



**State Governance and
Administration**

**Public Outreach and
Coordination with Key
Referral Sources**

**Person-Centered
Counseling
(PCC)**

**NWD
System**

**Streamlined
Eligibility for
Public Programs**

Key Elements of a No Wrong Door System of Access to LTSS for All Populations and Payers

Introduction

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

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

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

The four primary functions of a No Wrong Door system that are reflected in these Elements include:

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

The Elements are designed to help states provide the leadership that is necessary to effectively develop and implement a No Wrong Door system of access to all populations and all payers. These Elements include guidance and indicators that states can use to assess their progress in transforming their multiple LTSS access programs and functions into a single statewide No Wrong Door system. The Elements will help all the agencies and organizations involved in a No Wrong Door system understand their role in the system and improve their capacity to carry out No Wrong Door functions. The Elements should also help consumers and their advocates better understand the nature of a No Wrong Door system and the essential role it can play in optimizing consumer choice and control and in making a state's overall LTSS system more consumer-driven.

The specific goals of these Elements include:

- ▶ Establishing a uniform set of national guidelines and expectations for No Wrong Door systems;
- ▶ Improving the consistency and quality of No Wrong Door systems across the states;
- ▶ Helping states create a vision for their No Wrong Door systems and multi-year strategies for advancing their vision within their states.
- ▶ Helping states to strategically leverage existing resources, programs, functions and organizational entities to support the development of their No Wrong Door systems;
- ▶ Providing a basis for states to establish meaningful outcome and process measures and a method for continually evaluating and improving the performance of their No Wrong Door systems;
- ▶ Establishing clear expectations about the roles and responsibilities of No Wrong Door staff doing Person-Centered Counseling, especially with respect to their use of person-centered planning skills and practices to empower individuals to make informed decisions, to exercise control over their LTSS, and to achieve their personal goals and preferences; and
- ▶ Helping states meet projected increases in consumer demand as a growing aging and disability population seeks assistance in navigating the LTSS system.

Each Key Element includes:

1. A brief description;
 2. "Guidance" on implementation of that Key Element; and
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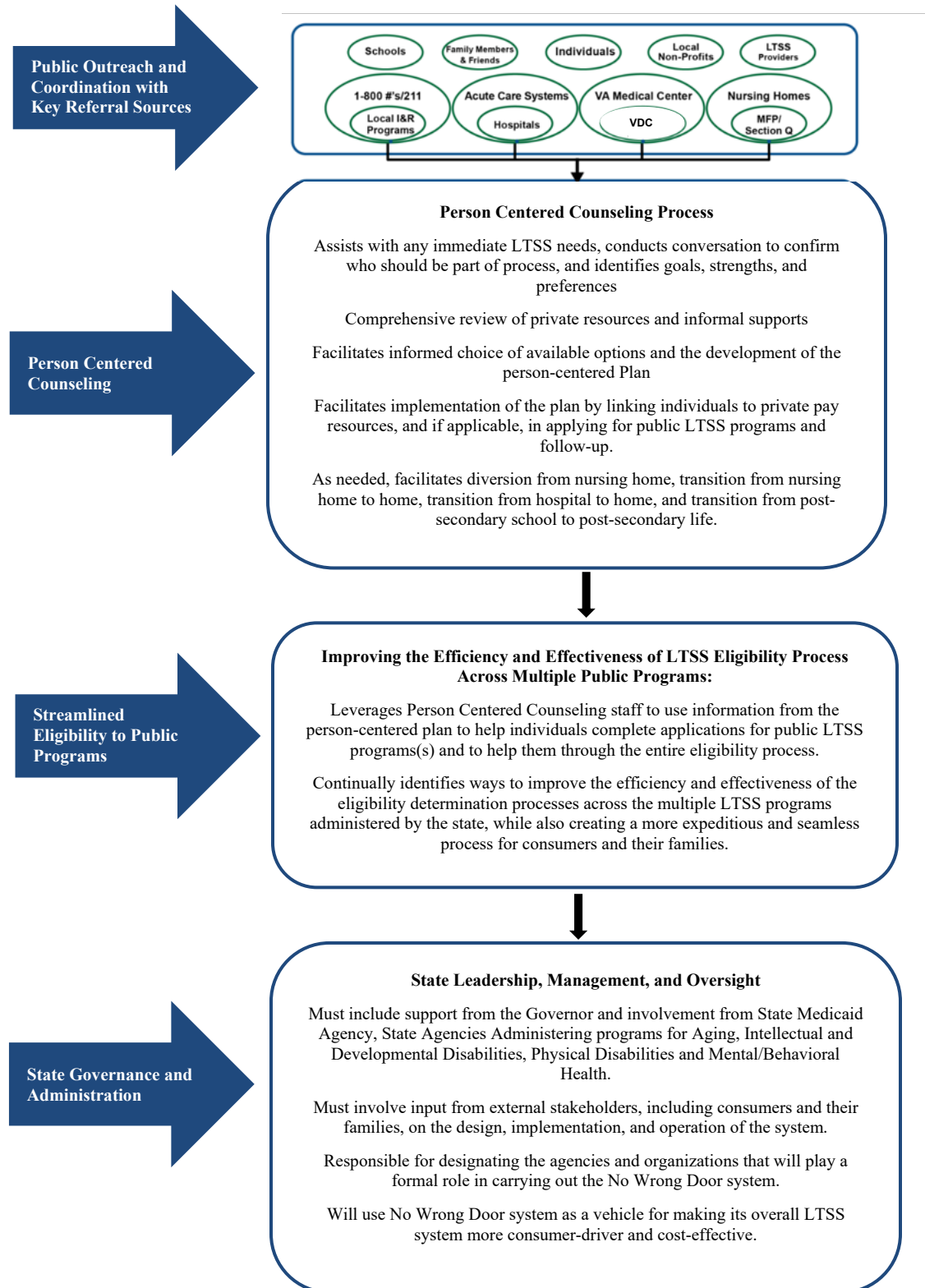
3. “Scorecard Measures” related to that Key Element that will be used in the survey to the states to help provide information for AARP’s *State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*.¹

The Elements are not intended to provide a rigid structure by which a state’s No Wrong Door system must operate. The federal partners recognize that it will take time for states to fully transform their current access programs and functions into a single statewide No Wrong Door system consistent with these Elements, and that states will organize and operate their No Wrong Door systems in ways that best meet their unique structures, populations, and available resources. The federal partners plan to use these Elements as the basis for receiving broad public input on what will eventually become National Standards for a No Wrong Door system of access to LTSS for all populations and all payers.

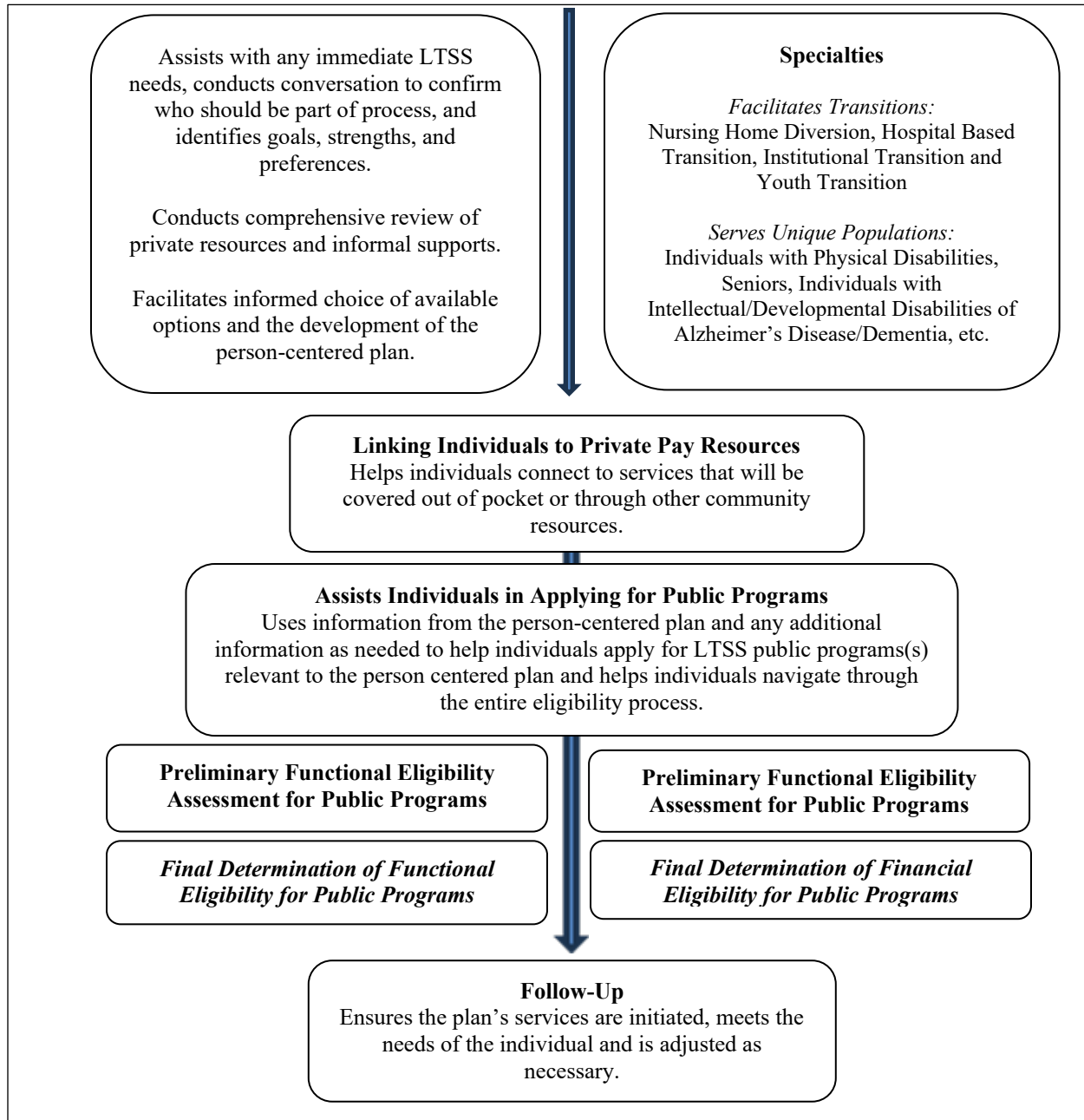
Finally, different states use different terms to describe their LTSS access programs and systems and they use different job titles for staff working in those programs and systems. In many cases these terms are used for branding purposes and are often grounded in state statutes. Accordingly it is important to note that the terms “No Wrong Door” and “Person-Centered Counseling” used in this document are intended to describe systems structures, functions and job duties; they are not intended to serve as a brand that all states must use in labeling their access functions or job titles. For instance, states are implementing person-centered planning in various ways, including through training programs designed to bolster and upgrade the skills of their existing ADRC Options Counselors and other staff who use different titles. It is expected that many states will continue to use the term “Options Counselor” and other such job titles since a number of states have codified the term in law, as many have with the term “Aging and Disability Resource Center.”

¹ For more information see <https://ltsschoices.aarp.org/>

No Wrong Door Schematic



Person-Centered Counseling Schematic



Examples of Organizations That Could be Designated by the State to Perform No Wrong Door System Elements

Area Agencies on Aging	Developmental Disability Management Organizations	Centers for Independent Living
Aging & Disability Resource Centers	Behavioral Health Management Organizations	Local Medicaid Agencies
Organizations serving Ethnic & Minority Populations	School Districts	Faith Based Organizations
Alzheimer's Chapters	Organizations with Peer-to-Peer, including Family to Family models	Local Public Housing Agency
		Other Organizations

Table of Contents

No Wrong Door Elements	1
I. State Governance and Administration	1
<i>Element 1.1: State Leadership and Collaboration</i>	<i>1</i>
<i>Element 1.2: Stakeholder Engagement</i>	<i>2</i>
<i>Element 1.3: Designation of Non-State Government Entities to Perform No Wrong Door Functions</i>	<i>3</i>
<i>Element 1.4: Person-Centeredness</i>	<i>4</i>
<i>Element 1.5: Performance Standards and Continuous Quality Improvement</i>	<i>5</i>
<i>Element 1.6: Staffing</i>	<i>7</i>
II. Public Outreach and Coordination with Key Referral Sources	8
<i>Element 2.1: Public Outreach and Education</i>	<i>8</i>
<i>Element 2.2: Information and Referral Entities</i>	<i>9</i>
<i>Element 2.3: Nursing Facilities and Other Institutions</i>	<i>10</i>
<i>Element 2.4: Hospital Facilities and Other Health Care Settings</i>	<i>11</i>
<i>Element 2.5: Youth Transition Entities and Systems</i>	<i>11</i>
<i>Element 2.6: VA Medical Centers</i>	<i>12</i>
III. Person-Centered Counseling (PCC)	13
<i>Element 3.1: Individually-Led</i>	<i>13</i>
<i>Element 3.2: Personal Interview</i>	<i>14</i>
<i>Element 3.3: Development of a Person-Centered Plan</i>	<i>15</i>
<i>Element 3.4: Facilitating Access to Private Sector Services and Supports</i>	<i>17</i>
<i>Element 3.5: Facilitating Access to Public Programs</i>	<i>18</i>
<i>Element 3.6: Specialized Person-Centered Counselors</i>	<i>19</i>
<i>Element 3.7: Follow-up</i>	<i>20</i>
IV. Streamlined Eligibility for Public Programs	21
<i>Element 4.1: Efficient, Effective and Seamless Eligibility Determinations</i>	<i>21</i>
<i>Element 4.2: The Role of Person-Centered Counseling</i>	<i>22</i>

No Wrong Door Elements

I. State Governance and Administration

Among the key learnings from past federal investments in state access systems is the critical importance of the state playing a leadership role in the design, implementation and ongoing administration of a No Wrong Door system. This includes having the full support of the Governor and key Cabinet-level officials and the active involvement of the multiple state agencies that have a role in LTSS. Also key is the state's role in setting clear expectations for the multiple organizations outside of state government that will play a formal role in carrying out No Wrong Door functions. Finally, it is critical that the state ensures the ongoing and meaningful involvement of key stakeholders, including consumers and their families, in the development, implementation, and ongoing evaluation of the No Wrong Door system.

Element 1.1: State Leadership and Collaboration

The development, implementation, and oversight of a state's No Wrong Door system has the support of the Governor and active involvement of the multiple state agencies that administer programs that affect LTSS populations. The Governor designates the state agencies that play a formal role in the development, implementation, and oversight of the No Wrong Door system, and also designates the state entity that is responsible for coordinating the overall initiative.

Guidance: At a minimum, the following state agencies should be designated by the Governor to be involved in the development and implementation of the state's No Wrong Door system: the state Medicaid agency, the state unit on aging, any other state agency that serves or represents the interests of individuals who need LTSS, and any other state agency or entity the Governor chooses to designate. Executive level staff from each of the designated agencies should be formally assigned to oversee their agency's work on the No Wrong Door system. The Governor will also designate the state agency or entity that will be responsible for coordinating all of the state's No Wrong Door activities. Since different agencies will play different but complementary roles in the development and implementation of the No Wrong Door system, it is essential that the specific roles and responsibilities of each involved state agency are clearly defined and the activities of all involved state agencies are carried out in a coordinated manner. It is also important for the state to identify the federal and state resources currently being used to carry out LTSS access functions across its multiple programs and determine how best to coordinate and deploy these resources to support the ongoing operations of the No Wrong Door system.

Measures:

- I.1. The State has the Governor's and/or State Legislature's written support for developing a No Wrong Door system consistent with the functionality described in "Key Elements of a No Wrong Door System of Access to LTSS for All Populations and All Payers."

- I.2. The State has a formal multi-state agency body that coordinates the State government’s work to develop a single No Wrong Door system for all people needing LTSS, regardless of income, age, or disability, and this body includes the state Medicaid agency, the state unit on aging, the state agencies that serve or represent the interests of individuals with physical disabilities, intellectual and developmental disabilities, and the state authorities administering mental health services.
- I.6. The State uses a variety of state administered funding sources to support the planning, implementation and ongoing operation of the state’s No Wrong Door system including Medicaid.
- I.7. The State coordinates their No Wrong Door system with a variety of state and federal administered programs that help beneficiaries understand their health insurance programs (e.g., Senior Health Insurance Program).
- VI.14. The total Medicaid (state and federal) financial investment used to support the ongoing operations of the State’s No Wrong Door system elements (12-month period).

Element 1.2: Stakeholder Engagement

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 No Wrong Door system.

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

Measures:

- I.4. Based upon input from consumers and other sources, the state has developed a multi-year plan for implementing a No Wrong Door system consistent with the functionality described in the “Key Elements of a No Wrong Door System of Access to LTSS for All Populations and All Payers.”
- I.5. The State has a formal process in place for involving external stakeholder groups and individuals, including older adults, persons with disabilities, (physical, behavioral and ID/DD) and family caregivers in the development and ongoing implementation of the No Wrong Door system, and it has documented evidence that stakeholder input is influencing the design and ongoing operations of the No Wrong Door system.

Element 1.3: Designation of Non-State Government Entities to Perform No Wrong Door 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 No Wrong Door elements, including Person-Centered Counseling and Streamlined Eligibility to Public Programs.

Guidance: As noted above, a No Wrong Door system requires the involvement of numerous agencies and organizations inside and outside of state government in order for the No Wrong Door system to have the capacity to serve all populations and all payers. The state will formally designate, directly or through a delegated entity, the agencies and organizations outside of state government that will be formally involved in carrying out the No Wrong Door elements, including the Person-Centered Counseling and/or the Streamlined Eligibility for Public Programs elements. This will involve formal agreements with these entities that describe the performance standards of specific No Wrong Door functions they will perform, the populations they will serve, the geographic areas they will cover, their relationship to other No Wrong Door entities and reporting requirements they will have to meet. States should build upon and leverage existing entities and networks with a proven record of carrying out functions identical or similar to those required by the No Wrong Door system, such as area agencies on aging, Centers for Independent Living, Developmental Disability Management Organizations, local Medicaid Agencies, Behavioral Health Management Organizations, Alzheimer's Chapters, and other entities that serve populations of individuals with disabilities. It is assumed that many of the designated entities will already be receiving federal and/or state funds to carry out the types of functions required for a No Wrong Door system. The state will have a communications strategy and process for facilitating communications and ongoing coordination among the many different agencies and organizations playing formal roles in the No Wrong Door system at the state and regional/sub-state level so all of these organizations can effectively and efficiently operate as a single statewide No Wrong Door system.

Measures:

- I.8. The State uses a formal process and clearly defined criteria to select and oversee the entities outside of state government that play a formal role in carrying out the No Wrong Door system element of Person-Centered Counseling.
- III.6. The No Wrong Door system uses a variety of different organizations to do Person-Centered Counseling such as area agencies on aging, Independent Living Centers, etc., to ensure its No Wrong Door system has the capacity to serve different LTSS populations.

Element 1.4: Person-Centeredness

The State uses the No Wrong Door 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 No Wrong Door staff doing Person-Centered Counseling for the No Wrong Door 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 No Wrong Door system.

Guidance: The No Wrong Door system will be the formal “point of entry” into the State’s LTSS system. The State will use its No Wrong Door system to fundamentally change the experience of consumers who encounter the LTSS system so it becomes more responsive to the preferences and personal goals of its citizens who need, or may at some point need, LTSS. The Elements in this document are designed to do this by integrating person-centered planning into the No Wrong Door Person-Centered Counseling element. The 2014 [HCBS Settings Rule](#) establishes clear expectations for person-centered planning that resulted from many years of experimentation and development in states across the country, and recognizes it as foundational for the delivery of effective home and community-based services (HCBS). Through the use of Person-Centered Counseling, the No Wrong Door system will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies, and other resources in their communities that provide LTSS.

Person-centered planning represents the state-of-the art practice for promoting consumer choice and self-determination in our LTSS system, and is fundamentally different from many of the traditional practices that have been, and are still being used, in many parts of our LTSS system to help consumers access LTSS. Accordingly, in addition to ensuring that staff doing Person-Centered Counseling have the competencies to do person-centered planning, the state should also have a strategy for actively educating managers and key staff at all levels within the No Wrong Door system on the philosophy, values, concepts, and practices of person-centered planning. This ensures the full embracement within the No Wrong Door system, and that the work of the “front line” staff doing Person-Centered Counseling is fully understood and supported by management.

Measures:

- I.15. The State is implementing Person-Centered Counseling consistent with person-centered planning definition in the HCBS Final Rule.²

² Information on the Final Rule can be found at [Home & Community Based Services Final Regulation | Medicaid](#)

- III.7. Staff doing Person-Centered Counseling in the No Wrong Door system have the competencies to conduct person-centered planning in a way that is consistent with the person-centered planning requirements in the CMS HCBS Settings rule.
- III.10. Managers and other key staff throughout the No Wrong Door system have an understanding of the philosophy, values, concepts, and practices of person-centered planning as part of its strategy to make its LTSS system more consumer-driven.
- III.14. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.

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 No Wrong Door system to effectively manage, evaluate and continually improve the performance of the No Wrong Door system.

Guidance: The State will strategically leverage existing management information systems (MIS) and other data sources to collect and analyze information that will be needed by state and local entities involved in carrying out No Wrong Door functions to implement, manage and continually improve the No Wrong Door system. A well-managed No Wrong Door system will collect and generate timely information, data, and analytics on a wide range of indicators, processes, and outcomes across the programs and entities that make up the No Wrong Door system and across populations that are being, or could be served, by the No Wrong Door system. This will ensure that informed decision-making can occur at all levels within the system, including state level policy, program, and funding decisions.

Person-centered surveys or other information gathering methods will be used to document and measure the experience of individual consumers with the No Wrong Door system from their point of entry into the system through follow-up. This includes their views on the system's responsiveness in helping them to realize their personal goals and preferences. This also includes data on the extent of Person-Centered Counseling provided, the types of LTSS services and supports the No Wrong Door system was able to help the individual access, and gaps between the services used and the service preferences of the individual. The No Wrong Door system will collect individual information when applicable in a way that limits the repeated collection of the same information from an individual while engaged in the LTSS system.

The State will also track the impact of a No Wrong Door system on the State's efficiency and effectiveness in administering the multiple LTSS access functions that occur across its LTSS system through the improved coordination and integration of those functions. This will include reductions in duplicative intake, screening, and eligibility determination processes, as well as reductions in the time it takes for individuals to complete applications and eligibility determination for state administered programs. The State will track the number of people placed

on waiting lists for services and steps taken by staff doing Person-Centered Counseling to help these individuals seek alternative services in the community while on wait lists.

The State will be able to project future demand for No Wrong Door elements as the demographics of the state change over time, including projections specific to different populations and to different regional or sub-state geographic areas. The State will also track No Wrong Door system costs across No Wrong Door elements and geographic areas, as well as statewide cost-savings. At a minimum, this will include cost savings accruing to the Medicaid program as a result of helping Medicaid-eligible individuals use lower-cost LTSS services and helping private-paying individuals avoid the unnecessary use of costly services and subsequent spend down to Medicaid.

The State will collect information from the general public and individuals who use the No Wrong Door system on the key aims of the No Wrong Door system, including its:

- ▶ Visibility - the extent to which the public is aware of the No Wrong Door system;
- ▶ Trust - on the part of the public in the objectivity, reliability, and comprehensiveness of the assistance available from the No Wrong Door system;
- ▶ Ease of access - including the amount of time and level of frustration and confusion individuals and their families experience trying to access LTSS;
- ▶ Accessibility - of physical locations and accessibility and ADA 508 compliance of all written and web-based materials; and,
- ▶ Responsiveness - to the needs, preferences, and unique circumstances of individuals, especially in relation to the No Wrong Door system's ability to enable the individual to realize his/her personal goals that were established during the Person-Centered Counseling process, and how well the No Wrong Door system tracks and responds to complaints and grievances.

Although not required, health information exchange (HIE) can be a key component of a No Wrong Door system. Using the term broadly, HIEs encompass systems that share consumer demographic, financial, health and functional data across multiple users, including different programs, providers, individuals and family members. Ideally the HIE will be linked to electronic health records and personal health records to facilitate the exchange of information across entities involved in an individual's health care and LTSS.

Measures:

- I.3. The state has conducted a formal assessment of its access programs and functions, including its eligibility determinations processes, across all populations documenting the challenges consumers face when accessing LTSS programs.
- I.9. The State has an established process for continually monitoring and improving the performance of its No Wrong Door system that allows the state to track its progress over time in implementing a single statewide No Wrong Door system consistent with the "Key Elements of a No Wrong Door System of Access to LTSS for All Populations and All Payers."

- I.10. The State has a documented method for measuring the impact of its No Wrong Door system on Medicaid LTSS expenditures.
- I.11. The State uses electronic information technology to support and manage all four elements within its No Wrong Door system.
- I.12. The State uses its electronic information technology to facilitate the sharing of client information across some operating organizations in its No Wrong Door system and to also exchange client information with entities such as acute care hospitals and long-term care facilities in a way that leverages the use of health IT.³
- III.15. The No Wrong Door system uses a consumer satisfaction survey that includes consumer outcome measures of autonomy and control.
- VI.1. The total number of unduplicated people that have used the state's No Wrong Door system over the last year (12-month period).
- VI.15. Satisfaction: The percent of individuals who contacted the No Wrong Door system and reported a high level of satisfaction that they received all the information and/or assistance in learning about and/or accessing LTSS they were looking for.

Element 1.6: Staffing

The State ensures its No Wrong Door system has a sufficient number of adequately trained staff to carry out all No Wrong Door system functions throughout the state, and deploys a clear strategy to ensure the staffing of its No Wrong Door system keeps pace with changing demographics.

Guidance: Although staffing structures and patterns will vary by state, a sufficient number of trained staff to carry out all functions of a No Wrong Door system should be in place to meet the needs of state citizens in a timely manner. Two examples of actions the state can take to address staffing adequacy include:

1. *Measuring Capacity and Adequacy:* The State can estimate the total number of persons needing to access LTSS during any given year, both for the general LTSS population as well as for specific LTSS subgroups, and compare these estimates to the numbers of people actually served by its No Wrong Door system. States should continually assess staffing capacity against need and develop strategies for closing gaps that may exist. Additionally, states should track and analyze the time needed to provide support to individuals, and the use of technology and other tools that can assist staff and/or complement the work they do for consumers.
2. *Measuring Quality:* The State can establish a minimum threshold for the knowledge, skills and abilities (KSAs) of staff performing various No Wrong Door functions and offer training to increase the KSAs of staff. Measurement of individual and system level

³ "Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information." Available at <https://www.healthit.gov/>

outcomes outlined under Element 1.5 should include staff performance quality indicators across all elements of the No Wrong Door system. These staff quality indicators along with capacity and adequacy indicators can be used by state agencies and stakeholders through ongoing governance and continuous quality improvement of the No Wrong Door system.

Measures:

- I.13. The State has a documented method/process to estimate current and future demand for No Wrong Door system functions.
- I.14. The State has a strategy in place for ensuring it has the capacity to meet demand for No Wrong Door system elements, including the demand across different segments of the state's population.

II. Public Outreach and Coordination with Key Referral Sources

Public outreach and education is key to the No Wrong Door system being recognized by the citizens and key referral sources as a trusted source of unbiased and in-depth information and one-on-one counseling. The success of the No Wrong Door system is also dependent on having formal relationships with entities where major transitions occur across settings and programs that can dramatically affect the well-being and quality of life for people with chronic impairments.

Measure:

- V.2. Statewide Reach: The No Wrong Door system provides Public Outreach in the following areas of the state. (select from list of counties or provide coverage detail).

Element 2.1: Public Outreach and Education

The State proactively engages in public education to ensure its citizens are aware of the No Wrong Door system. The No Wrong Door system is seen as a visible and trusted source of information and one-on-one personalized counseling that any individual or family can turn to for help in understanding and accessing LTSS. The State's public awareness activities include a website on LTSS options and the No Wrong Door system, and a statewide toll-free number that connects individuals to staff doing Person-Centered Counseling.

Guidance: The State has developed and implemented a strategy and plan for informing its citizens about the No Wrong Door system and the help it can provide to individuals that need, or at some point will need, LTSS. The No Wrong Door system's public education efforts should give special attention to hard-to-reach populations, including people with hearing and visual impairments and limited English speaking populations.

Measures:

- II.1. The No Wrong Door system is implementing an outreach and marketing plan focused on branding the No Wrong Door system as a visible and trusted source of information and personalized one-on-one counseling that can help any individual learn about and access the LTSS options that are available in their communities.
- II.2. The No Wrong Door system has a publicly searchable database on a website that is designed to assist older adults, people with disabilities, and their family caregivers learn about and access public and private LTSS options available in their communities, which is user friendly and accessible to persons with disabilities.
- II.3. The No Wrong Door system has a toll-free number that connects individuals to trained Information and Assistance Specialists to assist people in need of LTSS.
- VI.2. The total number of visits to the State's No Wrong Door system website over the last year (12-month period).
- VI.3. The total number of unique visitors who have used the State's No Wrong Door system website over the last year (12-month period).

Element 2.2: Information and Referral Entities

The State's No Wrong Door public education plan gives special attention to educating key referral sources, including statewide and local information, referral and assistance (I&R/A) programs, statewide toll-free numbers, and 2-1-1 systems so staff and volunteers working for these entities can appropriately and quickly refer individuals to No Wrong Door staff doing Person-Centered Counseling.

Guidance: Any agency, organization, website, hotline or other entity that, as part of its normal business, comes into contact with people who may need help accessing LTSS is a critical referral source for a No Wrong Door system. In addition to formal I&R/A programs, other sources may include faith-based and civic organizations, non-profit community organizations that serve older adults and/or people with disabilities, community health centers, homeless shelters, community health centers, Veteran Services Organizations, YM/WCAs, etc.

Measure:

- II.4. The No Wrong Door system is conducting ongoing outreach and training targeted at key referral sources, including Information and Referral programs, to inform them about the No Wrong Door system and how and when to make referrals to Person-Centered Counseling.

Element 2.3: Nursing Facilities and Other Institutions

The State uses its No Wrong Door system to help individuals, regardless of their income or program eligibility, avoid unnecessary placement in nursing homes and other institutional facilities as well as help individuals with LTSS needs who are already residing in these types of facilities transition back to the community.

Guidance: The research has shown that many people residing in nursing homes and other institutional facilities prefer to live in the community and would be able to do so with appropriate supports. States can and should use their No Wrong Door system to implement a two-pronged strategy to address this issue: diversion programs that involve pre-admission screening and other tactics; and transition programs that help individuals who reside in nursing facilities and other institutions move back to the community. The Money Follows the Person Program has documented that even highly impaired individuals who have resided in institutions for over a year can be transitioned back to the community with the help of counselors who have specialized skills and experience. Accordingly, the State will ensure that a subset of their No Wrong Door staff providing Person-Centered Counseling have the experience and skills required to successfully transition individuals from nursing facilities and other institutions back to the community.

Measures:

- II.5. The State Medicaid agency has designated some of the organizations doing Person-Centered Counseling within the No Wrong Door system to serve as local contact agencies (LCAs) for individuals who indicate that they wish to return to the community during their MDS 3.0 Section Q assessment.
- IV.5. The No Wrong Door system conducts nursing facility pre-admission screening for individuals who are or appear to be eligible for Medicaid LTSS and have the potential to avoid nursing home admission.
- IV.6. The No Wrong Door system implements and/or coordinates with the federally mandated Pre-Admission Screening and Resident Review (PASRR) process to help divert individuals with mental illness and I/DD from unnecessary institutionalization.
- VI.6. The total number of individuals who received pre-admission screening and were able to avoid nursing home admission as a result of the No Wrong Door system intervention (12-month period).
- VI.7. The total number of individuals who were referred to a No Wrong Door system organization as a result of the MDS 3.0 Section Q requirement (12-month period).
- VI.9. The total number of individuals who were transitioned from a nursing home to home with the help of staff in the No Wrong Door system (12-month period).

Element 2.4: Hospital Facilities and Other Health Care Settings

The State uses its No Wrong Door system to facilitate the successful transition of individuals with LTSS needs from hospitals and other health care settings back to the community.

Guidance: A key function of the No Wrong Door system is to serve as a bridge for the health system to the community and facilitate the transition of individuals with LTSS needs who are being discharged from acute care settings back to their own homes. The No Wrong Door system also helps these individuals arrange for the community services and supports they need to remain at home and avoid unnecessary hospital readmissions. The State will ensure that a subset of No Wrong Door staff doing Person-Centered Counseling have the experience and skills required to successfully transition individuals from acute care settings back to the home. The State will also ensure that No Wrong Door organizations with this expertise have formal agreements with acute care entities that define the role of the No Wrong Door staff in facilitating hospital-to-home transitions for people with LTSS needs.

Measures:

- II.6. The organizations doing Person-Centered Counseling in the No Wrong Door system have formal agreements (e.g., MOUs, contracts, or written agreements) with hospitals or rehabilitation facilities to facilitate transition to home.
- VI.8. The percent of all acute care hospitals within the State that have a formal agreement with organizations in the No Wrong Door system to facilitate discharge planning and transitions as well as to reduce unnecessary hospital readmissions.
- VI.10. The total number of individuals who were transitioned from an acute care hospital or rehabilitation facility to home with the help of staff in the No Wrong Door system (12-month period).

Element 2.5: Youth Transition Entities and Systems

The State uses its No Wrong Door system to facilitate the transition of youth with significant disabilities who have completed their secondary education or otherwise left school to postsecondary life.

Guidance: This is a critical phase of life for transitioning youth. The options they have and the choices they make during this period of transition can dramatically affect the extent to which they are fully integrated into their communities and the overall quality of their life for decades to come. The State will ensure that a subset of the No Wrong Door staff doing Person-Centered Counseling have the skills and expertise required to successfully facilitate these transitions. No Wrong Door organizations with this expertise should have formal agreements with secondary educational systems, institutions of higher education, employers, and other entities in their service areas that define the roles of these organizations and their staff in working with these

youth and their families to facilitate the development of person-centered plans and successful transitions to postsecondary life.

Measures:

- II.7. The organizations doing Person-Centered Counseling in the No Wrong Door system have formal agreements (e.g., MOUs, contracts, or written agreements) with educational institutions, private employers and other appropriate entities to facilitate the transition of youth with disabilities from secondary education to post-secondary life that include opportunities for competitive integrated employment and/or post-secondary education.
- VI.11. The total number of individuals with intellectual and developmental disabilities who have successfully transitioned from secondary education to post-secondary education with the help of staff in the No Wrong Door system (12-month period).
- VI.12. The total number of individuals with intellectual and developmental disabilities who have successfully transitioned from secondary education to competitive integrated employment with the help of staff in the No Wrong Door system (12-month period).

Element 2.6: VA Medical Centers

The State encourages No Wrong Door organizations to have formal agreements with local Veterans Administration (VA) Medical Centers to assist the VA in implementing the Veteran Directed Care (VDC) Program and other VDC programs.

Guidance: The No Wrong Door system will play a key role in helping the Veterans Administration expand access to VA funded Home and Community Based Services for Veterans who need LTSS, including Veteran Directed Care. The formal agreements with the VA Medical Centers will define the protocols and financial arrangements required for No Wrong Door person-centered counselors to work with Veterans and their families deemed by the VA to be eligible for VA-funded HCBS to develop person-centered plans, and arrange for the delivery of the services and supports the Veteran identifies. This includes assisting with establishing flexible spending plans and providing financial management services to pay the Veterans' workers in accordance with applicable state and federal laws.

Measures:

- II.8. The organizations doing Person-Centered Counseling in the No Wrong Door system have formal agreements (i.e., Provider Agreements or Contracts) with VA Medical Centers to provide Veteran Directed Care.
- VI.13. The total number of individuals who received VDC through the state's No Wrong Door system (12-month period).

III. Person-Centered Counseling (PCC)

The Person-Centered Counseling element will serve as the formal “point of entry” into the LTSS system for individuals and their families who need, or may at some point need, LTSS, and will take place in a variety of settings, including: a person’s home to help the individual to remain at home; a community residence to help an individual to remain in the community; a nursing facility to help an individual transition back to the community; an acute care hospital to help an individual return home and avoid unnecessary readmissions; a high school to help a teenage child with an intellectual or developmental disability transition successfully to postsecondary life, as well as many other settings. As noted above, the No Wrong Door Person-Centered Counseling element embodies person-centered planning and the Elements below are consistent with the 2014 [HCBS Settings Rule](#), which establishes clear expectations for person-centered planning and recognizes it as foundational for the delivery of effective HCBS. The rule resulted from many years of experimentation and development within states across the country.

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

Measures:

- V.1. Statewide Reach: The No Wrong Door system provides Person-Centered Counseling in the following areas of the state (select from list of counties or provide coverage detail).
- VI.4. The total number of individuals who have received Person-Centered Counseling through the State’s No Wrong Door system (12-month period).

Element 3.1: Individually-Led

No Wrong Door Person-Centered Counseling ensures that the person with LTSS needs directs the PCC process.

Guidance: The person or representative must have control over who is included in the planning process. Person-Centered Counseling may include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person. Person-Centered Counseling must also include family members or legal guardians for non-emancipated

minors, and should involve the individuals receiving care or services to the maximum extent possible even if they are not the legal representative in the planning process.

Measures:

- III.7. Staff doing Person-Centered Counseling in the No Wrong Door system have the competencies to conduct person-centered planning in a way that is consistent with the person-centered planning requirements in the CMS HCBS Settings rule.
- III.10. Managers and other key staff throughout the No Wrong Door system have an understanding of the philosophy, values, concepts, and practices of person-centered planning as part of its strategy to make its LTSS system more consumer-driven.
- III.15. The No Wrong Door system uses a consumer satisfaction survey that includes consumer outcome measures of autonomy and control.

Element 3.2: Personal Interview

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

Guidance: The No Wrong Door staff doing Person-Centered Counseling will go through an iterative process with the individual, and others as appropriate, to identify his or her personal strengths, values, preferences, and goals. The conversation begins in a timely manner and meets the schedule and needs of the individual. Individuals involved in the Person-Centered Counseling process should be oriented to the process in order to ensure their active participation. Necessary information and support provided by the counselor ensures the centrality of the person and/or representative to the process, and their understanding of the information. This includes the provision of auxiliary aids and services when needed for effective communication. The Person-Centered Counseling process must provide meaningful access to participants and/or their representatives with limited English proficiency, including low literacy materials and interpreters. If the person does not have LTSS needs, the counselor will help the individual address his or her immediate needs or seek a referral. In addition to discussing and sharing information about available resources, Person-Centered Counseling assists the person in evaluating various pathways to achieving his or her goals, including the pros/cons of specific options. This process may utilize specific decision support tools, such as motivational interviewing, preferences maps, places maps, mind maps, evaluating options tools, pro-con lists, and shaping outcomes tools, among others.

Measures:

- III.8. The No Wrong Door system uses standards that define Person-Centered Counseling consistent with the person-centered planning requirements in the CMS HCBS Settings Rule (which are identical to those in the “Key Elements of a No Wrong Door System of Access to LTSS for All Populations and All Payers”).

Element 3.3: Development of a Person-Centered Plan

The No Wrong Door staff doing Person-Centered Counseling record the person's goals, preferred methods for achieving them, and a description of the services and supports needed to successfully achieve the person's goals.

Guidance: Person-Centered Counseling enables and assists people to identify and access a unique mix of paid and non-paid services to meet their needs. Services listed on a plan represent the desires and preferences of the person, but the plan does not guarantee they will be chosen or provided. Preferences may include, but are not limited to, the following quality of life domains:

- ▶ Language and health literacy
- ▶ Housing
- ▶ Family and friends
- ▶ Employment
- ▶ Community integration
- ▶ Behavioral health
- ▶ Recreation
- ▶ Vocational training
- ▶ Relationship building
- ▶ Culture
- ▶ Other choices

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

- ▶ Reflects the setting where the person chooses to reside. Settings offered include those that are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving HCBS.
- ▶ Prepared in first-person singular language understandable by the person and/or representative and the individuals supporting him or her. At a minimum, the plan must be written in plain language and in a manner that is accessible to individuals with disabilities and persons with limited English proficiency.
- ▶ Considers the positive attributes of the person in order to be strengths-based.
- ▶ The plan identifies risks and includes measures available to reduce risks or identify alternate ways to achieve personal goals, while acknowledging the person's right to assume some degree of personal risk.

- ▶ Documents goals in the person's and/or representative's own words, with clarity regarding the amount, duration, and scope of HCBS provided to assist the person. Goals will consider the quality of life concepts important to the person.
- ▶ Describes the services and supports necessary and specifies the HCBS provided through various resources including natural supports, to meet the goals in the person-centered plan. Natural supports include unpaid supports provided voluntarily to the individual in lieu of the state plan HCBS.
- ▶ Documents the specific person or persons, provider agency and/or other entity providing services and supports.
- ▶ Assures the health and welfare of the person.
- ▶ Documents non-paid supports and items needed to achieve the goals.
- ▶ Includes a timeline for review and the signatures of everyone with responsibility for its implementation including the person and/or representative, his or her case manager, and the support broker/agent (when applicable). The plan is discussed with family/friends/caregivers designated by the individual so that they fully understand it and their role(s).
- ▶ Any effort to restrict the right of a person to realize preferences or goals is justified by a specific and individualized assessed safety need and documented in the person-centered plan.
- ▶ The plan identifies the person(s) and/or entity responsible for monitoring its implementation.
- ▶ The plan identifies needed services and prevents unnecessary or inappropriate services and supports.
- ▶ Documents an emergency back-up plan that encompasses a range of circumstances (e.g., weather, housing, and staff).
- ▶ Addresses elements of self-direction (e.g., fiscal intermediary, support broker/agent, alternative services) whenever the individual chooses a self-directed service delivery system.
- ▶ All persons directly involved in the planning process receives a copy of the plan or portion of the plan, as determined by the participant or representative.
- ▶ Outlines mechanisms for solving conflict or disagreement within the process, including clear conflict of interest guidelines.
- ▶ Finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.
- ▶ Finally, the person-centered plan is retained by the individual and the counselor and is shared with others as desired, as well as retained in a file or electronically for follow up. The person or representative has the authority to request meetings and revise the plan (and any related budget) whenever necessary.

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

Measures:

- III.9. The No Wrong Door system has established protocols for the development of person-centered plans by staff doing Person-Centered Counseling in line with the person-centered planning provision of the CMS HCBS Final Rule.
- III.14. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.
- VI.5. The total number of individuals who had person centered plans developed through the State's No Wrong Door system (12-month period).

Element 3.4: Facilitating Access to Private Sector Services and Supports

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

Guidance: Most people who need LTSS do not qualify for publicly funded LTSS programs. Accordingly, Person-Centered Counseling includes the critical process of facilitating access to private pay services and community resources, including services that are covered out-of-pocket and/or through other community resources. If individuals are placed on waiting lists for publicly funded programs, No Wrong Door staff doing Person-Centered Counseling will assist in accessing non- publicly funded, local community-based LTSS needed to live in the community.

Measures:

- III.17. The No Wrong Door system has a process in place to facilitate access to private sector long-term services and supports for individuals who can pay for all or part of their cost of LTSS.
- III.16. The No Wrong Door system provides individuals and families with assistance in planning for their future LTSS needs.

Element 3.5: Facilitating Access to Public Programs

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

Guidance: Person-Centered Counseling assists any individual who appears to be eligible for a state administered or other public program(s) that provides LTSS in navigating the appropriate processes and requirements that are involved in determining the individual's eligibility for such programs. The No Wrong Door staff doing Person-Centered Counseling will work with the individual and use the information collected during the Person-Centered Counseling process to coordinate with the staff responsible for administering the formal procedures and requirements that are involved in assessing needs and determining eligibility to:

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

This role of the staff doing Person-Centered Counseling is critical to the No Wrong Door system being able to create a streamlined and seamless process for individuals trying to access public programs that provide LTSS.

Measures:

- III.14. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.
- III.18. Staff doing Person-Centered Counseling in the No Wrong Door system are able to track individuals' eligibility status throughout the process of eligibility determination and redetermination.
- III.19. There are formal protocols in place to ensure that staff doing Person-Centered Counseling in the No Wrong Door system are informed when an individual is deemed eligible for LTSS but put on a waitlist so that the No Wrong Door Counselor can follow-up with the individual to see if alternative supports can be arranged while the individual is on the wait list.
- III.20. There are established protocols for staff doing Person-Centered Counseling to work with individuals in completing their applications for various public programs and for working directly with the staff in the No Wrong Door system that make eligibility determinations in a way that helps to expedite and streamline the process for consumers.

Element 3.6: Specialized Person-Centered Counselors

The State has a strategy for ensuring all No Wrong Door staff doing Person-Centered Counseling have the requisite skills to do person-centered planning consistent with the Elements in this section. The State also ensures that subsets of their No Wrong Door staff doing Person-Centered Counseling have the specialized skills required to work with different LTSS populations and to carry out specialized No Wrong Door functions involving transitions from hospitals to home, from nursing homes back to the community, and from secondary education to post-secondary life for youth with intellectual and developmental disabilities.

Guidance: The State needs to ensure all staff doing No Wrong Door person-centered planning have the skills necessary to conduct person-centered planning, and it needs to be strategic about the number and distribution of its counselors who have specialized skills in serving different populations and in carrying out specialized functions involving transitions. This strategy should inform the criteria and selection process the state uses to designate the various organizations that will be conducting Person-Centered Counseling for the No Wrong Door system.

Measures:

- III.1. The No Wrong Door system currently provides Person-Centered Counseling which is consistent with the Person-Centered Counseling Element defined in the “Key Elements of a No Wrong Door System of Access to LTSS for All Populations and All Payers to the following populations (Older Adults, Individuals with Physical Disabilities, Individuals with Intellectual/Developmental Disabilities, Individuals with Mental Illness and Behavioral Health Needs, and Family Caregivers.
- III.6. The No Wrong Door system uses a variety of different organizations to do Person-Centered Counseling such as area agencies on aging, Independent Living Centers, etc., to ensure its No Wrong Door system has the capacity to serve different LTSS populations.
- III.11. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to successfully transition individuals from long-term care facilities back to the community.
- III.12. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to successfully facilitate hospital to home or rehabilitation facility to home transitions.
- III.13. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to successfully help youth with disabilities to transition from secondary education to post-secondary life that involves options that can keep them integrated in the community, including competitive employment and/or post-secondary education opportunities.

Element 3.7: Follow-up

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

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

Measure:

- III. 21. There are written protocols for routinely conducting follow-up with individuals who have been assisted by the staff in the No Wrong Door system in developing and implementing a person-centered plan to determine if they might benefit from further assistance.

IV. Streamlined Eligibility for Public Programs

The No Wrong Door Streamlined Eligibility for Public Programs Element optimizes the state's ability to improve the efficiency and effectiveness of the eligibility determination processes associated with LTSS programs, while also creating a more expeditious and seamless process for individuals who are trying to access publicly-supported LTSS.

Measure:

- V.3. Statewide Reach: The No Wrong Door system provides Streamlined Eligibility for Public Programs in the following areas of the state. (select from list of counties or provide coverage detail).

Element 4.1: Efficient, Effective and Seamless Eligibility Determinations

The State uses its No Wrong Door system to continually improve the efficient and effective administration of its multiple LTSS eligibility processes and requirements to make them seamless for consumers. The State includes all eligibility processes and requirements for any state administered program that provides LTSS in this No Wrong Door system element.

Guidance: The No Wrong Door system's Streamlined Eligibility for Public Programs Element must include all of the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility required by any state administered program that provide LTSS, including Medicaid. As part of the development of a No Wrong Door system, the State will continually assess how best to coordinate and integrate these various eligibility processes to make them more efficient and effective and more consumer-driven. The State will reduce and/or eliminate duplicative and unnecessarily burdensome processes and requirements and reduce the time and effort for State and local staff and consumers to complete the various processes, requirements and forms.

The No Wrong Door Streamlined Eligibility for Public Programs Element ensures:

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

Consistent with CMS guidance on No Wrong Door system requirements under the Balancing Incentive Program, states are encouraged to use a health information exchange (HIE) to implement and continually improve their No Wrong Door Streamlined Eligibility for Public Programs Element. By reducing the need for phone calls, emails, faxes and letters, an HIE can expedite referrals and enrollment. Individuals are also less likely to “fall through the cracks” and allow multiple parties to rapidly access information that has already been collected from an individual and that is required to conduct assessments, determine eligibility and authorize services. Ideally, the HIE will also facilitate the exchange of information across entities involved in an individual’s health care and LTSS.

Measures:

- IV.1. The No Wrong Door system is systematically and continually assessing its various state administered LTSS programs to identify and implement more efficient and effective ways to administer the multiple eligibility determination processes across its LTSS programs.
- IV.2. The No Wrong Door system has made one or more significant changes in the last two years to the eligibility determination processes associated with its LTSS programs that has made it easier for older adults, people with disabilities and their family caregivers to access those programs (e.g. presumptive eligibility, adopting the use of a common assessment tool, significantly reducing the time from application to a final determination of eligibility etc.).
- IV.3. The No Wrong Door system utilizes a formal process or instrument with defined criteria to identify and support individuals at high risk of institutionalization.
- IV.7. The No Wrong Door system has written protocols for ensuring that it provides the same type of Person-Centered Counseling and Streamlined Access to public programs to anyone in need of LTSS regardless of where they enter the No Wrong Door system.

Element 4.2: The Role of Person-Centered Counseling

The State leverages No Wrong Door Person-Centered Counseling staff and information to facilitate the No Wrong Door Streamlined Eligibility for Public Programs Element.

Guidance: As described in Element 3.5, No Wrong Door staff doing Person-Centered Counseling can add significant value to the eligibility determination processes required for state-administered programs. A number of state Medicaid programs in particular have used the information collected during the counseling process and the relationship developed between the staff doing Person-Centered Counseling and the individual to assist with formal assessments and eligibility determinations. The Medicaid agency can train and even designate No Wrong Door staff doing Person-Centered Counseling to conduct preliminary Level I assessments and to help with facilitating the financial eligibility process. They can also help individuals gather additional information and documents not already collected.

No Wrong Door Staff doing Person-Centered Counseling can help ensure applications are "camera ready" – or completed accurately – when they reach the Medicaid office. Even if the staff is not designated to do preliminary Level I assessments, the data gathered before an individual decides to make a formal application for Medicaid can be added into the Level I assessment and then automatically transferred into the Level II assessment process. The counselor can also facilitate an individual's completion and submission of applications; help the individual contribute to the development of a program's formal service plan to help ensure it is as consistent as possible with the individual's preferences and personal goals identified in their person-centered plan; and, if necessary, help an individual arrange for financial management services (FMS) when s/he chooses self-direction, including assisting with the choice of a support broker/agent. In doing these tasks, the Person-Centered Counselors can reduce the burden of the application process for both the Medicaid staff and the consumer. They can also ensure applications are processed more efficiently with fewer errors and are more responsive to consumer needs and preferences. This requires the counselor to work in close coordination with the staff responsible for administering the program's formal procedures and requirements involved in assessing needs and determining eligibility.

Measures:

- III.14. The No Wrong Door system has staff doing Person-Centered Counseling with skills and expertise required to facilitate the use of self-directed models of LTSS.
- IV.4. The No Wrong Door system has established protocols to ensure that individuals seeking LTSS do not have to give the same information more than once while they are trying to access LTSS (e.g., the information collected during the Person-Centered Counseling process is used in the Medicaid eligibility determination process).

Version History

Last Modified	Version	Updates
2025	2.0	Document updated to incorporate editorial revisions
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