

Promising Practices

Aging and Disability Resource Center/No Wrong Door Functions: *A Leading Indicator in the 2020 Long-Term Services and Supports State Scorecard*

The Administration for Community Living
The Lewin Group



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AARP's Public Policy Institute (PPI) informs and stimulates public debate on the issues we face as we age. Through research, analysis, and dialogue with the nation's leading experts, PPI promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life.

The views expressed herein are for information, debate, and discussion and do not necessarily represent official policies of AARP.

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Overview

The *2020 Long-Term Services and Supports (LTSS) State Scorecard*¹ recognizes the Aging and Disability Resource Center (ADRC) or No Wrong Door (NWD) System vision as a critical component of a high-performing long-term services and supports (LTSS) access system. The US Administration for Community Living (ACL), Centers for Medicare & Medicaid Services (CMS), and Veterans Health Administration have partnered for several years to support states'

efforts to make it easier for individuals and their families to learn about and access LTSS. NWD functions were one of five areas in which states showed the most progress in the *2020 Scorecard*. This report highlights state progress toward establishing high-performing ADRC/NWD Systems, by comparing results from previous iterations of the *Scorecard* and highlighting key themes. It also provides promising practice state examples and lessons learned.

Methodology

States completed a detailed self-reported survey for the ADRC/NWD System Functions indicator of the *Scorecard*. This indicator reflects the NWD System vision as detailed in the [NWD National Key Elements](#). The survey questions informed criteria, worth up to 3 points each, which were grouped in the following manner for a total of 123 possible points (see **table 1** for scoring legend and **table 2** for overall state scores by domain):

- State Governance and Administration (10 criteria, 30 possible points);
- Target Populations (5 criteria, 15 possible points);
- Public Outreach and Coordination with Key Referral Sources (8 criteria, 24 possible points);

- Person-Centered Counseling (9 criteria, 27 possible points); and
- Streamlined Eligibility (9 criteria, 27 possible points).

Table 1 shows a scoring legend, which assigns a numeric value to the answer responses for the domain sections of the *Scorecard* survey.

Table 2 displays the scores from the highest-scoring state on NWD overall to the lowest, and also provides the score for each individual domain. The final column is the percentage point score, which is the state's total score divided by 123, the total number of possible points.

TABLE 1
Scoring Legend

NWD FUNCTION	SCORE	
	<i>(out of possible total score of 123)</i>	
		RESPONSE OPTIONS
State Governance and Administration	30	Not in place: 0.0 points In planning/strategy development: 1.0 point Partially operational: 2.0 points Fully operational: 3.0 points Don't know: 0.0 points
Target Populations	15	Not in place: 0.0 points
Public Outreach	24	In planning/strategy development: 1.0 point Partially operational in at least one area of the state: 2.0 points
Person-Centered Counseling	27	Fully operational in at least one area of the state: 3.0 points
Streamlined Eligibility	27	Fully operational statewide: 3.0 points Don't know: 0.0 points

¹ For more information, see <http://www.longtermscorecard.org/>.

TABLE 2

Overall State Scores as a Percentage of Total Possible Points in Each Domain

STATE	STATE GOVERNANCE AND ADMINISTRATION (of 30 points)	TARGET POPULATIONS (of 15 points)	PUBLIC OUTREACH (of 24 points)	PERSON-CENTERED COUNSELING (of 27 points)	STREAMLINED ELIGIBILITY (of 27 points)	TOTAL SCORE (of 123 points)	OVERALL PERCENTAGE SCORE
OH	29.5	15.0	20.5	26.8	26.0	117.8	96%
NH	27.5	15.0	22.0	26.3	26.0	116.8	95%
WA	26.3	15.0	24.0	25.0	24.5	114.8	93%
MA	27.0	15.0	23.5	27.0	22.0	114.5	93%
WI	27.2	14.0	21.5	27.0	24.0	113.7	92%
MN	27.0	14.0	23.0	26.8	22.5	113.3	92%
CT	26.5	15.0	23.5	24.3	21.0	110.3	90%
AL	27.3	14.0	20.0	24.8	24.0	110.1	89%
OR	27.2	15.0	18.0	26.8	21.0	107.9	88%
DC	26.2	14.0	20.5	24.3	20.5	105.4	86%
MD	21.3	13.0	20.0	26.5	22.0	102.8	84%
VA	27.3	15.0	17.0	25.8	17.5	102.6	83%
MS	26.3	15.0	16.0	26.0	19.0	102.3	83%
KY	27.8	15.0	16.5	23.3	19.0	101.6	83%
NJ	27.7	10.0	15.5	26.3	22.0	101.4	82%
MO	24.7	15.0	15.5	27.0	19.0	101.2	82%
PA	22.2	15.0	19.0	26.8	18.0	100.9	82%
FL	20.8	15.0	15.0	26.0	24.0	100.8	82%
GA	27.8	15.0	19.5	20.8	16.0	99.1	81%
HI	25.2	13.0	19.5	21.3	18.0	96.9	79%
SD	20.7	15.0	17.0	25.0	18.5	96.2	78%
DE	18.7	13.0	20.0	20.0	22.5	94.2	77%
NY	20.0	14.0	16.0	25.8	16.5	92.3	75%
TX	25.0	9.0	20.5	16.0	21.0	91.5	74%
VT	10.0	11.0	19.5	25.0	24.5	90.0	73%
MI	17.8	14.0	17.0	20.3	17.0	86.1	70%
NV	17.5	12.0	17.5	23.0	11.5	81.5	66%
AZ	11.0	13.0	14.0	22.8	18.0	78.8	64%
KS	14.0	13.0	16.5	20.5	13.5	77.5	63%
RI	19.3	11.0	13.5	16.5	16.0	76.3	62%
WV	16.3	15.0	13.5	20.8	10.5	76.1	62%
OK	17.3	7.0	13.5	21.5	15.0	74.3	60%
TN	13.2	11.0	15.5	17.0	15.0	71.7	58%
AR	5.7	10.0	16.0	26.5	12.5	70.7	57%
IN	13.5	11.0	15.0	20.8	10.0	70.3	57%
LA	14.2	10.0	15.5	17.8	11.0	68.4	56%
ND	16.0	9.0	14.0	20.0	8.0	67.0	54%
NE	14.8	11.0	15.0	15.8	8.0	64.6	53%
ME	11.8	11.0	10.5	20.0	10.5	63.8	52%
CO	15.7	8.0	15.0	14.3	10.5	63.4	52%
SC	7.7	11.0	12.0	19.0	7.5	57.2	46%
IL	17.0	5.0	10.0	10.0	15.0	57.0	46%
MT	4.7	10.0	13.0	15.5	10.5	53.7	44%
IA	13.7	9.0	11.0	13.5	6.0	53.2	43%
ID	13.2	10.0	12.0	9.3	8.5	52.9	43%
AK	5.5	10.0	9.0	16.3	10.0	50.8	41%
CA	8.0	10.0	10.0	11.0	6.5	45.5	37%
NM	2.2	5.0	7.5	18.5	7.0	40.2	33%
UT	10.3	2.0	6.0	9.5	7.0	34.8	28%
NC	0.0	7.0	8.5	12.5	1.0	29.0	24%
WY	1.5	4.0	3.0	7.0	1.0	16.5	13%

Key Takeaways

NWD SYSTEM DEVELOPMENT IS GROWING ACROSS ALL DOMAINS

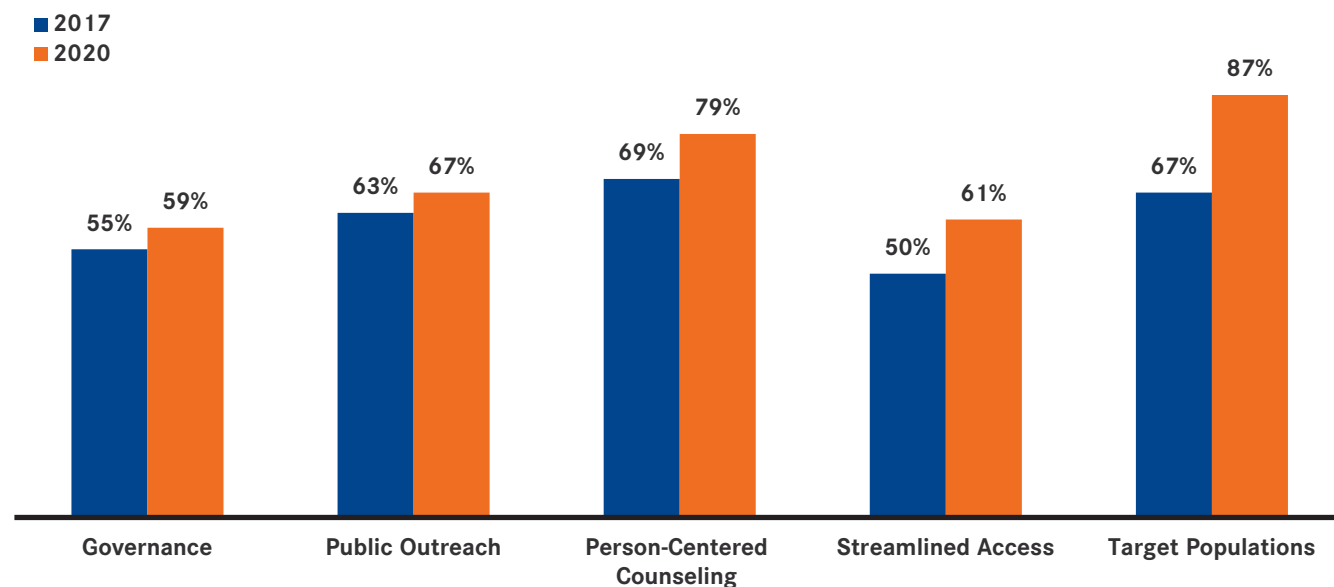
The *Scorecard* findings reflect ongoing growth and sustainability of the LTSS access points across the country. Most states improved in their overall scores between 2017 and 2020.² As shown in **figure 1**, the most improved median domain score since the 2017 *Scorecard* is that of the provision of person-centered counseling to target populations, which increased by 20 percentage points. The median scores for the specific target populations of individuals with physical disabilities, individuals with intellectual and developmental disabilities (I/DD), and family caregivers all increased by 33 percentage points. Additionally, the median score for streamlined eligibility increased by

11 percentage points, followed by person-centered counseling (10 percentage point increase).

GOVERNANCE MATTERS

All of the top-10 scoring states (**table 2**) reported fully or partially functioning multistate agency bodies that coordinate the state government's work to develop a single NWD System for all people needing LTSS, regardless of income, age, or disability. This body includes the state Medicaid agency, State Unit on Aging, state agencies that serve or represent the interests of individuals with physical disabilities and I/DD, and the state authorities administering mental health services. Of the lowest scoring 10 states (**table 2**), none reported having a fully operational governing body in place.

FIGURE 1
Median Percentage Point Scores by Domain, 2017 vs. 2020



² States were eligible to receive up to 123 possible points across all five domains for the ADRC/NWD Functions indicator. Median percentage scores are derived from the overall state scores as a percentage of total possible points. California and Iowa did not submit responses to the 2017 NWD System *Scorecard* Survey.

Highlighting Governance in Ohio's NWD System

Ohio's NWD System built a strong governance structure through intentional partnerships and continual quality improvement. The NWD System governance team at the state level consists of the Ohio Department of Aging and the Ohio Department of Medicaid, and, at the local level, the Area Agencies on Aging (AAAs). A three-party agreement between those three entities recognizes the AAA as the network lead entity (NLE)* in what the state calls the "Aging and Disability Resource Network."

The AAAs, in this capacity, maintain agreements with additional community partners, such as Centers for Independent Living and other entities, to support front-line NWD operations. In addition to drafting a memorandum of understanding (MOU) outlining the collaborative agreement between the lead agencies at the state level, the governance team also facilitates contract development between AAAs and community partners administering NWD System supports. The state conducts an annual review of MOUs and contracts as part of a quality improvement process to ensure roles and responsibilities remain clear and coordination exists between the entities involved. This process guarantees that contracts remain dynamic and relevant. Ohio also holds for all NWD System partners stakeholder engagement meetings across the state and webinars that reflect outcomes from the quality improvement process.

** Led by an NLE, Community Integrated Health Networks are a coordinated group of visible and trusted community-based organizations that have entered a formal partnership with a health care organization. For more information, see <https://acl.gov/framework>.*



Photo Credit: Getty Images

STRONG COLLABORATION BETWEEN AGING/ DISABILITY AND MEDICAID

The top-scoring states strategically leveraged federal grants from ACL, as well as the NWD System component of the CMS Balancing Incentive Program. They built strong collaborations between the state aging and disability agencies and the state Medicaid agency. These states:

- Leveraged Medicaid Administrative Claiming to support NWD System functions;
- Have fully operational NWD Systems that conduct nursing facility preadmission

screening for individuals who are, or appear to be, eligible for Medicaid LTSS and have the potential to avoid nursing home admission; and

- Have partially or fully operational protocols to ensure that individuals seeking LTSS do not have to give the same information more than once. For example, information collected during the person-centered counseling process is used in the Medicaid eligibility determination process. In some states, NWD System entities conduct initial screenings for Medicaid eligibility.

Highlighting Medicaid in Alabama's NWD Systems

The state of Alabama utilized Medicaid administrative funding at the 90/10 (development) and 75/25 (maintenance) matching rates to build and sustain an eligibility and enrollment system. Alabama's 13 ADRCs also receive Medicaid administrative funds at the 50/50 matching rate for Medicaid outreach and facilitating-eligibility functions.

The Central Alabama Recipient Eligibility System serves as the foundation of the NWD System, addressing both streamlined access to LTSS and statewide governance and administration. A gubernatorial executive order designated the state agencies and entities involved in the state's NWD System—including Alabama's Medicaid Agency, Department of Public Health, Department of Human Resources, Department of Mental Health, and the Department of Senior Services—to jointly participate in the development, design, planning, implementation, management, and continued operation of a joint eligibility and enrollment system for public benefits among these agencies.

All 13 ADRCs are certified and accredited by the National Committee for Quality Assurance (NCQA) for standardizing statewide policies and procedures related to LTSS case management. In addition to ADRC NCQA accreditation, the State Medicaid agency has invested in training on person-centered planning for ADRC staff, state agency staff, and waiver case managers.

The ADRCs have also implemented a care management IT system—which enables ADRCs to implement social determinants of health (SDOH) screening and assessment as well as complete interventions across one seamless interoperable technology platform. The system allows the statewide network to deliver services to Medicaid-eligible and non-Medicaid-eligible beneficiaries and leverage a range of interventions to address needs in a centralized person-centered plan. At the local level, the case manager uses this statewide system to develop a person-centered plan, consistent with the NCQA LTSS accreditation standards, that leverages a mix of federal, state, local, nonprofit, and volunteer assets to meet the needs of the person—regardless of his or her insurance status.

The Alabama Medicaid Agency's investment in the State NWD System has benefits to private-sector managed care organizations, health systems, and physician practices, because it has the expertise of the network to screen, assess, and implement a range of interventions that address SDOH to meet the needs of Medicaid and non-Medicaid beneficiaries.

Highlighting Medicaid in Massachusetts's NWD System

The Commonwealth of Massachusetts is a leader in developing cross-disability ADRCs, promoting the philosophy of self-direction—also known as consumer direction, person-centered principles, and choice. Eleven ADRCs serve the entire commonwealth, with regional partnerships among its Aging Services Access Points (ASAPs), Area Agencies on Aging, and Centers for Independent Living, among others. Over the years, Massachusetts has also been on the forefront in streamlining access to publicly funded programs and services, including the Virtual Gateway—the internet portal providing online access to health and human services across the commonwealth, and co-location of ADRC staff at corresponding organizations for non-eligibility related work, such as Options Counseling.

The Massachusetts ADRC/NWD System put structures in place to use Medicaid administrative funds to fund LTSS financial eligibility specialists who work within the MassHealth (Medicaid) Enrollment Center (MEC) system and provide technical expertise for ADRC and state agency staff. The LTSS eligibility specialists work within the ADRCs, providing added capacity to: (1) improve the navigation of the financial eligibility process, and (2) align the timing of functional determinations with financial determinations. The MassHealth clinical eligibility determination process is outsourced to the ASAPs, core members of the Massachusetts ADRCs. Each ADRC identifies a lead liaison to the MEC staff who bridges the most critical agencies and staff responsible for the clinical and financial eligibility processes for Medicaid. By removing the time and communication barriers in the absence of direct contact, the one-on-one communication enhances the efficiency and effectiveness of the MassHealth eligibility process and time from application to decision. Often, specific cases or complex applications benefit greatly from the added time and focus of a team approach, resulting in expedited approvals or denials. For individuals who are denied eligibility, the ADRC becomes the fallback entity with a preexisting relationship to support individuals in exploring non-publicly funded services and supports through person-centered counseling.

SCORECARD RESULTS INDICATE SPECIFIC FOCUS AREAS FOR IMPROVEMENT

The 10 lowest-scoring states (**table 2**) offer insights for areas of improvement. States seeking to enhance their NWD Systems can:

- Increase state governance, by forming at the state level governing bodies made up of the key agencies and continuing to strengthen relationships across state agencies. Governing bodies can convene advisory meetings to guide NWD System assessment, development, and implementation. Nine out of the 10 lowest-scoring states scored fewer than half of the available points under the State Governance and Administration function.
- Expand populations served. Five of the 10 lowest-scoring states scored fewer than half of the available points for populations provided with person-centered counseling.
- Strengthen relationships with Medicaid, particularly related to streamlining access to Medicaid. Nine of the 10 lowest-scoring states do not have written protocols for ensuring that the NWD System provides the same type of person-centered counseling and streamlined access to public programs to anyone in need of LTSS regardless of where they enter the NWD System.

SEVERAL STATES DEMONSTRATED SIGNIFICANT IMPROVEMENT IN OVERALL SCORE

Table 3 lists states with the largest overall improvement in score. Reasons for improvement include:

- A focus on NWD System governance and administration;
- Expanded person-centered counseling training;
- ACL NWD Implementation grants and NWD Business Case grants; and
- Significant work on public outreach and streamlined eligibility.

TABLE 3
States with Largest Percentage Point Score Increase

STATE	PERCENTAGE POINT CHANGE
South Dakota	+27%
New York	+25%
Tennessee	+25%
Indiana	+16%
Arizona	+13%
Wisconsin	+13%
District of Columbia	+12%
Alabama	+11%
Hawaii	+11%
Georgia	+11%
Kentucky	+11%
Mississippi	+11%
Oregon	+11%

Highlighting South Dakota's Improved NWD Indicator Score

South Dakota's NWD indicator score improved significantly since the 2017 *Scorecard*. The state had particular growth in the populations served, person-centered counseling, and streamlined access. A gubernatorial executive order moved the Division of Adult Services and Aging from the Department of Social Services to the Department of Human Services and renamed the Division of Adult Services and Aging the **Division of Long-Term Services and Supports**, aligning the organizations responsible for the NWD System target populations. South Dakota also launched an outreach campaign, Dakota at Home, to promote the NWD System at the state level, which involved on-the-ground events at local sites, including targeting senior centers, churches, hospitals and discharge planners, and health fairs through a variety of means, including posters and newspaper ads. The outreach strategy also included developing performance objectives with key partners. For example, a 211 help line refers consumers to Dakota at Home, and intake staff attend 211 trainings to discuss the NWD System.

South Dakota refined and developed its capacity for person-centered planning, which it terms **options planning**. Discretionary grant funding from ACL allowed the state to provide options planning as a free service, offering information and decision support to all individuals, regardless of age, disability, or income. Medicaid administrative claiming and state funding now sustain the options-planning function. In addition, to learn key skills and tools, all staff received Person-Centered Thinking© (PCT) training from the Learning Community for Person-Centered Practices. Ongoing instruction includes monthly webinars to review tools. Staff also receive emails that focus on a particular tool, as well as PCT© coaches and leaders.

South Dakota streamlined its intake process, including by enhancing training for staff to increase knowledge of services and potential referrals. It also initiated warm transfer capability (i.e., when a person receiving a call talks to another staff before transferring the caller over to them, so the caller does not have to place another call). Staff use an intake screen to generate a level-of-need score, which helps rank the best options. Staff also use the interRAI™ affinity health assessment, and assist with outreach, application assistance, and drawing down Medicaid administrative funds. In addition, staff can view a mainframe system that shows Medicaid eligibility, enabling them to track progress for consumers and their families.

Highlighting Georgia's Improved NWD Indicator Score

Since the 2017 *Scorecard* survey, Georgia improved significantly in governance, streamlined access, and person-centered counseling. It launched a State ADRC Advisory Council with representatives from the State Unit on Aging, State Medicaid Agency, the Department of Community Health, Department of Behavioral Health and Developmental Disabilities, the State Independent Living Council, all nine of Georgia's Centers for Independent Living (CILs), and the Brain Injury Association of Georgia. The Advisory Council serves as the NWD Steering Committee. Contracts and memorandums of understanding solidify the partnerships. Georgia also developed a three-year NWD plan with ACL discretionary funding.

The Department of Behavioral Health and Developmental Disabilities implemented a validated screening tool, used across other LTSS programs, that boasts slight modifications designed to capture population nuances. Georgia's ADRCs (including all 12 Area Agencies on Aging and all 9 CILs) now use the same data system to collect and share key data elements, including demographic information and relevant assessments. This comprehensive system includes information and referral, person-centered counseling (including Minimum Data Set Section Q (MDS-Q) Options Counseling for nursing home residents and Community Options Counseling for individuals residing in the community), eligibility screening, Older Americans Act-funded home and community-based services, eligibility prescreening, Georgia's 1915c Medicaid waiver program, and Money Follows the Person (MFP) and state-funded nursing home transition programs. The system allows individuals to move seamlessly from an initial call into publicly funded LTSS services with minimal duplication of effort in data collection.

Finally, Georgia developed an options counseling certification partnership with Boston University's Center for Aging & Disability Education & Research. Currently, 77 individuals have completed the certification process within the state's ADRC network. Certified Options Counselors support each individual's action plan by connecting the person to private pay and publicly funded LTSS options, including transition and diversion programs such as MFP and Nursing Home Transitions. Georgia also received targeted technical assistance from ACL's National Center on Advancing Person-Centered Practices and Systems to advance person-centered planning in the state.

Conclusion

The *Scorecard* demonstrates the valuable role state NWD Systems play in helping individuals of all incomes, including people with disabilities and their families, understand, navigate, and access their options for public and private LTSS in the community. ACL strives to support more states in enhancing this role by strengthening the NWD governing body; promoting strong collaboration at the federal, state, and local levels; and empowering efforts to integrate care and guide service delivery toward a state's NWD System goals.

The integration of health and social services is rapidly becoming a forefront for the aging and disability networks, and NWD Systems are well positioned to support integration efforts that

can effectively respond to the growing demand for person-centered services that address social needs as a part of improving overall outcomes. As states consider how to improve scores for the next *Scorecard*, the NWD System's role in integrating health and social services may include:

- Conducting needs assessments to target aging and disability populations;
- Identifying SDOH factors that address causes of high utilization;
- Conducting person-centered assessments that empower individuals to make informed choices about their long-term care options;

- Identifying community-based interventions and increasing access to public and private programs; and
- Conducting follow-up assessments that address quality-of-life indicators and increase community tenure with a reassessment of SDOH.

In some ways the COVID-19 pandemic has accelerated the need for robust NWD Systems as well. State-level aging and disability organizations have come together to address critical needs for information and access to services.

- The Nevada NWD System quickly developed a COVID-19 Rapid Response Plan. The plan designated leads for key functions such as responding to target population needs, managing the volunteer workforce, and mobilizing services. The plan engaged many key NWD partners and operated under the direction of a leadership team. Members of the team participated in the American Society Aging’s Future Proof lecture series and also presented to the Senate Committee on Aging,³ to showcase their innovation in rapid and effective coordination and collaboration.
- The COVID-19 crisis bolstered innovations that the Virginia NWD System had planned for prepandemic. Virginia’s NWD System always placed a strong emphasis on SDOH; after COVID-19 struck, the state implemented verbal consent for referrals to get individuals connected with supports faster. Virginia also compiled best practice strategies from local aging and disability organizations to address social isolation challenges and disseminated the information via newsletters to the entire state. Finally, approached by its long-standing partner, the state hospital association, Virginia developed a fact sheet on social isolation for hospitals.

Overall, the demands and opportunities to grow the aging and disability networks in the next decade will require changing the orientation, roles, and culture of state aging and disability agencies so that they embrace new partnerships and think and act strategically to foster growth and modernization. ACL will continue partnering with AARP to highlight key takeaways from the *Scorecard*—to enhance these efforts by leveraging the NWD system vision.

³ More information is available at <https://documentcloud.adobe.com/link/review/?pageNum=5&uri=urn%3Aaaid%3Aascds%3AUS%3A921bee7e-ad8c-4f6d-92f1-7c43a4fd737e#pageNum=1>.

Appendix. ADRC/NWD Survey Questions

The following section contains AARP's 2020 *Scorecard* survey questions for each ADRC/NWD System domain. Please see the scoring legend in **table 2** to understand the answer options for each domain's *Scorecard* measure.

TABLE 4
State Governance and Administration Domain Survey Questions

I. STATE GOVERNANCE AND ADMINISTRATION

1. The State has the Governor's and/or State Legislature's written support for developing a NWD System consistent with the functionality described in "*Key Elements of a NWD System of Access to LTSS for All Populations and All Payers.*"
2. The State has a formal multistate agency body that coordinates the State government's work to develop a single No Wrong Door System for all people needing LTSS, regardless of income, age, or disability, and this body includes the state Medicaid agency, the state unit on aging, the state agencies that serve or represent the interests of individuals with physical disabilities, intellectual and developmental disabilities, and the state authorities administering mental health services.
3. The state has conducted a formal assessment of its access programs and functions, including its eligibility determinations processes, across all populations, documenting the challenges individuals face when accessing LTSS programs.
4. Based upon input from individuals receiving services and other sources, the state has developed a multiyear plan for implementing a NWD System consistent with the functionality described in the "*Key Elements of a NWD System of Access to LTSS for All Populations and All Payers.*"*
5. The State has a formal process in place for involving external stakeholders groups and individuals, including older adults, persons with disabilities, (physical, behavioral and I/DD), and family caregivers in the development and ongoing implementation of the NWD System, and it has documented evidence that stakeholder input is influencing the design and ongoing operations of the NWD System.
6. The State uses a variety of state-administered funding sources, including Medicaid, to support the planning, implementation, and ongoing operation of the state's No Wrong Door system.
7. The State coordinates its NWD System with a variety of state and federal administered programs that help beneficiaries understand its health insurance programs (e.g., Senior Health Insurance Program).
8. The State uses a formal process and clearly defined criteria to select and oversee the entities outside of state government that play a formal role in carrying out the NWD System function of Person-Centered Counseling.
9. The State has an established process for continually monitoring and improving the performance of its NWD system that allows the state to track its progress over time in implementing a single statewide NWD System consistent with the "*Key Elements of a NWD System of Access to LTSS for All Populations and All Payers.*"
10. The State has a documented method for measuring the impact of its NWD System on Medicaid LTSS expenditures.
11. The State uses electronic information technology to support and manage all four functions within its NWD System.
12. The State uses its electronic IT to facilitate the sharing of client information across some operating organizations in its NWD System and to also exchange client information with entities such as acute care hospitals and long-term care facilities in a way that leverages the use of health IT.
13. The State has a documented method/process to estimate current and future demand for NWD System functions.

I. STATE GOVERNANCE AND ADMINISTRATION

14. The State has a strategy in place for ensuring it has the capacity to meet demand for NWD System functions, including the demand across different segments of the state's population.
15. The State is implementing Person-Centered Counseling consistent with Person-Centered Planning definition in the HCBS Final Rule.**

* "Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information." Available at <https://www.healthit.gov/>.

** This question was removed from scoring. Information on the Final Rule can be found at <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html>.

TABLE 5

Public Outreach and Coordination with Key Referral Sources Domain Survey Questions

II. PUBLIC OUTREACH AND COORDINATION WITH KEY REFERRAL SOURCES

1. The NWD System has an outreach and marketing plan focused on branding the NWD System as a visible and trusted source of information and personalized one-on-one counseling that can help any individual learn about and access the LTSS options that are available in their communities.
2. The NWD System has a publicly searchable database on a website that is designed to assist older adults, people with disabilities, and their family caregivers to learn about and access public and private LTSS options available in their communities, which is user friendly and accessible to persons with disabilities.
3. The NWD System has a toll-free number that connects individuals to trained Information and Assistance Specialists to assist people in need of LTSS.
4. The NWD System is conducting ongoing outreach and training targeted at key referral sources, including Information and Referral programs, to inform them about the NWD System and how and when to make referrals to Person-Centered Counseling.
5. The State Medicaid agency has designated some of the organizations doing Person-Centered Counseling within the NWD System to serve as local contact agencies (LCAs) for individuals who indicate that they wish to return to the community during their MDS 3.0 Section Q assessment.
6. The organizations doing Person-Centered Counseling in the NWD System have formal agreements (e.g., MOUs, contracts, or written agreements) with hospitals or rehabilitation facilities to facilitate transition to home.
7. The organizations doing Person-Centered Counseling in the NWD System have formal agreements (e.g., MOUs, contracts, or written agreements) with educational institutions, private employers, and other appropriate entities to facilitate the transition of youth with disabilities from secondary education to postsecondary life that include opportunities for competitive integrated employment and/or postsecondary education.
8. The organizations doing Person-Centered Counseling in the NWD System have formal agreements (i.e., Provider Agreements or Contracts) with VA Medical Centers to provide Veteran Directed Care (formerly known as Veteran-Directed HCBS).

TABLE 6
Person-Centered Counseling (PCC) Domain Survey Questions

III. PERSON-CENTERED COUNSELING (PCC)

The NWD System currently provides Person-Centered Counseling that is consistent with the Person-Centered Counseling function defined in the “*Key Elements of a NWD System of Access to LTSS for All Populations and All Payers*” to the following populations:

1. Older Adults
2. Individuals with Physical Disabilities
3. Individuals with Intellectual/Developmental Disabilities
4. Individuals with Mental Illness and Behavioral Health Needs
5. Family Caregivers
6. The NWD System uses a variety of different organizations to do Person-Centered Counseling, such as Area Agencies on Aging, Independent Living Centers, etc., to ensure its NWD system has the capacity to serve different LTSS populations.
7. Staff doing Person-Centered Counseling in the NWD System have the competencies to conduct Person-Centered Planning in a way that is consistent with the Person-Centered Planning requirements in the CMS HCBS Settings rule.
8. The NWD System uses standards that define Person-Centered Counseling consistent with the Person-Centered Planning requirements in the CMS HCBS Settings Rule.
9. The NWD System has established protocols for the development of person-centered plans by staff doing Person-Centered Counseling in line with the Person-Centered Planning provision of the CMS HCBS Final Rule.
10. Managers and other key staff throughout the NWD System have an understanding of the philosophy, values, concepts, and practices of person-centered planning as part of its strategy to make its LTSS system more person-centered.
11. The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully transition individuals from long-term care facilities back to the community.
12. The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully facilitate hospital to home and rehabilitation facility to home transitions.
13. The NWD System has staff doing Person-Centered Counseling with skills and expertise required to successfully help youth with disabilities to transition from secondary education to postsecondary life that involves options that can keep them integrated in the community, including competitive employment and/or postsecondary education opportunities.
14. The NWD System has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.
15. The NWD System uses a satisfaction survey that includes individual outcome measures of autonomy and control.
16. The NWD System provides individuals and families with assistance in planning for their future LTSS needs.
17. 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 cost of LTSS.
18. Staff doing Person-Centered Counseling in the NWD System are able to track individuals’ eligibility status throughout the process of eligibility determination and redetermination.
19. There are established protocols for staff doing Person-Centered Counseling to work with individuals in completing their applications for various public programs and for working directly with the staff in the NWD System that make eligibility determinations in a way that helps to expedite and streamline the process for individuals.
20. There are written protocols for routinely conducting follow-up with individuals who have been assisted by the staff in the NWD System in developing and implementing a Person-Centered Plan to determine if they might benefit from further assistance.

* Information on the Final Rule can be found at <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html>.

TABLE 7
Streamlined Eligibility for Public Programs Domain Survey Questions

IV. STREAMLINED ELIGIBILITY FOR PUBLIC PROGRAMS
1. The NWD System is systematically and continually assessing its various state-administered LTSS programs to identify and implement more efficient and effective ways to administer the multiple eligibility determination processes across its LTSS programs.
2. The NWD System has made one or more significant changes in the last two years to the eligibility determination processes associated with its LTSS programs that has made it easier for older adults, people with disabilities, and their family caregivers to access those programs (e.g., presumptive eligibility, adopting the use of a common assessment tool, significantly reducing the time from application to a final determination of eligibility).
3. The NWD System utilizes a formal process or instrument with defined criteria to identify and support individuals at high risk of institutionalization.
4. The NWD System has established protocols to ensure that individuals seeking LTSS do not have to give the same information more than once while they are trying to access LTSS (e.g., the information collected during the Person-Centered Counseling process is used in the Medicaid-eligibility determination process).
5. The NWD System conducts nursing facility preadmission screening for individuals who are or appear to be eligible for Medicaid LTSS and have the potential to avoid nursing home admission.
6. The NWD System implements and/or coordinates with the federally mandated Pre-Admission Screening and Resident Review (PASRR) process to help divert individuals with mental illness and I/DD from unnecessary institutionalization.
7. The NWD System has written protocols for ensuring that it provides the same type of Person-Centered Counseling and Streamlined Access to public programs to anyone in need of LTSS regardless of where they enter the NWD System.

TABLE 8
Statewide Reach Domain Survey Questions

V. STATEWIDE REACH
1. Statewide Reach: The NWD System provides Person-Centered Counseling in the following areas of the state: [The survey included a list of all counties in the state for respondent to check.]
2. Statewide Reach: The NWD System provides Public Outreach in the following areas of the state: [The survey included a list of all counties in the state for respondent to check.]
3. Statewide Reach: The NWD System provides Streamlined Eligibility for Public Programs in the following areas of the state: [The survey included a list of all counties in the state for respondent to check.]



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