

# State Models for ‘No Wrong Door’ *DRAFT*

State	Definition of “No Wrong Door”	Organization	Key Features	Technology	Advantages	Disadvantages
Massachusetts	Regardless of which agency a consumer contacts that agency will be able to provide information, referral and access regardless of the caller’s age or disability <sup>i</sup>	<p>A consortium of Aging Services Access Points and Independent Living Centers (ADRC) provide “no wrong door” access to services for seniors and disabled adults.<sup>ii</sup></p> <p>The MA Aging &amp; Disability Resource Consortia formalizes relationships among Independent Living Centers (ILCs) and Aging Services Access Points (ASAPs) as the core ADRC partners across the Commonwealth. There are 11 ADRCs operating in various stages of development, affording MA statewide coverage of ADRCs.<sup>iii</sup></p> <p>Rather than build on the state’s existing “no wrong door” infrastructure for long term care, known as the Aging and Disability Resource Consortia (ADRCs), the Patrick Administration plans to hire a new “specialized transition coordination expertise.” These new entities will have to demonstrate that they are “partners” within the ADRC infrastructure.” These transition coordination entities will be responsible for determining that an individual meets the criteria</p>	<p>A consumer or service professional can call any Consortium member and receive information on an array of services for both elders and individuals with disabilities.<sup>v</sup></p> <p>In addition to the provision of information, referral &amp; assistance, ADRCs provide individuals of all ages and disabilities with options counseling, streamlining access to publicly-funded long term services (LTS), and working to provide future planning for individuals not yet eligible for Medicaid.<sup>vi</sup></p>		Better access for individuals with dual diagnoses; eliminates the need for multiple referrals. <sup>vii</sup>	

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		<p>to enroll on Money Follows the Person (MFP). To administer this project, the Office of Medicaid will oversee Project Administration, which includes 15 new staff positions. This includes the statewide housing coordinator and 5 new Regional Housing Coordinators. The grant will also hire 5 Regional Transition Coordinators. The project also includes \$250,000 a year for outreach activities and materials. The University of Massachusetts Medical School will be paid \$1 million for the first year’s implementation administrative support, and \$300,000 annually for ongoing operations for five years. Care management will be reimbursed at a set dollar amount.<sup>iv</sup></p>				
<b>Virginia</b>	<p>Virginia’s <i>No Wrong Door</i> initiative is a collaborative public/private effort between the Virginia Department for the Aging (VDA), Department of Rehabilitative Services (DRS), Department of Medical Assistance Services (DMAS), Department of Social Services (DSS), Department of Behavioral Health and Developmental Services (BHDS), Department for the Blind and Vision Impaired (DBVI), Deaf and Hard of Hearing (DHH), Office of the</p>	<p>The <i>No Wrong Door</i> initiative connects public and private agencies and providers through the development of single, coordinated systems of information, referral, and access to aging and disability long-term support services. These systems are developed at a regional level under the direction of the Area Agency on Aging. The local Area Agency on Aging coordinates the <i>No Wrong Door</i> initiative with the help of Advisory Councils. The Advisory Council is a place where agency representatives come together</p>	<p>Families can go (or send their paperwork) to either their local Department of Social Services or to the CHIP central processing unit, and the child will be enrolled in the program for which he or she is eligible. The approved cases are then automatically forwarded to the appropriate office for ongoing case management. The end result of the no wrong door policy is that families can get coverage even if</p>	<p>Web portal titled “Virginia Easy Access” is a virtual single point of entry for seniors and adults with disabilities and the providers that support them. It is a public private partnership with the Commonwealth of Virginia, SeniorNavigator, and 2-1-1 Virginia Your secure and confidential</p>	<p>Easy access, better care coordination, increased enrollment<sup>xiii</sup></p>	

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	<p>Attorney General (OAG), Virginia Board for People with Disabilities (VBPD), Community Integration for People with Disabilities, 2-1-1 VIRGINIA, SeniorNavigator, a 501(c)(3) non-profit organization, select Area Agencies on Aging (AAAs) and their local governments and local providers and consumers.<sup>viii</sup></p>	<p>to educate one another about services offered, coordinate their services, and plan for current and future needs. Currently, ten regions of the state are involved in the <i>No Wrong Door</i> initiative.<sup>ix</sup></p> <p>Funded by ADRC grant<sup>x</sup></p>	<p>they erroneously applied for the “wrong” program.<sup>xi</sup></p>	<p>connection to community resources<sup>xii</sup></p>		
<p><b>Texas</b></p>	<p>“No Wrong Door” systems provide a single access portal to needed services, regardless of one’s disability. The “No Wrong Door” approach creates an accessible, integrated and comprehensive continuum of services for populations with multiple needs, by increasing the ability of case managers to plan and coordinate their services.<sup>xiv</sup></p>	<p>The Real Choice system created a “navigator function” to help consumers navigate the maze of long-term services and supports, regardless of their age or type of disability. The navigators model was implemented simultaneously in a single entry point (Texoma Real Choice) and a “No Wrong Door” (the Heart of Central Texas) framework.<sup>xv</sup></p> <p>Funded by ADRC grant and Real Choice System Change grant<sup>xvi</sup></p>	<p>Case management activities generally have two key features: providing a connection between individuals and the system of publicly-funded services and supports and assuring that these services meet reasonable standards of quality and lead to improved outcomes for individuals. Case management activities (under various names) generally have two key features: providing a connection between individuals and the system of publicly-funded services and supports, and assuring that these services meet reasonable standards of quality and lead to improved outcomes for individuals. Individuals who are at the highest</p>	<p>Information management system developed with funding from ADRC grant. The information management system will collect data necessary to establish whether performance goals have been reached and will allow sharing client and program data between organizations.<sup>xviii</sup></p>		<p>Requiring different organizations to share resources is difficult.<sup>xix</sup></p>

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			levels of risk, with the greatest needs for social support and chronic problems, are the most likely to benefit from case management. <sup>xvii</sup>			
<b>Florida</b>		<p>Florida has developed and implemented Resource Centers in three planning and services areas for both public and private funded services for the elderly and individuals with severe and persistent mental illness. The State had contracted with lead area agencies on aging to provide information and referral, screening and assessment, eligibility determination and options counseling. Eligibility functions are collocated with Medicaid and other state/Federal funded programs eligibility staff.<sup>xx</sup></p> <p>Indiana, Florida and Michigan require in their single entry point systems for long-term care that agencies or individuals who furnish case management services cannot be affiliated with agencies that also furnish direct services<sup>xxi</sup></p>		<p>The State uses the HelpWorks software to provide a web-based system that allows pilot sites to research client information, keep notes on clients in the system, send referrals to providers (professional edition). The system also has a public edition that allows clients to research information on services available and to create an account to save personal information in the system.<sup>xxii</sup></p>	<p>Minimized customer confusion about long-term care options<sup>xxiii</sup></p> <p>Enhanced individual choice<sup>xxiv</sup></p> <p>Supported informed decision making<sup>xxv</sup></p> <p>Reduced services transformation<sup>xxvi</sup></p> <p>Streamlined eligibility for services<sup>xxvii</sup></p> <p>Improved fiscal control over public LTC resources<sup>xxviii</sup></p>	<p>Disadvantages of HelpWorks: the system’s guided interview tool is not efficient enough, the system is slow and does not provide information in a useful manner and requires a VPN connection that is expensive for social services agencies. Results also indicated that the Department also needs to automate its revised intake screening tool, which includes data elements not incorporated in the current system.<sup>xxix</sup></p> <p>The development of single point of entry for information, referrals, screening and eligibility information for long-term care services is expected to result in administrative cost savings.<sup>xxx</sup></p>

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Washington</b></p>		<p>The State of Washington designed one of the earliest and most comprehensive “No Wrong Door” programs for individuals and families with multiple needs and this program served as a model for other states when they developed their programs<sup>xxxii</sup></p> <p>The Washington model is based on a large umbrella organizational structure, the Department of Health and Social Services (DHSS), which manages and oversees programs that exist in different State departments and serve multiple populations. DHSS designed the “No Wrong Door” Case Coordination Project in 2001, and implemented a pilot program in 2002, in ten sites, at least one within each State region.<sup>xxxii</sup></p>	<p>In this model, a service coordinator functions as a team lead for coordinated delivery of services. The service coordinator performs and coordinates tasks such as comprehensive assessment, eligibility determination and the provision of arranging services. The service coordinator might change over time, depending on the different client needs at different points in time during the implementation of the care plan. The project focused on subgroups of clients requiring complex and expensive services from multiple DHSS programs: persons with multiple disabilities, troubled children, youth and their families and long term Temporary Assistance for Needy Families consumers.<sup>xxxiii</sup></p>	<p>The Washington Department of Health and Social Services developed a centralized data information system “eRoom”, containing client data, status and case notes from multiple divisions.<sup>xxxiv</sup></p>	<p>Better coordination among staff, given that staff successfully implemented better, coordinated ways of serving shared clients.<sup>xxxv</sup></p> <p>More complete service integration using a client-centered, strength based approach.<sup>xxxvi</sup></p> <p>Better client outcomes; staff perceived clients as being better off when services were integrated.<sup>xxxvii</sup></p>	<p>Requires cross training of staff members who participate in the multidisciplinary team.<sup>xxxviii</sup></p>
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ii [http://www.southshoreelderservices.com/?page\\_id=231](http://www.southshoreelderservices.com/?page_id=231)

iii [http://www.mass.gov/Eeohhs2/docs/eohhs/ltc/200912\\_activities.pdf](http://www.mass.gov/Eeohhs2/docs/eohhs/ltc/200912_activities.pdf)

iv <http://www.masshomecare.org/AtHomeDetailEntire.asp?Issue=February-2011>

v [www.mass.gov/Eeohhs2/.../evaluation\\_final\\_executive\\_summary.rtf](http://www.mass.gov/Eeohhs2/.../evaluation_final_executive_summary.rtf)

vi [http://www.mass.gov/Eeohhs2/docs/eohhs/ltc/200912\\_activities.pdf](http://www.mass.gov/Eeohhs2/docs/eohhs/ltc/200912_activities.pdf)

vii [www.mass.gov/Eeohhs2/.../evaluation\\_final\\_executive\\_summary.rtf](http://www.mass.gov/Eeohhs2/.../evaluation_final_executive_summary.rtf)

viii <http://www.vda.virginia.gov/nowrongdoor.asp>

ix <http://www.vda.virginia.gov/nowrongdoor.asp>

x [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xi <http://ccf.georgetown.edu/index/state-experiences-coordinating>

xii <http://www.easyaccess.virginia.gov/> and <http://www.vda.virginia.gov/nowrongdoor.asp>

xiii <http://ccf.georgetown.edu/index/state-experiences-coordinating>

xiv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xvi [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xvii [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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xix [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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xxi [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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xxiv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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xxvii [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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xxix [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxx [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxxi [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxxii [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxxiii [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxxiv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

xxxv [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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<sup>xxviii</sup> [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

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