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## Executive Summary

The Executive Summary should be completed last. This section summarizes each of the other sections of your plan.

## NWD Mission and Vision

### Mission:

Colorado's No Wrong Door system, through collaborative partnerships, increased communication and shared technology, ensures that all Coloradans with disabilities and older adults are connected to the supports and services they need to live dignified and self-determined lives in the community of their choice, regardless of pay source.

### Vision:

Coloradans with disabilities and older adults can easily obtain comprehensive information and streamlined access to personalized supports and services that promote dignity, respect and freedom of choice from wherever they enter the system.

### General Principles

- No Wrong Door is a highly visible, efficient and trusted resource for accessing information on long-term services and supports (LTSS).
- No Wrong Door provides information on all available options to all Coloradans with functional limitations.
- No Wrong Door focuses on Coloradans who are trying to access both public and private supports and services.
- All counseling about available supports and services is personalized.
- Access to public programs is streamlined.
- Technology is used to improve the availability of comprehensive information and to streamline access to supports and services.
- No Wrong Door relies on consumer input to help ensure the highest quality service.
- Collaboration between all state agencies and access points is strong.

### Background

Colorado's No Wrong Door system builds on the recommendations made in Colorado's Community Living Plan (CCLP) from July 2014 - Colorado's response to the Olmstead decision - as well as the September 2014 report by the Community Living Advisory Group (CLAG).

The starting point for CCLP was the 2010 report, "Olmstead: Recommendations and Policy Options for Colorado." The final CCLP plan merged objectives from the 2010 report with new ideas and principles embraced by consumer advocacy organizations and state departments. CCLP identifies specific strategies for self-direction and community inclusion as the foundation for delivering LTSS. More specifically, the plan calls for identifying people in institutional care who may want to return to the community, preventing the unnecessary institutionalization of people and to ensure the provision of accurate, timely and consistent information about LTSS service options in Colorado.

The CLAG was established by Governor John Hickenlooper in 2012 through Executive Order D-2012-027 to recommend ways to redesign the LTSS system in Colorado. The CLAG recommendations were

### Commented [TS1]: Guidance:

1. Do you have a vision for your No Wrong Door system? Is this vision consistent with the national vision? Where do you see the NWD system in 3 to 5 years?
2. Do you have a mission statement that clearly explains what you hope to achieve through your NWD system? Does your mission statement describe what you are going to do and why you are going to do it? Is the mission statement person-centered and outcomes-oriented?
3. What is your state's NWD vision?
4. Does your vision clearly specify the ideal NWD system for your state? How does the vision address the value of the NWD system to the state and its' citizens?
5. What process (e.g. focus groups, public forums, listening sessions, retreats) did you use to confirm or construct your mission and vision?
6. How were stakeholder engaged in the process? What process will you use to ensure that the vision is supported by stakeholders ongoing?

developed with assistance from six subcommittees, including an Entry Point/Eligibility Subcommittee and a Care Coordination Subcommittee. The recommendations emphasize person-centeredness as key to redesigning the LTSS delivery system.

The CLAG approved the Entry Point/Eligibility Subcommittee recommendation to create “common entry points, where people can obtain information and assistance and be assessed for community LTSS, regardless of age or existing disability.” Further, people can decide on the supports and services they receive based on personalized counseling. The recommendation to build a comprehensive LTSS entry point system is the basis for the No Wrong Door mission and vision.

The need to streamline Colorado’s fragmented LTSS entry point system also shaped the mission and vision. Streamlining includes increasing communication between the state’s entry points and using a common data system so people do not have to retell their story. No Wrong Door also aims to create consistency among the agencies that help people enroll in LTSS programs statewide.

The mission and vision were drafted by the No Wrong Door Project Team and based on recommendations from CCLP and the CLAG. The Project Team is comprised of staff from the Department of Human Service’s State Unit on Aging, Office of Behavioral Health, and the Division of Vocational Rehabilitation as well as the Colorado Department of Health Care Policy & Financing. Contracted facilitators from Nonprofit Impact and analysts from the Colorado Health Institute also participated in the discussions. Following the discussions, the mission and vision were shared with senior staff at the departments for additional input.

The mission and vision were discussed in further detail at the first meeting of the No Wrong Door Planning Advisory Group on March 10, 2015. The Planning Advisory Group consists of stakeholders and subject matter experts throughout the state as well as the Project Team. Planning Advisory Group members and the general public had the opportunity to voice their support for and concerns with the mission and vision for the No Wrong Door system.

## NWD Assessment

### Introduction

Colorado is working to create a seamless entry point system, also known as a No Wrong Door (NWD) system, for LTSS. To understand what Colorado needs to do to implement NWD, it is essential to understand where Colorado’s entry point system currently stands. This assessment provides an overview of the current system and compares it to the six fully functioning Aging and Disability Resource Center (ADRC) criteria identified by the Administration for Community Living (ACL). These criteria provide a framework to discuss the functions needed to create a NWD system. A recent [report](#) to the United States Congress from the Commission on Long-Term Care includes the recommendation to “Expand the ‘No Wrong Door’ approach to provide enhanced options counseling for individuals to navigate LTSS, and provide the support needed to make this approach effective nationally” (See Appendix A).

### Why Now

Across the country, efforts are underway with states and the federal government to prepare the LTSS system to be more responsive to rising demand and to be more person-centered. The ACL is continuing

#### Commented [TS2]: Guidance:

1. What assessment process did you use to identify your NWD system’s strengths, weaknesses, opportunities and barriers?
2. How were stakeholders involved in the assessment?
3. What are your assessed strengths, weaknesses, opportunities and barriers?

its commitment to help states redesign how people receive services. The Affordable Care Act provides funding to pilot ideas for people who are eligible for both Medicaid and Medicare. The Veterans Administration is funding projects to provide LTSS for veterans in community-based settings. With these various initiatives and funding opportunities, states are implementing innovative ways to serve people who need LTSS.

Such initiatives share a common goal: to better coordinate services and supports while reducing the burden on consumers who must navigate a complicated system during a vulnerable time in their lives. While some of these ideas have been around for years, they have recently reemerged with renewed energy. In theory, more coordination will reduce unnecessary duplication of efforts between publicly funded programs and community agencies, creating a higher quality experience for consumers.

The need for LTSS is increasing, which is another reason to develop a NWD system. The number of Coloradans who are 65 and older will more than double, from approximately 700,000 in 2014 to 1.5 million in 2040. Nearly three of four seniors (70 percent) will need LTSS at some point. Additionally, people with disabilities are living longer than previous generations and they continue to use services and supports as they age. The current LTSS system has neither the capacity nor the sustainable funding to handle the expected influx. It is essential to make the system more consumer friendly and efficient.

In light of these trends, Colorado has taken action. Over the past decade, several commissions have worked to redesign the LTSS system to better serve consumers. The Community Living Advisory Group (CLAG), the most recent commission, sent its [report](#) to Governor John Hickenlooper in September 2014 (see Appendix A). Recommendations in the report include creating a comprehensive LTSS entry point system. Colorado is now pursuing that goal through a NWD planning grant from the ACL.

Colorado's NWD project is also a key component to developing strategies and achieving goals in [Colorado's Community Living Plan \(CCLP\)](#), signed by the executive directors of the Department of Health Care Policy and Financing (the Department), the Department of Human Services (DHS) and the Department of Local Affairs (DOLA) (see Appendix A). CCLP is a comprehensive approach to meeting the requirements of the U.S. Supreme Court ruling in *Olmstead v. L.C.* which ensures individuals with disabilities are served in the least restrictive environment. The report has key provisions directly related to the NWD project, such as identifying and supporting individuals in long-term care facilities who want to move to a community, preventing unnecessary institutionalization and improving communication strategies among LTSS agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

Much of the information included in this assessment was gathered by the Colorado Health Institute and presented in ["The First Step: Solving Colorado's LTSS Puzzle"](#) (see Appendix A). The "LTSS Puzzle" was created through independent research and key informant interviews with Colorado experts as well as workers on the LTSS front lines. Each interviewee provided a unique look into the various silos that comprise the system. Further, as part of the NWD planning process, Nonprofit Impact conducted focus group discussions with over 40 consumers, advocates and caregivers, as well as 27 frontline staff workers to inform the NWD assessment and planning process. These discussions were invaluable to rounding out the NWD assessment and validating the "LTSS Puzzle."

#### **Function 1: Information, Referral and Community Awareness**

*The LTSS entry point system must serve as a highly visible and trusted place where people of all ages, disabilities and income levels turn for unbiased information on LTSS options. The entry point system must promote awareness of options available in the community and be able to link people with needed services and supports – both public and private.*

### **Information, Assistance and Referral System**

Colorado has a fragmented system for providing information, assistance and referrals. Medicaid pays some organizations to provide these types of services, while others are funded through federal, state and local funds. Furthermore, funding for information, assistance and referral activities often comes with specific requirements, such as clients who are eligible for assistance can only be provided to a specific population using LTSS. For example, federal funding for ADRCs through the Older Americans Act and state funding from the Older Coloradans Act must be used for people age 60 years and older. However, ADRCs also serve younger adults with disabilities. This restriction creates a funding silo within a single organization. Essentially, Colorado has created entry point systems around funding streams rather than for the people trying to access information about LTSS options.

Sixteen ADRCs provide information, assistance, and referral services. However, the market penetration and quality vary. Only some of these agencies are contracted with the Department to provide entry point functions for Medicaid Home & Community-Based Services (HCBS) and nursing home admissions. As of April 2015, the Department has contracts with most of the ADRCs to provide information about HCBS for nursing home residents who request to learn more about community-based options. Ten Independent Living Centers (ILCs) provide information and referrals, peer counseling, independent living skills and advocacy for people with disabilities. They are funded through federal grants, state money, fundraising and local governmental support. Single Entry Point (SEP) agencies, Community Centered Boards (CCBs) and Area Agencies on Aging (AAAs) also provide information, assistance and referral. However, funding varies between each agency. (See Appendices A and B for more on Colorado's entry point system.) SEPs are access points for HCBS and nursing home care through Medicaid and a state-funded LTSS program called Home Care Allowance. Some of these organizations are ADRCs. CCBs provide access to HCBS specifically targeted to people with Intellectual and Developmental Disabilities (IDD) through Medicaid and the state general fund. AAAs are an entry point for programs and services funded by the state of Colorado and the Older Americans Act.

Most individuals with long-term behavioral health needs are connected to services through the Community Mental Health Centers, Behavioral Health Organizations (BHO), substance use disorder providers and managed service organizations. BHOs are managed care entities that contract with local mental health centers to provide mental health support and substance abuse treatment for Medicaid clients. The behavioral health crisis hotline is now serving as a new entry point for individuals and families. Many consumers are accessing services in both the Behavioral Health System and LTSS delivery system, but linkages between the two systems remain tenuous.

Consumers can be further confused by fragmented responsibilities among entry point organizations. For example, each entry point has disparate business processes for applications as well as intake and screening. These organizations are often poorly connected to each other, making it difficult to create streamlined referrals. Even when an agency refers someone for help, there is often no way to share information, forcing consumers to retell their stories. Additionally, follow-up procedures after successful referrals are inconsistent across the state, sometimes leaving consumers to navigate the system themselves after they receive a referral. Even with the fragmentation, Colorado has an

extensive system of entry point agencies, each with significant expertise which can be used as a foundation for launching a statewide information, assistance and referral system. The challenge lies in increasing coordination and visibility for all individuals in need of LTSS.

### **Community Awareness**

A marketing plan that clearly delineates where consumers can go for assistance will be crucial in developing a NWD system. Coloradans face a complex network of LTSS entry points. Many people do not know where to turn for information, referral and assistance resources. The lack of a statewide marketing plan to inform people of all ages, disabilities and income levels about what is available in their communities contributes to the confusion.

Though some organizations market their services to residents in their communities; these strategies vary widely in their sophistication and effectiveness as they do not collect feedback to strengthen the message. Other organizations cannot afford marketing campaigns forcing them to rely on less sophisticated means of advertising. Branding across fragmented organizations will take significant stakeholder work. Input is needed to better understand how people access information.

Organizations across Colorado also use different formats for compiling resource lists. Some organizations use web-based platforms while others use printed materials. Colorado does not have one comprehensive database of resources. The organizations that do have resource lists also struggle to maintain the accuracy of the information.

However, Colorado has taken steps towards creating statewide access telephone numbers. Colorado has a new toll-free number for ADRCs. While the phone number has yet to gain traction statewide, it is a good initial effort and should receive continued support. Colorado has also recently created a statewide behavioral health crisis hotline. The hotline is an immediate connection point for many families and individuals who are seeking help and assistance for acute behavioral health care needs in communities throughout the state.

One of the stated goals of CCLP is to improve communication to ensure accurate, timely and consistent information about LTSS service options. This goal has several measurable outcomes over the next three years regarding information resources, marketing campaigns, and consumer impact. Another stated strategy in the Plan is to create a statewide database of resources and programs that is searchable by consumers, families and LTSS agencies.

### **Function 2: Person-Centered Counseling**

*Person-centered counseling is defined as the ability of the entry point system to provide one-on-one assistance and decision support to people and their family members, guardians and/or caregivers. The main purpose of person-centered counseling is to help people understand and assess their situation and assist them in making informed decisions about their LTSS choices.*

The first step in providing robust person-centered counseling is to ensure that entry point staff across organizations are well-versed in all options available to consumers. Unfortunately, there is a significant barrier to achieving this objective: Colorado's entry point organizations serve distinct populations characterized by age, income level and disability. As indicated above, this situation is often dictated by an organization's funding sources because the system is built around funding streams, not people. Thus

a person who receives person-centered counseling from an organization that only serves Medicaid clients might learn about some Medicaid options but very little about other choices. Even within the Medicaid entry point system, clients might not receive the full range of Medicaid options.

Another challenge is that staff members of the various organizations are not required to go through the same level or kind of training, creating varying approaches to person-centered counseling. Furthermore, different organizations serve different and, in some cases, overlapping regions in Colorado, making it difficult to create a true NWD approach. (See Appendix B for a map of all entry point regions)

With all of these variables, the quality of counseling an individual receives may depend on where a person lives. Also, consumers who visit more than one entry point organization might have very disparate experiences and receive conflicting and varied information.

In addition, Colorado's entry point organizations do not share the same definition of person-centered counseling. As a result, there are no standard intake and screening forms to collect consumer information. However, Colorado is currently developing a standardized intake and screening form to use across Medicaid entry point agencies as part of an initiative to develop a new comprehensive assessment tool to use for Medicaid funded LTSS. What's more, entry point organizations cannot easily pass on what they know. Many agencies use different information management systems to capture consumer information. For example, AAAs use the Social Assistance Management System (SAMS) for care management and client tracking. But SAMS does not interface with any Medicaid systems, forcing consumers who go through both the AAA and a Medicaid entry point, which uses the Benefits Utilization System (BUS), to retell their story. The lack of integrated or shared data systems means some people may bounce around different organizations within their region or around the state and they have to go through options counseling more than once (See Appendix C for an infographic of Colorado's LTSS data systems). All of these data systems are publicly funded and require state and federal resources to maintain. Finally, entry point organizations do not have a uniform follow-up process to ensure that consumers are able to access services.

CCLP includes a goal of proactively preventing unnecessary institutionalizations of people who could successfully live in the community. Strong and coordinated person-centered counseling programs would help people learn about their options at times when it matters most, such as when they are discharged from the hospital or in times of crisis, and possibly prevent unnecessary institutionalizations.

### **Function 3: Streamlined Eligibility Determination for Public Programs**

*LTSS are funded by a variety of government programs administered by an array of federal, state and local agencies, each with its own eligibility rules, procedures and paperwork requirements. An entry point system must offer a NWD to all publicly funded LTSS, including Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act and other state and federal programs and services. Entry point organizations should facilitate a streamlined intake and screening and eligibility determination process for consumers accessing publicly funded LTSS.*

#### **Intake and Screening**

Colorado lacks a coordinated, standardized intake and screening process for public programs. Intake and screening is often disconnected from the information, assistance and referral networks, meaning consumers are left to navigate the system on their own. As noted above, several entry point organizations serve only Medicaid-eligible consumers while several others have no formal interaction with the Medicaid system and cannot track the Medicaid eligibility of their clients.

### **Financial and Functional Eligibility Processes**

Public programs lack a seamless process for eligibility determination. County departments of social and human services determine a person's financial eligibility independent of organizations that assess the person's functional eligibility for Medicaid LTSS. Even within the Medicaid program, different organizations determine functional eligibility depending on a consumer's type of disability. For example, a CCB determines functional eligibility for people with I/DD while SEP agencies determine eligibility for consumers with other types of disabilities.

Consider, for example, the fragmentation that can occur in determining functional eligibility for Medicaid LTSS and the impact that it can have on consumers. Colorado's Medicaid program uses a uniform tool, the ULTC 100.2, to assess all Medicaid clients for functional eligibility. The ULTC 100.2 has relatively few questions and they are broad in scope. Therefore, each entry point organization must create individual care plans and staff members must make subjective determinations of a person's needs. Consequently, care plans can vary widely, even for people with similar functional statuses. A more comprehensive and rigorous assessment tool, currently being developed and anticipated to be piloted in 2015, will reduce the subjectivity in eligibility decisions and could direct people to options inside and outside of the Medicaid program for services that are tailored to their specific needs.

As part of the functional eligibility determination, certain required processes may actually delay enrollment in a HCBS program or interrupt the continuity of care for regular redeterminations. For example, Medicaid HCBS programs require a primary care physician to complete a professional medical information page to verify targeting criteria for an HCBS waiver. Medicaid entry point agencies spend an inordinate amount of time following up with primary care physicians to complete the paperwork. The Department could consider other approaches to streamline the process to verify targeting criteria.

There is no data system that connects needs, service plans and service utilization for most Medicaid clients. Additionally, the data system used in determining financial eligibility for Medicaid does not interface with the systems used for functional eligibility determination. The lack of data system integration means agencies are not automatically notified when a client receives an eligibility determination. This, in turn, can result in delays in enrollment.

In many instances, Medicaid clients who are functionally eligible may wait up to 45 days or longer for financial eligibility determination. Entry points and county agencies do not have a consistent approach, if any, to triage clients so those most at risk might have an expedited financial eligibility determination. Because entry point organizations are not automatically notified upon determination of financial eligibility, some have developed manual internal tracking systems to monitor applications.

With all of the difficulties, there are processes that work well in Colorado. Some social service county departments, which conduct the financial eligibility determinations, are also SEPs. Some of these counties have practices that improve the coordination of the financial and functional eligibility determinations. Colorado is one of the few states in the country that requires an entry point agency to

determine eligibility for a nursing home admission. Involving the entry point agency in the admissions creates an opportunity for the entry point to have a conversation with a consumer about community-based options. In many cases, the entry point approves the admission for a short period of time and reassesses the consumer and discusses community-based options if appropriate.

#### **Function 4: Person-Centered Transition Support**

*To effectively deliver person-centered transition support, the entry point system must be able to create formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program to another. The entry point system can play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meets their needs and preferences.*

Some entry point organizations have developed partnerships on the local level with critical pathway providers such as hospitals, nursing homes and rehabilitation centers to smooth transitions between settings. However, without a clear statewide approach, relationships between entry point organizations and critical pathway providers vary widely across Colorado.

Promoting formal and robust partnerships would go a long way towards meeting the objective of comprehensive and consistent person-centered transition support. An initiative to do just that is the Colorado Choice Transitions (CCT) initiative, supported by the federal Money Follows the Person grant. Under CCT, Medicaid provides transition services to clients residing in long-term care facilities through ILCs, SEPs, CCBs and other community-based agencies. To better support this effort, the Department is contracting with the 16 ADRCs in Colorado to provide person-centered counseling to nursing home residents who request information about community-based services. If the client is interested in transitioning, the ADRCs refers to CCT or other community transition services to help coordinate a return to community living.

Beyond CCT, the Denver-region AAA has partnered with hospitals to provide transition support for patients discharging from the hospital in an effort to reduce hospital readmissions. This effort, as with CCT, is currently unsustainable because funding is grant-funded and uncertain. To implement a fully functional NWD system, the state needs to implement sustained efforts to support transitions.

However, CCT continues to build the infrastructure and foster partnerships between local agencies to support transitions. Lessons learned from CCT can provide a foundation for informing how person-centered transition support can work in a NWD system.

Transitions between care settings are important, as are transitions between public programs. For example, there is a process in place for people who are on the waitlist for the HCBS-for the Developmentally Disabled (HCBS-DD) Medicaid waiver to enroll in the HCBS-Elderly, Blind and Disabled (HCBS-EBD) waiver in the meantime. However, this option is not always presented to consumers nor does a consumer always meet targeting criteria for both waivers. Furthermore, transitions from school-based or foster care services to adult-related services and supports are also not seamless. The NWD system would be able to provide comprehensive options counseling for people on the waitlists for certain programs or people in life transitions.

CCLP addresses the need for transition services. The plan suggests ways to identify qualified individuals who are interested in moving from institutional care and calls for a person-centered approach to meet

their needs. The plan also suggests systems and supports to help people avoid being reinstitutionalized and to increase housing options and appropriate community services and supports.

#### **Function 5: Consumer Populations, Partnerships and Stakeholder Involvement**

*Entry point systems must serve persons with all types of disabilities regardless of age and income. To achieve this outcome, a wide variety of stakeholders, including consumers, LTSS programs and providers and state agencies must actively participate in not only designing and refining the entry point system but also in providing the services.*

Under the current entry point system, competency varies in serving all ages, types of disabilities and different cultures and ethnicities. Certain organizations only serve certain populations, a niche approach that results in a series of right and wrong doors for consumers. In addition, staff at some organizations are trained in cultural and disability sensitivity. However, there is no requirement for such training.

Colorado statutes designate some entry point organizations to conduct Medicaid assessments and eligibility determinations only for certain populations. These organizations, along with other non-Medicaid entry point organizations, are expected to work together on behalf of people trying to access LTSS. However, formal service standards, protocols for information sharing and cross-training across entry point organizations are ad hoc. Very few partnerships are formalized through contracts or memorandums of understanding. Advisory councils for all of the different entry point organizations vary in structure and governance responsibilities. The disparate advisory councils do not always bridge the service and communication gaps between organizations.

At the state level, departments are beginning to work together to bridge networks and breakdown silos, as evidenced by the creation of the CCLP and the CLAG Report to the Governor. State Agencies are coordinating and collaborating together on shared interests and priorities that impact people who use LTSS. While coordination with the Department of Veterans Affairs (VA) and other federal programs is limited, four ADRCs are working with the VA and ACL to implement the veteran-directed HCBS program.

#### **Function 6: Quality Assurance and Continuous Improvement**

*Quality assurance and continuous improvement must be a part of every entry point system to ensure services are available, are of high quality and meet the needs of individuals and are sustained statewide. Entry point systems should use integrated information technology (IT) systems to track customers, services, performance, costs and to continuously evaluate and improve on the results.*

Colorado faces significant challenges in constructing a standard, high-quality entry point system. Quality assurance and continuous improvement depend on adequate coordination and staff capacity as well as an integrated IT solution or interoperability to support data sharing.

Because funding varies and different state agencies have authority over different community entry point organizations, there is no overall quality improvement strategy for entry point activities. The Department oversees Medicaid, while offices within DHS oversee state aging services, behavioral health services and vocational rehabilitation services. This means that entry point organizations are responding to different quality measurements and reporting requirements. Some streamlining of entry

point efforts have already occurred within the Medicaid system. Medicaid programs for people with I/DD were moved from DHS to the Department which has improved coordination of the oversight of the different Medicaid entry points and waivers.

Staff capacity, which is crucial for implementing continuous improvement activities, varies across organizations. Some organizations are understaffed given their workload and limited funding for entry point services and turnover is high. Local organizations are largely responsible for staff training but there is no common set of qualifications or training protocols. The lack of a trained workforce overseen at a state level may lead to significantly different experiences for consumers trying to access LTSS.

Information Technology systems that are used to track clients within the Medicaid system are not integrated and have limited ability to share information. Many systems are also dated and lack flexibility and interoperability. Separate systems exist for financial and functional eligibility and only the financial system communicates with the Medicaid Management Information System (MMIS), which tracks utilization information. However, the Department is in the process of replacing its current MMIS system and the BUS (the LTSS case management software system) with an integrated information management platform over the next few years.

That effort will help. However, data systems used outside of Medicaid by AAAs, ILCS and other agencies are not connected to each other or to Medicaid. Integrating these data systems will be a challenge as many organizations have invested significant resources in their own software solutions to track and report entry point activity.

State agencies overseeing the entry point organizations do not use a uniform set of metrics to evaluate entry point services. The metrics they do have are not linked to assessment or case management in a meaningful way or only include process measures but do not assess the impact on the consumer experience. Few publicly available quality indicators on entry point providers exist.

LTSS organizations carry out consumer satisfaction evaluations and surveys voluntarily, but the results are not collated to provide a big picture look at how well the system is working. The Department does an annual satisfaction survey of Medicaid entry point agencies in Colorado although this data is not necessarily used in a meaningful way to drive quality improvement. The Department is in the process of piloting different quality of life tools to assess the impact of the community services on a consumer's quality of life, but these tools do not have measures to necessarily evaluate entry point operations.

## **Conclusion**

As Colorado works toward creating a NWD system of LTSS entry points, it is important to understand the current status of the LTSS entry point system.

Colorado has numerous types of LTSS entry point organizations. However, the system is uncoordinated and confusing for consumers. It is hobbled by disconnected IT systems, disparate training requirements for entry point staff, fragmented service delivery and funding that promotes the status quo.

To overcome these challenges, consumers, advocates, LTSS entry point staff, LTSS providers, state departments and other stakeholders must work collaboratively to create a system that is not only inclusive of all ages, disability types, income levels, and pay sources but is also easy to navigate for people at vulnerable points in their lives.

## NWD Governing Body

To ensure that Colorado is working toward the NWD vision, a strong governing body is being developed. Because Colorado is committed to redesigning many aspects of the LTSS system, a governing body that oversees reform efforts as a whole is a high priority. The NWD governing body will also oversee broader LTSS reforms. The governing body will consist of the state partners who helped to develop this implementation plan, including:

- Department of Health Care Policy and Financing: Staff will lead implementation and monitor plan performance. Day-to-day operations will be overseen by the Office of Community Living’s Long-Term Services and Supports Division and the Division for Intellectual and Developmental Disabilities.
- Department of Human Services: Staff will support operations by participating in regular check-in meetings and in the decision-making process. This includes representation from the Office of Behavioral Health and the Office of Community Access and Independence (which oversees the Division of Vocational Rehabilitation and the State Unit on Aging).

As noted, day-to-day implementation and decisions will be made by the Department of Health Care Policy and Financing staff with input from staff at the Colorado Department of Human Services. Executive-level leadership at both departments will be responsible for jointly deciding to pursue policy changes and budget requests. Ultimate decision-making authority will lie with the legislature and Office of the Governor. Each member department of the governing body brings unique interests and resources to NWD, representing the different populations that access LTSS.

The shared interests of each member of the governing body involve implementing the goals and recommendations from the CLAG and CCLP report. Both departments worked together in identifying strategies for fixing the state’s LTSS system.

### *Colorado Department of Health Care Policy and Financing*

The Colorado Department of Health Care Policy and Financing (the Department) will serve as the lead agency on this project. A project manager, policy lead, and administrative assistant will be hired to support this project. A consultant will be hired for technical assistance and evaluation. The Department is the single state Medicaid agency tasked with delivering high quality health care to the residents of Colorado through the administration of the Medicaid and Child Health Plan Plus programs, as well as a variety of other programs for Colorado’s low-income families, the elderly and persons with disabilities.

Leadership from the Department’s Office of Community Living (OCL) will oversee governance of the NWD system. The OCL was formed by executive order in July 2012 with the goal of redesigning all aspects of the state’s LTSS delivery system and implementing the goals and recommendations from the CLAG and CCLP. The OCL encompasses the Long-Term Services and Supports Division and the Division for Intellectual & Developmental Disabilities. Its primary responsibilities include developing and implementing strategies to promote self-direction and person-centered services and supports. The OCL is also charged with focusing on the needs of persons with disabilities and aging Coloradans.

Throughout the implementation process, the OCL will rely on its extensive experience in managing grants and cooperative agreements, both federal and non-federal, including Money Follows the Person (MFP) and the Testing Experience and Functional Tools (TEFT) in Community-Based Long-Term Services and Supports.

### *Colorado Department of Human Services*

#### **Commented [TS3]:** Guidance:

1. Does your strategy for the NWD governing body include at least the following?
  - a. State Medicaid Agency,
  - b. State Unit on Aging,
  - c. State agencies that serve or represent the interests of individuals with physical disabilities,
  - d. State agencies that serve or represent the interests of individuals with intellectual and developmental disabilities, and
  - e. State authorities administering mental health services.
2. Who else is included in the governing body?
3. What are the shared interests of each member of the governing body? What unique resources does each member bring? What is the expected commitment of each member?
4. What are the roles and responsibilities of the NWD governing body in your state?
5. What role will the governing body play in developing your state’s NWD plan that includes a detailed strategy, work plan, and budget?
6. What role will the governing body play in monitoring implementation of the NWD 3-Year plan?



The Colorado Department of Human Services' Office of Behavioral Health (OBH) and the Office of Community Access and Independence (OCAI) are committed to participating in the NWD implementation process to streamline access to entry points for consumers and caregivers seeking LTSS. Additionally, the NWD initiative supports and assists in achieving the Department of Human Service's Wildly Important Goal to create choices and avenues to live and thrive in communities throughout the state.

As strategies are implemented, the Department of Human Services will use the resources of each office to provide leadership and guidance to all stakeholders to adopt the NWD actions. Each Office will use contracting and policy mechanisms within its authority to make any necessary changes to ensure the success of the NWD system.

In conjunction with the Department of Health Care Policy and Financing, leadership from OBH and OCAI will govern the NWD system. They will use their specific data systems to develop performance measures to track and monitor the progress of the NWD system. The Offices will share their performance measures with the governing body to identify any issues that need to be addressed either through contractual or policy changes that ensure the goals are met.

The Office of Behavioral Health is the state's behavioral health authority. OBH is responsible for policy development, service provision and coordination, program monitoring and evaluation and administrative oversight for the public behavioral health system. While the Department of Health Care Policy and Financing will have the lead on the NWD initiative, OBH will collaborate in the development and implementation of the three-year plan.

The Office of Community Access and Independence contains the Division of Aging and Adult Services, Division of Vocational Rehabilitation, Division of Regional Centers, Division of Veterans Community Living Centers and the Division of Disability Determination. The Office directs programs and facilities that assist veterans, older individuals, and individuals with disabilities. Policy, performance management, fiscal and administrative tools and directions are provided to: AAAs, 64 county departments of social services, and three regional centers for individuals with intellectual and developmental disabilities and vocational rehabilitation.

The State Unit on Aging (SUA) is housed in the Division of Aging and Adult Services and administers the Older Americans Act, State Funding for Senior Services and the Aging and Disability Resources for Colorado programs. The SUA has been involved during the planning grant and has participated in the regional forums to design the NWD implementation plan. Additionally, the SUA has been involved in both CCLP and the CLAG.

During implementation, the SUA will work with the AAAs to leverage Older Americans Act and State Funding for Senior Services dollars to expand the No Wrong Door. The AAAs budget on a state fiscal year (July 1 through June 30). The next budget cycle will occur in SFY 2016-17. Since the majority of the money for the AAAs are state funds, the SUA will work with HCPF to explore the use of state dollars to draw down Medicaid funding where appropriate.

The SUA will also participate in the planning, training, and identification of community partners from the aging and disability communities.

The SUA leadership will monitor the progress of its AAA and ADRC networks relative to the implementation of the No Wrong Door program. Depending on the roles of the AAAs and the ADRCs, the SUA will provide the technical support, training and follow-up to ensure the work of the aging network supports the No Wrong Door initiative.

Proposed Members

State Agency	Department	Division
State Medicaid Agency	Colorado Department of Health Care Policy and Financing	Office of Community Living; Division of Intellectual and Developmental Disabilities; Division of Long-term Services and Supports
Office of Behavioral Health	Colorado Department of Human Services	
Office of Community Access and Independence	Colorado Department of Human Services	State Unit on Aging

**NWD Stakeholder Engagement**

Both the Department of Health Care Policy and Financing, which administers Medicaid in Colorado, and the Department of Human Services have strong stakeholder outreach efforts and plan to build on them in planning and implementing NWD.

Stakeholders will be engaged through in-person meetings, social networking, and updates on state agency websites, conference calls, regular check-ins and a web-based FAQ tool that will be updated as stakeholder questions are posed and answered. All of this and more is meant to ensure communications are accessible to everyone.

The NWD governing body will create a mechanism to share implementation updates. Updates will be disseminated to stakeholders and others on a regularly maintained list of recipients. The overall NWD project will have one contact person who is easily accessible and prepared to answer questions. All regions of the state will be represented equally.

Colorado used the Planning Advisory Group, which is comprised of about 40 stakeholders, to develop the NWD implementation plan. The Planning Advisory Group conducted four full-day meetings with stakeholders representing the state’s urban and rural regions. LTSS consumers and frontline entry point staff shared their views on what works and what does not work in accessing information and enrolling in LTSS.

This fall the implementation plan will be presented at five regional forums. Feedback from the regional forums will be incorporated into the final implementation plan submitted to the ACL in late 2015.

Stakeholder engagement will continue during the implementation process. It is expected that stakeholders and the governing body will partner throughout the NWD implementation process. The governing body will operate with a high level of transparency and accountability. As for stakeholders, they will be expected to:

- Understand the state’s budget constraints in the planning process.
- Understand the state’s rationale for making decisions. If certain approaches cannot be implemented, the governing body is responsible for explaining why.
- Assist the governing body in customizing messaging and tools for specific market segments.
- Provide the governing body with clear lines of thought about the potential implications, ripple effects and unintended consequences of NWD implementation.
- Provide feedback on what is working and is not working.

**Commented [TS4]:** Guidance:

1. What process do you plan to use to meaningfully engage stakeholders in the ongoing development and implementation of your NWD system?
2. Do you include?
  - a. Older adults
  - b. individuals with disabilities across the lifespan
  - c. advocates
  - d. Area Agencies on Aging
  - e. Centers for Independent Living
  - f. local Medicaid agencies
  - g. local organizations that serve or represent the interests of individuals with physical disabilities
  - h. local organizations that serve or represent the interests of individuals with intellectual and developmental disabilities
  - i. local organizations that serve or represent the interests of individuals with mental/behavioral health needs
  - j. Veteran Service Organizations
  - k. Service providers
  - l. Other relevant public and private entities
3. What are the roles and responsibilities of stakeholders in development of your plan?
4. How will stakeholders provide feedback during development and implementation of the NWD system?

- Assist in developing linkages to referral sources, whether they are direct ( i.e. hospital discharge departments), indirect (i.e. the Program for All-Inclusive Care of the Elderly - PACE, Regional Care Collaborative Organizations - RCCOs, Area Agencies on Aging - AAAs) or customized referral organizations (i.e. schools and local nonprofits).

Stakeholders will bring diverse perspectives to the implementation process. They will help to ensure successful NWD implementation by assisting in these strategic areas, providing targeted input.

- Colorado must increase outreach efforts for older adults, ensuring that they, their families and caregivers know about and feel comfortable accessing NWD services. This task is both challenging and extremely important.
- The governing body emphasizes the need to strengthen collaboration between state agencies and AAAs. NWD implementation will keep them heavily involved.
- Emphasis is also put on individuals with disabilities, including significant input from people under 18 and those actually receiving services (not just caregivers and family members). Parents and children will be targeted separately. It will be crucial to receive input around life transitions from this group.
- Advocacy groups beyond those who broadly work with older adults and people with disabilities including disease-specific advocacy groups and professional associations (i.e. the MS Society).
- Medicaid agencies that determine eligibility and provide ongoing case management, including the SEPs, CCBs and county eligibility offices, will be vital to ensuring NWD is implemented effectively and efficiently.
- Other entities that will be involved include courts (family courts and corrections), schools, homeless service groups, faith-based institutions, housing and transportation authorities and community recreational centers. NWD will also seek input from veterans and service agencies.
- People who privately pay for LTSS and long-term care insurance providers will be important as NWD grows to accommodate all populations.

**Stakeholder Affiliations**

Organization Types
Consumer Advocate Organizations
HCBS Providers
Independent Living Centers
Single Entry Point agencies
Community Centered Boards
Veteran Health Providers
Consumers
Advocates

**Goals and Action Items by NWD Function**

**Governance and Administration**

Colorado’s commitment to the NWD concept is clear at many levels, as noted in the Mission and Vision section.

The idea of creating a system that arranges for and improves access to community-based services, increases consumer choice, streamlines access has played out in several commissions to redesign the LTSS system in Colorado.

**Commented [TSS]:** Guidance:

1. A collaborative effort among multiple state agencies with governance and oversight lodged in a Cabinet level body and part of the state's oversight of its LTSS System?
  2. The set-up of a process that will ensure key stakeholders have meaningful input into the ongoing development and implementation of the states' NWD System?
  3. The development of criteria and/or process to determine what organizations at the state and local level should play a formal role in carrying out NWD system functions?
  4. The development of criteria and/or process to determine what (if any) sub-state regions and/or substate entities would be used to support the state's administration and oversight of the local entities carrying out NWD System functions?
  5. The designation and development of formal agreements and funding arrangements with the state and local organizations that are selected to carry out NWD System functions?
  6. The development of a communications strategy and process that will facilitate on-going communication among the many different agencies and organizations playing formal roles in the NWD System?
  7. The identification of the existing public resources currently being used to support access functions across the multiple state administered programs that provide LTSS, and determining how these resources can best be coordinated and integrated to align their operation and performance with the NWD System functions?
  8. Access to Medicaid funding or for NWD activities?
  9. Any Medicaid funds that are not already being matched?
  10. The need to make recommendations to the Governor on key aspects of the NWD System's design, development, financing, and on-going administration?
  11. A robust Management Information System (MIS) that builds on and leverages existing state MIS systems essential for a state to be able to effectively and efficiently gather and manage information from the many entities that will be carrying out NWD System functions, as well as from individuals who use the NWD System?
  12. A Continuous Quality Improvement (CQI) process which includes getting input and feedback from the many different customers who use or interact with the NWD System, including individuals and their families, system partners, advocates, providers and professionals in the health and LTSS systems, on the responsiveness of the NWD System to their varying needs?
- A CQI process that includes performance goals and indicators related to the NWD System's key aims; visibility, trust, ease of access, responsiveness, efficiency and effectiveness?

The vision of NWD will be executed through collaboration and communication among the Colorado Department of Human Services, Department of Health Care Policy and Financing (Colorado Medicaid), the Department of Local Affairs (including the state housing department), and the Department of Public Health and Environment.

A majority of Medicaid LTSS reforms are being coordinated by the Department of Health Care Policy and Financing. For the first time, the Department is looking at all of its various LTSS pilot and demonstration grants in an effort to minimize overlap and improve coordination.

For example, a pilot program to test a new assessment tool will feed directly into the development of a Level I screen for NWD. Further, efforts to promote conflict-free case management and a person-centered system are already in motion, providing a solid foundation for NWD in Colorado. Colorado Medicaid is also developing personal health records for LTSS clients that will work within a management information system based on HP's InterChange Health Care Platform.

These efforts and more are pushing Colorado toward a more accessible and efficient LTSS system. (See [Appendix XX](#) for a graphic representation of efforts aligned with NWD.)

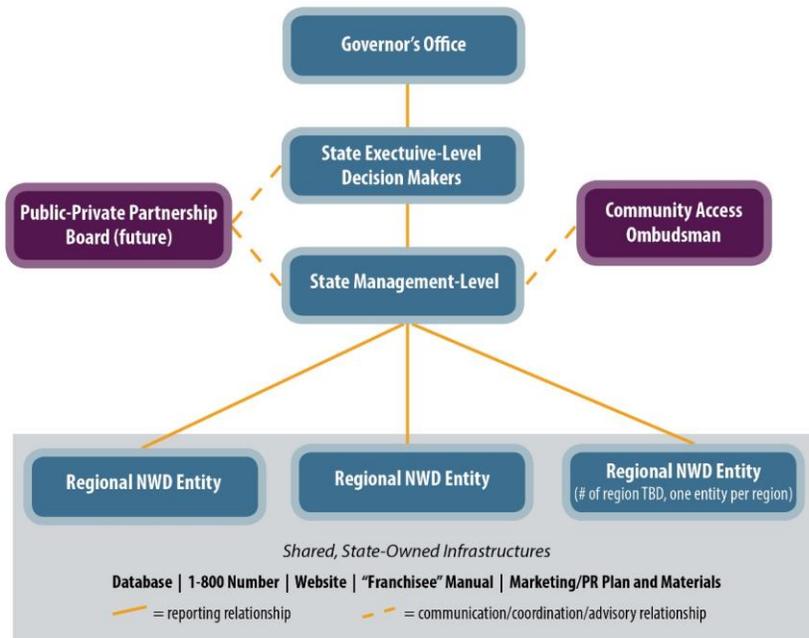
#### *NWD Operational Structure*

An operational structure to implement NWD was developed during the NWD planning phase. (See [Graphic XX](#)).

The overall structure includes decision-making and operational oversight at the state level with NWD pilot programs responsible for ensuring NWD functions are carried out in their area.

The pilot programs will contract with local organizations and providers to conduct NWD functions and will be accountable to the state for NWD outcomes. Eventually, NWD system oversight will move to a private-public partnership board as more people who are seeking LTSS in Colorado privately pay for their services.

[Graphic XX](#). *NWD Governance Structure*



### State-Level Management

Day-to-day operational oversight will lie within the Office of Community Living at the Department of Health Care Policy and Financing and will require a high level of communication and coordination with the SUA, OBH and the Division of Vocational Rehabilitation (DVR) within Colorado Department of Human Services. This structure will change in July 2016 due to state government reorganization. DVR will be moving to the Colorado Department of Labor and Unemployment, but will still be actively involved with NWD. State-level managers will consider information from stakeholders and coordinate with the soon to be created Community Access Ombudsman. Stakeholder input will be essential to understanding what is and is not working and when mid-course corrections may be necessary. An ongoing process to gather and incorporate feedback will be developed as mentioned in the Stakeholder Engagement section.

State personnel will manage majority shared operation and state-owned infrastructure to support NWD, including the resource database, toll-free phone number, marketing and public awareness campaigns and materials, training and protocol manuals and overall information technology (IT).

Decisions about the requirements for NWD pilot programs and the number of pilot programs will be made early in the implementation process. These decisions will be based on an analysis of population distribution and organizational capacity.

As the NWD system develops and begins to bring in more consumers who are privately paying for LTSS, a public-private partnership board will be developed to oversee operations of NWD. This board will serve in an advisory capacity to ensure that all interests are represented before the governing body.

*NWD Pilot Program*

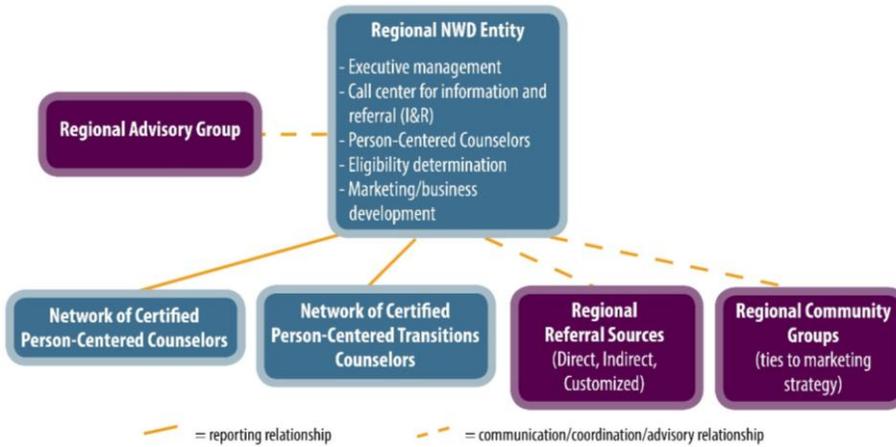
State-level management staff will directly supervise the NWD pilot programs to ensure compliance with NWD standards and protocols and to ensure there are enough adequately trained staff members.

The pilot programs will have high accountability to standards and outcomes. They will develop new markets, manage high-volume “retail” operations and run financial models and projections to inform evidence-based decision-making. Decisions about the structure of pilot programs will consider whether they will be private or state agencies, how the regions will be defined and how many staff members will be needed in each pilot.

NWD pilot programs will maintain the network of local partner agencies, such as Area Agencies on Aging, Independent Living Centers and advocacy organizations, to provide person-centered counseling.

Local partner agencies will have formal contracts with the NWD pilot programs that will include operational and performance standards. The person-centered counselor network will leverage existing capacity and expertise across Colorado to ensure all populations are served.

**Graphic XX. Pilot Program Structure**



*Budget*

Colorado will explore options to braid all funding streams in order to create a seamless consumer experience of NWD.

A 2014 Colorado Health Institute and Colorado Department of Human Services report funded through ACL explored Medicaid funding for the ADRC model, which serves as the foundation for NWD. The report identified public resources dedicated to LTSS access functions and explored options for drawing down additional Medicaid funding, including Medicaid administrative claiming. (See **Appendix XX**).

NWD state-level management staff will use this report as a foundation for updating the public resources for access functions and exploring new funding models.

Developing earned income opportunities through a fee-for-service payment model is a high priority for NWD implementation. NWD will target its marketing toward people who are able and willing to pay for LTSS access services. In the future, the NWD will also explore opportunities to receive reimbursement from long-term care insurance companies.

*Technology and Quality*

An IT system that captures and shares vital information across the broad spectrum of individuals and organizations involved in making NWD work is essential to success.

The LTSS system is currently plagued with inefficient information sharing. As a result, consumers frequently must repeat their stories in order to gain access to LTSS.

NWD will build technology platforms in which consumer information is collected at each step of the process and is accessible to those who need it, when they need it, including consumers. This will include consumer information important to NWD functions, quality indicators about consumer satisfaction with NWD and LTSS, quality indicators about NWD processes and staffing and public program eligibility information. An emphasis will be placed on consumer privacy and protections. This will likely occur after the three-year Implementation Plan is completed, due to the amount of time that must be dedicated to planning, development, and operation.

Quality indicators will be developed throughout the IT implementation process to ensure that the technology platform is capturing the information that will help inform ongoing improvement. The state will also develop processes for stakeholder and user feedback to continually refine strategies that promote consumer satisfaction and trust, ease of access, efficiency and responsiveness as the system becomes operational.

Goal #1: Establish multiple community organizational pilot sites.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Draft RFP	Project Manager	1	1/2016				1.1
Obtain approval for releasing the RFP	Project Manager	1	2/2016				1.2
Issue RFP	Project Manager	1	2/2016				1.3
Evaluate proposals received	Project Manager	1	2/2016		Weak responses can limit pilot site locations		1.4
Select proposals	Project Manager	1	3/2016				1.5

Determine final award	<b>Project Manager</b>	<b>1</b>	<b>4/2016</b>		Distribution funds to accomplish varying goals across pilot sites		<b>1.6</b>
Draft contracts	<b>Project Manager</b>	<b>1</b>	<b>4/2016</b>				<b>1.7</b>
Negotiate final terms of contract with awardees	<b>Project Manager</b>	<b>1</b>	<b>5/2016</b>		Conflicting desires between pilot sites and agencies		<b>1.8</b>
Obtain final approval of contracts	<b>Project Manager</b>	<b>1</b>	<b>5/2016</b>				<b>1.9</b>
Pilot sites established	<b>Project Manager</b>	<b>1</b>	<b>7/2016</b>				<b>1.10</b>

Goal #2: Create an action plan to address identified policy barriers that have implications for NWD agencies.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Identify and collect sources for policy guidance related to NWD agencies	<b>Project Manager</b>	<b>1</b>	<b>11/2015</b>		Changing policies during high reform can be difficult to track and be up to date		<b>2.1</b>
Develop a matrix that cross-walks policies across the different NWD agencies	<b>Project Manager</b>	<b>1</b>	<b>3/2016</b>				<b>2.2</b>

Complete an action plan with a timeline to implement strategies	<b>Policy Lead</b>	<b>3</b>	<b>9/2018</b>				<b>2.6</b>
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Goal #3: Determine the financial model along with an action plan for implementing the regional NWD system.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Draft scope of work and secure contract for an evaluation contractor	<b>Project Manager</b>	<b>1</b>	<b>1/2016</b>				<b>3.1</b>
Conduct an inventory of current funding streams for NWD agencies	<b>Project Manager</b>	<b>1</b>	<b>11/2015</b>				<b>3.2</b>
Establish methodology for pilot sites to track time spent by funding stream (Medicaid vs. other funding sources)	<b>Evaluation Contractor</b>	<b>1</b>	<b>6/2016</b>		<b>Proper tracking due to site and employee variation</b>		<b>3.6</b>
Track data on current and projected state spending on NWD activities	<b>Policy Lead</b>	<b>1</b>	<b>9/2016</b>		<b>Delayed reporting</b>		<b>3.7</b>

Examine operational expenses for pilot sites, including supplies, personnel, equipment, work space, etc.	<b>Project Manager</b>	3	4/2017		Improper reporting leads to incorrect reports		3-9
Develop a financial model for implementing the regional NWD system	<b>Evaluation Contractor</b>	3	9/2018		Successful model is dependent on proper data collection		3-13
<b>Develop an action plan to implement the financial model</b>	<b>Evaluation contractor</b>	3	9/2018				3-14

Goal #4: Establish a learning community, composed of representatives from the pilot sites, state staff and other stakeholders.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Revise scope of work and contract for Nonprofit Impact	<b>Project Manager</b>	1	10/2015				5.1
Define structure for the learning communities, determine their purpose and role in the implementation process	<b>Project Team and Nonprofit Impact</b>	1	10/2015				5.2

Decide on the frequency of learning community sessions to be held throughout the implementation period	<b>Project Team and Nonprofit Impact</b>	1	10/2015		Managing schedules		5.3
Establish protocols for collecting and analyzing feedback received during learning community sessions	<b>Project Team and Nonprofit impact</b>	1	9/2016		Poor attendance or participation can lead to poor feedback		5.5
Analyze feedback and decide to modify or not modify procedures and protocols	<b>Project Team</b>	2	10/2016				5.6

Goal #5: Complete an evaluation of NWD operations during the pilot phase

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Draft scope of work and secure contract for an evaluation contractor	<b>Project Manager</b>	1	1/2016				6.1
Define evaluation metrics	<b>Project Team, Evaluation Contractor, and Stakeholders</b>	1	5/2016		New processes can be difficult to evaluate		6.2
Determine the evaluation methodology	<b>Evaluation Contractor</b>	1	6/2016				6.3

for collecting performance data related to metrics						
Develop the process for reporting procedures for pilot sites	<b>Evaluation Contractor</b>	1	7/2016			6.4
Develop a survey to assess consumer and referral source satisfaction with NWD operations	<b>Evaluation Contractor</b>	1	8/2016			6.5
Determine protocols and set schedule for evaluator to conduct site visits	<b>Project Team, Evaluation Contractor and Stakeholders</b>	1	8/2016	Scheduling		6.6
Develop a process for preparing follow-up summary reports after each site visit	<b>Evaluation Contractor</b>	2	12/2016			6.7
Conduct site visits	<b>Evaluation Contractor</b>	2	2/2017			6.8
Prepare a summary report of site visits	<b>Evaluation Contractor</b>	2	3/2017			6.9
Determine follow-up site visit schedule for the remainder of the implementation period	<b>Evaluation Contractor</b>	2	3/2017			6.10
Write evaluation report	<b>Evaluation Contractor</b>	3	9/2018			6.11

Obtain approvals from leadership at departments for progress reports and final reports so that they can be finalized by end of implementation period	<b>Project Manager</b>	3	9/2018	6.12
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### Public Outreach and Links to Key Referral Sources

To create formal links with LTSS organizations, NWD will work with partners to create a robust referral network.

Partners identified by the Planning Advisory Group include hospitals, nursing homes, schools and community organizations. The state will seek direct, indirect and custom referrals from these partners to best guide people toward NWD and its services. As NWD implementation moves forward, the governing body will engage referral partners to identify the best processes for creating formal linkages.

NWD will conduct targeted and ongoing education among referral partners to share strategies and identify potential barriers and opportunities when providing services and referrals. Strong communication will help to improve overall coordination of efforts and consistency of services among partners.

#### *Referrals*

Improving consumer awareness is not the only way to build a strong brand. NWD must call upon its partners to ensure that all who need this program have access to it.

Consumers interact with LTSS entities regularly, so leveraging their relationships is an effective way to reach consumers. However, not all partners are the same. Some partners, like those providing direct referrals, will have an added responsibility when connecting people with NWD. They will be required to ensure that consumers are able to access services as soon as possible.

Others, such as custom and indirect referral partners, will have less responsibility when connecting users to NWD. The referrals need only meet the needs of the consumer, meaning how the referral happens will depend on what the consumer needs. Because the consumer's needs are paramount, indirect and custom referral methods will vary between organizations and consumers. However, there will be a systematic approach when assisting consumers and their unique needs, to provide a common experience.

Typically, an indirect referral is informational and will not require any further action by the referring organization. A custom referral organization will likely have some added responsibility in following up with the consumer to ensure proper connections and any questions were answered.

#### **Commented [TS6]:** Guidance:

1. How the NWD system will have formal linkages with:
  - a. Information and Referral Entities?
  - b. Nursing Homes and other Institutions?
  - c. Acute Care Systems?
  - d. VA Medical Centers?

By building a strong referral network, NWD can create deeper relationships and an open line of communication with organizations such as nursing homes and acute care systems.

The state will also establish strong evaluation guidelines with each referral entity. Evaluating referrals will allow Colorado to determine if people are being connected in a meaningful way, or if not, what adjustments are needed.

NWD will also use a tracking system to see where referrals are coming from, what types are being made and other metrics established between the state and referring organization. Creating a give and take between NWD and referral networks will also provide incentives for the organizations. Successful referrals will bring more consumers into the market and into services provided by referral partners.

#### Direct Referrals

Direct referrals occur when a referring entity contacts NWD on behalf of the consumer. Such referrals typically will be made by hospital discharge coordinators, nursing facility staff and county eligibility officers. Direct referral organizations often handle consumers in times of crisis or confusion. They will be expected to provide a warm handoff that directly introduces the consumer to the service provider in order to strengthen the connection and ensure the consumer receive services in a timely manner.

Direct referral organizations will be evaluated on several factors, including how well they maintain and share information, how they develop priorities for programs, how they create joint service delivery options and promote NWD.

#### Custom Referrals

Custom referrals will occur at places such as schools, community groups, human services organizations, homeless organizations and behavioral health organizations (BHOs).

Staff members will be expected to talk to the consumer about their desired outcomes and concerns to determine if a direct or indirect referral is necessary. If the client wants to contact NWD immediately, the custom referral source will provide a warm handoff. If, however, the consumer does not want a direct referral, the organization will tell the consumer about the NWD process and what to expect. These organizations should be aware of key life transition points in order to provide additional assistance and planning to the consumer.

Custom referral organizations will be evaluated on several factors such as their participation in efforts to identify community needs, keeping consumer needs at the center and promoting NWD.

#### Indirect Referrals

Indirect referrals are typically informational conversations that provide the consumer with NWD contact information and reasons why they should contact NWD. These referrals will be made by many sources, primarily Area Agencies on Aging (AAA), Independent Living Centers (ILC), advocacy groups, and community members. It will be important to provide consistent information about NWD and available services to ensure consumers get similar advice regardless of the source.

Organizations that conduct indirect referrals will be evaluated on several factors such as their participation in efforts to identify community needs, the number of referrals generated, quality of NWD education for consumers and staying current with NWD partner information.

The list of evaluation factors for all referral sources will be continually updated and adjusted as new metrics are identified.

Goal #1: Determine additional stakeholders who access LTSS

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Work with learning community to identify potential market	Project Manager	1	7/2016		Information limitations Consumer desire to be found		5-4

Goal #2: Meaningful communication with stakeholders

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Develop communication process to explain to stakeholders how feedback will be used throughout the implementation period	Project Team and Nonprofit Impact	2	10/2016		Trust issues from stakeholders regarding meaningful engagement		5-7

Goal #3: Create branding materials with learning community and stakeholders

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Work with learning community to develop a single message		1	8/2016				
Decide where to place advertising materials		2	10/2016		Poor consumer visibility due to low population density in rural areas		
Distribute materials		2	12/2016				

Track which messaging reached consumers		2	8/2017		Relying on consumer responses and memory		
Use feedback to strengthen advertising		3	10/2017				

Goal #3: Create work flow for referrals with pilot programs

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Identify when each referral type is necessary		2	9/2016		Predicting consumer needs and desires		
Create uniform process for each referral type		2	10/2016		Varying consumer needs can make a uniform process difficult to create		

### Person-Centered Counseling

At the core of Colorado’s NWD plan is a person-centered planning process for accessing LTSS.

During the planning phase, Colorado stakeholders defined an ideal process, as opposed to an ideal system, which is how infrastructure and agencies are organized to deliver the ideal process. The system was then designed to support the ideal process through strategies such as workforce development and information technology (IT) investments.

Stakeholders developed the ideal process using a series of steps and overall guidance at each step. The overall guidance ensured that the process meets consumer needs in a streamlined and consumer-friendly manner. The guidance includes the following principles:

- Consumers are always in the driver’s seat and can be referred out of the NWD process at any point.
- Because consumers will come to NWD at different points in their lives, NWD must be flexible enough to meet all consumer needs.
- The NWD process meets the highest standard of customer service.
- The NWD process is supported by staff who are well trained and well paid.
- IT systems are integral throughout the NWD process to ensure consumer information is captured and shared when necessary and to track quality.
- The consumer experience is consistent statewide.

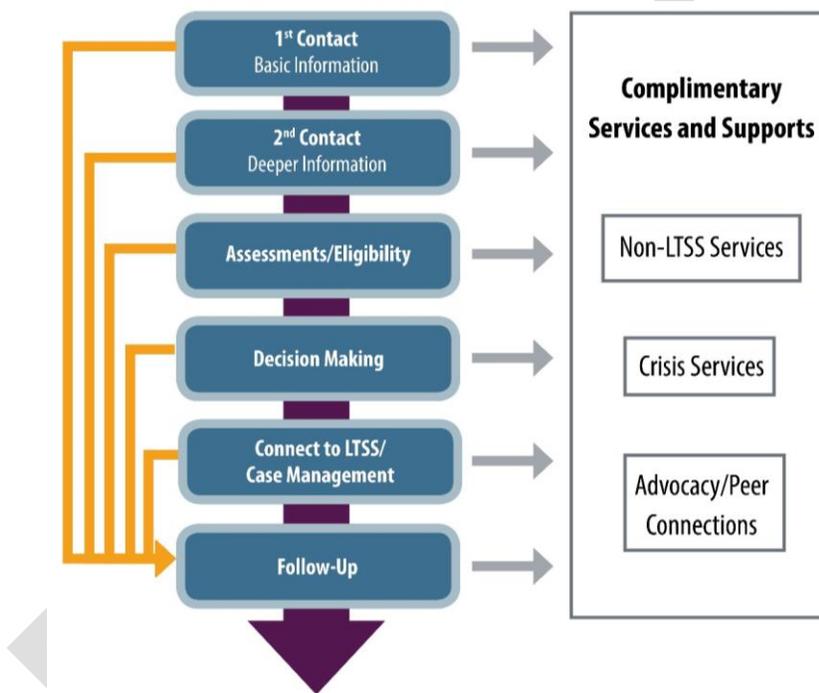
#### Commented [TS7]: Guidance:

1. To what extent the workforce within your NWD system performs these activities?
2. How PCC is provided to specialized populations such as youth in transition or veterans to name a few?
3. Any competencies of counselors in your state? Training and credentialing? Performance measurement and monitoring?
4. Access to Medicaid funding or other funds for PCC activities?
5. What process will be used to establish performance indicators including a detailed definition of each performance indicator, source of data, methods, frequency, schedule of data collection, and person responsible?

- Accessibility, such as wheelchair ramps, proximity to public transportation and bilingual staff is essential.

The NWD process follows a series of steps that ultimately result in consumers gaining access to LTSS. Consumers may take different paths depending on their wants and needs. A critical piece of each path is robust follow-up to ensure the consumer is connected to supports and services and is satisfied with the experience.

**Graphic XX.** Person-Centered Counseling Process



*First Contact – Initial Information Gathering*

A consumer will access the NWD through a variety of methods, depending on where he or she is along the continuum of services and supports.

Some consumers in crisis may need immediate help, while others will be interested in exploring options for the future. In some cases, a caregiver or discharge planner will contact NWD on behalf of the consumer. In other cases, the consumer will contact NWD directly. In any scenario, the first contact will be used to gather initial information, such as demographics and contact information, and to identify any immediate needs.

Ideally, the first contact can be online in the form of a questionnaire or chat function, on the phone through a 1-800 number or in person at a NWD-affiliated agency. If the consumer leaves a voicemail or

sends an email, the NWD agency has 24 hours to respond. If the consumer is in crisis or needs services outside LTSS, a referral and warm handoff will be made to the appropriate service provider.

Since consumers will be coming to the NWD with different needs, several scenarios can occur. If the consumer is at high risk of institutional placement, the NWD process should be expedited. If the consumer is interested in a specific service, he or she is provided with a referral. If the consumer is stable and exploring options, a person-centered counseling session should be scheduled.

#### *Second Contact – Person-Centered Counseling*

The second contact is either by phone or in person, depending on the consumer's choice. The consumer is introduced to the person-centered counselor who will guide him or her through the process. If needed, the person-centered counselor will make appropriate referrals and warm handoffs for people in crisis or at high risk. If the consumer is stable and ready, the person-centered counseling session begins.

During the session, the person-centered counselor talks with the consumer about the current situation and the consumer's needs and preferences.

Family, friends or caregivers identified by the consumer or direct caregiver are also involved. Throughout the conversation, the person-centered counselor compiles a list of potential service options and shares it in whatever format works best for the consumer: in person, over the phone, through email or through a hard-copy letter.

With support from the person-centered counselor, the consumer decides which options to pursue. This step can happen during the person-centered counseling session or whenever the consumer is ready to make a decision. An appointment to discuss options is made if the consumer wants time to weigh the choices.

Once the consumer has settled on an option, the person-centered counselor creates an action plan to obtain services.

If the consumer appears to be eligible for public programs and chooses that option, the person-centered counselor will guide them through a streamlined application process.

If the consumer is pursuing private pay options, the action plan will include all information about the service provider of choice and, if the consumer chooses, a warm handoff by the person-centered counselor. For consumers with private pay sources for services, NWD will charge the consumer for the person-centered counseling session, including action plan development and warm handoffs.

#### *Follow-Up*

When the consumer is connected to services, the person-centered counselor will conduct a follow-up appointment. The follow-up will include a phone call to ensure the consumer is satisfied with supports and services, as well as an email with a consumer satisfaction survey. This will make sure the consumer is connected with services and collect information to refine and improve the NWD process. Follow-up procedures are considered part of the person-centered counseling process and will be funded in the same way.

#### *Workforce*

To ensure consistency and quality of person-centered counseling across the state, a robust workforce of qualified and trained staff is essential.

Stakeholders suggested that a person-centered counselor should have a minimum of a bachelor's degree or experience in customer service. They said the amount and source of professional experience is less important than having the right skills and ability to acquire needed expertise.

Attributes should include:

- People skills, including empathy, compassion and the ability to build rapport
- Calm under pressure and unflappable, especially during crisis intervention
- Excellent communication and listening skills
- Research and interview skills, particularly motivational interviewing
- Critical thinking and problem-solving skills
- Adaptable and able to think quickly
- High degree of customer service skills
- Computer skills
- Ability to multi-task
- Detail-oriented
- Cultural competence

Further, the person-centered counseling workforce should be trained and certified using multiple training modalities and content areas. Requirements for certification and whether this is a state-based certification will be determined during implementation, given budget restraints.

Ongoing education will be a component of maintaining certification. An appropriate salary, support from leadership, access to training and reasonable caseload are seen as key to retaining qualified workers.

#### *Technology*

A user-friendly online platform serving multiple purposes is critical to the success of person-centered counseling. The online platform will have portals for NWD staff, consumers and LTSS providers. It will also include a comprehensive online database with information about the NWD process, public programs and providers.

The consumer portal will allow NWD clients to create a login and access information about providers and the NWD process. By answering a questionnaire, consumers will be able to get a list of potential programs he/she may be eligible for and start the NWD process online.

The provider portal will allow providers to maintain and update their information in the database.

The NWD staff portal will include questionnaires and guides for the person-centered counseling process and action plan development, as well as provide quick access to resources to supplement the person-centered counseling process.

Sharing information within the NWD online platform and across different systems, including Medicaid, will reduce the number of times consumers have to tell their story. Consumers will be in control of their information, determine who can see it, and be able to take their information with them wherever they go.

#### *NWD System Design*

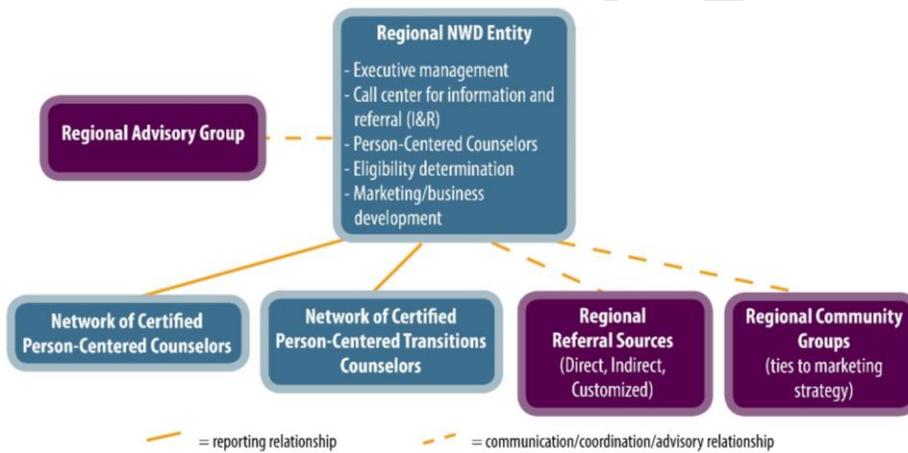
The NWD will be comprised of pilot programs that partner with a network of organizations to provide person-centered counseling, as noted in the Governance and Administration section.

The pilots will have high accountability to standards and outcomes, will focus on developing new markets while managing high-volume “retail” operations, and will be able to run financial models and projections to inform decision-making.

They will also be responsible for maintaining a network of certified person-centered counselors in their region. The network may take various shapes. The most likely model will involve contracts between the NWD pilots and local organizations or service providers that have enough staff and are interested in being a part of the network.

The person-centered counselor network leverages existing capacity and expertise across Colorado to ensure all populations are served. This strategy accounts for specialized populations as well as populations that are transitioning.

Graphic XX. Pilot Program Structure



Goal #1: Develop an initial toolkit of NWD person-centered counseling operations for pilot sites.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Revise scope of work and contract for Nonprofit Impact	<b>Project Manager</b>	<b>1</b>	<b>10/2015</b>				<b>4.1</b>
Brainstorm and prioritize possible tools	<b>Project Team and Nonprofit Impact</b>	<b>1</b>	<b>10/2015</b>		<b>Lack of uniform rules available for reference</b>		<b>4.2</b>

Establish stakeholder workgroups to assist in developing tools	<b>Project Manager</b>	1	10/2015			4.3
Draft tools with stakeholders	<b>Nonprofit Impact</b>	1	11/2015		<b>Narrowing list down to action items</b>	4.4
Review and approve toolkit products that were developed with stakeholders	<b>Project Team</b>	1	5/2016			4.5
Obtain approval for releasing the toolkit	<b>Project Manager</b>	1	6/2016			4.6
Release the initial toolkit	<b>Project Manager</b>	1	6/2016			4.7
Establish the change management process for amending the toolkit and for retraining of pilot sites	<b>Nonprofit Impact</b>	1	7/2016		<b>Changing the status quo</b> <b>Pilot site management variation</b>	4.8
Determine the process for soliciting ongoing feedback on toolkit from pilot sites	<b>Nonprofit Impact</b>	1	7/2016		<b>Limited reporting from pilots</b>	4.9
Finalize toolbox of NWD operations	<b>Nonprofit Impact</b>	3	9/2018			4.10

Obtain approvals for final revisions from leadership at departments	<b>Project Manager</b>	3	9/2018				4.11
Develop a template for regional contracts going forward	<b>Project Manager</b>	3	9/2018		Buy-in from LTSS entities		4.12

Goal #2: Develop credentialing program for person-centered counselors.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Conduct scan of current training and/or requirements for entry point staff – nationally and in Colorado.							
Engage stakeholders to identify appropriate standards.							
Explore a peer-support model for options counseling.							
Develop credentialing program within Colorado.							
Monitor effectiveness							

of credentialing program.							
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Goal #3: Braid funding streams, including private resources and Medicaid, to reimburse for PCC.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Conduct scan of all funding sources currently going to options counseling in Colorado.							
Research possible funding sources not currently being utilized in Colorado.							
Identify the appropriate reimbursement level to ensure a livable wage for counselors, including the peer-support network.							
Develop funding strategy to reimburse for PCC, including out-of-pocket sources.							

Goal #4: Develop protocols for PCC process, including serving specialized populations and people in crisis and follow-up procedures.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference

Engage stakeholders to identify workflow processes within NWD.							
Develop protocols around workflow processes, including how to serve specialized populations and people in crisis and how to follow-up with consumers.							
Create system to ensure protocols are being followed, include mechanism to refine processes and protocols.							

Goal #5: Create satisfaction surveys for consumers and person-centered counselors.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Engage stakeholders to identify appropriate measures to include in	<b>Evaluation Contractor</b>	2	10/2016				

satisfaction surveys.							
Develop survey instruments.	<b>Evaluation Contractor</b>	2	10/2016				
Create protocols for administering surveys.	<b>Project Manager and Evaluation Contractor</b>	2	11/2016				
Capture necessary information from surveys to refine quality of NWD experience and address issues as they arise.	<b>Evaluation Contractor</b>	2	9/2017				

### Streamlined Access to Public Programs

If the consumer appears to be eligible for public programs, and shows an interest in them, a streamlined enrollment process begins within NWD.

Medicaid, the most likely public program, has the most room for improvement in the enrollment process. The person-centered counselor will conduct a functional and financial assessment to determine Medicaid eligibility.

Financial and functional eligibility will be experienced as one process, unlike today when consumers have to go through the eligibility processes separately.

The streamlined process will be as automated as possible using the NWD IT platform that will be developed. If the consumer is determined to be eligible for Medicaid, the person-centered counselor will make a warm handoff to the case management agency of choice and the consumer will then set up services through the case management agency.

If the consumer is not eligible, other options will be reviewed. The preliminary functional assessment will be done during the PCC process and the final determination will be made during the streamlined access process.

The person-centered counselor will be the main contact for consumers as they fill out applications. The eligibility process for other public programs, including Older Americans Act programs, veteran benefits and State Funded Senior Services will be similarly streamlined and the person-centered counselor will be expected to help the consumer access those services.

The success of streamlined access hinges on a robust IT system to track eligibility determinations and performance indicators of various programs. Using technology to reduce duplication throughout

#### Commented [TS8]: Guidance:

1. How the NWD system includes all the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility that are required by any of the state administered programs that provide LTSS to any of the NWD System population?
2. How public access processes and requirements are integrated into the state's NWD System's streamlined access function, so states can use their NWD System as a vehicle for optimally coordinating and integrating these processes to make them more efficient and effective, and more seamless and responsive for individuals?
3. The process for conducting a preliminary and then a final functional and financial assessment?
4. Access to Medicaid funding for streamlined access activities?
5. How PCC interfaces with streamlined access?
6. What process will be used to establish performance indicators including a detailed definition of each performance indicator, source of data, methods, frequency, schedule of data collection, and person responsible?

different applications is a high priority of NWD implementation. Streamlining regulations to better fit person-centered principles is also a priority.

Streamlined access functions will be paid for by braiding public funding streams, or pulling them together seamlessly. Medicaid will continue to pay for eligibility determination for Medicaid programs, including financial and functional determinations. Currently, county departments of human and social services determine financial eligibility. Decisions about how the financial eligibility process will change will be made during implementation.

Goal #1: Identify barriers to streamline access

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Organize policies by authority (i.e. state statute, federal regulations, etc.) and look for policies that can easily be adjusted	Policy Lead	1	6/2016		Political barriers Inability to alter rules		2-3
Identify potential policy barriers to implementing a fully functional NWD system	Policy Lead	3	10/2017		Limited time frame can mean limited lessons Local regulations in each pilot site may present different barriers		2-4
Identify strategies to mitigate or eliminate policy barriers	Policy Lead	3	4/2018		Missing barriers/lessons		2-5
Determine if Project Team can leverage	Project Manager	1	11/2015		Federal regulations		3-3

Medicaid funds for funding NWD system					Funds are dedicated for other purposes		
If Medicaid funds can be leverage, determine how	<b>Project Manager and Policy Lead</b>	1	3/2016		Limited use funding stream Complicated regulations		3-4
Develop matrix that cross-walks funding streams across NWD agencies	<b>Policy Lead</b>	1	3/2016		Incomplete picture of available funding streams and how to best leverage		3-5

Goal #2: Evaluate pay source processes.

Action Item	Responsible	Priority	Target Date	Budget	Potential Barriers	Metrics	Grant Application Key Task Reference
Develop reporting protocols for the pilot sites to report financial programmatic data	<b>Evaluation Contractor</b>	1	8/2016		Training employee to track expenses properly Delay in reporting		3.8
Develop resource allocation methodology to allocate expenses by funding stream	<b>Evaluation Contractor</b>	3	4/2018		Inaccurate expense tracking Fund availability for services		3.10
Conduct a comparative financial analysis of other	<b>Evaluation Contractor</b>	3	10/2017		Delayed reporting Limited ability to learn from		3.11

states who have implemented a NWD system					states due to performance		
Conduct market research of the private pay market	Evaluation Contractor	2	9/2017		Data availability		3.12

### Overall NWD Plan Performance

The governing body will monitor NWD implementation progress and measure the impact of NWD. As with any project, problems, issues, or conflicts are bound to arise, so strong monitoring will help to spot issues early. These efforts will keep the project on task and make sure the project leaders are engaged.

Because NWD is intended to change how Coloradans access LTSS, developing strong metrics that measure both the consumer and staff experience – and quickly refining the system – will be essential for success.

The governing body will develop a project plan, hold regular check-in meetings and create a project dashboard to monitor NWD implementation. Frequent check-ins will keep the governing body on top of tasks, schedules and budgets. The governing body will also be able to refine the project plan to ensure that action items and goals are being met. Governing body members have agreed to be regularly involved in implementing NWD.

The governing body will also be responsible for developing methods for collecting and analyzing data, and refining systems based on findings. The indicators will be built from a scan of the current data collected and the current reporting requirements.

Each governing body member will provide the relevant information to implement NWD and refine data collection methods and indicator selection. Once the governing body selects indicators, they will be vetted with stakeholders to ensure the measures are meaningful to implement the plans.

The initial list of action items for the governing body to pursue in implementing the NWD system and assessing its performance is listed below:

- Develop internal discussion groups that focus on:
  - Stakeholder engagement costs
  - IT financing
  - Marketing and outreach
  - Each of the six NWD functions
- Develop a program manual (jointly by the Department of Health Care Policy and Financing and the Department of Human Services) that will include:
  - Policies and procedures with an overview of the NWD referral process
  - Eligibility criteria
  - Menu of services

**Commented [TS9]:** Guidance:

1. How will the governing body monitor progress toward NWD goals established in this 3-Year plan?
2. What process will the governing body use to establish performance indicators including a detailed definition of each performance indicator, source of data, methods, frequency, schedule of data collection, and person responsible?
3. How does the governing body plan to analyze performance data and report, review and use this information to make informed decisions about the NWD 3-year plan?

- Responsibilities of NWD employees
- Evaluation plan and reporting requirements
- Develop written job descriptions for agency staff and determine training methods.
  - Report on the number of people who enroll and participate in training sessions.
  - Determine how to monitor the effectiveness of trainings.
  - As an example, Virginia’s Community Living Grant supports training sessions on consumer direction and options counseling, person-centered thinking and the data collections system.
- Conduct a comprehensive review of state statutes and regulations and determine if legislation is necessary.
- Develop a Quality Assurance Program.
  - Create surveys to ensure quality outcomes are achieved. In the future a contractor will distribute and collect the surveys to use in an evaluation report.
- Create a NWD website and 1-800 number with a plan for sustainable funding.
  - Many of the costs for the phone number involve staffing a call center. Positions include a call center director, supervisors and staff. Other costs include an information management system, telecommunication services and equipment and office supplies.
  - The call center will route callers to entry point agency staff, where they can learn about LTSS options, request additional information or schedule appointments at local offices for an assessment. The phone line must be accessible to non-English speakers as well as people with disabilities. It must provide translation services, TTY and an option for individuals to enter their zip code so that they can be routed to the nearest NWD agency.
  - The website will serve as a one-stop shop for accessing LTSS. It will provide information about LTSS options and include an automated screening tool with basic questions about functional and financial status that will result in a list of services for which applicants may be eligible. Users can choose to save, download and print data, provide contact information and have a NWD agency contact them for follow-up. The data will be forwarded to a NWD agency database and an agency representative can contact an individual to schedule an in-depth assessment (the website will provide a mechanism to schedule an appointment).

## NWD Communications and Marketing Plan

### Overall Strategy

Building awareness of NWD will be key to drawing consumers into the system. A broad public outreach campaign will focus on NWD’s offerings. NWD will leverage community resources and use referral partners as sources to provide information to consumers.

The NWD planning process identified important segments of Colorado’s population that are likely to access NWD. Emphasis will be placed on those consumers who can most benefit from NWD.

### Marketing Strategy

Public relations and awareness campaigns will target select groups and locations, with the goal of reaching people most likely to need NWD services. This will include a widespread message to create awareness of NWD, information on its programs and information on how people can connect.

#### Commented [TS10]: Guidance:

1. How will the governing body establish a communication plan to market NWD goals to key constituents and the general public?
2. What are the expected components of your state’s NWD communication plan including;
  - a. Branding?
  - b. Identification of target audiences and messaging specific to audience understanding of the NWD system?
  - c. Methods and Materials (e.g. fact sheet, press kit, brochures, website, videos, social media, slides, newsletter, radio, television, newspaper)?
  - d. Evaluation to check understanding of the NWD vision and make improvements over time?

Consumers will be able to access informational materials when visiting local organizations that work with NWD and other LTSS programs. This outreach method will allow consumers to get quality advice from trusted sources, not just generic advertising material, and leverage existing resources to build brand awareness.

NWD Marketing Strategies		Target Markets			
		Maintain	Transition	At Risk	Uninformed
Design NWD with consumers in mind		X	X	X	X
Statewide public relations/awareness building campaign		X		X	X
Education and ongoing communication	Agency / direct referral			X	
	Customized / Indirect referral		X		
Connect with consumers where they are in the community		X		X	X

*Target Markets*

Identifying who will use NWD and why will be an important step in creating brand awareness. The Planning Advisory Group identified common traits of potential NWD consumers. When performing outreach, NWD should identify people who want independence, who want assistance caring for themselves or a loved one, who want help in maintaining or improving health and who need answers to questions. These traits cross genders, incomes, ages and disabilities. Because these traits are so broad, it will also be important to recognize key points in life where NWD and LTSS information can help set the stage for success.

Four major groups of Coloradans comprise the target markets:

People Looking to Maintain the Status Quo

These people want to maintain their current situation or level of independence. They want to stay in their home and community and avoid nursing homes and hospitalization. These people may need more, or different, services than they already receive. Barriers to accessing services include a loss of consistency, either in their lives or the services they receive, feelings of isolation, difficulty dealing with a complex health system and trusting that their interests will be foremost.

People in Transition

These are people who are moving between housing, providers or health programs. They want to improve their situation and may need help managing change. For example, someone turning 18 will need to transition to a public program for adults. A patient discharged from a hospital may face relocation to a community-based setting or a nursing home.

People in this segment can face challenges beyond health struggles. Vulnerability during crisis situations and relocation can make navigating a complex health system even more difficult. Transitions can occur quickly, leaving little time for counselors to learn what the consumer wants. Because of this obstacle, consumers may become distrustful, wondering whether their needs will be met. To avoid these problems, it is important that people in transition learn about their options for getting care and services before a crisis.

### People at Risk

These people are at risk of physical injury or facing disruptive events such as returning to a nursing facility or hospital. They often avoid services because they view accessing them as a loss of independence. These consumers are able to manage their days but are often at greater risk for crisis. Many preventable injuries occur in this segment due to their avoidance. It can be a challenge to reach this population because they may or may not want more services, they often do not know they are eligible for more services or they are unaware that a worsening condition requires additional supports.

Furthermore, there are two types of people in this segment: those who want more services and those who avoid them. People in the first group are seeking stability by accessing services and supports because of a worsening condition or because of a near-crisis. People in the second group are usually wholly unaware that they need assistance, leaving them at risk.

### Uninformed People

These people do not know about LTSS and NWD and the potential services available to them. They may have little or no experience with LTSS or may not even know a program exists to help them. Another possibility is that these people never sought information about services because of cultural or family aversion to accepting public assistance.

These consumers may want information to aid in crisis management and looming situations. They may also be interested in learning what options are best for them based on their current or future health concerns or they may simply want to find out what is possible through NWD.

### *Target Market Advertisement Strategies*

#### State Campaign

The statewide public relations and awareness campaign will help to create NWD name recognition, to explain who would benefit from NWD and how to connect to it.

#### Grassroots Campaign

Advertisements and informational material will be placed at locations often visited by people seeking to maintain, people at risk and people who are unaware of NWD. These places include health care centers and their support organizations, food banks, human service groups and more. These promotional efforts will allow NWD to meet consumer where they are and leverage existing resources to create program awareness.

#### Ongoing Education Campaign

Education through one of the NWD referral processes will be especially useful in reaching uninformed and transitioning consumers. The approaches will vary, depending on the individual's situation and the referring agency or institution's resources. NWD will work with partners to create standards of evaluation for successful transitions and referrals.

## Appendix A

### **United States Senate, Commission on Long-Term Care; Report to the Congress, September 30, 2013**

The Commission on Long-Term Care was established to develop a plan for implementing comprehensive, coordinated, high-quality long-term services and supports system. Their report to Congress was written after six months of meetings, public hearings and soliciting comments from the general public. The recommendation to expand the No Wrong Door approach can be found on page 45.

The report can be found at

<http://www.gpo.gov/fdsys/pkg/GPO-LTCCOMMISSION/pdf/GPO-LTCCOMMISSION.pdf>.

### **Colorado's Community Living Plan; Colorado's Response to the Olmstead Decision**

This July 2014 report details Colorado's efforts to ensure the people with disabilities and older adults have the resources they need to live independent lives.

The report can be found at

<https://www.colorado.gov/pacific/sites/default/files/Colorado%20Community%20Living%20Plan-July%202014.pdf>.

### **Colorado Health Institute, The First Step; Fixing Colorado's System of Long-Term Services and Supports**

This September 2013 report provides the framework for understanding why Colorado needs a No Wrong Door system. It explains how Colorado's LTSS puzzle was developed over the years and its implications for clients. It also discusses some of the state's efforts to redesign the fragmented LTSS system.

The report can be found at

[http://www.coloradohealthinstitute.org/uploads/downloads/LTSS\\_First\\_Step\\_publication\\_for\\_web.pdf](http://www.coloradohealthinstitute.org/uploads/downloads/LTSS_First_Step_publication_for_web.pdf)

## Appendix B

Maps of Colorado's LTSS Entry Points

## Appendix C

LTSS Data Systems Flow Chart

[http://www.adrc-tae.acl.gov/gp\\_uploads/Colorado/Data\\_Systems\\_Flow\\_Chart\\_Appendix\\_C.pdf](http://www.adrc-tae.acl.gov/gp_uploads/Colorado/Data_Systems_Flow_Chart_Appendix_C.pdf).