

Introduction: The Administration on Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA) have partnered for several years to support states' efforts in developing a No Wrong Door (NWD) system for long term services and supports (LTSS). New Hampshire has participated in all of the federal programs related to this effort, including Aging and Disability Resource Center (ADRC), Real Choice Systems Change, Balancing Incentive Program (BIP), Money Follows the Person (MFP), and Veteran Directed Home and Community-Based Services (VD-HCBS). In early 2015, ACL, CMS, and VHA put forth a guiding document, *Key Elements of a NWD System of Access to LTSS for All Populations and Payers* (Appendix A).

The federal guiding document outlines the six element(s), provides guidance to states on implementation, and stipulates potential indicators. In this brief we will summarize the six key elements in the first section of the federal guiding document and recommends how New Hampshire is or should fulfill these elements. A visual representation of a NH NWD Governance for LTSS is provided as a guide in Appendix B.

This paper is intended to summarize the guidance and provide recommendations for NH DHHS leadership to consider in defining the NWD Governance for LTSS in NH.

Element 1.1 State Leadership and Collaboration

The development, implementation and oversight of a state's NWD System has the support of the Governor and active involvement of the multiple state agencies that administer programs that effect LTSS populations. The Governor designates the state agencies that play a formal role in the development, implementation and oversight of the NWD System, and also designates the state entity that is responsible for leading the overall initiative. (Page 8 from federal guiding document)

Summary of Federal guidance

- The NWD System governing body coordinates the ongoing development, implementation, financing, evaluation and continual improvement of the state's NWD System.
- NWD System Governing Body should include, at a minimum, the following entities:
 - State Medicaid Agency
 - State Agency on Aging
 - state agencies that serve or represent the interests of individuals with physical disabilities
 - state agencies that serve or represent the interests of individuals with intellectual and developmental disabilities
 - State authorities administering mental health services
 - Any other state agency that serves or represents the interests of individuals who need LTSS

- Any other state agency or entity the Governor chooses to designate can be added
- Executive staff should be formally assigned to oversee their agency's work on the NWD system.
- A specific state agency or entity will be designated by the Governor to all NWD activities.
- Specific roles and responsibilities of each entity are clearly defined.
- All NWD LTSS activities are coordinated.
- Federal and state resources used to carry out LTSS access functions across the system are identified and coordinated.

Potential Indicators

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

Recommendations for New Hampshire

- A. Establish/Identify a NHCarePath Governing Body. The governing body should include representatives of all key state administrators who have responsibility for NWD functions. These include: NH NWD Executive Sponsors; NHCarePath Administrator (new); Bureau Chief Community Based Military Programs; and designees from the DHHS policy team (State Medicaid Agency), Olmstead Committee/Settlement Committee, Bureau of Elderly and Adult Services (State Unit on Aging), Bureau of Developmental Disability, Bureau of Behavioral Health, and Division of Client Services.
- B. Identify a NHCarePath Administrator. The NHCarePath Administrator will be responsible for communicating to the Governing Body, lead the Governing Body and other stakeholders in developing and implementing the NWD System strategy, coordinate the NWD LTSS system across the community partnerships, identify opportunities to leveraging funding across the NWD LTSS system, and oversee the NWD Management Tool (in development by ACL/CMS/VHA). The Administrator will also oversee the state's stakeholder group (element 1.2) and non-government entities provider group (element

1.3) and assure alignment of person-centeredness (element 1.4), adherence to performance standards and continuous quality improvement (element 1.5) and adequate staffing to meet NWD requirements (element 1.6).

Status Update February 2020

Recommendation for NH	Status
A. Establish/Identify a NHCarePath Governing Body	In 2016, there were two identified leaders of the NWD LTSS system as well as an advisory group convened for the Balancing Incentive Program that acted in a consulting capacity for NHCarePath. Of the two NWD LTSS identified leaders, one has retired and the other moved to a different position. Due to reorganization and reassignments at DHHS, the advisory group no longer meets. Under the new organizational structure, the current Division of Long Term Supports and Services is in an excellent position to convene a group to act as the governing body for NHCarePath.
B. Identify a NHCarePath Administrator	The NHCarePath Administrator position is established at the Bureau of Elderly and Adult Service under the Division of Long Term Supports and Services. Current incumbent is Thom O'Connor.

Element 1.2 Stakeholder Inclusion

The State uses a formal process for ensuring the ongoing and meaningful involvement of key stakeholders, including consumers and their families, in the development and implementation of the NWD System. (Page 9 from federal guiding document)

Summary of Federal Guidance: The NWD governing body will establish a cross-disability stakeholder group for the ongoing administration of the NWD System by providing guidance to the governing body on NWD System performance and improvement.

- Stakeholders include:
 1. Older adults,
 2. Individuals with physical disabilities,
 3. Individuals with intellectual and developmental disabilities,
 4. Individuals with mental and/or behavioral health needs,
 5. Individuals with cognitive impairments and dementia,
 6. Family members, advocates,
 7. Centers for Independent Living (CILs),
 8. Area Agencies on Aging (AAA),
 9. Local Medicaid agencies,

10. Veteran Service Organizations,
11. Community-based service providers,
12. Other relevant public and private entities involved in the state's LTSS system.

Potential Indicators

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

Recommendations for New Hampshire

- Identify/establish a NWD LTSS Stakeholder Group. Organized by the NWD LTSS Administrator, this group should include consumer representation from NH Commission on Post-Traumatic Stress Disorder and Traumatic Brain Injury (stakeholders 2, 4, 5, & 6), Medical Care Advisory Committee (stakeholders 1, 2, 3, 4, 5, 6, & 11), Developmental Services Family Support Council (stakeholders 3 & 6), NH Behavioral Health Advisory Council (stakeholders 4, 6, & 11), Behavioral Health Peer Support Agencies Directors' Association (stakeholders 4).

The state should also consider including representatives from the Council for Chronically Ill Children and Adolescents (stakeholders 6), Developmental Services Quality Council (stakeholders 3, 5, 6, 8, 11, & 12), NH Interagency Coordinating Council (stakeholders 6, 8, 9, 11, & 12). A list of organizations, representation, and their purpose can be found in Appendix C. Members may represent more than one constituency group.

NWD LTSS Stakeholder Group Purpose. Bring forward and discuss issues (barriers and solutions) related to access to LTSS across all populations and payers to the NWD LTSS Administrator. Each issue will be prioritized by the group to bring to the NWD LTSS Governing Body by the NWD LTSS Administrator. Responses to each issue will be documented and reported back to the stakeholder group.

Status Update February 2020

Recommendation for NH	Status
Identify/establish a NWD LTSS Stakeholder Group.	With the DHHS reorganization, this group has not been established. If the NHCarePath Governing Body is revitalized, establishing the stakeholder group could be one of the early priorities for the governing body. First steps would include determining membership, issuing invitations to participate and developing areas for input by the group.

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

The State is responsible for selecting and overseeing the agencies and organizations outside of state government that play a formal role in carrying out NWD functions, including Person-Centered Counseling and Streamlined Eligibility to Public Programs. (Page 9 from federal guiding document)

Summary of Federal Guidance: ACL, CMS, and VA are looking for states to formally designate, directly or through a delegated entity, the agencies and organizations outside of state government that are or will be formally involved in carrying out the NWD functions. Formal agreements to include performance standards such as populations they will serve, geographic coverage areas, partnership with other NWD entities, and reporting requirements should be in place. The guidance, on pages 9 & 10 of appendix A, lists entities and networks to leverage for a formal designation. There should be a “communications strategy and process for facilitating communications and ongoing coordination among the many different agencies and organizations playing formal roles in the NWD System at the state and regional/sub-state level.”

The list of entities and communication strategy is not vastly different than NH’s current NHCarePath program (see recommendation below).

Potential Indicators

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

New Hampshire Recommendations

NH is in a strong position already to fulfill this element. Through the Balancing Incentive Program and Aging and Disability Resource Center Part A grant, the NHCarePath program has currently identified the ServiceLink Aging and Disability Resource Centers as the full service access point, with Area Agencies on Developmental Disabilities, Community Mental Health Centers, and Division of Client Services District Offices as key partners performing NWD LTSS functions (Page 4 of Appendix A). Contractual language has been established and included in current contracts with these partners. A communication strategy among these entities is established for the purposes of education, assistance, information sharing, and streamlining the referral processes.

Status Update February 2020

Recommendation for NH	Status
A. Formal contractual relationships continued with ServiceLink as the full access point for LTSS.	This continues to be true.
B. CMHCs, Area Agencies for Developmental Services and Client Services continue to be named as NHCarePath partners in contracts.	Is this language still in the contracts? And it is not called client services anymore... but do they have anything in their training/information that indicates they are part of NHCarePath?
C. DHHS, through NHCarePath Administrator, continues to develop Person-Centered Counseling and Streamlined Eligibility for Public Programs	PCC Counseling support for SL staff. BDS pursuing whatchajiggy for UMKC Streamlined Eligibility? Anything?
D. NHCarePath meetings?	These occur quarterly, right? How is attendance? Maybe more support from DHHS leadership?

Element 1.4 Person-Centeredness

The State uses the NWD System to implement person-centered planning statewide as part of a strategy for making its overall LTSS system more consumer-driven. The State ensures that NWD staff doing Person-Centered Counseling for the NWD System have the competencies to do person-centered planning in a way that is consistent with the Elements in Section III of this document, and the State actively promotes the philosophy, values, concepts, and practices of person-centered planning throughout its entire NWD System. (Page 10 from federal guiding document)

Summary of Federal Guidance: ACL, CMS, and VA see the NWD System as the formal “point of entry” into the State’s LTSS system. The NWD System for LTSS should be “responsive to the preferences and personal goals of its citizens who need, or may at some point need, LTSS.” They see the NWD Person-Centered Counseling function as the foundation and reference the 2014 HCBS Setting Rule on person-centered planning to reiterate the importance of this element.

“Through the use of Person-Centered Counseling, the NWD System will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies, and other resources in their communities that provide LTSS.”

While establishing the skills and competencies for the front-line person-centered counselors, there also needs to be a “full embracement” within the NWD System for LTSS across all levels, managers and leadership. The philosophy, values, concepts, and practices are understood and supported at all levels.

Potential Indicators

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

New Hampshire Recommendations

New Hampshire has been a leader in developing and implementing person-centered planning across all LTSS service systems. Most recently, there is a body of work under the Aging and Disability Resource Center Part A grant and the Balancing Incentive Program to train NHCarePath partners as well as the Managed Care Organizations in person-centered approaches. Currently, many of DHHS’s ServiceLink Aging and Disability Resource Center contract staff are trained in person-centered planning. There is a Federal plan to formalize and standardize training on person-centered options counseling for all ServiceLink staff and some key management/NHCarePath staff in the winter/spring of 2016. NH should establish a sustainability plan for these trainings through a train the trainer model and expand the opportunity to additional NHCarePath partners who have a similar role in their agencies.

Training on person-centeredness must go beyond person-centered planning and should include the philosophy, values, concepts, and practices across all levels of the LTSS NWD System. A training curriculum on person-centered thinking should be adopted and implemented across all NWD partners and referral sources.

While training is critical to this process, it is equally important to identify competencies in person-centered approaches and a way to measure the competencies, knowledge, skills and abilities of staff. The identification of competency measures as well as ongoing quality assurance for the delivery of person-centered options counseling is anticipated to be completed by June of 2016.

Status Update February 2020

Recommendation for NH	Status
A. Formalize and standardize training on person-centered options counseling for all ServiceLink staff and some key management/ NHCarePath staff	A. ServiceLink have access to Elsevier Trainings and the UNH Center on Aging and Community Living was approved by the Administration on Community Living as the provider of in-person person-centered counseling trainings.
B. Establish a sustainability plan for these trainings	B. Trainings are continuing through the 2019 Business Case Development Grant
C. Identify competencies in person-centered approaches and a way to measure the competencies	C. Completed- see document “No Wrong Door Competency Framework For New Hampshire’s No Wrong Door System of Access”

Element 1.5 Performance Standards and Continuous Quality Improvement

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

The NWD System's Continuous Quality Improvement (CQI) process actively seeks input and feedback from the many different customers who use or interact with the NWD System by utilizing evaluations, survey information and existing data systems.

The NWD governing body has in place a functioning, robust and coordinated Management Information System (MIS) that builds on and leverages existing state and local MIS systems to effectively and efficiently gather and manage information from the many entities that carry out NWD System functions, as well as from individuals with disabilities who use the NWD System. (Page 11 from federal guiding document)

Summary of Federal Guidance:

The guiding document, *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*, does not identify or suggest any tool or specific metrics to measure the performance of the states’ NWD System for LTSS. It calls for leveraging existing “management information systems”, the timely collection and generation of information, data and analytics “on a wide range of indicators, processes, and outcomes”. The guidance also wants states to use person-

centered surveys to understand the individual’s experience and awareness of the general public. This should include visibility, trust, ease of access, accessibility, and responsiveness.

Acknowledging the multiple LTSS access functions and the range of entities which maybe delivering the functions on behalf of the state; ACL, CMS, and VA want the efficiency and effectiveness of the administration of the system evaluated. The guidance provides some metrics like duplicative intake and screening. Lastly, there is a mention of health information exchanges as a method to share information. This is not a requirement.

Potential Indicators

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

New Hampshire Recommendations

NH has various mechanisms to pull from including the Federal NWD management tool, SLRC consumer satisfaction, existing performance measures, Administrative Rules, formal procedures, and contractual obligations for NHCarePath partners for assessing performance standards and performing CQI. NH should evaluate existing performance standards and CQI methods to identify areas of strength, gaps, and opportunities for improvement as it relates to the Key elements federal guidance and state level requirements for NWD functions.

NH should utilize DHHS’s Quality Management and key staff overseeing various NWD Functions in the new alignment of DHHS to coordinate this element to include a review the various elements currently utilized by DHHS and all contractual partners and develop and refine a quality improvement process for the NWD LTSS system.

Status Update February 2020

Recommendation for NH	Status
A. Evaluate existing performance standards and CQI methods to identify areas of strength, gaps, and opportunities for improvement as it relates to the Key elements federal guidance and state level	A. No action has been taken to date

<p>requirements for NWD functions.</p> <p>B. Utilize DHHS’s Quality Management and key staff overseeing various NWD Functions in the new alignment of DHHS to coordinate this element to include a review the various elements currently utilized by DHHS and all contractual partners and develop and refine a quality improvement process for the NWD LTSS system</p>	<p>B. No action has been taken to date</p>
---	--

Element 1.6 Staffing

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

The NWD System has a sufficient number of trained staff to support individuals in need of services provided by the NWD System (Page 13 from federal guiding document)

Summary of Guidance:

The document, *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*, provides two examples of possible actions to address staffing adequacy. The first is to measure capacity and adequacy of staff by estimating staffing levels compared to actual numbers served in the LTSS NWD system. The second action is to measure quality by establishing knowledge, skills and abilities (KSAs) of staff performing various NWD functions and offer training to increase the KSAs of staff.

Potential Indicators:

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

Recommendations:

- B. The Federal NWD Management Tool and methodology will be piloted as a potential process of measuring capacity and adequacy of staff for each of the NWD System of Access Functions. DHHS should evaluate this new tool in addition to other existing state tools to determine a formal method.
- C. DHHS should identify SKA’s and develop a framework for KSAs for each of the NWD System of Access Functions performed by staff. As part of the framework DHHS should include how KSA’s will be measured and monitored for quality. State developed KSAs will be identified in coordination and alignment with Federal guidelines for Person Centered Counseling.

Status Update February 2020

Recommendation for NH	Status
<p>A. The Federal NWD Management Tool and methodology will be piloted as a potential process of measuring capacity and adequacy of staff for each of the NWD System of Access Functions. DHHS should evaluate this new tool in addition to other existing state tools to determine a formal method.</p>	<p>A. The NWD Management Tool is currently being utilized for federal reporting.</p>
<p>B. DHHS should identify SKA’s and develop a framework for KSAs for each of the NWD System of Access Functions performed by staff. As part of the framework DHHS should include how KSA’s will be measured and monitored for quality. State</p>	<p>B. Recommend reviewing “Element 3 Standards and Protocols Final” (fall 2017). Includes Person-Centered Counseling Standards and Protocols which address SLA’s.</p>

New Hampshire No Wrong Door Governance for LTSS Recommendations

Original: January 2016

Revision February 2020

<p>developed KSAs will be identified in coordination and alignment with Federal guidelines for Person Centered Counseling.</p>	
--	--

DRAFT