

Key Elements of a NWD System of Access to LTSS for All Populations and Payers

Introduction

Finding and accessing the right long term services and supports (LTSS) presents a daunting task for many individuals and their families. The current LTSS system involves numerous funding streams administered by multiple federal, state and local agencies. These agencies use different, often fragmented, and sometimes duplicative processes and requirements involving 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 at a time of vulnerability or crisis which can result in people making decisions based on incomplete, and sometimes inaccurate, information about their options. This can include decisions to purchase and/or use more expensive options than necessary, such as institutional care, that can quickly exhaust an individual's personal resources and result in their spending down to Medicaid.

The Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA) have partnered for several years to support states' efforts to develop coordinated systems of access to make it easier for consumers to learn about and access LTSS. These efforts have been supported by a variety of programs, including the Aging and Disability Resource Center (ADRC) program, Real Choice Systems Change grants, the Balancing Incentive Program, Money Follows the Person (MFP), and Veteran Directed Home and Community-Based Services (VD-HCBS). The Elements in this document reflect the cumulative experience and learnings from these investments and are designed to provide all states with a framework for developing "high performing" No Wrong Door Systems (NWD Systems) that can enhance consumer choice and control and can help states create more consumer-driven, more efficient, and more cost-effective LTSS systems.

The Elements are characteristics or attributes that shape a single statewide system available to all populations who need or may at some point need LTSS and all payers who help to finance LTSS. For purposes of these elements, "all payers" includes all state programs, including federally supported programs such as Medicaid, that pay for LTSS, as well as all individuals who pay for LTSS using their own personal resources. The Elements embody a "No Wrong Door" model, recognizing that multiple agencies and organizations at the state and local level need to be formally involved in the operation of a NWD System in order for it to have the capacity to serve all populations and all payers. Thus, there is a leadership role states must play in developing and implementing NWD Systems and a meaningful involvement of key stakeholders, especially consumers and their families, in the design, implementation and ongoing administration and evaluation of a NWD System.

The four primary functions of a NWD System that are reflected in these Elements include:

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

The Elements are designed to help 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. The Elements will help all the agencies and organizations involved in a NWD System to understand their role in the system and to improve their capacity to carry out NWD functions. The Elements should also help consumers and their advocates to better understand the nature of a NWD System and the essential role it can play in optimizing consumer choice and control and in making a state's overall LTSS system more consumer-driven.

The specific goals of these Elements include:

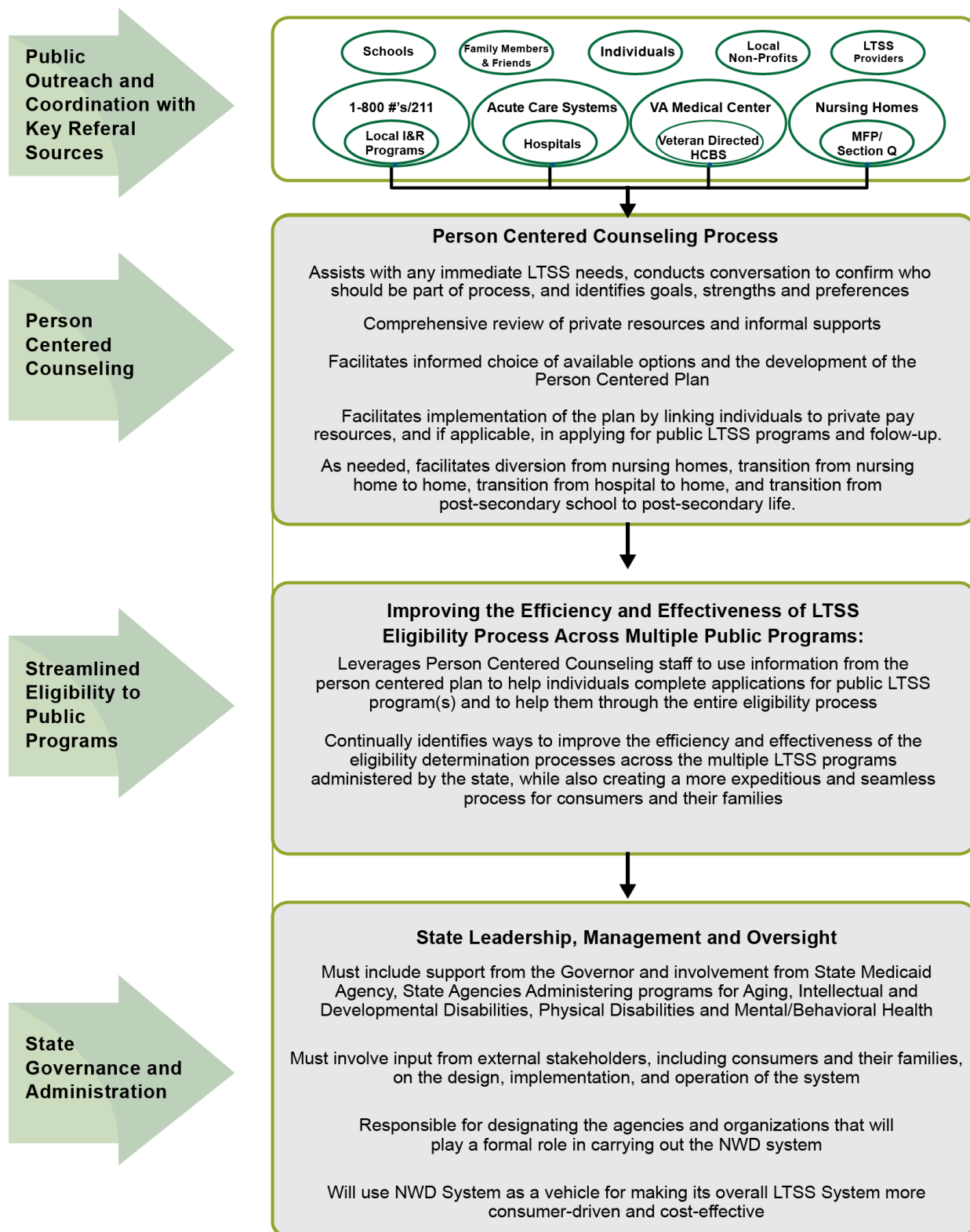
- ▶ Establishing a uniform set of national guidelines and expectations for NWD Systems;
- ▶ Improving the consistency and quality of NWD Systems across the states;
- ▶ Helping states to create a vision for their NWD Systems and multi-year strategies for advancing their vision within their states.
- ▶ Helping states to strategically leverage existing resources, programs, functions and organizational entities to support the development of their NWD System;
- ▶ Providing a basis for states to establish meaningful outcome and process measures and a method for continually evaluating and improving the performance of their NWD Systems;
- ▶ Establishing clear expectations about the roles and responsibilities of NWD staff doing Person-Centered Counseling, especially with respect to their use of person-centered planning skills and practices to empower individuals to make informed decisions, to exercise control over their LTSS, and to achieve their personal goals and preferences; and,
- ▶ Helping states to meet projected increases in consumer demand as a growing aging and disability population seeks assistance in navigating the LTSS System.

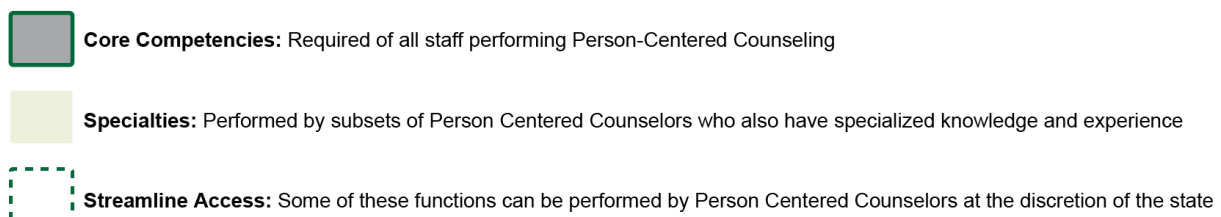
The Elements are not intended to provide a rigid structure by which a state's NWD System must operate. The federal partners recognize that it will take time for states to fully transform their current access programs and functions into a single statewide NWD System consistent with these Elements, and that states will organize and operate their NWD Systems in ways that best meet their unique structures, populations and available resources. The federal partners plan to use these Elements as the basis for receiving broad public input on what will eventually become National Standards for a NWD System of access to LTSS for all populations and all payers.

Finally, different states use different terms to describe their LTSS access programs and systems and they use different job titles for staff working in those programs and systems. In many cases these terms are used for branding purposes and are often grounded in state statutes. Accordingly it is important to note that the terms "No Wrong Door" and "Person-Centered Counseling" used in

this document are intended to describe systems structures, functions and job duties; they are not intended to serve as a brand that all states must use in labeling their access functions or job titles. For instance, states are implementing person-centered planning in various ways, including through training programs designed to bolster and upgrade the skills of their existing ADRC Options Counselors and other staff who use different titles. It is expected that many states will continue to use the term “Options Counselor” and other such job titles since a number of states have codified the term in law, as many have with the term “Aging and Disability Resource Center”.

No Wrong Door Schematic





Examples of Organizations that could be Designated by the State to Perform NWD System Functions

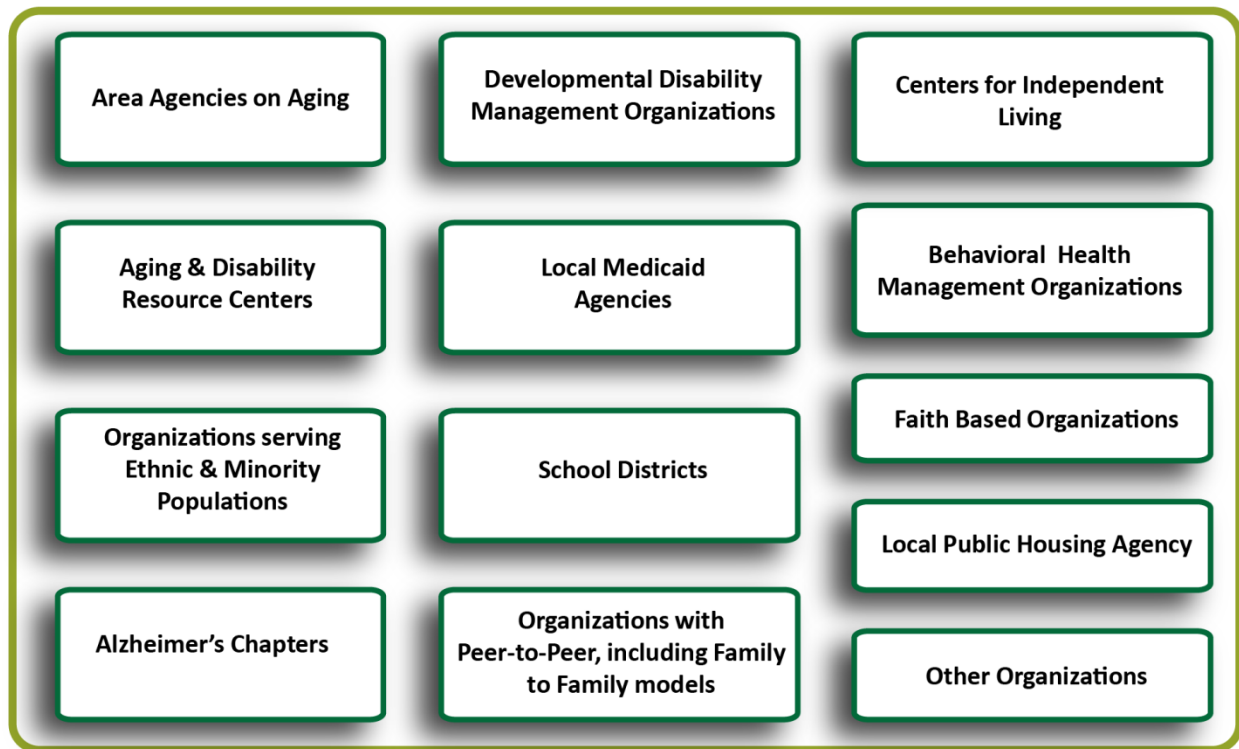


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No Wrong Door Elements

I. State Governance and Administration Function

Among the key learnings from past federal investments in state access systems is the critical importance of the state playing a leadership role in the design, implementation and ongoing administration of a NWD System. This includes having the full support of the Governor and key Cabinet-level officials and the active involvement of the multiple state agencies that have a role in LTSS. Also key is the state's role in setting clear expectations for the multiple organizations outside of state government that will play a formal role in carrying out NWD functions. Finally, it is critical that the state ensures the ongoing and meaningful involvement of key stakeholders, including consumers and their families, in the development, implementation and ongoing evaluation of the NWD System.

Element 1.1 State Leadership and Collaboration

The development, implementation and oversight of a state's NWD System has the support of the Governor and active involvement of the multiple state agencies that administer programs that effect LTSS populations. The Governor designates the state agencies that play a formal role in the development, implementation and oversight of the NWD System, and also designates the state entity that is responsible for leading the overall initiative.

Guidance: At a minimum, the following state agencies should be designated by the Governor to be involved in the development and implementation of the state's NWD System: the state Medicaid agency, the state unit on aging, any other state agency that serves or represents the interests of individuals who need LTSS, and any other state agency or entity the Governor chooses to designate. Executive level staff from each of the designated agencies should be formally assigned to oversee their agency's work on the NWD System. The Governor will also designate the state agency or entity that will be responsible for leading all of the state's NWD activities. Since different agencies will play different but complimentary roles in the development and implementation of the NWD System, it is essential that the specific roles and responsibilities of each involved state agency are clearly defined and the activities of all involved state agencies are carried out in a coordinated manner. It is also important for the state to identify the federal and state resources currently being used to carry out LTSS access functions across its multiple programs and determine how best to coordinate and deploy these resources to support the ongoing operations of the NWD System.

Potential Indicators:

1. Written documentation of the Governor's support for the NWD System and the Governor's designation of the state agencies to be involved in the development and implementation of the state's NWD System, including designation of the state entity that will be responsible for leading the state's NWD System activities.

2. Written documentation of the State's vision for its NWD System and its multi-year strategy and plan for advancing its vision.
3. Written documentation that describes the role of each state agency formally involved in the NWD System.
4. Written documentation of the various LTSS access programs and functions across the multiple state administered programs that pay for LTSS, along with documentation of the state and federal resources being used to carry out those functions that can be used to support the ongoing operations of a NWD system.

Element 1.2 Stakeholder Inclusion

The State uses a formal process for ensuring the ongoing and meaningful involvement of key stakeholders, including consumers and their families, in the development and implementation of the NWD System.

Guidance: Stakeholders include older adults, individuals with physical disabilities, individuals with intellectual and developmental disabilities, individuals with mental and/or behavioral health needs, individuals with cognitive impairments and dementia, family members, advocates, Centers for Independent Living (CILs), Area Agencies on Aging (AAA), local Medicaid agencies, Veteran Service Organizations, community-based service providers, and other relevant public and private entities involved in the state's LTSS system.

Potential Indicators:

1. The State has a formal mechanism and ongoing documented process for involving stakeholders in the development and implementation of the NWD System.
2. Documented evidence that stakeholder input is influencing the design and ongoing operations of the NWD System.

Element 1.3 Designation of Non-State Government Entities to Perform NWD Functions

The State is responsible for selecting and overseeing the agencies and organizations outside of state government that play a formal role in carrying out NWD functions, including Person-Centered Counseling and Streamlined Eligibility to Public Programs.

Guidance: As noted above, a NWD System requires the involvement of numerous agencies and organizations inside and outside of state government in order for the NWD System to have the capacity to serve all populations and all payers. The state will formally designate, directly or through a delegated entity, the agencies and organizations outside of state government that will be formally involved in carrying out the NWD functions, including the Person-Centered

Counseling and/or the Streamlined Eligibility for Public Programs functions. This will involve formal agreements with these entities that describe the performance standards of specific NWD functions they will perform, the populations they will serve, the geographic areas they will cover, their relationship to other NWD entities and reporting requirements they will have to meet. States should build upon and leverage existing entities and networks with a proven record of carrying out functions identical or similar to those required by the NWD system, such as Area Agencies on Aging, Centers for Independent Living, Developmental Disability Management Organizations, local Medicaid Agencies, Behavioral Health Management Organizations, Alzheimer's Chapters, and other entities that serve populations of individuals with disabilities. It is assumed that many of the designated entities will already be receiving federal and/or state funds to carry out the types of functions required for a NWD System. The state will have a communications strategy and process for facilitating communications and ongoing coordination among the many different agencies and organizations playing formal roles in the NWD System at the state and regional/sub-state level so all of these organizations can effectively and efficiently operate as a single statewide NWD System.

Potential Indicators:

1. The State has formal procedures for selecting and overseeing entities outside of state government that will play a formal role in carrying out the NWD functions, including Person-Centered Counseling and Streamlined Eligibility for Public Programs.
2. The State has a documented strategy and procedures for ensuring that each agency and organization that plays a formal role in its NWD System has a full understanding of how the overall system operates, its specific role in the system, and its relationship to other entities in the system.

Element 1.4 Person-Centeredness

The State uses the NWD System to implement person-centered planning statewide as part of a strategy for making its overall LTSS system more consumer-driven. The State ensures that NWD staff doing Person-Centered Counseling for the NWD System have the competencies to do person-centered planning in a way that is consistent with the Elements in Section III of this document, and the State actively promotes the philosophy, values, concepts, and practices of person-centered planning throughout its entire NWD System.

Guidance: The NWD System will be the formal “point of entry” into the State’s LTSS system. The State will use its NWD System to fundamentally change the experience of consumers who encounter the LTSS System so it becomes more responsive to the preferences and personal goals of its citizens who need, or may at some point need, LTSS. The Elements in this document are designed to do this by integrating person-centered planning into the NWD Person-Centered Counseling function. The 2014 [HCBS Settings Rule](#) establishes clear expectations for person-

centered planning that resulted from many years of experimentation and development in states across the country, and recognizes it as foundational for the delivery of effective home and community-based services (HCBS). Through the use of Person-Centered Counseling, the NWD System will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies, and other resources in their communities that provide LTSS.

Person-centered planning represents the state-of-the art practice for promoting consumer choice and self-determination in our LTSS system, and is fundamentally different from many of the traditional practices that have been, and are still being used, in many parts of our LTSS system to help consumers access LTSS. Accordingly, in addition to ensuring that staff doing Person-Centered Counseling have the competencies to do person-centered planning, the state should also have a strategy for actively educating managers and key staff at all levels within the NWD System on the philosophy, values, concepts, and practices of person-centered planning. This ensures the full embracement within the NWD System, and that the work of the “front line” staff doing Person-Centered Counseling is fully understood and supported by management.

Potential Indicators:

1. The State has written standards and protocols for staff doing Person-Centered Counseling and for ensuring these staff have the competencies required to conduct person-centered planning consistent with the State’s standards and the Elements in section III of this document.
2. The State has and is implementing a strategy for educating managers and other key staff throughout its NWD System on the philosophy, values, concepts, and practices of person-centered planning. The strategy will include how the State is using the NWD System to implement the practice statewide to make its overall LTSS System more consumer-driven.

Element 1.5 Performance Standards and Continuous Quality Improvement

The State uses clearly defined performance measures and a systematic process for collecting and analyzing the data and information needed by all of the entities in the NWD System to effectively manage, evaluate and continually improve the performance of the NWD System.

Guidance: The State will strategically leverage existing management information systems (MIS) and other data sources to collect and analyze information that will be needed by state and local entities involved in carrying out NWD functions to implement, manage and continually improve the NWD System. A well-managed NWD System will collect and generate timely information, data, and analytics on a wide range of indicators, processes, and outcomes across the programs and entities that make up the NWD System and across populations that are being, or could be served, by the NWD System. This will ensure that informed decision-making can occur at all levels within the System, including state level policy, program and funding decisions.

Person-centered surveys or other information gathering methods will be used to document and measure the experience of individual consumers with the NWD System from their point of entry into the system through follow-up. This includes their views on the system's responsiveness in helping them to realize their personal goals and preferences. This also includes data on the extent of Person-Centered Counseling provided, the types of LTSS services and supports the NWD System was able to help the individual access, and gaps between the services used and the service preferences of the individual. The NWD System will collect individual information when applicable in a way that limits the repeated collection of the same information from an individual while engaged in the LTSS system.

The State will also track the impact of a NWD System on the State's efficiency and effectiveness in administering the multiple LTSS access functions that occur across its LTSS system through the improved coordination and integration of those functions. This will include reductions in duplicative intake, screening, and eligibility determination processes, as well as reductions in the time it takes for individuals to complete applications and eligibility determination for state administered programs. The State will track the number of people placed on waiting lists for services and steps taken staff doing Person-Centered Counseling to help these individuals seek alternative services in the community while on wait lists.

The State will be able to project future demand for NWD functions as the demographics of the state change over time, including projections specific to different populations and to different regional or sub-state geographic areas. The State will also track NWD System costs across NWD functions and geographic areas, as well as statewide cost-savings. At a minimum, this will include cost savings accruing to the Medicaid program as a result of helping Medicaid-eligible individuals use lower-cost LTSS services and helping private-paying individuals avoid the unnecessary use of costly services and subsequent spend down to Medicaid.

The State will collect information from the general public and individuals who use the NWD System on the key aims of the NWD System, including its:

- ▶ Visibility - the extent to which the public is aware of the NWD System;
- ▶ Trust - on the part of the public in the objectivity, reliability, and comprehensiveness of the assistance available from the NWD System;
- ▶ Ease of access - including the amount of time and level of frustration and confusion individuals and their families experience trying to access LTSS;
- ▶ Accessibility - of physical locations and accessibility and ADA 508 compliance of all written and web-based materials; and,
- ▶ Responsiveness - to the needs, preferences, and unique circumstances of individuals, especially in relation to the NWD System's ability to enable the individual to realize his/her personal goals that were established during the PCC process, and how well the NWD System tracks and responds to complaints and grievances.

Although not required, health information exchange (HIE) can be a key component of a NWD System. Using the term broadly, HIEs encompass systems that share consumer demographic, financial, health and functional data across multiple users, including different programs, providers, individuals and family members. Ideally the HIE will be linked to electronic health

records and personal health records to facilitate the exchange of information across entities involved in an individual's health care and LTSS.

Potential Indicators:

1. The State has developed and is implementing an assessment and evaluation plan to continually monitor and improve the performance and outcomes of its NWD System.
2. The State leverages information technology to support all NWD System functions.

Element 1.6 Staffing

The State ensures its NWD System has a sufficient number of adequately trained staff to carry out all NWD System functions throughout the state, and deploys a clear strategy to ensure the staffing of its NWD System keeps pace with changing demographics.

Guidance: Although staffing structures and patterns will vary by state, a sufficient number of trained staff to carry out all functions of a NWD System should be in place to meet the needs of state citizens in a timely manner. Two examples of actions the state can take to address staffing adequacy include:

1. *Measuring Capacity and Adequacy:* The State can estimate the total number of persons needing to access LTSS during any given year, both for the general LTSS population as well as for specific LTSS subgroups, and compare these estimates to the numbers of people actually served by its NWD System. States should continually assess staffing capacity against need and develop strategies for closing gaps that may exist. Additionally, states should track and analyze the time needed to provide support to individuals, and the use of technology and other tools that can assist staff and/or complement the work they do for consumers.
2. *Measuring Quality:* The State can establish a minimum threshold for the knowledge, skills and abilities (KSAs) of staff performing various NWD functions and offer training to increase the KSAs of staff. Measurement of individual and system level outcomes outlined under Element 1.5 should include staff performance quality indicators across all functions of the NWD System. These staff quality indicators along with capacity and adequacy indicators can be used by state agencies and stakeholders through ongoing governance and continuous quality improvement of the NWD System.

Potential Indicators:

1. The State has a written method to estimate demand for NWD functions and a strategy for ensuring it has the staff capacity to meet demand. This analysis should be conducted at least once every five years.

II. Public Outreach and Coordination with Key Referral Sources

Public outreach and education is key to the NWD System being recognized by the citizens and key referral sources as a trusted source of unbiased and in-depth information and one-on-one counseling. The success of the NWD System is also dependent on having formal relationships with entities where major transitions occur across settings and programs that can dramatically affect the well-being and quality of life for people with chronic impairments.

Element 2.1 Public Outreach and Education

The State proactively engages in public education to ensure its citizens are aware of the NWD System. The NWD System is seen as a visible and trusted source of information and one-on-one personalized counseling that any individual or family can turn to for help in understanding and accessing LTSS. The State's public awareness activities include a website on LTSS options and the NWD System, and a statewide toll-free number that connects individuals to staff doing Person-Centered Counseling.

Guidance: The State has developed and implemented a strategy and plan for informing its citizens about the NWD System and the help it can provide to individuals that need, or at some point will need, LTSS. The NWD System's public education efforts should give special attention to underserved and hard-to-reach populations, including people with hearing and visual impairments and limited English speaking populations.

Potential Indicators:

1. The State has an outreach and marketing plan focused on establishing the statewide NWD System as a visible and trusted source of information and personalized one-on-one counseling that can help any citizen of the state to learn about and access the LTSS options that are available in their communities. The outreach and marketing plan includes:
 - a. Consideration of all populations, including different age groups, different types of disabilities, culturally diverse groups, underserved and unserved populations, individuals at risk of nursing home placement, family caregivers, and professionals
 - b. A strategy to assess the effectiveness of outreach and marketing activities that includes a feedback loop to modify activities as needed
2. The NWD System has a publicly searchable website that includes information about public and private LTSS. The website is accessible to persons with disabilities, user friendly, and searchable.
3. The NWD System has a toll-free number that connects individuals to NWD staff doing Person-Centered Counseling.

Element 2.2 Information and Referral Entities

The State's NWD public education plan gives special attention to educating key referral sources, including statewide and local information, referral and assistance (I&R/A) programs, statewide toll-free numbers, and 2-1-1 systems so staff and volunteers working for these entities can appropriately and quickly refer individuals to NWD staff doing Person-Centered Counseling.

Guidance: Any agency, organization, website, hotline or other entity that, as part of its normal business, comes into contact with people who may need help in accessing LTSS is a critical referral source for a NWD System. In addition to formal I&R/A programs, other sources may include faith-based and civic organizations, non-profit community organizations that serve older adults and/or people with disabilities, community health centers, homeless shelters, community health centers, Veteran Services Organizations, YM/WCAs, etc.

Potential Indicators:

1. The NWD System, as part of its overall public education plan, is conducting ongoing outreach and training that is targeted at key referral sources to inform them about the NWD System and how and when to make referrals to NWD staff doing Person-Centered Counseling.

Element 2.3 Nursing Facilities and other institutions:

The State uses its NWD System to help individuals, regardless of their income or program eligibility, to avoid unnecessary placement in nursing homes and other institutional facilities as well as to help individuals with LTSS needs who are already residing in these types of facilities to transition back to the community.

Guidance: The research has shown that many people residing in nursing homes and other institutional facilities prefer to live in the community and would be able to do so with appropriate supports. States can and should use their NWD System to implement a two-pronged strategy to address this issue: diversion programs that involve pre-admission screening and other tactics; and transition programs that help individuals who reside in nursing facilities and other institutions to move back to the community. The Money Follows the Person Program has documented that even highly impaired individuals who have resided in institutions for over a year can be transitioned back to the community with the help of counselors who have specialized skills and experience. Accordingly, the State will ensure that a subset of their NWD staff providing Person-Centered Counseling have the experience and skills required to successfully transition individuals from nursing facilities and other institutions back to the community.

Potential Indicators:

1. The State uses its NWD System to implement a pre-admission screening program.
2. The State uses the NWD System to implement nursing home and other institutional transition programs including Money Follows the Person (MFP).
3. The State ensures that some of the NWD staff doing Person-Centered Counseling have the skills and expertise required to successfully transition individuals from institutions back to the community.
4. The State Medicaid agency designates some or all of the organizations doing Person-Centered Counseling within the NWD System to serve as local contact agencies (LCAs) to provide transition services to institutionalized individuals who indicate that they wish to return to the community via the MDS 3.0 Section Q assessment.

Element 2.4 Hospital Facilities and Other Health Care Settings

The State uses its NWD System to facilitate the successful transition of individuals with LTSS needs from hospitals and other health care settings back to the community.

Guidance: A key function of the NWD System is to serve as a bridge for the health system to the community and to facilitate the transition of individuals with LTSS needs who are being discharged from acute care settings back to their own homes. The NWD System also helps these individuals to arrange for the community services and supports they need to remain at home and avoid unnecessary hospital readmissions. The State will ensure that a subset of NWD staff doing Person-Centered Counseling have the experience and skills required to successfully transition individuals from acute care settings back to the home. The State will also ensure that NWD organizations with this expertise have formal agreements with acute care entities that define the role of the NWD staff in facilitating hospital-to-home transitions for people with LTSS needs.

Potential Indicators:

1. Some or all of the NWD Person-Centered Counseling organizations have staff with the skills and expertise required to successfully facilitate hospital to home transitions, and these organizations have formal relationships (MOU, contract, or written agreement) with hospitals and other health care entities in their service area that define the role of these NWD organizations and the specially skilled staff in the hospital discharge planning process.

Element 2.5 Youth Transition Entities And Systems

The State uses its NWD System to facilitate the transition of youth with significant disabilities who have completed their secondary education or otherwise left school to postsecondary life.

Guidance: This is a critical phase of life for transitioning youth. The options they have and the choices they make during this period of transition can dramatically affect the extent to which they are fully integrated into their communities and the overall quality of their life for decades to come. The State will ensure that a subset of the NWD staff doing Person-Centered Counseling have the skills and expertise required to successfully facilitate these transitions. NWD organizations with this expertise should have formal agreements with secondary educational systems, institutions of higher education, employers, and other entities in their service areas that define the role of these organizations and their staff in working with these youth and their families to facilitate the development of person-centered plans and successful transitions to postsecondary life.

Potential Indicators:

1. Some or all of the NWD Person-Centered Counseling organizations have staff with the skills and expertise required to do successful youth transitions and have formal relationships (MOU, contract, or written agreement) with the appropriate entities in their service area that define the role of these organizations in facilitating youth transitions.

Element 2.6 VA Medical Centers

The State encourages NWD organizations to have formal agreements with local Veterans Administration (VA) Medical Centers to assist the VA in implementing the Veteran-Directed Home and Community-Based Services (VD-HCBS) Program and other VA HCBS programs.

Guidance: The NWD System will play a key role in helping the Veterans Administration to expand access to VA funded Home and Community Based Services for Veterans who need LTSS, including Veteran Directed HCBS. The formal agreements with the VA Medical Centers will define the protocols and financial arrangements required for NWD person-centered counselors to work with Veterans and their families deemed by the VA to be eligible for VA funded HCBS to develop person-centered plans, and arrange for the delivery of the services and supports the Veteran identifies. This includes assisting with establishing flexible spending plans and providing financial management services to pay the Veterans' workers in accordance with applicable state and federal laws.

Potential Indicators:

1. Some or all of the NWD Person-Centered Counseling organizations have a formal agreement with the VA Medical Center(s) in their service area that define the role of the organization and its staff in working with the VA Medical Center(s) and with Veterans and their families in arranging for VD-HCBS and other forms of VA funded HCBS.

III. Person-Centered Counseling (PCC)

The Person-Centered Counseling function will serve as the formal “point of entry” into the LTSS system for individuals and their families who need, or may at some point need, LTSS, and will take place in a variety of settings, including: a person’s home to help the individual to remain at home; a community residence to help an individual to remain in the community; a nursing facility to help an individual transition back to the community; an acute care hospital to help an individual return home and avoid unnecessary readmissions; a high school to help a teenage child with an intellectual or developmental disability transition successfully to postsecondary life, as well as many other settings. As noted above, the NWD Person-Centered Counseling function embodies person-centered planning and the Elements below are consistent with the 2014 [HCBS Rule](#), which establishes clear expectations for person-centered planning and recognizes it as foundational for the delivery of effective HCBS. The rule resulted from many years of experimentation and development within states across the country.

It is important to note that an individual may not need or require all the Elements of the person-centered counseling process described within this function. A person-centered system recognizes that every individual is unique and the system must be able to respond flexibly to each individual’s situation, strengths, needs and preferences. Some individuals contacting the NWD System may only need some detailed information on the LTSS options available in their community. Someone else may have an emergency need that requires a rapid short term response and then no further help. Others may benefit from assistance with development of a full person-centered plan, but are able to fully implement the plan themselves with no further help from the NWD counselor. Others will need help with developing plans and assistance with locating services that they can pay for themselves. Nonetheless, it is essential that every staff person doing Person-Centered Counseling for the NWD System be able to effectively perform every aspect of the person-centered planning and implementation process described in this section.

Element 3.1 Individually-Led

NWD Person-Centered Counseling ensures that the person with LTSS needs directs the PCC process.

Guidance: The person or representative must have control over who is included in the planning process. Person-Centered Counseling may include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person. Person-Centered Counseling must also include family members or legal guardians for non-emancipated minors, and should involve the individuals receiving care or services to the maximum extent possible even if they are not the legal representative in the planning process.

Potential Indicators:

1. The NWD System has established standards and protocols that define what Person-Centered Counseling entails, including protocols for responding flexibly to individuals depending on their personal situation, strengths, needs and preferences.

2. Consumer outcome measures of autonomy and control are included in the NWD System consumer satisfaction survey.

Element 3.2 Personal Interview

The Person-Centered Counseling process begins with a personal conversation that includes elements of screening and assessment to confirm that the person needs LTSS and to determine if they have any needs that require immediate action.

Guidance: The NWD staff doing Person-Centered Counseling will go through an iterative process with the individual, and others as appropriate, to identify his or her personal strengths, values, preferences and goals. The conversation begins in a timely manner and meets the schedule and needs of the individual. Individuals involved in the Person-Centered Counseling process should be oriented to the process in order to ensure their active participation. Necessary information and support provided by the counselor ensures the centrality of the person and/or representative to the process, and their understanding of the information. This includes the provision of auxiliary aids and services when needed for effective communication. The Person-Centered Counseling process must provide meaningful access to participants and/or their representatives with limited English proficiency, including low literacy materials and interpreters. If the person does not have LTSS needs, the counselor will help the individual address his or her immediate needs or seek a referral. In addition to discussing and sharing information about available resources, Person-Centered Counseling assists the person in evaluating various pathways to achieving his or her goals, including the pros/cons of specific options. This process may utilize specific decision support tools, such as motivational interviewing, preferences maps, places maps, mind maps, evaluating options tools, pro-con lists, and shaping outcomes tools, among others.

Potential Indicators:

1. Organizations designated by the state to conduct NWD Person-Centered Counseling have the capacity to respond to individuals with intensive, short term immediate needs that are in a crisis situation until their situation is stabilized.

Element 3.3 Development of a Person-Centered Plan

The NWD staff doing Person-Centered Counseling record the person's goals, preferred methods for achieving them, and a description of the services and supports needed to successfully achieve the person's goals.

Guidance: Person-Centered Counseling enables and assists people to identify and access a unique mix of paid and non-paid services to meet their needs. Services listed on a plan represent

the desires and preferences of the person, but the plan does not guarantee they will be chosen or provided. Preferences may include, but are not limited to, the following quality of life domains:

- ▶ Language and health literacy
- ▶ Housing
- ▶ Family and friends
- ▶ Employment
- ▶ Community integration
- ▶ Behavioral health
- ▶ Recreation
- ▶ Vocational training
- ▶ Relationship building
- ▶ Culture (policies and practices should be consistent with the HHS Office on Minority Health Standards [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#))
- ▶ Other choices

When a person-centered plan is desired by an individual, the plan should have the following attributes, as applicable:

- ▶ Reflects the setting where the person chooses to reside. Settings offered include those that are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving HCBS.
- ▶ Prepared in first-person singular language understandable by the person and/or representative and the individuals supporting him or her. At a minimum, the plan must be written in plain language and in a manner that is accessible to individuals with disabilities and persons with limited English proficiency.
- ▶ Considers the positive attributes of the person in order to be strengths-based.
- ▶ The plan identifies risks and includes measures available to reduce risks or identify alternate ways to achieve personal goals, while acknowledging the person's right to assume some degree of personal risk.
- ▶ Documents goals in the person's and/or representative's own words, with clarity regarding the amount, duration, and scope of HCBS provided to assist the person. Goals will consider the quality of life concepts important to the person.
- ▶ Describes the services and supports necessary and specifies the HCBS provided through various resources including natural supports, to meet the goals in the person-centered plan. Natural supports include unpaid supports provided voluntarily to the individual in lieu of the state plan HCBS.
- ▶ Documents the specific person or persons, provider agency and/or other entity providing services and supports.
- ▶ Assures the health and welfare of the person.
- ▶ Documents non-paid supports and items needed to achieve the goals.
- ▶ Includes a timeline for review and the signatures of everyone with responsibility for its implementation including the person and/or representative, his or her case manager, and the support

broker/agent (when applicable). The plan is discussed with family/friends/caregivers designated by the individual so that they fully understand it and their role(s).

- ▶ Any effort to restrict the right of a person to realize preferences or goals is justified by a specific and individualized assessed safety need and documented in the person-centered plan.
- ▶ The plan identifies the person(s) and/or entity responsible for monitoring its implementation.
- ▶ The plan identifies needed services, and prevents unnecessary or inappropriate services and supports.
- ▶ Documents an emergency back-up plan that encompasses a range of circumstances (e.g. weather, housing, and staff).
- ▶ Addresses elements of self-direction (e.g. fiscal intermediary, support broker/agent, alternative services) whenever the individual chooses a self-directed service delivery system.
- ▶ All persons directly involved in the planning process receive a copy of the plan or portion of the plan, as determined by the participant or representative.
- ▶ Outlines mechanisms for solving conflict or disagreement within the process, including clear conflict of interest guidelines.
- ▶ Finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
- ▶ Finally, the person-centered plan is retained by the individual and the counselor and is shared with others as desired, as well as retained in a file or electronically for follow up. The person or representative has the authority to request meetings and revise the plan (and any related budget) whenever necessary.

The Person-Centered Counseling process is centered on the individual and their personal goals and desires, and is much broader in scope than any formal assessment or eligibility determination process tied to a public or private program. However, once completed, the independent person-centered plan informs the formal assessments, service plans and eligibility processes associated with the various publicly administered programs that provide LTSS. The person-centered plan identifies gaps between LTSS needs and preferences identified in the person-centered plan, and services made available through the program and service eligibility processes, along with strategies for achieving the person's goals that cannot be met through public programs.

Potential Indicators:

1. The NWD System has established protocols for the development of person-centered plans by NWD staff doing Person-Centered Counseling, including the review of these plans by NWD supervisors to ensure they are consistent with established protocols.

Element 3.4 Facilitating Access to Private Sector Services and Supports

Person-Centered Counseling assists the individual in determining how best to pay for and arrange the delivery of services, including helping the individual assess the sufficiency of his or her own personal resources.

Guidance: Most people who need LTSS do not qualify for publicly funded LTSS programs. Accordingly, Person-Centered Counseling includes the critical process of facilitating access to private pay services and community resources, including services that are covered out-of-pocket and/or through other community resources. If individuals are placed on waiting lists for publicly funded programs, NWD staff doing Person-Centered Counseling will assist in accessing non publicly funded, local community-based LTSS needed to live in the community.

Potential Indicators:

1. The NWD System actively markets to and serves private pay individuals, in addition to those that require public assistance.
2. The NWD System has a process in place for gathering and updating information on providers of fee-for-service LTSS.
3. The NWD System provides individuals and families with assistance in planning for future LTSS needs directly or contractually by staff that possess specific skills related to LTSS needs planning and financial counseling.

Element 3.5 Facilitating Access to Public Programs

Person-Centered Counseling facilitates access to public programs for those who appear eligible for one or more public LTSS options such as Medicaid, Older Americans Act, Independent Living Programs, state revenue programs, and Veterans programs.

Guidance: Person-Centered Counseling assists any individual who appears to be eligible for a state administered or other public program(s) that provides LTSS in navigating the appropriate processes and requirements that are involved in determining the individual's eligibility for such programs. The NWD staff doing Person-Centered Counseling will work with the individual and use the information collected during the Person-Centered Counseling process to coordinate with the staff responsible for administering the formal procedures and requirements that are involved in assessing needs and determining eligibility to:

- ▶ Facilitate the individual's completion and submission of applications and necessary eligibility determination documents;
- ▶ Facilitate the individual's input into the development of the program's formal service plan that is required by the program to ensure it is as consistent as possible with the individual's preferences and personal goals as identified in their person-centered plan; and,
- ▶ If necessary, help the individual arrange for financial management services (FMS) when s/he chooses self-direction, and/or assist with the choice of a support broker/agent.

This role of the staff doing Person-Centered Counseling is critical to the NWD System being able to create a streamlined and seamless process for individuals trying to access public programs that provide LTSS.

Potential Indicators:

1. The NWD System has established protocols for staff doing Person-Centered Counseling to work with individuals in completing applications for various public programs and working directly with the NWD staff that make eligibility determinations for those programs until a final eligibility determination is made.
2. NWD staff doing Person-Centered Counseling are co-located with NWD staff who conduct level of care assessments that are used for determining functional eligibility.
3. NWD staff doing Person-Centered Counseling are able to track individuals' eligibility status throughout the process of eligibility determination and redetermination.
4. NWD staff doing Person-Centered Counseling are informed when an individual is deemed eligible but put on a waitlist for services so that the NWD counselor can follow-up with the individual to see if alternative supports can be arranged while the individual is on the wait list.

Element 3.6. Specialized Person-Centered Counselors

The State has a strategy for ensuring all NWD staff doing Person-Centered Counseling have the requisite skills to do person-centered planning consistent with the Elements in this section. The State also ensures that subsets of their NWD staff doing Person-Centered Counseling have the specialized skills required to work with different LTSS populations and to carry out specialized NWD functions involving transitions from hospitals to home, from nursing homes back to the community, and from secondary education to post-secondary life for youth with intellectual and developmental disabilities.

Guidance: The State needs to ensure all staff doing NWD person-centered planning have the skills necessary to conduct person-centered planning, and it needs to be strategic about the number and distribution of its counselors who have specialized skills in serving different populations and in carrying out specialized functions involving transitions. This strategy should inform the criteria and selection process the state uses to designate the various organizations that will be conducting Person-Centered Counseling for the NWD System.

Potential Indicators:

1. The State has established standards and processes for determining if an individual has the skills to successfully perform Person-Centered Counseling consistent with the Elements in this section.
2. The NWD System has a written method to estimate demand for NWD services and staff capacity to meet demand and conducts this analysis at least once every five years.
3. The State has developed and is implementing a strategy for ensuring it has sufficient capacity in its NWD System to carry out Person-Centered Counseling for special

populations and for individuals needing assistance in transitioning across settings and programs, including transitions from nursing facilities to the community, from acute care hospitals to home, and for youth with intellectual and developmental disabilities from secondary education to postsecondary life.

Element 3.7 Follow-up

Person-Centered Counseling includes the critical function of follow-up.

Guidance: Follow-up involves working with the individual and others as appropriate, including the case manager of relevant public program(s), to help ensure the LTSS identified in the individual's person-centered plan are initiated and meeting the individual's needs. Follow-up also involves being available to assist the individual in making adjustments to their services plan as their personal goals and preferences change.

Potential Indicators:

1. The NWD System has established protocols for conducting follow-up with individuals receiving Person-Centered Counseling.

IV. Streamlined Eligibility for Public Programs

The NWD Streamlined Eligibility for Public Programs Function optimizes the state's ability to improve the efficiency and effectiveness of the eligibility determination processes associated with LTSS programs, while also creating a more expeditious and seamless process for individuals who are trying to access publicly-supported LTSS.

Element 4.1 Efficient, Effective and Seamless Eligibility Determinations

The State uses its NWD System to continually improve the efficient and effective administration of its multiple LTSS eligibility processes and requirements to make them seamless for consumers. The State includes all eligibility processes and requirements for any state administered program that provides LTSS in this NWD System function.

Guidance: The NWD System's Streamlined Eligibility for Public Programs Function must include all of the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility required by any state administered program that provide LTSS, including Medicaid. As part of the development of a NWD System, the State will continually assess how best to coordinate and integrate these various eligibility processes to make them more efficient and effective and more consumer-driven. The State will reduce and/or eliminate duplicative and unnecessarily burdensome processes and requirements and reduce the

time and effort for State and local staff and consumers to complete the various processes, requirements and forms.

The NWD Streamlined Eligibility for Public Programs Function ensures:

- ▶ Individuals are assessed once via a common or standardized data collection method that captures a core set of individual-level data relevant for determining the range of necessary LTSS, therefore only asking individuals to tell their story once;
- ▶ The eligibility determination and enrollment process is as streamlined and timely as possible, even if the person is applying for multiple public programs; and,
- ▶ The process leverages data and information collected during the Person-Centered Counseling process to minimize duplication and to ensure that priority attention is given to the individual's personal goals and preferences in the development of program-specific service plans.

Consistent with CMS guidance on NWD System requirements under the Balancing Incentive Program, states are encouraged to use a health information exchange (HIE) to implement and continually improve their NWD Streamlined Eligibility for Public Programs Function. By reducing the need for phone calls, emails, faxes and letters, an HIE can expedite referrals and enrollment. Individuals are also less likely to “fall through the cracks” and allow multiple parties to rapidly access information that has already been collected from an individual and that is required to conduct assessments, determine eligibility and authorize services. Ideally, the HIE will also facilitate the exchange of information across entities involved in an individual’s health care and LTSS.

Potential Indicators:

1. The State has an established process for systematically and continually assessing opportunities for creating more efficient and effective ways to administer the multiple eligibility determination processes required across its different LTSS programs.
2. The State has a standardized process for helping individuals to seamlessly complete the eligibility determination processes required of any state administered programs that provides LTSS so that individuals experience the same process wherever they enter the system.
3. The NWD System uses uniform criteria to assess the risk of institutional placement in order to target support to individuals at high-risk.

Element 4.2 The Role of Person-Centered Counseling

The State leverages NWD Person-Centered Counseling staff and information to facilitate the NWD Streamlined Eligibility for Public Programs Function.

Guidance: As described in Element 3.5, NWD staff doing Person-Centered Counseling can add significant value to the eligibility determination processes required for state-administered programs. A number of state Medicaid programs in particular have used the information collected during the counseling process and the relationship developed between the staff doing Person-Centered Counseling and the individual to assist with formal assessments and eligibility determinations. The Medicaid agency can train and even designate NWD staff doing Person-Centered Counseling to conduct preliminary Level I assessments and to help with facilitating the financial eligibility process. They can also help individuals gather additional information and documents not already collected.

NWD Staff doing Person-Centered Counseling can help ensure applications are "camera ready" – or completed accurately – when they reach the Medicaid office. Even if the staff is not designated to do preliminary Level I assessments, the data gathered before an individual decides to make a formal application for Medicaid can be added into the Level I assessment and then automatically transferred into the Level II assessment process. The counselor can also facilitate an individual's completion and submission of applications; help the individual contribute to the development of a program's formal service plan to help ensure it is as consistent as possible with the individual's preferences and personal goals identified in their person-centered plan; and, if necessary, help an individual arrange for financial management services (FMS) when s/he chooses self-direction, including assisting with the choice of a support broker/agent. In doing these tasks, the Person-Centered Counselors can reduce the burden of the application process for both the Medicaid staff and the consumer. They can also ensure applications are processed more efficiently with fewer errors and are more responsive to consumer needs and preferences. This requires the counselor to work in close coordination with the staff responsible for administering the program's formal procedures and requirements involved in assessing needs and determining eligibility.

Potential Indicators:

1. The State has established procedures within its NWD System for staff doing Person-Centered Counseling to assist individuals as needed with the initial steps in completing the application (e.g., taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews). This includes the initial screening and assessments for Medicaid and non-Medicaid LTSS.