



NEBRASKA NO WRONG DOOR STAKEHOLDER REPORT

Aging and Disability Policy and Leadership Consulting, LLC
May 2018

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Executive Summary

In 2016, Nebraska contracted with Mercer Government Human Services Consulting to assist in the redesign of Nebraska's Long Term Care (LTC) system. The LTC Redesign Plan was published by Mercer, in coordination with the National Association of States United for Aging and Disabilities (NASUAD) in 2017. The plan identified several high priority systemic issues that needed to be addressed in the current LTC programs. One of these recommendations was, "Increase assistance available for elderly and consumers with disabilities to access and navigate LTC and other programs."

The Nebraska Department of Health and Human Services (DHHS) contracted with Aging and Disability Policy and Leadership Consulting, LLC (ADPLC) to engage the public, including consumers, caregivers, and providers, in providing input and information regarding the issues of concern associated with the current Aging and Disability Resource Centers (ADRC) and transition to a No Wrong Door (NWD) system. The information obtained from the stakeholder input will provide assistance to the state as Nebraska builds on the existing ADRC pilot to create a broader NWD system. The following document reflects the findings, comments, and statements of the stakeholders during engagement activities on NWD throughout April and May 2018. The authors did not validate any of the concerns expressed.

From April through May 2018, Nebraska providers, consumers, policymakers, advocates, academics and other stakeholders involved in the Long Term Care (LTC) system engaged in a discussion about building a NWD system in Nebraska. A multi-pronged approach to stakeholder engagement was used to obtain feedback that included: onsite listening sessions, meeting with key state staff, webinars, emails, and phone calls. Throughout the process, stakeholders were asked how the current ADRC pilot could be expanded to transition into a single, more coordinated system of information and access for all persons seeking long-term services and supports, known as NWD.



Stakeholders were asked to provide comments on the four key elements of a NWD:

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

Overarching Principles from Stakeholders

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

1. **Accessible:** The NWD system should offer multiple access points with streamlined eligibility processes making it easy for individuals and family members to enter the system of care.
2. **Person-Centered:** The NWD system should provide services through a person-centered approach, focusing on individual and family needs, strengths and choices.
3. **Coordinated:** The NWD system should coordinate efforts across local, county, and state agencies, including public and private providers. This will increase consumer satisfaction, ensure positive outcomes, and reduce costs from publicly-funded resources. Coordination will also enhance service delivery.

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

Next Steps

The NWD Stakeholder Report will be available to the public in late June, after review by the state. ADPLC will convene a webinar to review the highlights of the report.

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Background

Transition to NWD in Nebraska

In August 2017, Nebraska issued the final LTC Redesign Plan developed by Mercer Government Human Services Consulting (Mercer), along with its subcontractor partner, the National Association of States United for Aging and Disabilities (NASUAD).

Through feedback from stakeholders and DHHS staff, Mercer/NASUAD identified several high-priority systemic issues that needed to be addressed in the current LTC programs, regardless of the service delivery model. One of these recommendations was: “Increase assistance available for elderly and consumers with disabilities to access and navigate LTC and other programs.”

The federal government, through the Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS) worked with states for more than a decade to streamline access to LTC options for all populations and payers. The Aging and Disability Resource Centers (ADRCs) are intended to provide information about and help access both publicly and privately funded long term care to seniors and people with disabilities. To further this work, a No Wrong Door (NWD) approach was developed which supports consumers and caregivers in an efficient and effective manner. The NWD system represents a collaborative effort of the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration, and has the express intent of improving the entry into and navigation of LTC systems. As the LTC Redesign Plan stated, “Implementing a NWD system is a best practice for offering information, assistance and referral to services for consumers and their caregivers seeking LTC resources.”

Long Term Care (LTC) services help people with functional limitations accomplish tasks necessary for daily living. Finding the right services to fit the needs of the consumer and their family can be difficult. In Nebraska, there are a variety of different service providers, funding streams, and eligibility requirements that can make the search for services difficult, confusing, or frustrating.

Current Nebraska ADRC Pilot

Nebraska established the Aging and Disability Resource Center (ADRC) Demonstration Project in May 2015 as a result of LB320. The legislation limited pilot sites to Area Agencies on Aging (AAAs) while requiring the AAAs to coordinate with entities that support consumers with disabilities.

In early April 2018, legislation to make the Aging and Disability Resource Centers (ADRC) permanent started to move within the Nebraska Legislature. During the initial

listening sessions in Omaha and Lincoln, on April 9th and 10th respectively, several individuals spoke about the positive impact of the legislation. The Governor approved the legislation on April 23, 2018. By making the ADRCs permanent the legislation sets the stage for Nebraska to move towards transitioning to a NWD system, which was a recommendation of the LTC Redesign Plan.

In addition to making the ADRCs permanent, the new law requires participating AAAs, to develop partnership plans with disability organizations. The law also requires the state to pursue federal matching funds through administrative claiming of both state staff activities and the ADRCs. The legislation provides an additional \$10,000 to the entire project above what had been appropriated in the pilot for FY 2019 and an additional \$18,000 in FY 2020.

The chart below is a modification of the chart developed by the State Unit on Aging, which provides a synopsis of the provisions of the new law. The new law does focus on several of the items related to the themes listed in this report including collaboration and funding.

LB 320 (2015) Pilot Project	LB 793 (2018) Permanent
Funded 7/1/15 – 6/30/18 (general fund appropriation of \$603,912 each year).	Funded 7/1/18 – 6/30/20 (health care cash fund appropriation of \$613,912 FY19; \$631,912 FY20). Future funding requires legislative appropriation.
Optional participation, limited to AAAs.	Optional participation, limited to AAAs.
Two or more AAAs could team up for joint projects.	Two or more AAAs can team up for joint efforts. At this time no combined proposals have been received.
Three lead agencies, served as fiscal agents for the remaining four agencies. Each lead received \$201,304.	Seven agencies expressed interest. Each will receive a subaward of about \$87,659 in FY19.
One Area Agency on Aging opted out.	One Area Agency on Aging opted out.
Coordinate with disability partners.	Establish a partnership with and develop a plan with disability partners. The plan is required before a subaward will be issued.
Bids were identical: Options Counseling, Information & Referral, and unmet needs.	Expect services to remain the same in FY19. Verification once the plans are submitted.
Remaining five services were not addressed.	With permanency, the agencies can offer one or more of the eight services in the bill. These were identified, defined, and added to the Nebraska taxonomy. The AIRS taxonomy was used as a guide for the services, as this is an industry standard. The Home Care Bill of

	Rights LB 698 (2016) § 71-9302 was used for home care registry guidance.
Tracking for the three services provided was added to aging software and the Trilogy Network of Care dashboard.	Tracking for all eight services/activities are being added to the aging software (NAMIS) and the Trilogy Network of Care dashboard. This is likely to change once aging software replacement is implemented.
	Legislation requires pursuing federal matching funds through administrative claiming of both state staff activities and aid programs. This is in process.
Evaluation Report was due 12/1/16; 12/1/17; 12/1/18.	Report due 12/1/18 and December 1 st , thereafter. The word evaluation was removed. The evaluation vendor will complete the 2018 report and the contract will end. The state staff will prepare a statistical report for the legislature.

Stakeholder Engagement Process

Nebraska contracted with Aging and Disability Policy and Leadership Consulting, LLC (ADPLC) to engage internal and external stakeholders in developing recommendations for NWD implementation. ADPLC employed a multimodal system of stakeholder engagement that included public listening sessions, including a meeting with the LTC Redesign Advisory Committee, a meeting with key state staff, and a series of webinars. The webinars were scheduled to ensure that individuals, regardless of their work or other schedule, could attend at least one of the webinars. In addition, ADPLC provided the opportunity for stakeholders to reach them through email and/or telephone contact. ADPLC developed presentation materials including questions to begin the discussion to assist internal and external stakeholders in the process. (See Appendix A for a copy of the PowerPoint presentation shared with stakeholders.)

Nebraska Multimodal Stakeholder Engagement



ADPLC reviewed the LTC Redesign Plan developed by Mercer as well as the evaluation reports of the ADRC by HCBS Strategies. In addition, ADPLC participated in calls with NASUAD and the state as part of its contract to perform gap analyses of NWD. ADPLC also participated as observers in the mid-April peer-to-peer webinar convened by NASUAD as part of its contract with Nebraska, bringing together other states to discuss best practices in a NWD system.

In March 2018, ADPLC developed a timeline for stakeholder engagement, including dates for on-site listening sessions with stakeholders and state officials, as well as dates for webinars.

Notification of the listening sessions, including the webinars, were posted on the LTC Redesign webpage of the Division of Medicaid and Long Term Care as well as notification by the DHHS to the LTC Advisory Committee. Based upon the scheduling of the listening sessions, the LTC Advisory Committee meeting scheduled in April was moved a week to coincide with the on-site listening sessions.

Initially, four webinar listening sessions were scheduled. After the April 16th webinar, ADPLC recommended and DHHS agreed to an additional webinar. The additional webinar was posted on the LTC Redesign website. In addition, DHHS sent out a flyer to a list of stakeholders to inform them of the additional webinar and the registration details. These webinars were open to any interested member of the public.

A list of the dates and times for the listening sessions and webinars included:

Listening Session	April 9 th	10:00 am-12:00 noon	QLI, Omaha
Listening Session	April 9 th	3:00 pm-5:00 pm	QLI, Omaha
Listening Session with state staff	April 10 th	9:00 am-11:00 am	DHHS Building, Lincoln
Listening Session, LTC Advisory Committee	April 10 th	3:00 pm-4:00 pm	DHHS Building, Lincoln
Listening Session	April 16 th	1:00 pm-3:00 pm	Webinar
Listening Session	April 16 th	7:00 pm-9:00 pm	Webinar
Listening Session	April 23 rd	10:00 am-12 noon	Webinar
Listening Session	May 1 st	10:00 am-12 noon	Webinar
Listening Session	May 2 nd	7:00 pm-9:00 pm	Webinar

Based upon a recommendation at one of the on-site listening sessions, the April 16th listening session by webinar was recorded and was posted on the LTC Redesign webpage. In addition, the PowerPoint presentation which was used at the listening sessions was also posted on the LTC Redesign webpage. The presentation included the email address and telephone number which individuals could use to provide their comments and recommendations. The presentation explained that input would be taken by email and telephone through May 11th, with a report being issued to the state by the end of May.

Types of Stakeholders that Participated

Key to the success of any stakeholder engagement is ensuring a broad cross-section of stakeholder participation. ADPLC worked collaboratively with DHHS to develop a broad distribution list of consumers, advocates and providers. ADPLC urged the members of the LTC Advisory Committee to share the dates of the webinars with their constituents.

A sample of the stakeholders who participated in the various stakeholder opportunities is listed below:

Disability Rights Staff	Seniors	Individuals with Disabilities
Medicaid Consumers	AARP	Trade Associations
Medicare Consumers	AAA Staff	Service Providers
Consumer Advocates	State Legislative Staff	ADRC Staff
Caregivers/Parents/Guardians	Centers for Independent Living Staff	Managed Care Organization Staff
Local Medicaid Staff	DHHS Staff (Behavioral Health, DD, Economic Assistance, DCFS Medicaid)	Developmental Disability Council

Listening Sessions

As discussed above, ADPLC convened several on-site listening sessions as well as five webinars (3 in the daytime, both morning and afternoon, and 2 in the evening). A consumer-friendly PowerPoint presentation was developed which provided an overview of the ADRC model, the NWD model, and the current history of ADRCs at the national level and in Nebraska. The presentation also outlined the key elements in a No Wrong Door (NWD) system. After providing the overview through the first half of the PowerPoint, the second half of the listening session was dedicated to soliciting stakeholder input through a series of questions designed to engage the audience in dialogue around building a NWD system in Nebraska.

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General Impressions of Stakeholders

Throughout the listening sessions, stakeholders expressed that consumers have difficulty accessing resources, understanding what types of services and supports are available, and struggle with navigating the system to obtain the information necessary to access services. There was a general consensus that a No Wrong Door system would be beneficial to consumers. Stakeholders supported the plan of the state to move forward with building the NWD system, although a variety of concerns regarding how to move forward towards establishing and implementing NWD were expressed. Stakeholders shared concerns that all persons needing information on available services must be able to access that information through the NWD system regardless of their age or disability. Stakeholders encouraged the state to build on the strengths of the ADRC pilot and utilize information learned from other states that have well-established NWD systems.

Key Themes from Stakeholder Sessions

As a result of stakeholder input, several key themes emerged that highlighted areas of concern as Nebraska moves forward with implementing a NWD system. These themes fall under four overarching principles.

1. Accessible

- **Entry Point:** Stakeholders reported there are numerous doorways for individuals to enter the LTC system. Each doorway has its own processes, including screening, and information and referral. Stakeholders expressed the need for a coordinated effort to ensure that whichever door an individual enters will provide a uniform process.

Stakeholders reported that some people experience frustration from being handed off from agency to agency when attempting to access services. Unless they know the name of a specific program and the eligibility guidelines, they are unable to get connected to the right service for their needs. To remedy this problem, stakeholders suggested that the NWD enlist use of a “warm transfer” process to ensure the consumer reaches the appropriate entity for accessing the services that best meet their needs. Additionally, stakeholders shared concerns regarding limited access to services for persons living in rural areas. It was suggested that a NWD system would not only assist rural consumers with locating services but also identify gaps in services. The general consensus was that callers should get the information and assistance they need as quickly and simply as possible. Stakeholders stated that the NWD system must be responsive with streamlined access to services.

Stakeholders expressed the need for the NWD system to be versed in both publicly and privately funded LTC services. However, they cited the need for state staff to be cautious when referring consumers to private-pay entities so as to still give the consumer choice and avoid the appearance of favoritism towards a private-pay entity.

- **Training:** Cross-training about available resources is needed throughout the state system and with all components of a NWD system according to stakeholders. Each component does not need to have all the answers but should know the LTC system and associated services to support individuals and caregivers. Consistent and ongoing training is needed for all members of a NWD system, which was a recurring concern of stakeholders. Additionally, providers who touch the lives of consumers, such as nursing home staff, medical provider offices, and hospital staff should be aware of NWD and how to access the system.

Disability network stakeholders cited the need for cultural competency training for all partners in the NWD system. Although there was a general consensus from the aging network that they know how to assess services for persons with disabilities, the disability network disputed that claim.

- **Marketing/Outreach:** Marketing efforts of the current ADRCs are lacking or non-existent, and are not customized for specific populations according to stakeholders. The stakeholders suggested that the NWD system should proactively engage in public education to promote broad public awareness of the resources that are available from the NWD system. Ongoing Public Service Announcements, billboards, pamphlets, easily searched internet sites, and other marketing tools were suggested methods that should be utilized to increase the awareness of NWD. Stakeholders cited the lack of financial resources available, though, for marketing activities.

Stakeholders reported that families do not know where to go for help. They may come across the information accidentally or casually resulting in misinformation or incomplete information necessary to access services. Stakeholders also expressed concerns that, at times, consumers receive different information from different people answering their calls when inquiring about services. Additionally, stakeholders stated that information about the NWD system must reach all parts of the state.

2. Person-Centered

- **Too focused on seniors:** Concerns were raised by the disability community (providers and caregivers) that the current ADRC pilot was too focused upon seniors and was not fully available to individuals with disabilities. A mutually

agreed upon definition of a person-centered approach will support all individuals in a NWD system.

Stakeholders expressed the need for consistent training on person-centered planning, citing that each organization does person-centered planning differently. Nebraska must shift to a person-centered model from the current provider-driven model of service delivery.

3. Coordinated

- **Coordination/Integration:** Stakeholders shared concerns that LTC programs are operated in silos, with different rules, different taxonomies, and different staff infrastructure. This is further complicated by a lack of communication between programs. In order to make NWD successful, stakeholders expressed the need for a streamlined system that would direct the consumer to the services they need. The State Unit on Aging is currently in the process of making changes to the taxonomy used by the ADRCs which primarily mirror the Alliance of Information and Referral System (AIRS).

Parents in the intellectual and developmental disabilities (I/DD) network expressed concern over what role the service coordinators would have in the NWD system. Further concerns were expressed for the need to look towards future needs of their children as they age out of the educational system.

- **Communication/Collaboration:** Stakeholder comments varied regarding the communication and collaboration between the aging and disability communities in the ADRC. The aging community stated that the ADRCs are well-versed in meeting the needs of the disability community while the disability community voiced their concerns that improvements need to be made. Some progress has been made in communication and collaboration between and among aging and disability communities in the ADRC, and with the newly passed legislation there is language requiring the collaboration, according to stakeholders. It is important to continue the progress already made and to work together to ensure that individuals, regardless of age or disability, receive the necessary supports. Furthermore, as Nebraska moves forward with the NWD system, stakeholders expressed the need for all populations to be represented in the planning process.

Stakeholders cited the need to strengthen communication at the state level as they move forward with NWD. Agencies must coordinate what information they release on the development of NWD and how they release the information. As NWD is developed, stakeholders expressed the desire to be kept informed of the developments through emails, postings on the DHHS (or lead agency) website, and through webinars.

Leadership: Stakeholders expressed the importance that support and direction of a NWD system come from the top of state government. Multiple departments

within state government should be represented. Stakeholders suggested entities such as DHHS, Department of Education, VA, Vocational Rehabilitation, Division of Public Health, Juvenile Justice, Department of Corrections, MCOs and any other entities that interface with people accessing LTC services could be part of the NWD system. In order to work across different state departments, as well as communicating to line staff that NWD is a priority, it is necessary that leadership provide the direction.

- **Technology/Data:** LTC providers are using different systems to track consumer information including services and outcome data according to stakeholders. Software systems used by some agencies are antiquated and many of the software systems are unable to talk to each other. Stakeholders commented that access to shared data will support a comprehensive approach to providing, tracking, and enhancing services.

Stakeholders expressed the need for a more robust technology system to manage and track the NWD process. However, they cited the lack of financial resources as a barrier to updating technology.

4. Sustainable and Accountable

- **Funding:** Concerns were raised by stakeholders about the financial sustainability of ADRCs and a NWD system. Additional funding is necessary from the state as well as accessing federal matching funds. The aging community, particularly the AAAs, have relatively stable funding. However, the disability community, particularly the Centers for Independent Living, currently do not have the stable funding necessary to participate in NWD according to stakeholders.

Concerns were expressed about the current ADRC funding level. In order to create and maintain a robust NWD system, adequate funding at the state and local level will be needed.

- **Quality Measurement/Consumer Satisfaction** Stakeholders, especially the disability community, believe that it is important to have measurements by which the NWD system could demonstrate consumer satisfaction. Stakeholders expressed that a continuous quality improvement process that gathers input and feedback from the consumer regarding the responsiveness of the NWD system to their needs should be integrated into the system. A process for tracking and addressing complaints and grievances should also be part of the system.

4

Recommendations Based on Listening Sessions

During the listening sessions, stakeholders expressed a variety of concerns about the current system and provided a number of recommendations related to how a NWD should be developed and implemented. The specific recommendations of the stakeholders are detailed in the Key Themes from Stakeholder Sessions in this report. The recommendations that follow provide a framework for the state in ensuring that the input received from stakeholders during the listening session process are included in the development of a NWD system.

Establish a NWD Advisory Committee

To assist Nebraska with a smooth transition to a NWD system, a NWD Advisory Committee should be established. This committee could be expanded from the current ADRC Advisory Committee, assuring that all populations accessing NWD are represented on the committee. Additionally, multiple departments within state government should be represented including DHHS, Department of Education, VA, Vocational Rehabilitation, Department of Health, and any other state departments that interface with people accessing LTC services.

As an initial step in transitioning to a NWD system, the advisory committee should develop a vision and mission for NWD, as well as develop a set of guiding principles. This will be a critical step as the system will rely on collaboration of local, county, and statewide providers, both in the publicly and privately-funded arenas. Establishing a vision and mission will allow clarity and help establish direction as the project moves forward.

Develop a Strategic Plan for NWD

Once a NWD Advisory Committee is established the committee should move forward with developing a strategic plan outlining the steps needed to establish a fully-functioning NWD system. Like any comprehensive strategic plan it could include:

- An analysis of the current strengths, weaknesses, opportunities, and threats (SWOT) facing the implementation of a NWD system;
- Outline goals and objectives for moving towards implementation of NWD, and;
- Outline steps for monitoring the plan's performance.

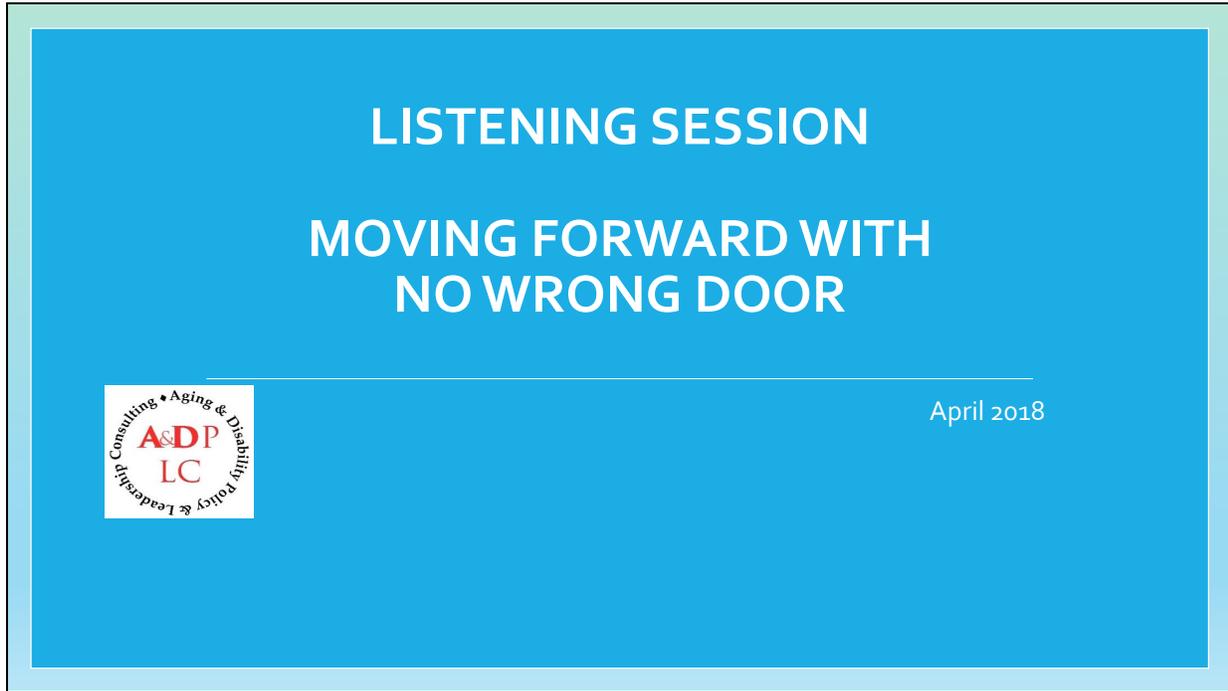
5

Next Steps

Feedback from the stakeholder sessions are compiled in this report. The report will be made available to the public in June 2018 and a follow-up webinar outlining the key elements of the report will be presented by ADPLC towards the end of June.

APPENDIX A

Power Point Presentation from Listening Sessions



Aging and Disability Resource Center (ADRC)

A coordinated system for providing—

- Comprehensive information on available public and private long-term care programs and services
- Personal counseling to assist individuals in the development of a LTC plan
- Access to the range of publicly-supported long-term care programs for which consumers may be eligible.
- Serving as a convenient point of entry for such programs

What Do We Mean?



No Wrong Door (NWD)

A NWD System builds on the strength of existing entities such as Aging and Disability Resource Centers, Area Agencies on Aging, Centers for Independent Living, Developmental Disabilities Agencies and Brain Injury Alliance.

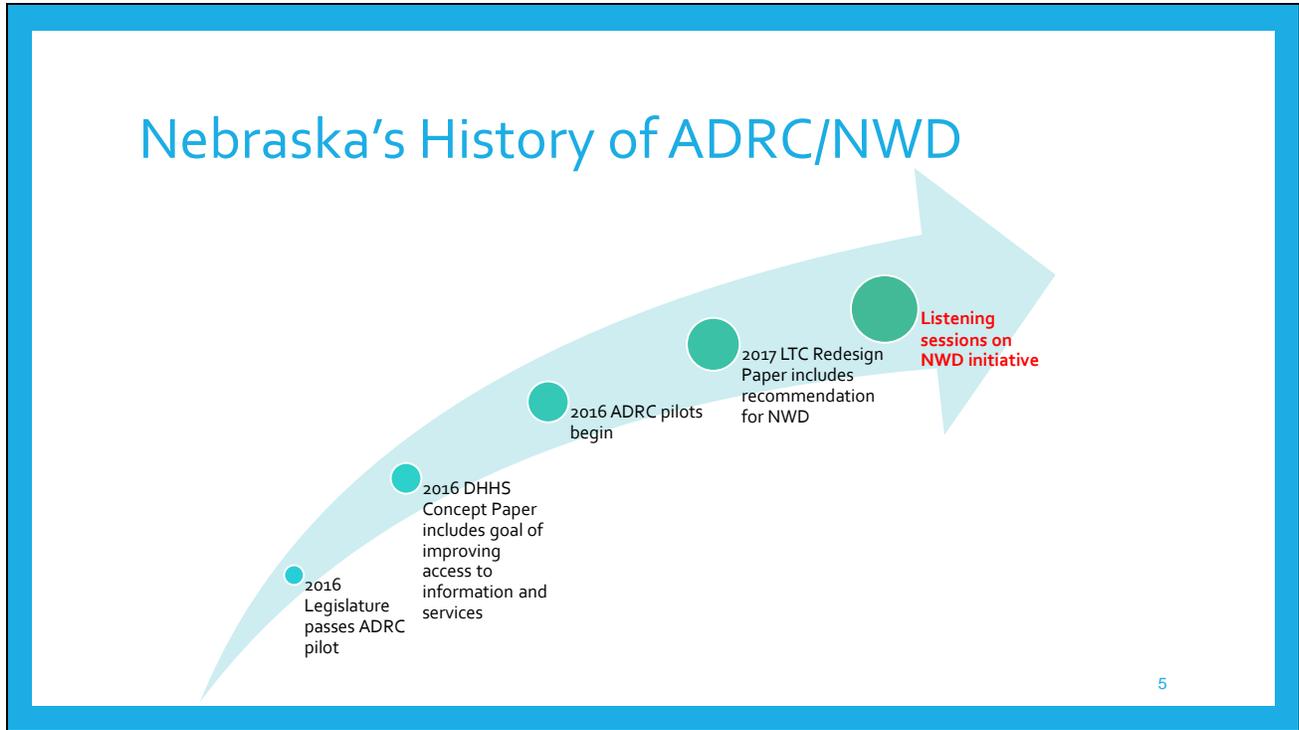
Provides a single, more coordinated system of information and access for all persons seeking long-term services and supports.

NWD System functions include:

- Public Outreach and Coordination with Key Referral Sources;
- Person-Centered Counseling;
- Streamlined Eligibility to Public Programs; and,
- State Governance and Administration.

What Do We Mean?





Overview of Current ADRC Pilot

3 pilot sites that would provide one or more of the following activities:

- Information on available public and private long-term care programs, options, financing, service providers, and resources.
- Help in accessing and applying for public benefits programs.
- Options counseling.
- An easy point of entry to publicly-supported long-term care programs.

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Overview of Current ADRC Pilot (cont.)

- A method for determining unmet service needs in communities and developing strategies to meet those needs.
- Assist with person-centered transition support.
- Assist with accessing public transportation.
- Maintain a home care provider registry to provide a person who needs home care with provider contact information as well as information about rights and responsibilities of the consumer.

7

2017 LTC Redesign NWD Recommendation

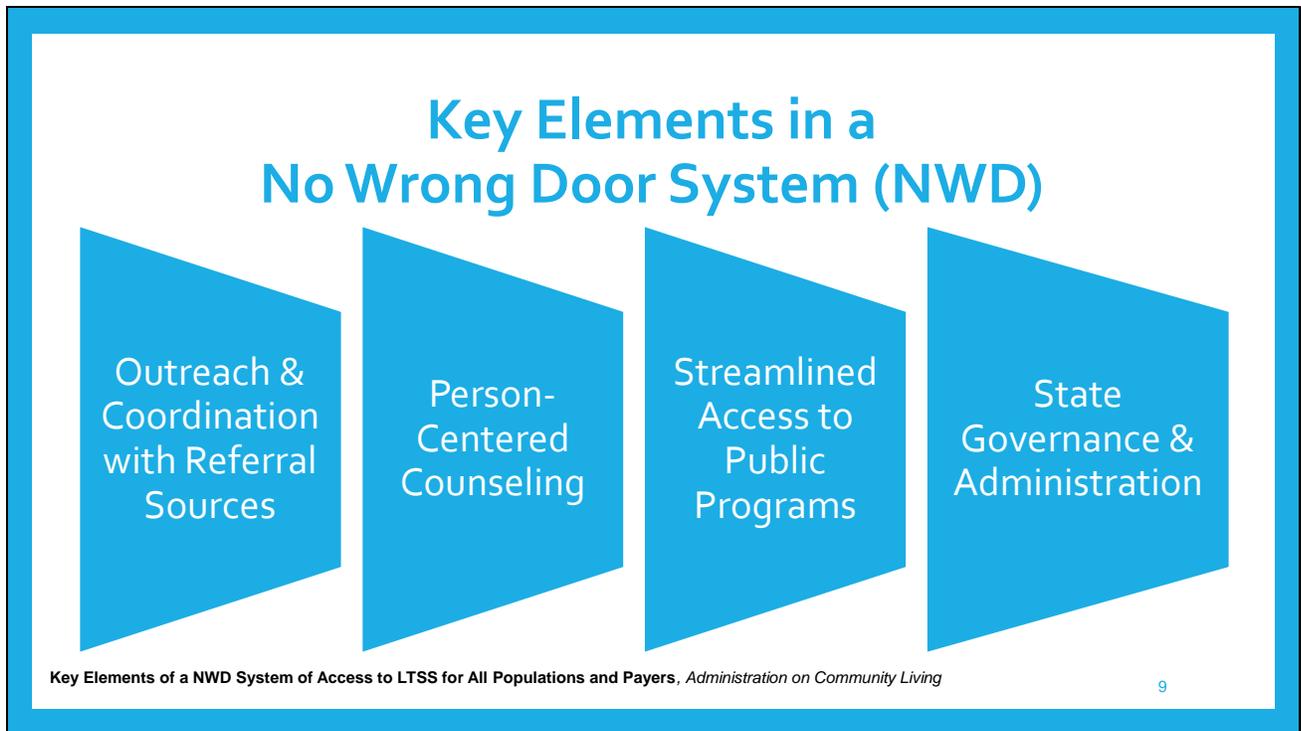
The Aging and Disability Resource Center (ADRC) pilot should become a part of the NWD system.

- Reduces confusion,
- Increases consumer choice,
- Supports informed decision making.

Nebraska should learn from states with more mature NWD programs including advances in:

- Person-centered planning,
- Options counseling,
- Use of technology; and
- Leveraging partnerships.

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Examples of Referral Sources that Could Participate in NWD

Area Agencies on Aging	Aging and Disability Resource Centers	Organizations serving Ethnic & Minority Populations
Alzheimer’s Chapters	Developmental Disability Management Organizations	Local Medicaid Agencies
School Districts	Organizations with Peer-to-Peer, including Family to Family models	Centers for Independent Living
Behavioral Health Management Organizations	Faith Based Organizations	Local Public Housing Agencies

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Person-Centered Counseling

- Assists with any immediate LTC needs, conducts conversation to confirm who should be a part of process, and identifies goals, strengths, and preferences.
- Comprehensive review of private resources and informal supports.
- Facilitates informed choice of available options and the development of the person centered plan.
- Facilitates implementation of the plan by linking individuals to private pay resources, and if applicable, in applying for public LTC programs and follow up.
- Facilitates diversion from nursing homes, transition from nursing home to home, transition from hospital to home, and transition from post-secondary school to post-secondary life.

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Streamlined Eligibility to Public Programs

- Uses information from the person-centered plan to help individuals complete applications to public LTC programs and help them through the entire eligibility process.
- Continually identifies ways to improve the efficiency and effectiveness of the eligibility determination processes across the multiple LTC programs, while also creating a more expeditious and seamless process for consumers and their families.

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State Governance and Administration

- Support from the State Medicaid Agency, State agencies administering aging, intellectual and developmental disabilities, physical disabilities, and mental/behavioral health.
- Involve stakeholders, including consumers and their families on the design, implementation, and operation of the system.
- Responsible for designing the agencies and organizations that will play a formal role in carrying out the NWD system.
- Will use NWD system as a vehicle for making the overall LTC system more consumer-driven and cost-effective.

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Share Your Ideas!



Key Referral Sources

Who do you ask for help with LTC?

Who are the key partners that should participate in the NWD System?

Is there anyone/group that you would not go to? Why?

How can we support caregivers in this process?

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Share Your Ideas!



Person-Centered Counseling

Do you think it would be helpful to have person-centered counseling to assist with your LTC needs?

Who currently helps consumers with transitions from one setting to another?

Would you like the state to help connect you with private sector resources?

15

Share Your Ideas!



Streamlined Access to Public Programs

What is your experience in enrolling in public LTC programs?

What would you do to improve the experience?

What could the state do to make the process easy for consumers?

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Share Your Ideas!

State
Governance &
Administration

What state agencies should be involved in the NWD?

How would you like the state to keep in touch with you during the development of the NWD?

How do you like to look for help? Online? In-person? On the phone?

17

Your Opinions Matter!

Make Sure to Share Your Opinion!

April 9- 10
Key informant
discussants

April 16-May 4

- Hold webinars
- 3 daytime
- 2 evening

April-May

- Respond to emails and phone calls

May

- Provide state with recommendations

June

- Host follow up webinar to share recommendations

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More Opportunities to Provide Input!

Listening
Session
Webinars

ADPLC will be conducting 5 webinars in order to gather additional input from stakeholders.

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Save the Dates! Spread the Word!

5 Stakeholder Webinars have been scheduled.

**Monday,
April 16**

1 – 3 pm (CT)

**Monday,
April 16**

7 – 9 pm (CT)

**Monday,
April 23**

10 am – 12
pm (CT)

**Tuesday,
May 1**

10 am – 12
pm (CT)

**Wednesday,
May 2**

7 – 9 pm (CT)

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Register Now for the Webinars!



Five Chances
to Attend

Each webinar has a unique registration links. Once registered, the attendee will receive an automatic email from WebEx confirming their registration with the audio dial-in information and link to join on the day.

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Register for the Webinars!



Webinar
Links

Monday, April 16th 1 – 3 pm CT

Event registration for attendees:

<https://nasuad.webex.com/nasuad/onstage/g.php?MTID=e5ab000b54d89121d29086ebabf63de22>

Monday, April 16th 7 – 9 pm CT

Event registration for attendees:

<https://nasuad.webex.com/nasuad/onstage/g.php?MTID=eb6796d6437e51151fb7203c8dd707b07>

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Register for the Webinars! (con't)



Monday, April 23rd 10 am – 12 pm CT

Event registration for attendees:

<https://nasuad.webex.com/nasuad/onstage/g.php?MTID=eca1ffe68a65388a354fc4b5146570283>

Tuesday, May 1st 10 am – 12 pm CT

Event registration for attendees:

<https://nasuad.webex.com/nasuad/onstage/g.php?MTID=e90e514cb8d536366daaa35396525df36>

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Register for the Webinars! (con't)



Wednesday, May 2nd 7 – 9 pm CT

Event registration for attendees:

<https://nasuad.webex.com/nasuad/onstage/g.php?MTID=ea23b32a92654f94753736714e5e0358b>

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Send Questions and Comments to:

Lowell@aginganddisabilitypolicy.com

Or

Call: 267-422-6644

You can leave an anonymous voicemail message.

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APPENDIX B

Emailed Comments

Affiliation	Comment
Consumer Advocate	Yesterday afternoon during the NWD webinar, there was explanation of the differences between NWD and ADRC. The NWD definition and Key Elements of the NWD are identical to our current ADRC. To create another entity has a real prospect of being a duplication of services. Also to clarify the AAA's have been promoting having an ADRC since 2004, and it does now provide statewide coverage, even though WCNAAA opted out of the pilot.
ADRC Staff	I need to clarify that our ADRC staff is qualified to work with the DD population. Our ADRC Options Counselor has 20 years of experience in social services working with the LHD/CIL, Mental Health, and North Star services. Plus our staff is a mixture of Social Services Counselors, Registered Nurses, and Licensed Certified Mental Health Counselors. I was disappointed in the bias voiced by NASUAD and others against the AAA's for having lack of knowledge related to HCBS and Long-Term Care Options.
Consumer Advocate	We are experts about our lives! Yet we are always brought in near the end after the "real experts" have done the planning and writing the new plan that won't work any better than the last new plan because the process is done perversely in the wrong order of consultation. My best advice: throw out Voc. Rehab and start over with new people. They don't get it and never will. Waste of hope and time. And why can I be only one thing?
Consumer/Client	As a person with a disability, my understanding is that your services include all people with disabilities, regardless of age. I'm not fully convinced that is the case. People with disabilities must be included in the process of all services provided, you cannot develop a process without us. We must be inclusive in the decision-making and services. Thank you.
ADRC Staff	Information was provided about the ADRCs including the ADRC Operations Manual and Forms Manual and the State Advisory Committee list. With flat funding the ADRCs are challenged to continue growth. The ADRC Operations Manual is quite detailed including explaining that the Nebraska Association of Area Agencies on Aging have a signed agreement with a number of key disability organizations in the State to provide technical assistance.
Consumer Advocate	The Family Care Enhancement Project is currently funded by the Early Development Network (Nebraska's Part C program) and also the state Title V

program which supports Children and Youth with Special Healthcare Needs. The project places Parent Resource Coordinators (PRC), (parents of children with disabilities who have received specialized training) in clinics across the state to help connect families that have children with disabilities to early intervention and community resources. The PRCs are located in medical clinics and support any family that needs assistance. The project is working with Public Health to see if reimbursement for PRCs is possible as they fall under the "Community Health Worker" model. The email explained that ideally any question related to children with disabilities under 21 be routed to the Family Care Enhancement Project by phone or email and we would then refer to the local PRC.

APPENDIX C

Summary of Listening Sessions

April 9—May 2, 2018

Background

The Nebraska Department of Health and Human Services (DHHS) contracted with Aging and Disability Policy and Leadership Consulting, LLC (ADPLC) to engage the public, including consumers, caregivers, and providers, in providing input and information regarding the issues of concern associated with the current Aging and Disability Resource Centers (ADRC) and transition to a No Wrong Door (NWD) system.

ADPLC convened three listening sessions and one meeting with key state staff in Nebraska to ask individuals their opinions about the ADRC system and how best to transition to a NWD system of access to information on LTC services. Five webinars were also held to solicit input. Public sessions were listed on the Nebraska Department of Health and Human Services website.

Public listening sessions took place as follows:

- April 9 – Omaha (QLI) 10 am to 12 pm
- April 9 – Omaha (QLI) 3 pm to 5 pm
- April 10 – Lincoln (Meeting with state staff) 9 am to 11 am
- April 10 – Lincoln (LTC Advisory Committee) 3 pm to 4 pm
- April 16 – Webinar 1pm to 3 pm CDT
- April 16 – Webinar 7 pm to 9 pm CDT
- April 23 – Webinar 10 am to 12 pm CDT
- May 1 – Webinar 10 am to 12 pm CDT
- May 2 – Webinar 7 pm to 9 pm CDT

In addition, one webinar was recorded and posted on the Nebraska DHHS website, as was the PowerPoint presentation.

The facilitators formatted the sessions by utilizing a PowerPoint presentation. After introductions an overview was provided of the ADRC pilot project in Nebraska followed by an explanation of NWD. The second half of the presentation was allocated to leading participants through a series of questions around the four key elements of NWD in order to generate conversation and comments from participants. The facilitators assured participants that any identifying information would remain confidential in order to foster a robust and open discussion.

Participants in the listening sessions included consumers, providers, caregivers, senior advocacy groups, state staff, and managed care organization (MCO) representatives.

The four key elements of a NWD system framed the questions for the attendees. The four key elements and the questions within each element included:

1. Outreach and Coordination with Referral Sources
 - Who do you ask for help with LTC?
 - Who are the key partners that should participate in the NWD system?
 - Is there anyone/group that you would not go to? Why?
 - How can we support caregivers in this process?
2. Person-Centered Counseling
 - Do you think it would be helpful to have person-centered counseling to assist with you LTC needs?
 - Who currently helps consumers with transitions from one setting to another?
 - Would you like the state to help connect you with private sector resources?
3. Streamlined Access to Public Programs
 - What is your experience in enrolling in public LTC programs?
 - What would you do to improve the experience?
 - What could the state do to make the process easy for consumers?
4. State Governance and Administration
 - What state agencies should be involved in the NWD?
 - How would you like the state to keep in touch with you during the development of the NWD?
 - How do you like to look for help? Online? In-person? On the phone?

The following summarizes the comments provided at each listening session.

Listening Session #1 – QLI, Omaha

April 9, 2018

10 am – 12 pm

13 Attendees

- Cross-training is necessary on program eligibility and how to access programs/services for all agencies that are part of NWD.
- There are lots of different names for the same types of services.
- Nebraska is system-driven, not person-centered.
- Need to aggregate data around the concept of person-centered. The degrees of variance between systems need to be identified.
- Nebraska is not moving in the direction well towards community inclusiveness. Medical providers need more information on alternatives to nursing homes.
- Doctors need to know to refer to care managers.

- Patient-centered medical homes are an innovative approach which is beginning in Nebraska.
- There is no unified way to refer people to services.
- Data is needed on where people are getting resources.
- There are less choices in rural areas.
- There is an informational component for people with specific disabilities but no connections to resources.
- Proper training is needed because people not eligible for Medicaid fall through the cracks.
- There is a need to cut down on the number of people on Medicare who go to nursing homes.
- More information and early education is needed to teach nurses and doctors' staff about who to call for services.
- Question was raised about who in state government would run a No Wrong Door. There is a need for a strong foundation at the state.
- The primary source of information about services is the Internet.
- Caregivers would like access to a live person.
- There is a need for triage in accessing services. There is a need to reach people before they are in crisis. If people are not in crisis then they are not getting any information.
- Quality assurance metrics are needed to see if people's needs are being met. Currently, people are getting passed from place to place without receiving services. A continuous quality improvement system is needed in the system.
- Any No Wrong Door system should not use different language (questions to the individuals calling should be broader). Example, what do you need so that there is no crisis?
- A shift in thinking is needed so that supports are put into place before they need Medicaid.
- There is a respite coalition which is working on lifespan respite. This is an important component for caregivers.
- Caregivers do not realize that there are many different services, other than the larger services such as day programs, for people with developmental disabilities.

- One individual mentioned the participant handbook which is on the DD website. Many individuals do not know about the handbook and that it has been updated very recently.
- A database is needed for services based upon age, disability, zip code so that people will be able to access services in their area.
- There is a need for agreement as to what is person-centered planning. More resources are needed in person-centered planning. Some individuals are doing it better than others.
- Questions were raised as to what are the key elements of person-centered planning. It was expressed that each organization does person-centered planning differently.
- Consistent training is needed on person-centered planning throughout the state.
- The ADRCs are bringing the different players/agencies to the table, but there is a long way to go with having everyone work together.
- There are gaps between different organizations and how they interconnect. There is a need to align agencies together that is efficient and effective.
- Questions were raised as to who specifically does one call within an agency.
- A question was raised as to who is responsible for training in different agencies as well as overall throughout the state.
- One individual asked whether the Ombudsman program should be in the ADRC. The reason this was asked was because they wanted to ensure that people are not being inappropriately placed in nursing homes.
- More political will is needed to enhance access to streamlined services.
- A question was asked about conflict-free case management and whether Nebraska is in federal compliance.
- Better and more understandable information is needed on steps in the appeals process. Currently, the Ombudsman program helps families with denials. An outside organization is needed to help individuals understand the appeals process. It is unclear who is responsible for helping people and how individuals find out about which agencies assist with appeals.
- People need what they need when they need. It has to be a component of the No Wrong Door. Accessibility like hotlines with extended hours are needed to fit people who need services.
- A true assessment of service needs is imperative.

- In the area of state governance, the No Wrong Door should span across someone's life (birth through death). Other services such as SNAP and transportation should be included in the No Wrong Door system.
- Consistent training is needed on how to refer services and communicate with individuals regardless of age or disability.
- Everyone needs to know the point of entry into the system and where to refer.
- Assessment of need is important. There is a need for triage and pre-screening.
- There is a need for a list of what state agencies provide services and have a warm hand-off to those agencies. This means there is a need for relationships between agencies.
- There is a need to look at both acute care and chronic care needs of the individual. Managed Care Organizations need to be included in a No Wrong Door system.
- AccessNebraska and 211 must be included in a No Wrong Door system. Also, a client assistance program supported through Vocational Rehabilitation should be included in NWD.
- Nebraska Health Information is available to providers and should be used in a No Wrong Door system.
- Ongoing training for parents/families is needed as the child ages (future planning) to learn what to expect from changes in the system (moving from Early Intervention Services to Special Education to adult programs). There are services such as case coordinator, on-line information and peer-to-peer and family-to-family services which need to be known by the families. Training for the caregiver is important.
- Cultural competency must be infused throughout any processes developed for NWD. For example, translator services need to be included in NWD offices and not with two weeks advanced notice.

Listening Session #2 – QLI, Omaha

April 9, 2018

2 – 4 pm

10 Attendees

- Marketing of NWD will be critical. Families do not know where to go and come across the information accidentally or casually.
- People are misinformed about programs/services.

- Need to educate the public about where to access information.
- It is frustrating when someone is constantly handed off to various agencies.
- Accessing information must be simple.
- One person cannot have all the answers.
- Caseloads are high and clients used to have an assigned case manager.
- Direction and buy-in must come from top leadership.
- All information that comes out of DHHS is vetted first by attorneys. Simple language that families can understand must be used.
- People receive different answers at different times of contact.
- Need a responsive system with streamlined access to services.
- Key partners are clinical staff (doctors' offices) and any agency that touches DD.
- System must be streamlined and responsive in order for people to access services.
- Nebraska needs to decide if they are going to invest in the DD population or at least support them. Families would be willing to partner with the state if they felt the state had a locked-in system of access that did not continually change.
- ARCs and Parent Training Institute (PTI) used to provide ongoing workshops on what services were available and how to navigate the systems.
- In order to support care givers information must be easily accessible, easy to navigate the system, and user friendly.
- Let people know how to access the system. Use PSA's like the EIS programs provide, and billboards.
- Need a real person to contact, not just use of the internet.
- Use a standardized definition of "person- centered" such as "unique needs of the individual."
- Transition specialists used to assist parents ahead of the transition about what services were available to their child as they faced leaving the school-based programs. VR counselors, family members, providers should be informed of available services.
- Emphasis not placed on transition planning.
- Do not have the state help connect with private sector resources as it would appear the state is referring to their favorite providers.

- Need streamlined access to public programs. The service coordinators used to have a stronger role as gatekeepers into services.
- State needs to make a decision about service coordinators – are they going to stay with the state or move to MCO's?
- Need to have a "Systems 101" – "Here is how you can empower yourself to get the services you need."
- Home health agencies need to be educated on the different settings so they and the consumer can understand the concept of duplication of services.
- State agencies need to understand how changing something in their program can affect the services provided from a different division.
- Medicaid, DHHS as a whole, Waiver Programs, DD, Behavioral Health, SUA, Public Health, League of Human Dignity, should all be involved in NWD.
- Keep in touch about the development of NWD through parent groups, DHHS website, (but it must be kept updated), emails, (but should only include practical information.)
- Communication needs to be strengthened at the state level. Agencies need to coordinate what information they release and how they release it.
- Use similar terminology across all state divisions.
- Must be able to look for information online, although there is limited availability to internet in western Nebraska, through face-to-face contact with person providing the information, and through telephone calls.
- Skilled navigators are needed.

Listening Session #3 – State Building, Lincoln

April 10, 2018

3 – 4 pm

32 Attendees

- Currently, the ADRCs do not adequately address people with disabilities. Disability in the title of the ADRCs is not being recognized. When people reach out to the ADRCs they are told that they must be Medicaid eligible and over age 60. One individual explained that when asked they send individuals to the CILs and the DD Council.
- The DD Council is not being fully utilized, ADRC is mostly focused on aging issues.
- There is a lack of training/knowledge of people regardless of their age, disability or Medicaid eligibility.

- People with Traumatic Brain Injury do not have the support that is needed.
- Nebraska is mostly provider-focused and there is a need to change to person-centered.
- Not all services are available in all areas. ADRC should identify unmet service needs in different areas.
- Progress has been made with the ADRC working with populations other than those who are aging. But there is a need to further expand to other populations.
- A NWD should use existing resources and expand what is out in the community. Some disability agencies already have Information and Referral as well as counseling services. These agencies should be used rather than hiring disability specialists at the ADRC.
- Currently there is no needs assessment on what people truly need and what services they have not received. Regardless of who an individual contacts they should receive whatever services are available.
- Any point person cannot be expected to be an expert on everything. A NWD should be able to find the right person trained in a specific area and provide a warm transfer to that person for the individual.
- Caregivers feel that they are being put in a difficult place between aging services and disability services. It is clear that not everyone wants to work with families who have people with disabilities.
- There is a need to accommodate the different beliefs/values in how individuals manage their own lives. Consumer control/choice is an important value.
- A NWD needs to be as simplistic as possible rather than having referral services being lost in jargon and acronyms.
- A common definition of person-centered counseling is needed.
- It was mentioned that Centers for Independent Living (CIL) help consumers with transition (school to adult life, from nursing homes to community living, etc). In addition, one of the CILs core services is Information and Referral.
- NWD needs to be aware of private resources, not just services in the public sector.
- The Developmental Disabilities Council identified transition from school to adult life as a key component that is needed. There is a big disconnect in the transition now. Department of Education is needed to be part of NWD.
- NWD should include Education, Vocational Rehabilitation, and the Department of Labor.

- Training of staff is important. Staff do not need to answer every specific question but have a well-rounded knowledge as to where to find the answer.
- NWD needs to understand the difference in eligibility criteria for different programs.
- Referral and services need to be age appropriate and what is right for them. A 25 year old will not consider going to an aging agency to get services.
- AccessNebraska needs to be a component of NWD.
- Cross-training is needed in Medicaid and other services of DHHS.
- In the area of state governance, it is important to include Public Health, Children and Family Services and Developmental Disabilities into a NWD. Veteran service organizations should also be included.

Listening Session #4 – Webinar

April 16, 2018

1 – 3 pm CDT

13 Attendees

- People go to AAAs, League of Human Dignity, DHHS and now the ADRCs when looking for help.
- Some people go to friends with similar circumstances to find information.
- Most people like to know that wherever they call they will get a “live” person to speak with.
- Person-centered counseling is critical when assisting someone with their LTC needs.
- Access to information has to be simple. Sometimes people have to call on a phone with limited minutes available and cannot go through multiple branches on a calling tree.
- When seniors or persons with a disability call the DHHS 800 number or go online it is very difficult for them to scroll through an 800 menu if they have vision, hearing, or cognitive issues.
- Provide adequate advertising to assure caregivers can find the NWD.
- Some AAAs have websites that adult children can navigate. ADRC also has a website that is easily navigated by adult children/grandchildren.
- Many people contact their area agency on aging for help with LTC services.
- Families contact AAAs in Nebraska from out-of-state through the AAA’s Facebook account.

- ADRC staff receive training on person-centered counseling.
- AAA's, family members, League of Human Dignity, nursing home staff, discharge planners at hospitals, CILS, and ADRCs all help consumers transition from one setting to another.
- Discharge planners are not up-to-date on available resources.
- NWD concept is to refer someone to all available resources so person-centered counseling should look at both private and state funded resources.
- A lot of the public LTC programs require a person to enroll through a computer or over the phone. This does not work for a person who is hard of hearing and cannot maneuver the ACCESSNebraska site.
- The Medicaid application process is very slow in Nebraska.
- When calling ACCESSNebraska you never talk to the same person twice so you have to start all over every time you call in.
- Navigators might be helpful. Many individuals find the phone system for ACCESSNebraska and the online process very confusing.
- When individuals call in they are not informed of other services they might be eligible for as well.
- Not all services are available in rural areas. ADRCs have been very helpful in identifying unmet needs as well as coming up with creative ways to meet those unmet needs. We hope that the state can also find a way of meeting these needs.
- DHHS workers are taught not to offer other services. Clients must ask for them.
- An applicant used to be able to fill out one or two applications for services. Now there are different applications and workers for any type of help they need.
- When a client becomes eligible for Medicaid it can take 2-3 months until their provider can be approved through Maximus.
- Go back to having local DHHS caseworkers that clients can go talk to face-to-face so the caseworker follows that client and knows that client's situation.
- Let the ADRC's know the guidelines for DHHS to help in the process so that the consumer knows whether or not they should apply for a program.
- One big problem with care for the elderly that do not need nursing home care is that providers are paid minimum wage for Social Services Block Grant programs, which limits the number of people willing to be providers.
- We have only one State Patrol office for 11 counties so it can take a provider a full day to schedule fingerprinting.

- The client cannot find a provider for minimum wage pay.
- For many programs, the client is expected to find the provider with no help from DHHS.
- There are other ways to accomplish fingerprinting that are completed very quickly.
- A person can go to, I believe it is Office Max, and be fingerprinted and returned within minutes. The problem is the emailed results would have to be able to go into Maximus.
- The state currently requires those fingerprints be completed by the State Patrol.
- DHHS could increase the rate of pay for SSBG.
- AAAs should be involved in NWD.
- League of Human Dignity should not be involved in NWD.
- Definitely the AAA's need to be involved in the NWD as the Options Counselors are instrumental in the ADRC and strengthening NWD.
- DHHS, AAA's, and LHD's should all be involved in NWD.
- AAAs already have three years of experience with the ADRC which is basically NWD.
- The disability community is in silos and doesn't network with each other now.
- ADRC has received education regarding disability groups and issues. ADRC has a goal of continued education on all issues.
- The ADRC has been working with the DD communities on a local level, but can't see eye-to-eye on the state level.
- The AAAs have been helping individuals of all ages long before the ADRC was implemented. They have a reputation in our area for being helpful to anyone regardless of age.
- Each ADRC has local disability community partners on their respective advisory councils.
- When you get into the rural communities of Nebraska we do not have a lot of DD agencies.
- Maybe increase education with disabled that AAA's work with all persons regardless if their disability is age related or otherwise. We have more experience than the disability community thinks.

- An email list to subscribe to with updates on NWD development would be helpful.
- This is a great way through webinars to keep people informed of the NWD development. It is always nice to meet in person and speak about the issues.
- It would be great if there was any way that home bound elderly/disabled persons could participate or give feedback.
- A webinar like this would be good because the LTC stakeholder meetings are only in person or via phone right now, and callers cannot hear much of the comments from the people who are there in person. This venue makes it easier for all to interact.
- Before the internet many people searched the yellow pages, and went to their library for information.
- Our ADRC got a phone call from a young (30's) person with a disability who had a long list of many agencies he had already contacted with no success. The ADRC counselor was able to refer him to the appropriate agency to get the help he was looking for within minutes.
- I searched blue pages and yellow pages last week for information on resources.

Listening Session #5 – Webinar

April 16, 2018
7 – 9 pm CDT
0 Attendees

An additional webinar was scheduled for April 23 due to no one joining this webinar.

Listening Session #6 – Webinar

April 23, 2018
10 am – 12 pm CDT
5 Attendees

- Nebraska has the Money Follows the Person group that assists with person-centered counseling.
- I believe our ADRC counselor does look at private programs as well as state programs now.

Listening Session #7 – Webinar

May 1, 2018
10 am to 12 pm CDT
19 Attendees

- Communication is key to informing caregivers and the public where to go for NWD assistance. The plan should involve ongoing marketing.

- We receive many calls as people seek assistance. We try to refer them to aging partners in our area. I personally receive calls from friends/family/acquaintances since they know I assist elders.
- People with young children go to the schools or agencies such as the Munroe-Meyer Institute at UNMC or Children's Hospital. If it is an issue related to the elderly they go to the aging system across the state. Folks in between have to hunt and peck.
- People go to CILs, ARC, AAAs, League of Human Dignity, Medicaid for information. There are numerous organizations/agencies, some well known, some not. Finding the information you need is a challenge.
- We do have many people calling into the ADRCs. We continue to grow.
- As an ADRC, we receive many calls. I believe that the CILs and League of Human Dignity also receive calls for help. Key is to bring education institutions into the NWD for help – especially for those students leaving high school who are disabled.
- NE ADRC Pilot's were not well marketed; only \$60K appropriated for ADRCs and no funds were appropriated in LB793. It will be a challenge to launch NWD off of our ADRC.
- Our Area Aging Office is on Main Street, so we get people who walk in to ask questions. We have a local DHHS office too.
- Information on NWD should be shared at senior centers and senior diner programs.
- Voc Rehab should be added to the list of agencies involved in NWD.
- Some pockets in rural parts of the state may not be aware of ADRC or NWD. Marketing needs to be wide-spread.
- Lots of people believe the doctors have the answers but they don't always have all the information. We need to figure out how to get the information to them.
- Clergy often visit and interact with elders and some churches have programs for disabled. The resource information should be shared with them.
- The ADRC needs to partner with agencies that provide services for families with children, youth and adults in addition to the focus on geriatrics which is what the data shows from the pilot program.
- Voc Rehab is a member of the ADRC Statewide Advisory Committee, along with many other, small, niche orgs.
- 211 and Veterans Administration should be part of NWD.

- I have dropped off ADRC brochures at Medical Clinics, post offices, libraries, city offices.
- We find that seniors or families often search the internet and find agencies like "A Place for Mom". These placement agencies charge the facilities even if all you did was search to find providers in your area.
- We need to get ADRC information into pamphlets etc. so it can be shared.
- We are constantly replacing brochures, ads, etc. but again it goes back to no dollars for advertising (which includes printing those disappearing brochures).
- ADRC Website: <http://nebraska.networkofcare.org/aging/> can be reached by ADRCNebraska.gov, which redirects to this official address..
- Make sure you follow up with the caller after you gave them information. Do not let the process stop with you.
- Sometimes just listening to the caller and pointing them to caregiver support groups is enough. Respite has great caregiver groups.
- I try to direct them to someone that does not have a vested interest in guiding them to a specific option. Ethical route for profit companies is to refer to ADRC or local agency on aging.
- There was one senator that thought the information and assistance that AAAs have done for 40 years was enough. It is not enough because not all ages called the AAA before ADRC.
- The ADRC phone number will send your call to the nearest ADRC site based on your area code. With the proliferation of non-local mobile numbers, you may land at the wrong ADRC. State the city/area you are seeking services for and they will get you there.
- The ADRC utilizes person-centered counseling and have staff that have been trained. However, I agree that we need to continue to learn and work on techniques.
- The Service Directory on the ADRC site includes private sector providers.
- We have to be careful about using state monies to direct to private-pay entities. Need to share multiple private resources that provide same services so that the consumer can choose and to avoid perceived preferences.
- To be successful, statewide, rural and urban, accessing both private and public providers is necessary.
- Nursing home reimbursement and Assisted Living reimbursement is so low that we do not have the resources to assist consumers.
- As a AAA, we have lots of experience with person-centered counseling.

- IMO Private Pay, the individual paying themselves or through an insurance program (IE: LTC Policy), needs to be a part of the ADRC/NWD development, implementation, etc.
- ACCESSNebraska made it more difficult for people to enroll in public LTC programs - expecting people to use the website to enroll.
- Many agencies are focused on public supports, benefits, etc. Seniors are more financially prepared than when the OAA rolled out in 1965.
- Faxing supporting documentation for an application, such as bank statements/insurance paperwork, are often lost after being faxed.
- Having assigned case managers helps with access to services.
- Care managers would ensure that people were getting all the services they need and also reduce people abusing the system.
- Streamline applications across programs as much as possible.
- Developmental Disabilities, Medicaid, Education, VR, Behavioral Health, Children & Family, Public Health should all be involved in NWD.
- If truly designed for multiple agencies, I would suggest DHHS be the lead in NWD - not just DHHS Aging, but state agencies that cover multiple fields which would be more accepted than just aging.
- Medicaid, Aging, Dev Disabilities (all DHHS) and related smaller agencies/commissions should be part of NWD. Which agency should lead the NWD is a key decision.
- Despite being signed up for updates of the LTC Committee, I did not receive a notice of this meeting until yesterday and several of the other meetings were over already.
- I spoke with a DHHS worker who had not heard of ADRC and thought it was good for persons who did not qualify for Medicaid.
- If an individual contacts an ADRC and asks for an entity that could help with answering his/her questions, how does that ADRC know where to go about that question?
- Leadership from the state is key, especially since NWD will involve a variety of entities.
- One advantage of ADRC is that we share difficult situations without sharing consumer identification and get ideas from other ADRC staff and their connections.

- Informing DHHS as a whole about ADRC could have been better executed, and that is a necessary factor going forward on ADRC and a potential transition to NWD.
- Looking for help depends on the age of the client – lots of people prefer online but some would prefer in-person or by phone so there needs to be a variety of ways to find out the information needed.
- Elder clients and spouses – 90% use phone, their family/caregivers go online.
- I think all are avenues need to be available for accessing information.
- Health Fairs, Senior Centers are good ways to advertise ADRC or NWD.
- In our area health fairs are not well attended unless there are lab draws available at a reduced cost.
- The general public has little knowledge of the ADRC, so there needs to be ongoing public information advertisements on public media (i.e. radio, TV, and print).

Listening Session #8 – Webinar

May 2, 2018

7 to 9 pm CDT

0 Attendees

Meeting with Key State Staff

A state-staff only meeting was held with key staff of DHHS with a separate set of discussion questions. These questions included:

1. What do you think works well in the current ADRC pilot?
2. What are the three biggest concerns/problems you have with the ADRC pilot?
3. What major policies and principles should Nebraska consider as it transitions to a No Wrong Door system of access?
4. What do you see as the biggest barrier for moving the ADRC pilot to a No Wrong Door system?
5. Is there a general consensus that Nebraska should establish a No Wrong Door system?
6. What state agencies should be involved in the NWD?
7. Which state agency do you believe would be best suited to lead the effort? Why?
8. What do you believe is the greatest challenge with moving towards a No Wrong Door system of access?

9. What do you see as a realistic timeframe for the transition?
10. What steps will need to be taken from a policy stance to make this transition?
11. What have you heard about the pros and cons of No Wrong Door?
12. How do you get buy-in for the No Wrong Door from staff? Are there any staff that might be particularly resistant?
13. Is the legislature supportive of No Wrong Door? Why/why not? Who are the key players?
14. What challenges to financing a No Wrong Door system do you see?
15. What challenges to the No Wrong Door structure do you see?
16. How would you structure a No Wrong Door system?
17. Are there any key groups or people that you think that we should be meeting with? Can you share what you think their perspective will be on moving to a No Wrong Door system?

The following summarizes the comments provided at the meeting which consisted of 27 attendees.

- A 1-800 number was set up for the ADRC pilot sites which geo-routes the phone calls to the entity handling those counties. If the calling area cannot be identified the call goes the Beatrice center. This method has worked well.
- Most common calls are for financial assistance, food assistance, transportation, in-home services and care.
- Customer surveys have been heartwarming.
- Having someone local to answer the call has been helpful. Local availability has made information more accessible.
- HCBS Strategies posted an evaluation report which looked at a lot of data and integration into existing programs at the local level.
- A concern/problem is that there was a rift with the disability providers and the aging providers. Situation has improved and communication is much better.
- Original legislation was broad – “provide three of eight services and work with disabled entities.” New bill requires a higher level of contractual relationship with the disability programs.
- Disability groups realized they had so much in common with the aging groups so process improved.

- AAAs are in a more structured and permanent funding source due to formula grants.
- Disability providers are all over the board with no set funding – they are all fighting for the same funding stream.
- From a technical perspective, there are challenges with software. Need to figure out how to share information.
- Due to LB 793 passage the ADRC will continue past June 30 with the same funding but the ADRCs have to be expanded.
- With the original legislation, all AAAs wanted to be involved in the three ADRC pilot sites. Then only seven of the eight AAAs became involved and the 3-way funding was divided up into five pots of funding (a couple of AAAs joined together in the pilot.)
- Data with the NWD will be difficult – aging software is horrible.
- Need to rebrand ADRCs to be NWD. Rural areas do not know how to access information/support. From a system of care standpoint, families need to know where to go for help. MCO's have a care management component that should be part of NWD.
- Technology is a barrier. Screening process/applications are different between divisions. Software systems do not talk to each other.
- Families are siloed into a program. Family is fluid but cannot get out of one program into another program if more appropriate.
- DHHS as a whole is spending huge amounts of money on Intrac system but the out-of-box product does not work for everything.
- In order for NWD to be successful the direction needs to come down from the top and priority has to be communicated to all DHHS divisions.
- Some great and some not-so-great online directories exist throughout DHHS but some are updated and others are not which makes it confusing to the public.
- DD is trying to expand and go out to the schools to talk with parents whose children are facing transition to explain process.
- While working for ACCESSNebraska, we were trained to only look at the present situation rather than help a family look ahead to the future needs. There must be a shift in the focus for ACCESSNebraska.
- General consensus that Nebraska should establish a NWD system.
- Would be a great thing if the state could help connect people to private resources, but state needs to be mindful of what private pay options are available.

- ADRC has kept statistics on referrals and there were more referrals to private-funded than public-funded programs.
- Department of Education should be involved in NWD.
- Medicaid or Public Health should be the leading state agency for NWD.
- Legislation introduced to place a social worker in every Educational Service Unit (ESU).
- There are many different helplines. All of them need to be coordinated so they can handle all the calls. A person should not have to label their need in order to get help.
- Community Coordinators in Economic Assistance follows up a couple of weeks after referring someone for help to see if that person received the help they needed.
- Would like to see family caregiver health outcomes considered in NWD. Referral potentials are being missed because the focus is on the client, not the caregiver.
- There are many different helplines with many applications to access services.
- As a NWD worker out in the rural areas as one person, how is that person supposed to know everything?
- ADRC workers (Options Counselors) receive monthly trainings but there is frequent turnover in staff.
- What support will workers get regarding second-hand trauma?
- Rural workers need access to the same information and training.
- There are differences in services across the state. Who coordinates the information, lists, and keeps them updated?
- Service coordinator gets used to a certain provider and ends up referring continually to the same one so services are no long person-centered.
- MCO care managers are working with service coordinator and need to make sure they continue to coordinate with one another.
- MCO care managers do not get notified that a client is on Medicaid so they do not know to call the service coordinator. This is a technology issue of not sharing information between the technology systems.
- New Jersey had coding in their system.
- Analytics team is working with the MCOs on the issue of shared information.

- There were 50 resource lists at the beginning of the ADRC pilot. There is an interest at DHHS to create a master resource list but there is no funding available.
- Shy of having designated funding, the NWD has financing challenges.
- There is a genuine value in just talking to each other across divisions through informal discussions.
- Has to be support from the top because NWD will cross over to other entities such as juvenile justice, prisons, etc. and leadership needs to initiate the coordination.
- Communication is critical for getting projects approved up front. We had a provider list ready to go but then were told there were no resources to complete the project.
- Staff, as both employees and citizens, see the need for NWD but it is not their decision to move ahead. Has to be buy-in and direction from leadership.
- NWD is a great idea and we have had multiple meetings but where is it really going?
- Until leadership at the top gets behind NWD I am not real encouraged that it will happen.