



COLORADO

Department of Health Care
Policy & Financing

No Wrong Door Planning Advisory Group Meeting #1

Agenda

Purpose

The purpose today's No Wrong Door (NWD) Planning Advisory Group meeting is to:

- Introduce Group members to one another and to the planning process
- Review the current situation across all affected populations and programs/ agencies
- Develop a shared definition of the ideal NWD process and system

Desired Outcomes

- Common understanding of the Planning Advisory Group's role, the NWD Plan, and the planning process
- Definition of ideal NWD process and system

Agenda

- Opening
- Background and Overview
- *Break*
- Ideal Process Exercise
- Review Needs Assessment and Focus Group Input
- Debriefing
- *Lunch*
- Statewide Trends and Issues
- System Design Challenge
- *Break*
- Closing and Next Steps
- Public Comments

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Overview and Background

Why No Wrong Door?

Colorado’s next step – from recommendations to implementation

Community Living Advisory Group Recommendations	Olmstead Plan Recommendations
Create comprehensive access points for all LTSS.	Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.
Strengthen collaboration between statewide agencies and local Area Agencies on Aging (AAAs).	Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.
	Improve communication strategies among long-term services and supports (LTSS) agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

Planning vs. Other Processes

Process	Often Includes	Results In
Recommendations: Defines a specific problem and evaluates possible/ proposes specific solutions	<ul style="list-style-type: none"> • Input from a broad set of stakeholders • Committee structure 	Recommendations report, usually for decision makers
Assessment: Compiles and analyzes information and data to answer a specific research question	<ul style="list-style-type: none"> • Primary and secondary research • Drafting and review processes 	Needs assessment or research study
Planning: Outlines clear steps to accomplish an agreed upon task or goal	<ul style="list-style-type: none"> • Making specific data-driven decisions • Starting with the big picture and then aligning details 	Plans (what will be done and how it will be done)

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<p>Implementation: Coordinates the work and monitors progress to take steps outlined in plan; accomplish desired task</p>	<ul style="list-style-type: none"> • Regular monitoring meetings • Coordination of efforts across people or entities 	<p>Project plans and timelines, progress reports, mid-course corrections</p>
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Recommended Guidelines

- Hats off – think for the state as a whole, across consumer groups, agencies, programs, and organizations
- Content experts sharing expertise
- Check assumptions and jargon
- Watch for miscommunication
- Consumer/ caregiver priority #1
- All participants on equal footing

Background

- Colorado received one of 23 No Wrong Door state planning grants from the Administration for Community Living
- Year-long planning process culminating in September 2015
- Connecting older adults and people with disabilities to LTSS
 - Across the lifespan (not just 18+)
 - Across pay sources (publicly AND privately insured)

Definitions

Term	Definition
<p>No Wrong Door</p>	<ul style="list-style-type: none"> • A philosophy and a process that supports state efforts to streamline access to long-term services and supports (LTSS) options for older adults and individuals with disabilities, regardless of pay source. NWD aims to help all consumers in need encounter only “right” doors as they journey to connect with LTSS • The goals of NWD include: <ul style="list-style-type: none"> ▪ Creating a person-centered, community-based environment that promotes independence and dignity for individuals



	<ul style="list-style-type: none"> ▪ Providing easy access to information and one-on-one counseling to assist consumers in exploring a full range of LTSS options ▪ Providing resources and services that support the needs of family caregivers • Based on these goals, the Planning Advisory Group is charged with building Colorado’s NWD system
NWD Process	<ul style="list-style-type: none"> • What is experienced by the consumer and/ or caregiver as they interact with the NWD system
NWD System	<ul style="list-style-type: none"> • A statewide, coordinated system that provides the functions outlined below to connect consumers to LTSS: <ul style="list-style-type: none"> ▪ Information, referrals, and awareness of LTSS ▪ Person-centered counseling ▪ Streamlined eligibility determination ▪ Person-centered transition support ▪ Consumer, partner, stakeholder involvement ▪ Quality assurance/ continuous improvement
Long Term Supports and Services (LTSS)	A broad range of services and supports individuals may utilize to accomplish everyday tasks, such as (but not limited to) bathing, meal preparation, managing a home and dressing and to help individuals participate in everyday life.

NWD vs. Case Management and Service Delivery

No Wrong Door	Case Management	LTSS Delivery
Access points or agencies that provide information regarding the availability of LTSS, how to apply for LTSS, referral services for LTSS otherwise available in the community and determinations of financial	Assistance provided to individuals in arranging, coordinating, and monitoring delivery of LTSS.	A broad range of services and supports individuals may utilize to accomplish everyday tasks, such as (but not limited to) bathing, meal preparation, managing a home and dressing and to help individuals participate in everyday life.



<p>and functional eligibility for LTSS, or assistance with assessment processes for financial and functional eligibility.</p>		
<p>The No Wrong Door system consists of six entry point functions:</p> <ul style="list-style-type: none"> ▪ Information, referrals, and awareness of LTSS ▪ Person-centered counseling ▪ Streamlined eligibility determination ▪ Person-centered transition support ▪ Consumer, partner, stakeholder involvement 	<p>Case Management consists of five functions:</p> <ul style="list-style-type: none"> ▪ Needs assessment ▪ Service plan development ▪ Monitoring ▪ Service brokering ▪ Risk mitigation management 	<p>Provider agencies deliver LTSS in agreement with a plan of care in a fee-for-service system or through the Program for All-Inclusive Care for the Elderly (PACE).</p>

NWD Mission and Vision

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.

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.

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Planning Advisory Group Meetings

Date	Focus
Tuesday, March 10	The big picture – ideal process, ideal system
Tuesday, March 31	The core of the work – person-centered counseling; person-centered transition support; streamlined eligibility determination
Friday, April 24	The relationships – information, referrals, and awareness; partner involvement; marketing and communications
Monday, May 11	The details – consumer and stakeholder involvement; quality assurance/ continuous improvement; outstanding structural issues

Involved in NWD Planning

Group	Who	Role
Steering Committee	Leadership from Department of Healthcare Policy and Financing (HCPF) and Department of Human Services – State Unit on Aging (DHS-SUA), Office of Behavioral Health (DHS - OBH), and Division of Vocational Rehabilitation (DHS-DVR)	<ul style="list-style-type: none"> • Make final planning decisions, approve plan content, and ensure plan implementation • Fully participate Steering Committee meetings March – August 2015 • Review plan drafts • Review Planning Advisory Group’s work • Finalize planning decisions • Discuss and resolve any conflicts
Planning Advisory Group	Representatives from a wide variety of communities, agencies, advocacy groups, and consumers and caregivers	<ul style="list-style-type: none"> • Complete NWD planning • Fully participate in 4 full-day meetings between March – May 2015 • Think at the strategic/ systems level, across agency and stakeholder siloes • Provide input and expertise • Solicit input from stakeholders as requested
Project Team	Representatives from HCPF, DHS-SUA, DHS-OBH, DHS-DVR	<ul style="list-style-type: none"> • Manage and oversee NWD planning • Ensure grant deliverables

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		<ul style="list-style-type: none"> • Participate in all NWD meetings • Provide specific content and technical expertise as needed • Coordinate meeting logistics and regional forums
Colorado Health Initiative (CHI)	Tasia and CHI team	<ul style="list-style-type: none"> • Complete NWD needs assessment • Write NWD state plan
Nonprofit Impact	Karen, Blake, and Shelli	<ul style="list-style-type: none"> • Conduct consumer and frontline staff focus groups • Plan and facilitate planning process

Expectations

Underlying Assumptions

- Changes in funding and policies/ procedures will be needed
- Counties control financial eligibility process
- The need for LTSS may exceed the capacity of LTSS providers opening
- *You are here as planners, not stakeholders*

"Rules of Play"

State/ Steering Committee	Planning Advisory Group
PAG input will be truly listened to and considered	Take off stakeholder hat and think for the whole
Won't ask the PAG to do duplicative work or "make work" (if something is already decided, own it)	Be willing to do things differently (let go of, "we always do it this way...")
Decisions and the rationale behind them will be shared in a transparent and timely fashion	Bring your expertise to the table – share what you know
Ensure that the PAG's work will lead to change (get to implementation)	Prioritize, prioritize, prioritize



Summary of Needs Assessment and Focus Groups

Key Takeaways

Needs Assessment	Focus Groups
<i>Person-Centered Options Counseling</i>	
<ul style="list-style-type: none"> • Some organizations provide options counseling, but there is no universal standard • Staff training is lacking for several reasons: <ul style="list-style-type: none"> ▪ No standard requirements ▪ Limited funding for staff development ▪ High turnover rates • Very limited options counseling for people not seeking public services • People do not get a full picture of all options available because resources are siloed 	<ul style="list-style-type: none"> • Consumers and caregivers report receiving little/ no information about resources available from other agencies and organizations • Some consumers have had experiences that are the antithesis of “person-centered” • High level of turnover in frontline positions; variability in case managers • Frontline staff often frustrated not knowing where to refer someone – and don’t feel they have time/ bandwidth to develop relationships across all agencies and programs
<i>Streamlined Eligibility Determination for Public Programs</i>	
<ul style="list-style-type: none"> • No standard or coordinated process for intake and screening • Vastly different processes for determining functional and financial Medicaid eligibility exist • Data systems don’t “talk” to each other. Information sharing is limited 	<ul style="list-style-type: none"> • Many stories of the overly complex, bureaucratic processes causing people to fall through the cracks/ lose heart • Frontline staff frustrated by inability to get follow up info/ track stacks of eligibility process outside their control • Lots and lots and lots of unreturned calls
<i>Person-Centered Transition Support</i>	
<ul style="list-style-type: none"> • Limited partnerships exist between agencies and places where consumer transitions occur 	<ul style="list-style-type: none"> • Transition – defined broadly – is a key theme in focus group stories

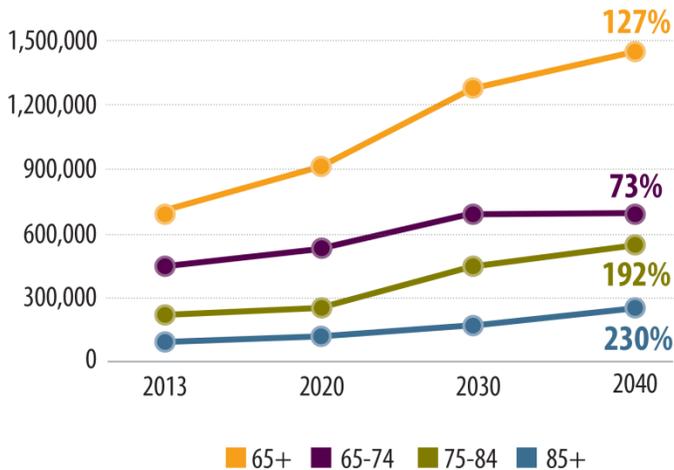


<ul style="list-style-type: none"> Options counseling at the point of transition does not always happen Efforts are going on around Colorado to improve transitions, but person-centered transition support is not comprehensive or consistent 	<ul style="list-style-type: none"> For consumers/ caregivers, points of transition (e.g. when someone ages into or out of a system, when health status changes, when leaving a nursing facility, etc.) often mean starting all over again For frontline staff, transitions mean working with people in crisis (20-30%) Heightened emotional/ mental stress
<p><i>Populations, Partnerships and Stakeholder Involvement</i></p>	
<ul style="list-style-type: none"> Siloes between agencies serving specific ages and disability types create barriers for providing consistent services The system rarely reaches people who privately pay for LTSS Cultural competency and accessibility varies across the system Consumer engagement and feedback varies 	<ul style="list-style-type: none"> Both staff and consumers perceive siloes/ barriers between various agencies Many stories of poor treatment; some of unchecked abuse and no recourse Involvement of advocacy groups and/or learning self-advocacy skills seen as key Some point out that many older adults have never accessed services before
<p><i>Information, Referral and Awareness</i></p>	
<ul style="list-style-type: none"> No one place to access all information and options Key linkages between entry points and referral sources are missing Consumer awareness of resources that do exist is limited 	<ul style="list-style-type: none"> Some referral "bright spots" work well Many consumers and caregivers report not knowing about services/ where to go; feel they are never told what to do next Stories of people being discharged to no support whatsoever
<p><i>Quality Assurance and Continuous Improvement</i></p>	
<ul style="list-style-type: none"> Quality assurance and improvement is not coordinated Limited feedback loops for consumers and staff exist to improve operations Information gathering and sharing to report quality indicators is limited for lack of integrated data systems 	<ul style="list-style-type: none"> Frontline staff see issues and problems quite clearly; but have limited/ no authority to make changes Some report that when they find an effective workaround or solution, they guard that knowledge

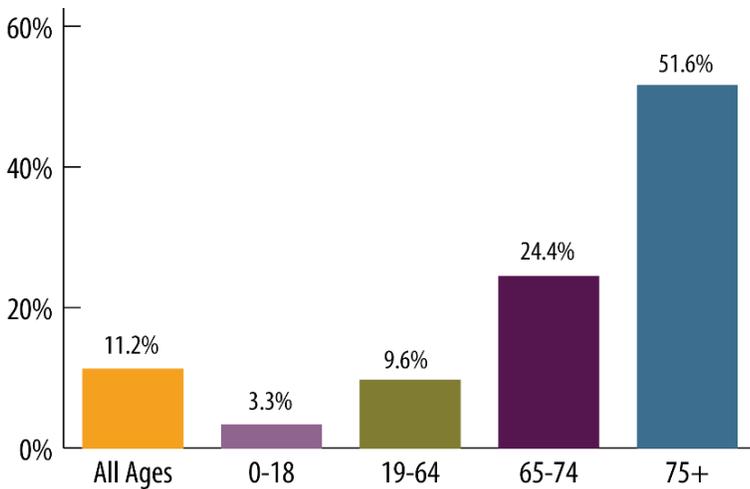


Statewide Trends and Issues

Colorado's Senior Tsunami



Disability Rates by Age



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Disparities

- Impact varies by geography, ethnicity, veteran status, etc.

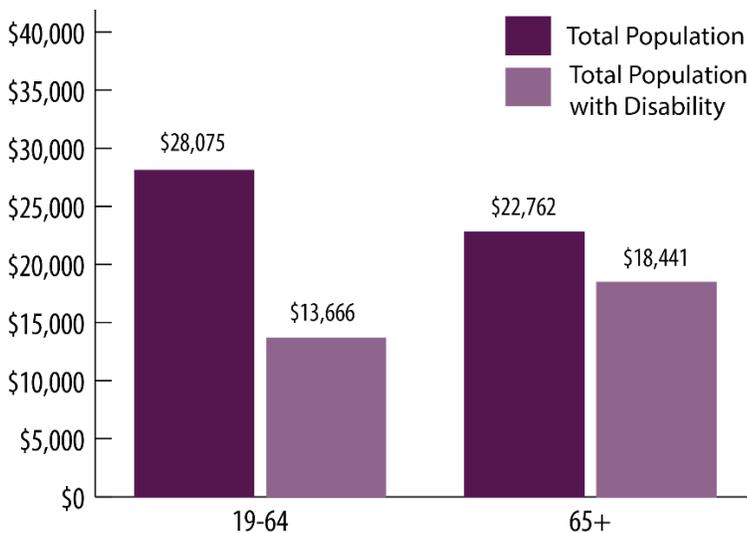
Caregivers

- Four in ten adults in the U.S. are caregivers, up from 27% in 2010 (avg. age is 48)
- 69% suffer work-related difficulties
- 17-35% report poor or fair physical health; 40-70% have clinical depression

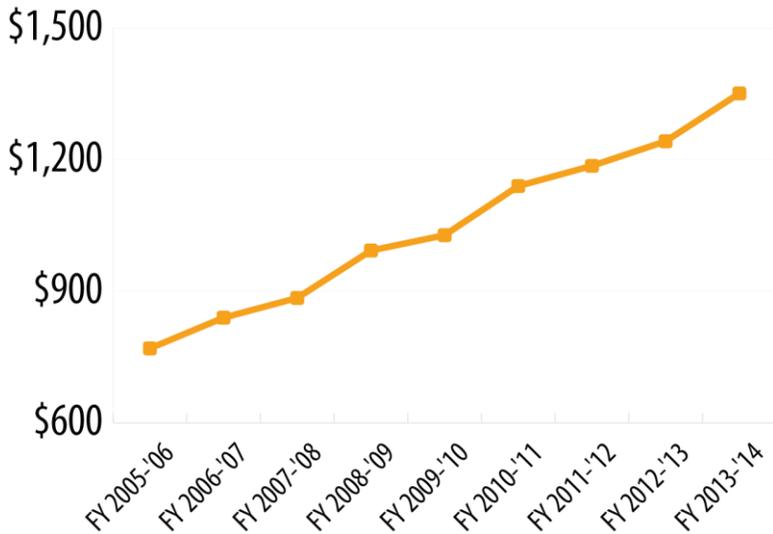
Economic Factors

- Decreased proportion of working-age population compared to older Coloradans
 - In 2014, 65+ was only 17% of the adult population in Colorado
 - By 2040, 65+ will be 25% of the adult population

Income by Age and Disability, Colorado, 2013



Colorado Medicaid Spending for Long-Term Services and Supports



Closing and Next Steps

Planning Advisory Group Meeting #2

- March 31, 2015 – 9:00 am – 5:00 pm
- Same location
- Lunch provided
- Focus: the core of the work
 - Person-centered counseling
 - Person-centered transition support
 - Streamlined eligibility determination

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