

**Long-Term Services and Supports Scorecard
Promising Practices**

No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports

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www.longtermscorecard.org



From a “Number” to a “Person”

Jack (pictured with his grandchildren) was a Marine who was injured in Vietnam and went on to become vice president of sales for the largest water ski manufacturer in the nation. Jack endured over 30 knee surgeries as a result of his wartime injury and developed bladder cancer resulting from long-term use of pain medications. When walking became difficult and interfered with his ability to work, he depended on his wife, Phyllis, as his primary caregiver. Then Phyllis became ill with cancer. Jack’s daughter had to drive four hours with her young children each weekend to give her mom a break.

Jill, a staff person at the Washington State No Wrong Door System (called Community Living Connections) who is professionally trained in person- and family-centered practice for long-term services and supports, met with Jack and his family in his home. She began the conversation with, “What do you want, and what do you need to make that happen?” This was a stark contrast to the medical model Jack had experienced to date where he was referred to by the first letter of his last name followed by the last four digits of his Social Security number.

By truly listening to Jack’s desires, Jill helped the family by facilitating a plan of care for support in the home. Jill also did an assessment of Phyllis’s needs as a caregiver. She worked with Jack’s family to set up Meals on Wheels and caregiver respite. She also put in referrals for other Veterans Administration (VA) services, and homemaker and home health aide VA services were approved immediately. Jack also enrolled in the Veterans-Directed Home and Community-Based Services program, which allowed him to direct a personalized support package with a budget and enabled him to remain in his own home.



Jack and his grandchildren.

About this Paper

This Promising Practices paper provides concrete examples of how six states—Connecticut, Michigan, New Hampshire, Virginia, Washington, and Wisconsin—and the District of Columbia promote person- and family-centered practice in their No Wrong Door (NWD) Systems. NWD Systems involve an array of organizations including Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and state agencies such as Medicaid agencies and state units on aging. Older adults, people with disabilities, and their families can access services through these agencies in a variety of ways including in person, by telephone, and online. This paper includes a toolkit of resources and contacts for states to learn more and even replicate these practices. This paper also provides a checklist of what is needed to move toward a more person- and family-centered NWD System.

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Introduction

NO WRONG DOOR

Finding the right long-term services and supports (LTSS) at the right time presents a daunting task for many individuals and their families, such as for Jack and his family. Multiple federal, state, and local agencies use different, often fragmented, and sometimes duplicative processes. These different requirements often involve screening, intake, needs assessment, service planning, and eligibility determination.

Consequently, individuals trying to access LTSS frequently find themselves confronted with a bewildering maze of organizations and bureaucratic requirements. This often comes at a time of vulnerability or crisis that can result in people making decisions based on incomplete, and sometimes inaccurate, information about their options. Decisions to purchase or use more expensive options than is necessary (e.g., institutional care) can quickly exhaust an individual's personal resources to the point of having to turn to Medicaid.²

A No Wrong Door (NWD) System addresses many of these issues. The name, "No Wrong Door," says it all: if people contact any organization that is part of an NWD System, they are connected with what they need, resulting in "no wrong door" for access to services and supports regardless of their age, income, or disability. A sophisticated NWD System helps people and families access LTSS by facilitating learning about options and decision-making based on individual circumstances. Each state has a unique name for its NWD System. Some are called Aging and Disability Resource Centers (ADRCs), and some

What Are Long-Term Services and Supports?

Long-term services and supports (LTSS) help older people and people with disabilities perform activities of daily living that would be difficult or impossible for them to perform on their own. Activities include personal care, grocery shopping, and light housekeeping, among others. LTSS also includes supportive services provided to family members and other unpaid caregivers.¹

have branded names based on state-specific social marketing research.³

The U.S. Administration for Community Living (ACL), Centers for Medicare & Medicaid Services (CMS), and Veterans Health Administration (VHA) have partnered for several years to support states' efforts to make it easier for individuals and their families to learn about and access LTSS. A variety of funding sources—including ACL grants, CMS Real Choice Systems Change grants, the Balancing Incentive Program, Money Follows the Person (MFP), and VHA funding—have supported the development of state NWD Systems as well as state and local funding.

What Is No Wrong Door?

If people contact any organization that is part of the No Wrong Door (NWD) System, they are connected with what they need, resulting in "no wrong door" for access to services and supports regardless of their age, income, or disability.

- 1 Susan C. Reinhard et al. *Raising Expectations, 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* (Washington, DC: AARP Public Policy Institute, June 2014).
- 2 Administration for Community Living, Centers for Medicare & Medicaid Services, and Veterans Health Administration, *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*. (Washington, DC: 2015), <http://acl.gov/Programs/CIP/OCASD/ADRC/docs/NWD-National-Elements.pdf>.
- 3 To find local No Wrong Door agencies, see <https://nwd.acl.gov/docs/NWD-National-Elements.pdf>.

PERSON- AND FAMILY-CENTERED PRACTICE

Person- and family-centered practice is at the heart of an NWD System. It represents a central component in recent federal LTSS policy.⁴ The concept has also been explored recently in the context of medicine (patient-centered care) and geriatrics (person-centered care).⁵ It has long been a guiding principle of the disability rights movement, often referred to as person-directed support.

Person- and family-centered practice requires an interactive process directed by individuals and family members to support decision making about LTSS. An individual trained in person- and family-centered practices and support options facilitates the development of a plan that accounts for a person's and family's strengths, preferences, needs, and values.

Most people want to stay in their own homes and communities and make their own decisions as they live with disabilities. NWD Systems that provide person- and family-centered practice maximize opportunities for choice, direction, control, and individualized support.

Person- and family-centered practice affirms the principle that each person is the expert in his or her own life. It is foundational to the NWD System and, when implemented properly, it should drive decisions surrounding LTSS. In the absence of person- and family-centered practice, providers, health systems, utilization managers, and others tend to control the decision-making process. The traditional approach to service delivery often results in services and supports that do not work for people, drive costs higher, and, in some cases, contribute to poor outcomes due in part to lower engagement of individuals and their families in their support plans.

What Is Person- and Family-Centered Practice?

Person- and family-centered practice requires an interactive process directed by individuals and family members to support decision making about LTSS. An individual trained in person- and family-centered practices and support options facilitates the development of a plan that accounts for a person's and family's strengths, preferences, needs, and values.

NO WRONG DOOR SYSTEM: A KEY PART OF A HIGH-FUNCTIONING LTSS SYSTEM

The LTSS Scorecard identifies an NWD System to be a critical component of a high-performing LTSS system. In 2011, AARP, in collaboration with The Commonwealth Fund and The SCAN Foundation, published "Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers," the first state Scorecard on LTSS.⁶ The Scorecard measured states' progress in developing high-performing LTSS systems. State ADRC programs were included as one of the key measures of the Access and Affordability dimension in the 2011 report based on data collected in 2010, and the second Scorecard published in 2014 based on 2012 data.

The 2017 LTSS Scorecard will include a revised NWD/ADRC System indicator reflecting key developments that have taken place over the past five years in federal funding and support for consumer-driven statewide NWD Systems. ACL published the NWD National Key Elements based on the cumulative experience and learnings from state progress. It provides states with a framework for developing "high-performing" NWD Systems that can enhance consumer choice and control.

4 For more information, see <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2014-Fact-sheets-items/2014-01-10-2.html>.

5 K Brummel-Smith, et al., "Person-Centered Care: A Definition and Essential Elements. The American Geriatrics Society Expert Panel on Person-Centered Care," *Journal of the American Geriatrics Society* 64 no. 1 (2016): 15-18 and Lynn F. Feinberg, *Moving toward Person- and Family-Centered Care* (Washington, DC: AARP Public Policy Institute, March 2012).

6 For more information, see <http://www.longtermscorecard.org/>.

This resource can help states create more consumer-driven, efficient, and cost-effective LTSS systems.⁷ The revised NWD Scorecard indicator reflects the four areas of an NWD System as detailed in the [NWD National Key Elements](#), including the following:

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

ABOUT THIS PAPER

The LTSS Scorecard team in collaboration with The Lewin Group and ACL collected information for the NWD indicator from states through a

detailed self-reported survey. State administrators provided responses to this survey, and this paper details innovations related to the person- and family-centered practices of NWD Systems. ACL and The Lewin Group staff interviewed states that scored well or demonstrated innovation in person- and family-centered practice for details on their approach and strategies. From those interviews, the most promising practices appear in this paper along with state-developed tools for replication.

While person- and family-centered practice has gained national attention in recent years, this paper addresses a need for a practical resource to implement such practices. It provides concrete examples of how leading states developed one or more key aspects of person- and family-centered practice within NWD Systems.

⁷ Ibid.

Promising Practices Toolkit

The following promising practices illustrate four strategies to build person- and family-centered NWD Systems. They include ensuring high-level leadership support, training, standardizing practice, and supporting people to use their own resources wisely.

#1 ENSURING LEADERSHIP SUPPORT FOR PERSON- AND FAMILY-CENTERED PRACTICE

State NWD System leadership must have an understanding of the philosophy, values, concepts, and practices of person- and family-centered practice to make its LTSS system more consumer-driven at all levels. The District of Columbia, Michigan, and Virginia demonstrate strong leadership toward a person- and family-centered practice throughout their entire systems, from top government officials and agencies to partnering with families.



District of Columbia – Mayor-Led Cross-Population Task Force

The District of Columbia’s NWD System, encouraged by a cross-population task force led by the mayor, has begun to implement person- and family-centered practice across all populations. Building on foundations established by the Developmental Disabilities Administration, the NWD System continues to work on embedding person- and family-centered practice across all populations.

District of Columbia Toolbox:

In August 2016, ACL hosted a staff professional development session about DC’s efforts to embrace person- and family-centered practice within its LTSS system. The five segments are available at

<https://www.youtube.com/user/AoA25>
(scroll down to ACL Person-Centered Thinking Workshop).



Michigan – Broad Support for Change

The State of Michigan developed the Building Options for Long-Term Decision Making (BOLD) Initiative, a cross-agency body that began with the state’s NWD System but has now expanded its scope to all LTSS. BOLD is a collaborative, interdepartmental program and policy review, and Lean quality improvement process.⁸ Groups represented on the BOLD Council include a number of state agencies and funding sources. The goal is to actively promote the objectives of person- and family-centeredness; eliminate barriers to access; engage customers and stakeholders in changes; support, coordinate, streamline, and integrate cross-departmental operations; facilitate innovation; encourage and enable continual quality improvements; obtain customer and stakeholder input into pilot applications; integrate systemic quality metrics across state departments; and establish a person- and family-centered approach to programs and quality initiatives.



Virginia – State Legislation on Person-Centered Practice

Virginia’s movement toward building a system grounded in person-centered practices dates to the late 1990s, when the system serving people with intellectual and developmental disabilities engaged in an effort to train local Community Services Boards in Person-Centered Thinking[®]. The strong partnership between the Virginia state agencies that serve people with disabilities and the Virginia Commonwealth University Partnership for People with Disabilities (which is also Virginia’s University Center for Excellence in Developmental Disabilities Education, Research, and Service) has guided the state’s transition to a person-centered system. Virginia expanded person- and family-centered practices to other populations through revisions to regulations, policies, and procedures at the state level to include person-centered language.

⁸ Lean is an organizational improvement process that began in manufacturing but is now used in many government agencies.

In 2011, the state passed a resolution requesting that the Secretary of Health and Human Resources adopt and implement person-centered practices in providing services.

Virginia Toolbox:

State legislation implementing Person-Centered Practices:

[Virginia Senate Joint Resolution No. 397](#)



#2 CREATING STANDARDS FOR PERSON- AND FAMILY-CENTERED PRACTICE

Although person- and family-centered practice demands an individualized approach, standardizing the components of such practice help states move toward quality. Standards ensure that people have comprehensive information about options and individualized support in accessing LTSS.



Washington – Statewide Standards of Practice

Community Living Connections (CLC), Washington State’s NWD System, adopted person-centered options counseling standards driven by person- and family-centered practice. The standards define what person-centered options counseling covers, who delivers it, and under what circumstances, and tracks data and outcomes across the CLC network. The appendices in the standards include specific guidelines and tools for making referrals, definitions of key terms, standards for following-up with people, copies of several person-centered planning tools for discovery and decision support, staff evaluations, staff key competencies, and consumer satisfaction surveys. The CLC network is working toward achieving these standards as additional capacity can be built throughout the system.

Washington Toolbox:

[Person-Centered Options Counseling Standards](#)



Virginia formed a statewide council made up of many 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. They standardized this practice through a service known as options counseling. The development of options counseling standards engaged CILs and AAAs in a process of collaboration around a common goal and facilitated the strengthening of relationships to bolster the NWD System.

State reimbursement for each options counseling encounter provides funding for CILs and AAAs. Virginia created a co-employment model to hire options counseling coordinators, which further facilitated partnerships. Each AAA and partnering CIL employ one options counselor who maintains a physical presence at both entities to help with the provision of options counseling and other related activities in accordance with the statewide standards. As a staff member of both the CIL and partnering AAA, the counselor reports to the executive director of both agencies and receives performance evaluations from the two entities. A sample job description guides CILs and AAAs in their collaboration.

The state reimburses local NWD System sites that require options counselors to complete state training and a yearly refresher course. The reimbursement



A local No Wrong Door site in Virginia including staff from Junction CIL and Mountain Empire AAA wearing Options Counseling T-shirts.

model involves a cap and hourly rate for the first eight hours per recipient. Thereafter, the CILs and AAAs must identify other funding channels. CILs and AAAs receive reimbursement only once counselors complete the entire encounter, follow-up, and evaluation. The training and reimbursement programs for options counseling have strengthened the capacity of person- and family-centered practice among local NWD organizations.

Virginia Toolbox:

State Options Counseling Standards:
[Final Draft of Options Counseling Virginia Statewide Standards](#)

Co-employment Model Job Description:
[Options Counseling Coordinator Co-Employment Position Description](#)

Sample Memorandum of Understanding for CILs and AAAs: [Co-Employment MOA Guidance](#)



★ ★ ★ *District of Columbia - Intake Restructured to Better Listen to People and Families*

The District of Columbia has worked to integrate person- and family-centered tools into its intake process for agencies in the NWD System serving individuals with intellectual and developmental disabilities. Its draft intake tool includes several methods to discover the positive reputations of people, what is going well in their lives, and what is not going so well. This strategy allows staff to engage in up-front and immediate problem solving with people, and it differs from the previous approach of simply discussing specific program eligibility. Staff also try to gain an understanding of each person’s life trajectory and create a one-page description of the supports necessary for the person to live a full life in the community. After using the new tools, conversations went from deficit-based service-driven dialogue to a focus on what is possible beyond the formal, public LTSS system. The 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 materials and products contributed to this DC draft tool.

District of Columbia Toolbox:

[DC Front Door Tool](#)



Wisconsin - Follow-up Embedded as a Key Component of Practice

Wisconsin learned the value of follow-up with evidence from consumer satisfaction research. Through consumer satisfaction surveys (including thousands of phone interviews) and site visits to local ADRCs, formal follow-up emerged as a key determinant in customer satisfaction and usefulness of the ADRC experience. They also developed a list of best practices in follow-up from local sites, including implementing policies on follow-up time frames and content. Supervisors assess for consistency by doing spot checks and analyzing follow-up data. Each local site is required by contract to have a follow-up policy that guides staff on when to follow up with consumers. ADRCs use a “Next Steps” form with people and their families to document action steps after options counseling. Options counselors fill out the form together with participants and leave a copy with the family.

Wisconsin Toolbox:

[Wisconsin Evaluation Report 2015](#)

[Next Steps Form](#)

[Statewide Follow-up Policy](#)



#3 TRAINING THE NWD WORKFORCE

NWD System personnel must have the competencies needed to practice in a person- and family-centered way. ACL consulted with the leading states in this area to develop a National



Sullivan County New Hampshire ServiceLink

Person-Centered Counseling Curriculum.⁹ The curriculum includes content on the array of service and supports available, key aspects of the NWD populations served, and core concepts in person- and family-centered practice. States have approached training in a variety of ways. The strategies listed do not represent the only way that these states addressed the development of competency, but they provide some creative strategies that state administrators have found helpful in ensuring a competent workforce in person- and family-centered practice.



The State of New Hampshire contracts with local agencies to perform NWD System functions. The state's NWD System is called NHCarePath. New Hampshire's ServiceLink Aging and Disability Resource Centers are a part of NHCarePath. The request for proposals for local ServiceLink programs outlines the requirements for person-centered options counseling, including that staff complete a state training in person- and family-centered practices within a year of hire. New Hampshire is also developing a state-based certification that includes elements to assess competence in a dynamic way. This will include shadowing and other experiential activities, in addition to the in-person training. Staff working

with caregivers (funded through the National Family Caregiver Support Program), State Health Insurance Assistance Program, Senior Medicare Patrol, and Veterans-Directed Home and Community-Based Services programs must also be trained in person- and family-centered practices.

New Hampshire Toolbox:

[ServiceLink Request for Proposal](#)



District of Columbia - Training for All, Even Families

Ensuring that everyone working in the NWD System goes through person-centered training, not just front line staff, represents a main strategy for DC. Training includes providers and staff supporting Medicaid, behavioral health, licensing, and aging agencies.

In addition to extensive training for NWD System personnel, DC's strategy includes training people receiving services and supports, self-advocates, and families. The DC NWD System task force wanted to ensure that they were guided by the experience of families in redesigning the system. They conducted a pilot training in August 2016 in which 25 family members participated in a four-day session and follow-up coaching days. The sessions combined cultural competency, person-centered practices, Life Course Model,¹⁰ and supported decision making.

They continue to involve advocates and families through active engagement in the DC Learning Community for Person-Centered Practices. This group of providers, government staff, families, self-advocates, and trainers meets periodically through the District's Person-Centered Learning

⁹ For more information, see <http://directcourseonline.com/pcc/>.

¹⁰ A model used by people with disabilities and their family members to think about their lives and plan for the future. More information is available at <http://www.lifecoursetools.com/>.

Community to discuss progress in making person- and family-centered practice central to DC's system.

District of Columbia Toolbox:

[DC Person-Centered Training Summary](#)



family-centered practices. As a first step, advocates must complete the ACL National Person-Centered Counseling Curriculum¹¹ and commit to driving change in their individual organizations. Person-centered advocates help their agencies with any needed transition to a person-centered approach within their business practices.



New Hampshire – Peer Support Model

New Hampshire's ServiceLink program enhances its person-centered training by using a peer support model to facilitate ongoing learning and practical application of training content. Peer support group meetings for staff supplement in-person training by allowing ServiceLink staff to discuss how concepts learned in training apply to their daily practice. This peer model emphasizes the importance of emotional, social, and practical help on an equal and reciprocal basis. Groups consist of 15 to 20 participants who suggest training topics through a survey. State administrators report that the gatherings help with collaboration as well as content knowledge.

New Hampshire Toolbox:

New Hampshire Peer Support Sample Agenda: [New Hampshire Peer Group Meeting Description](#)



Virginia Toolbox:

[Establishment of PC Advocate for Agencies Offering Options Counseling](#)



Connecticut – Essay Exam

Connecticut's NWD System offers current personnel a way to test their knowledge of person-centered practice by completing an essay exam. The exam represents a strategy for personnel to demonstrate competency without participating in the training. On average, however, 50 percent of the people who attempt to "test out" of person-centered training do not pass the exam and have to complete the person-centered curriculum. Exam responses also represent an opportunity to identify gaps in knowledge and target ongoing training. The exam is available upon request. Please see the contact section of this paper.

#4 HELPING PEOPLE MAXIMIZE USE OF PRIVATE RESOURCES

The NWD System must have the capacity to help people plan for future needs and to connect them with nonpublic supports. When people know about options early and plan ahead, they can prevent or delay costly institutional care.



Virginia – Person-Centered Advocates

Virginia is developing statewide person-centered advocates to help embed the philosophy in its NWD System. The advocates come from local organizations in the NWD System and represent all levels of employment from directors to staff working directly with individuals and families. The advocates serve as in-house experts on person- and

11 For more information, see <http://directcourseonline.com/pcc/>.



*Wisconsin – Better Serving
Private Pay Clients*

The Wisconsin ADRC/NWD System has been a leader in providing options counseling to help people use their own resources wisely and avoid or prevent reliance on publicly funded LTSS. Less than 10 percent of the overall ADRC customer contacts occur with people who are eligible for a publicly funded long-term program. The majority of customer contacts include the discussion of community resources that people can purchase with their own funds. Wisconsin has worked with an evaluation firm, Analytic Insight, to examine how the ADRC meets the needs of people who pay privately for services. A 2014 study revealed

key insights on the financial situation of private pay clients, under what circumstances they contacted the ADRC, and what value they felt the ADRC provided in planning for current and future needs. They also developed tools available in four languages to guide conversations about future planning.

Wisconsin Toolbox:

[Analytic Insight Report on Private Pay](#)

[My Next Steps Guide](#)

[Considering a Move? The Cost Calculator
Can Help](#)



Person- and Family-Centered Checklist

This checklist—created specifically for this project—provides a roadmap for states to ensure that NWD Systems operate in a person- and family-centered way. The items stem from relevant measures within the NWD composite indicator in the LTSS Scorecard, as well as promising practice interviews with leading states.

AREA OF PRACTICE	CHECK WHEN COMPLETE
1 Leadership and Management Support	<ul style="list-style-type: none"> ✓ Managers and other key staff throughout the NWD System have an understanding of the philosophy, values, concepts, and practices of person- and family-centered practice as part of its strategy to make its LTSS system more consumer-driven. ✓ Leadership and management engage all involved in the NWD System, including families and providers.
2 Standards	<ul style="list-style-type: none"> ✓ The NWD System uses statewide standards that define person- and family-centered practice.
3 Basic Competencies	<ul style="list-style-type: none"> ✓ NWD System staff has the basic competencies to practice in a person- and family-centered way consistent with the Person-Centered Planning requirements in the CMS home- and community-based services settings rule.
4 Specialized Competencies	<ul style="list-style-type: none"> ✓ The NWD System has staff with skills and expertise required to successfully <ul style="list-style-type: none"> • facilitate hospital-to-home, and nursing or rehabilitation facility-to-home transitions; • transition individuals from nursing facilities back to the community; • help youth with disabilities to transition from secondary education to postsecondary life that involves options that can keep them integrated in the community; and • facilitate the use of self-directed models.
5 Protocols for Developing Plans	<ul style="list-style-type: none"> ✓ The NWD System has established protocols for the development of person- and family-centered plans.
6 Variety of Organizations	<ul style="list-style-type: none"> ✓ The NWD System uses a variety of different organizations identified by the states to practice in a person- and family-centered way to serve different populations with LTSS needs. ✓ Departments and organizations collaborate and coordinate together.
7 Futures Planning and Private Pay	<ul style="list-style-type: none"> ✓ The NWD System has a process in place to facilitate access to private sector LTSS for individuals who can pay for all or part of their costs and to help people plan for future LTSS needs.
8 Follow-up	<ul style="list-style-type: none"> ✓ There are written protocols for routine follow-up with individuals.

Conclusion

Person- and family-centered practice—an essential component of NWD Systems—allows people to have information about their options and facilitates decision making based on individual and family preferences, values, and financial resources. Implementation of person- and family-centered practice requires major systemic changes that extend beyond simply training front-line workers. Having leadership buy-in and standardizing practices through training and statewide standards help establish the practice. NWD Systems that operate with a philosophy of person- and family-centered practice allow people and families who have private resources to spend

on LTSS to maximize those resources. When people know about options early and plan ahead, they can prevent or delay costly institutional care.

Individualization is at the heart of person- and family-centered practice. It represents a radical shift from simply providing someone with a list of services. Strategies such as partnering with families to listen to values and preferences, discussing pros and cons of various options, and following-up with people to make sure information was helpful are some promising ways that states are implementing this individualized support.


Contacts

The following experts contributed to this paper and can be contacted for support and guidance. Each state's journey to a comprehensive NWD System will be different, but all states share a common mission to make it easier for people and families to access services and supports.

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Resources for More Information

NWD KEY ELEMENTS

The NWD Key Elements offer a guide to states in providing the leadership that is necessary to effectively develop and implement a NWD System of access to all populations and all payers. These elements include guidance and indicators that states can use to assess their progress in transforming their multiple LTSS access programs and functions into a single statewide NWD System.

ACL NATIONAL TRAINING PROGRAM

ACL worked with NWD grantee states and national experts to develop a national training program in person-centered counseling with six online courses and a one-day in-person course. Courses are available for purchase through [Direct-Course](#).

ACL BLOG

This blog hosted by ACL provides updates on person- and family-centered practice as well as definitions of key federal policy terms.

CMS FINAL SETTINGS RULE WEBPAGE

This CMS website includes an overview of the Home and Community-Based Settings Final Settings Rule.

LEARNING COMMUNITY FOR PERSON-CENTERED PRACTICES

The Learning Community is an international organization of individual certified trainers in Person-Centered Thinking®. The website provides background, suggested reading, and a directory of certified trainers.

SUPPORTING FAMILIES: COMMUNITIES OF PRACTICE

This is a U.S. Administration on Intellectual and Developmental Disabilities–funded initiative to create a Community of Practice focused on expanding the knowledge base around how to best support families of members with intellectual and developmental disabilities.

BETH MOUNT VIDEO SYSTEM VS. PERSON-CENTERED (OPEN FUTURE LEARNING)

In a short clip, Beth Mount explains how person-centered work differs from system-centered work.

Research Report #2017-05 , March 2017

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