate the various organizations, agencies, and other resources that provide LTC. Furthermore, the system would have the flexibility to provide counseling support wherever the consumer desires it. The

	<p>stakeholders from the disability community articulated concerns that the current ADRC model focuses heavily on AAAs which are not traditionally places that individuals with disabilities go. In moving towards a NWD model, the state would provide person-centered counseling in the place where the consumer is most comfortable.</p>
<p>Staff doing Person-Centered Counseling in the NWD System have the competencies to conduct person-centered planning in a way that is consistent with the person-centered planning requirements in the CMS HCBS Settings rule.</p>	<p>ACL recognizes two types of counseling and provides training for two types. The first is person-centered counseling and the second is options counseling. For purposes of building a NWD system, ACL has included that staff must be trained in person-centered counseling. This would be in addition to options counseling. The person-centered counseling training would need to happen at all possible points of entry.</p>
<p>Managers and other key staff throughout the NWD System have an understanding of the philosophy, values, concepts, and practices of person centered planning as part of its strategy to make its LTSS system more consumer-driven.</p>	<p>Training throughout the entire LTC system is necessary. According to the stakeholders, there is distrust among various agencies about their level of competency. Cross-training would help the entire system become more consumer driver.</p>
<p>The NWD System has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.</p>	<p>Nationwide the aging network has largely been based on a more paternalistic process where the “system” needs to “take care” of the “senior”. The aging network nationally, as well as in Nebraska, has begun to embrace the more empowered self-directed models. The additional training (especially cross-training) recommended above will assist in this process.</p>
<p>Performance Standards and Continuous Quality Improvement</p>	
<p>The state has conducted a formal assessment of its access programs and functions, including its eligibility determinations processes, across all populations documenting the challenges consumers face when accessing LTSS programs.</p>	<p>The ADRC pilots have implemented an assessment tool that they are utilizing during the options counseling process. If the state moves to a NWD model, they will need to review the tool to determine if they need to make any adjustments to the tool based on the different needs of some of the consumers. Some states have moved to a basic assessment tool framework, with additional modules added on for specific needs. Additionally, training on the assessment tool and process would need to take place at all of the possible NWD entry points.</p> <p>Additionally, the DHHS has held a series of statewide stakeholder sessions to gather input and</p>

	feedback on how the system is working. DHHS should continue to hold regular stakeholder sessions as part of the continuous feedback loop.
The State has an established process for continually monitoring and improving the performance of its NWD System that allows the state to track its progress over time in implementing a single statewide NWD System consistent with the “Key Elements of a NWD System of Access to LTSS for All Populations and All Payers.”	HCBS Strategies evaluation of the ADRC pilot created a robust process for evaluating the system. The state has used the evaluation to improve the ADRC each year and improvements are noted in the subsequent evaluations. The state should continue to use the framework that has been created and expand this framework to include all partners participating in the NWD system.
The State has a documented method for measuring the impact of its NWD System on Medicaid LTSS expenditures.	The state currently tracks data on the number of ADRC contacts but does not have a method for tracking the impact on Medicaid LTSS expenditures. Additionally, according the ADRC evaluation, while each of the ADRCs had established intake procedures, in many of the ADRCs, intake for AAAs is not integrated within the ADRC intake. There are only a few states that have been able to measure the impact of the NWD on their LTSS expenditures. The states that have been successful have run their NWD out of their Medicaid division.
The State uses electronic information technology to support and manage all four functions within its NWD System.	Even states with mature ADRC and NWD systems struggle with their information technology. To be most effective, the state would have to develop a network of all of the potential entry points into the system and be able to seamlessly connect between agencies.
The State uses its electronic information technology to facilitate the sharing of client information across some operating organizations in its NWD System and to also exchange client information with entities such as acute care hospitals and long-term care facilities in a way that leverages the use of health IT	The state does not have the capacity to share information across operating organizations. The state should consider the development of a framework for doing this and maximize the 90-10 match for building this out.
The NWD System uses a consumer satisfaction survey that includes consumer outcome measures of autonomy and control.	The state is implementing the NCI-AD survey this year which provides several measures of autonomy and control. The state can also use the NCI-AD tool as a resource for measuring if the system is person-centered.
The total number of unduplicated people that have used the State’s NWD System over the last year (12 month period).	The state is collecting the data using the trilogy system on the number of unduplicated individuals who have used the ADRC model. The state must also track unduplicated people entering other entry-points beyond the ADRCs.

<p>Satisfaction: The percent of individuals who contacted the NWD System and reported a high level of satisfaction that they received all the information and/or assistance in learning about and/or accessing LTSS they were looking for.</p>	<p>The state currently is administering a customer satisfaction survey to the individuals utilizing the ADRC. The state must also expand its customer satisfaction data collections to include participating partners in the NWD system, beyond the ADRCs.</p>
<p>Staffing</p>	
<p>The State has a documented method/process to estimate current and future demand for NWD System functions.</p>	<p>As the state works towards getting administrative claiming for the ADRC functions, they will have to do a time study. The time studies will help to document how much time is being spent on each function of the ADRC. The state will then need to do implement the same in the other potential partners in a NWD model to determine the future demand.</p>
<p>The State has a strategy in place for ensuring it has the capacity to meet demand for NWD System functions, including the demand across different segments of the state’s population.</p>	<p>The state legislature and Governor have signaled their support of the ADRC by making it permanent this year. The legislation also specified bringing additional groups into the ADRC partnership. Moving from the ADRC model to a NWD model will necessitate additional funding.</p>
<p>Public Outreach and Coordination with Key Referral Sources</p>	
<p>The NWD System is implementing an outreach and marketing plan focused on branding the NWD System as a visible and trusted source of information and personalized one-on-one counseling that can help any individual to learn about and access the LTSS options that are available in their communities.</p>	<p>The state ADRC pilot project did implement a marketing plan that was fully implemented as of the September 2017 evaluation. If the state migrates to a NWD, however, there will need to be another marketing strategy so that individual consumers know that there are multiple “doors” that they can go to in order to receive access to services.</p>
<p>The NWD System has a publicly searchable database on a website that is designed to assist older adults, people with disabilities and their family caregivers to learn about and access public and private LTSS options available in their communities which is user friendly and accessible to persons with disabilities.</p>	<p>Nebraska has a webpage for the ADRC called “Nebraska Network of Care” that provides for a searchable database for the public. The database that Nebraska uses is similar to many other state systems and is not as user friendly as it could be. Users have to know which county they need to receive services in and they have to have a good sense of what they are searching for in order to be successful. If the state moves to a NWD model, they should invest the resources to update the resource directory system so that it is more user friendly.</p>
<p>The NWD System has a toll-free number that connects individuals to trained Information and Assistance Specialists to assist people in need of LTSS.</p>	<p>The Nebraska ADRC number is (844) 843-6364. Trained ADRC specialists answer the line.</p>

The total number of visits to the State’s NWD System website over the last year (12 month period).	The state has access to the data on the total number of individuals who have visited the ADRC website in the past year.
The total number of unique visitors who have used the State’s NWD System website over the last year (12 month period).	The state has access to the data on the total number of individuals who have visited the ADRC website in the past year.
Information and Referral Entities	
The NWD System is conducting ongoing outreach and training targeted at key referral sources, including Information and Referral programs, to inform them about the NWD System and how and when to make referrals to Person Centered Counseling.	The ADRC is conducting outreach and training to key sources. If the state migrates to a NWD, they will need to do additional outreach to disability partner agencies due to the trust issues that were identified during the stakeholder meetings.
Nursing Facilities and other Institutions	
The state Medicaid agency has designated some of the organizations doing Person Centered Counseling within the NWD system to serve as local contact agencies (LCAs) for individuals who indicate that they wish to return to the community during their MDS Section Q assessment.	The ADRCs have discussed the desire to serve as the local contact agencies. At this point, they are not the LCAs.
The NWD system conducts nursing facility pre-admission screening for individuals who are or appear to be eligible for Medicaid LTSS and have the potential to avoid nursing home admission.	The ADRCs do not conduct the pre-admission screening.
The NWD system implements and/or coordinates with the federally mandated Pre-Admission Screening and Resident Review (PASRR) process to help divert individuals with mental illness and I/DD from unnecessary institutionalization.	The ADRCs do not work with individuals with I/DD and they do not do pre-admissions screening.
The total number of individuals who were referred to a NWD System organization as a result of the MDS Sec. Q requirement (12 month period)	The ADRCs are not a LCA, and therefore they do not receive referrals.
The total number of individuals who were referred to a NWD System organization as a result of the MDS 3.0 Section Q requirement (12 month period).	The ADRCs do not receive referrals.
The total number of individuals who were transitioned from a nursing home to home	The ADRCs do not have records for this.

with the help of staff in the NWD System (12 month period).	
Hospital Facilities and Other Health Care Settings	
The organizations doing Person Centered Counseling in the NWD System have formal agreements (e.g., MOUs, contracts, or written agreements) with hospitals or rehabilitation facilities to facilitate transition to home.	The ADRCs envision that they will continue to improve relationships with health systems, but at this point they do not have any formal agreements in place. Moving forward with a NWD system would require the state to put MOUs in place.
The percent of all acute care hospitals within the State that have a formal agreement with organizations in the NWD System to facilitate discharge planning and transitions as well as to reduce unnecessary hospital readmissions.	The ADRCs envision that they will continue to improve relationships with health systems, but at this point they do not have any formal agreements in place. Moving forward with a NWD system would require the state to put MOUs in place.
The total number of individuals who were transitioned from an acute care hospital or rehabilitation facility to home with the help of staff in the NWD System (12 month period).	The ADRCs envision that they will continue to improve relationships with health systems, but at this point they do not have any formal agreements in place. Moving forward with a NWD system would require the state to put MOUs in place.
Youth Transition Entities and Systems	
The organizations doing Person Centered Counseling in the NWD System have formal agreements (e.g., MOUs, contracts, or written agreements) with educational institutions, private employers and other appropriate entities to facilitate the transition of youth with disabilities from secondary education to post-secondary life that include opportunities for competitive integrated employment and/or post-secondary education.	The ADRC pilot sites did not lay any groundwork for working with the youth transition entities. If the state transitions to a NWD framework, the development of partnerships with the educational system will be important.
The total number of individuals with intellectual and developmental disabilities who have successfully transitioned from secondary education to post-secondary education with the help of staff in the NWD System (12 month period).	The ADRC pilot sites did not lay any groundwork for working with the youth transition entities. If the state transitions to a NWD framework, the development of partnerships with the educational system will be important.
The total number of individuals with intellectual and developmental disabilities who	The ADRC pilot sites did not lay any groundwork for working with the youth transition entities. If the

<p>have successfully transitioned from secondary education to competitive integrated employment with the help of staff in the NWD System (12 month period)</p>	<p>state transitions to a NWD framework, the development of partnerships with the educational system will be important.</p>
<p>VA Medical Centers</p>	
<p>The organizations doing Person Centered Counseling in the NWD System have formal agreements (i.e., Provider Agreements or Contracts) with VA Medical Centers to provide Veteran-Directed HCBS.</p>	<p>Like many other states, Nebraska has had difficulty forming partnerships with VA Medical Centers. This was not something that was a priority for the ADRC pilots. If the state moves to a NWD, they may wish to consider adding the VA Medical Center into their NWD system.</p>
<p>The total number of individuals who received VD-HCBS through the state’s NWD System (12 month period).</p>	<p>Like many other states, Nebraska has had difficulty forming partnerships with VA Medical Centers. This was not something that was a priority for the ADRC pilots. If the state moves to a NWD, they may wish to consider adding the VA Medical Center into their NWD system.</p>
<p>Person-Centered Counseling (PCC)</p>	
<p>Statewide Reach: The NWD System provides Person Centered Counseling in the following areas of the state (select from list of counties or provide coverage detail).</p>	<p>Not all of the AAAs participated in the ADRC. The pilot does offer person-centered counseling, but the evaluation showed that just over a third of the participating AAAs were providing person-centered goals for individuals that they work with. If the state is to transform into a NWD, they would need ongoing continuous training on person-centered counseling.</p>
<p>The total number of individuals who have received Person Centered Counseling through the State’s NWD System (12 month period).</p>	<p>Not all of the AAAs participated in the ADRC. The pilot does offer person-centered counseling, but the evaluation showed that just over a third of the participating AAAs were providing person-centered goals for individuals that they work with. If the state is to transform into a NWD, they would need ongoing continuous training on person-centered counseling.</p>
<p>Individually-Led</p>	
<p>Staff doing Person Centered Counseling in the NWD System have the competencies to conduct person centered planning in a way that is consistent with the Person Centered Planning requirements in the CMS HCBS Settings rule.</p>	<p>The ADRC pilots are conducting person-centered counseling and have received training to conduct the counseling. As indicated above, there needs to be additional training provided to ensure adherence with the principles. Additionally, as more federal guidance is released, the state may need to adjust their processes.</p>

Managers and other key staff throughout the NWD System have an understanding of the philosophy, values, concepts, and practices of person centered planning as part of its strategy to make its LTSS system more consumer-driven.	The ADRC pilot site appear to have a good understanding of the concept of person-centered philosophy.
The NWD System uses a consumer satisfaction survey that includes consumer outcome measures of autonomy and control.	The I&R and Options Counseling satisfaction surveys collect information about the caller/participant’s interaction with the ADRC.
Personal Interview	
The NWD System uses standards that define Person-Centered Counseling consistent with the Person-Centered Planning requirements in the CMS HCBS Settings Rule (which are NWD System of Access to LTSS for all Populations and Payers	The ADRC pilot sites indicated that many of the individuals that they are working with have the most complex behavioral and physical health challenges. This can lead to challenges in holding the interview with the consumer to ensure that the consumer understands the questions. Additional training and support will be necessary in this area.
Development of a Person-Centered Plan	
The NWD System has established protocols for the development of person-centered plans by staff doing Person-Centered Counseling in line with the Person-Centered Planning provision of the CMS HCBS Final Rule	The ADRC pilot sites have developed person-centered plans and have received training. CMS is continuing to put out additional guidance on this and the state will need to make adjustments to their plans according to the new guidance.
The NWD System has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.	Continuous training will be necessary to ensure that the ADRC/NWD staff have the skills, knowledge and ability to assist consumers.
The total number of individuals who had person-centered plans developed through the State’s NWD System (12-month period).	The ADRC has begun to collect data on the number of individuals receiving options counseling.
Facilitating Access to Private Sector Services and Supports	
The NWD System has a process in place to facilitate access to private sector long-term services and supports for individuals who can pay for all or part of their cost of LTSS.	The ADRC pilot sites have identified a need to help facilitate additional information from the private sector. This need will increase the more established the ADRC becomes because more individuals will be calling in for services and supports. This component is often one of the most challenging when developing a NWD because it requires someone with marketing skills and the ability to translate what the government services are to

	businesses. Frequently, additional staffing is required to support this initiative.
The NWD System provides individuals and families with assistance in planning for their future LTSS needs.	The state’s ADRC is assisting individuals who need supports and services using government only.
Facilitating Access to Public Programs	
The NWD System has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.	The ADRC staff have been trained in options-counseling. Specifically, when individuals are provided “enhanced optioned counseling” it is done with person-centered principles in mind. However, the stakeholders continued to repeat frustration that there are not enough trained individuals with a broad understanding of disability issues. Additional training on the fundamental skills in a “person-centered” system will be necessary.
Staff doing Person-Centered Counseling in the NWD System are able to track individuals’ eligibility status throughout the process of eligibility determination and redetermination.	Additional technology supports will be needed in the NWD to be able to track individual’s eligibility through every program that they may be eligible for.
There are formal protocols in place to ensure that staff doing Person-Centered Counseling in the NWD System are informed when an individual is deemed eligible for LTSS but put on a waitlist so that the NWD Counselor can follow-up with the individual to see if alternative supports can be arranged while the individual is on the waitlist.	The ADRC staff have developed a protocol for determining when an individual should receive options counseling versus enhanced options counseling. According to the evaluation report, the Trilogy dashboard is able to keep track of the individuals who require follow-up. It is not clear whether or not the ADRC tracks individuals who are eligible but not receiving services due to waitlists.
There are established protocols for staff doing Person-Centered Counseling to work with individuals in completing their applications for various public programs and for working directly with the staff in the NWD System that make eligibility determinations in a way that helps to expedite and streamline the process for consumers.	There are systems in place at the ADRC to expedite the system for consumers so that they do not have to go to multiple “systems” to submit applications for the various programs. The evaluation does demonstrate that additional work needs to happen to strengthen the relationships between all of the disability (especially the I/DD) programs. The education system and veterans’ programs do not yet appear to be included in the ADRC model.
Specialized Person-Centered Counselors	
The NWD System currently provides Person-Centered Counseling which is consistent with the Person-Centered Counseling function defined in the “Key Elements of a NWD System	The ADRC offers options counseling and enhanced options counseling protocols. In the enhance options counseling, the ADRC adhere to person-centered protocols. As mentioned previously, the ADRC staff will need continuous education and

<p>of Access to LTSS for All Populations and All Payers to the following populations (Older Adults, Individuals with Physical Disabilities, Individuals with Intellectual/Developmental Disabilities, Individuals with Mental Illness and Behavioral Health Needs, and Family Caregivers.</p>	<p>training on how to adhere to true person-centered protocols.</p>
<p>The NWD System uses a variety of different organizations to do Person-Centered Counseling such as Area Agencies on Aging, Independent Living Centers, etc., to ensure its NWD System has the capacity to serve different LTSS populations</p>	<p>The ADRC is comprised of select AAAs. The CILs and other disability providers are used as “advisors” at this point and are not included as a full partner. To more towards a NWD, every door a consumer may go in to seek help with LTSS will need to be fully engaged.</p>
<p>The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully transition individuals from long-term care facilities back to the community.</p>	<p>The ADRC at this point has not focused on transitioning individuals from institutional settings to home. Additional staff, training, and time will be necessary to make this possible.</p>
<p>The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully facilitate hospital to home or rehabilitation facility to home transitions.</p>	<p>The ADRC has not begun this effort.</p>
<p>The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully help youth with disabilities to transition from secondary education to post-secondary life that involves options that can keep them integrated in the community, including competitive employment and/or post-secondary education opportunities.</p>	<p>The ADRC has not begun this effort.</p>
<p>Follow-Up</p>	
<p>There are written protocols for routinely conducting follow-up with individuals who have been assisted by the staff in the NWD System in developing and implementing a Person-Centered Plan to determine if they might benefit from further assistance.</p>	<p>The ADRC has written protocols that are tracked on the trilogy dashboard for follow ups.</p>

Streamlined Eligibility for Public Programs	Additional work will need to be undertaken to ensure that all public programs are included in the streamlined eligibility application process of a NWD.
Statewide Reach: The NWD System provides Streamlined Eligibility for Public Programs in the following areas of the state. (select from list of counties or provide coverage detail).	Not all of the AAAs are participating in the ADRC pilot program and therefore the physical locations of the ADRCs do not cover the entire state. Additionally, more work will need to happen to cover the disability communities statewide. It is not enough to have a toll-free number and a website to be called “statewide”.
Efficient, Effective and Seamless Eligibility Determinations	
The NWD System is systematically and continually assessing its various state administered LTSS programs to identify and implement more efficient and effective ways to administer the multiple eligibility determination processes across its LTSS programs.	The ADRC program has continually assessed its efforts since it began with yearly evaluations.
The NWD System has made one or more significant changes in the last two years to the eligibility determination processes associated with its LTSS programs that has made it easier for older adults, people with disabilities and their family caregivers to access those programs (e.g. presumptive eligibility, adopting the use of a common assessment tool, significantly reducing the time from application to a final determination of eligibility etc.).	The ADRC program is in its infancy but the continuous evaluation has helped to speed its improvements. The eligibility processes between agencies can continue to be enhanced as more programs are added.
The NWD System utilizes a formal process or instrument with defined criteria to identify and support individuals at high risk of institutionalization.	The ADRC reports that they are spending a lot of time with individuals with complex health challenges (homeless, I/DD, behavioral illness). To be most successful, however, they will need to also work with a broader array of individuals who are most at risk of institutionalization by developing partnerships with acute and long-term care providers.
The NWD System has written protocols for ensuring that it provides the same type of Person-Centered Counseling and Streamlined Access to public programs to anyone in need of	The ADRC is only operating with the AAAs as participants. They will need to add disability partners to transition to a NWD.

<p>LTSS regardless of where they enter the NWD System.</p>	
<p>The Role of Person-Centered Counseling</p>	
<p>The NWD System has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.</p>	<p>The ADRC staff have received training, but as partners are added to the NWD, significant training will need to be added.</p>
<p>The NWD System has established protocols to ensure that individuals seeking LTSS do not have to give the same information more than once while they are trying to access LTSS (e.g., the information collected during the Person-Centered Counseling process is used in the Medicaid eligibility determination process).</p>	<p>The ADRC has developed protocols to ensure that individuals entering the ADRC do not have to repeat information. As additional organizations are added to the NWD, additional work will be needed to ensure a smooth transition.</p>

Appendix B: Evolution of the No Wrong Door Systems

The No Wrong Door efforts began in 1999 when the state of Wisconsin created the country's first documented "Resource Centers" to provide an option for older adults, caregivers, and people with disabilities to obtain information about LTC options and perform eligibility determinations. The "Resource Centers" as they were first called started as part of a comprehensive redesign of Wisconsin's LTC system that also included the beginnings of moving towards a managed care delivery system. Nearly every county in Wisconsin received the opportunity to host a "resource center," where individuals could find out information and apply for programs from food stamps to Older American Act (OAA) programs.

When Wisconsin Governor, Tommy Thompson, became Secretary of the U.S. Health and Human Services Department, he took his state's idea to Washington. In 2003, the Administration on Aging (AoA) provided states with the first ADRC grants, with funding for up to 12 states to develop a simplified process for individuals to get unbiased information and one-on-one counseling on options for LTSS. Funding to support the grants was provided in partnership with the Centers for Medicare & Medicaid Services (CMS) and each year following 2003; more states were afforded the opportunity to receive funding under this initiative.

In 2008, the Veteran's Health Administration joined AoA and CMS in the ADRC effort and began the Veteran-Directed Home and Community-Based Services program which for the first time provided veterans with the option of receiving a personalized plan and budget to meet their LTC needs, and frequently used ADRC, AAAs, or SUAs to administer the programs. The evidence-based care transitions rolled out to the network in 2009 and were the first formalized attempt for AoA to design and implement programs that met more stringent requirements that now are listed as requirements for all Title III-D funded activities. In 2010, AoA provided 16 states with grants to support their evidenced-based programs as part of their ADRC.

2010 was also the first time that states started utilizing Medicaid funding to support the development of their ADRCs. States received approval from the CMS to use Money Follows the Person grant dollars to help build their ADRCs because they recognized the ADRC's value in assisting individuals in transition. That same year, CMS updated the Minimum Data Set that nursing homes are required to administer to individuals in nursing facilities and that poses a series of questions for assessment and care planning. One of the early findings of the Money Follows the Person demonstration program was that state

experienced difficulty while attempting to transition individuals back to the community because they no longer had a place to return. Using these findings, CMS dramatically changed the Minimum Data Set (MDS), adding section Q. This change began to pose the question “Do you desire the opportunity to return to your home and community?” earlier and more frequently to ensure that individuals have an opportunity to receive LTSS in the least restrictive setting possible. If a consumer expresses the desire to return home, the questionnaire is then provided to a “local contact agency” for follow up. The Aging and Disability Resource Centers were added to the list of approved “local contact agencies” and states were strongly encouraged to utilize them as a Local Contact Agency to develop transition plans with the nursing home residents. Also, that year, the Affordable Care Act (ACA) passed and included additional funding of \$50 million over five-years to support the further advancement of ADRCs. The ACA also funded the Balancing Incentive Program (BIP) to incent states in the rebalancing of their LTSS systems and further shift individuals to their homes and communities. One of the requirements for the states participating in the BIP program was the development of a No Wrong Door System.

In 2012, U.S. ACL, the CMS and the VHA determined that to make more meaningful progress in the development of ADRCs, they were going to have to give more substantial amounts of money to fewer states. For the states that were given the larger amounts of funding, the “Part A states,” they were required to implement a NWD system based on the early findings from the ADRC states that illustrated that no one agency or network could successfully implement a LTC access system for all populations. Instead, they encouraged the knitting together of resources into a NWD approach. These “Part A states” were also required to work with ACL in the development of person-centered counseling curriculum. In 2014 and 2015, ACL, CMS, and VHA provided smaller grants to states to give them the opportunity to utilize the lessons learned from the Part A states. Moreover, most recently, ACL released the 2018 grant opportunity “No Wrong Door System Business Case Development” which will provide up to \$600,000 to seven states to develop the business case for NWD.

Appendix C: State Strategies for Excellence in NWD Systems

Person-Centered Planning

First, overarching the entire improvement of a state's LTSS system is the development of a robust person-centered model of care. That person-centered model of care should permeate throughout the consumer's experience in dealing with the state. From the initial contact throughout the course and progression of the individual's disease, the plan developed should be by the consumer's directed wants and desires. States that have implemented a robust person-centered planning process have often found that, through the use of guided planning and assessments, consumers will contribute personal resources and may choose not to avail themselves of all of the options that are available, which can save limited resources.

No Wrong Door System

Nebraska has developed the beginning of a No Wrong Door system through the Nebraska ADRCs. In a NWD system, if a consumer contacts any organization that is part of the NWD access network, he/she can be connected/referred/transferred to the person, organization, or resources needed, resulting in "no wrong door" for access to services and supports, regardless of age or disability. The NWD model also helps long-distance caregivers who are seeking information to support their family members either through websites or 800 numbers. Successful NWD models have leadership support, create standards for person-centered practices, provide training for staff, help consumers maximize the use of private resources, and engage with consumers.²³

Below are examples of emerging promising practices that state NWD systems have deployed:

In Washington D.C., the Mayor created and led a Cross-Population Task Force to implement person-centered practices across all populations and payor sources in District of Columbia's NWD System. The District of Columbia enlisted ACL to conduct a person-centered practices professional development across staff in the district. The District of Columbia also worked to restructure its intake process to include person- and family-centered tools that created opportunities for engaging with the individuals in a strengths-based approach rather than a deficit-based approach. The district partnered with University of Missouri-Kansas City Institute for Human Development, University Center for Excellence in Developmental Disabilities, the State Employment Leadership Network, and the Learning Community for Person-Centered Practices to develop and draft the intake tool. Lastly, the district ensured the extensive training occurred throughout the NWD system, including multiple layers of the NWD staff, service-recipients, and their family members. These priorities reflect that once the NWD system has the necessary backing, the person-centered practices must be at the core of the system's development and coordinated training should occur throughout the entire system.

²³ For additional information: No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports, AARP Public Policy Institute, 2017.

In 2011, the Commonwealth of Virginia's Assembly passed Virginia Senate Joint Resolution No. 397 requesting that the state's Secretary of Health and Human Resources adopt and implement person-centered practices in providing services. Following this mandate, Virginia formed a statewide council made up of stakeholders, including Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), people with disabilities, and older adults to draft statewide standards for person- and family-centered practice. Virginia used the options counseling service to standardize the implementation person-centered practices through its statewide council which strengthened the relationships of the AAAs and the state's CILs. Reimbursement was offered to both the CILs and AAAs who were required to co-employ options counselors, building stronger partnerships between the CILs and AAAs. The state developed with the statewide council an options counselor job description and reimbursed annual training. Virginia is also developing a person-centered advocate in the NWD system, which includes people in all levels of the NWD system that will advocate person-centered practices throughout the system. Again, the state had priorities set at the top of state's government, person-centered practices at the core of the NWD system, training, and ongoing advocacy throughout its NWD system.

Appendix D: Gap Analysis Annotated Bibliography

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