Illinois No Wrong Door System Three-Year Development and Implementation Plan

Draft for Public Review and Comment

Prepared by the Illinois Executive Committee for NWD System Planning with funding from the Administration for Community Living

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Executive Summary

The Illinois No Wrong Door (NWD) System Plan provides a road map for three years of development and implementation to transform the state's long term services and supports (LTSS) system to improve people's access to information and assistance. Under the current system, options are limited and access points are not-well-known by potential service participants and the general public. The vision for this plan is as follows:

> *Illinois' No Wrong Door (NWD) System will be an integrated, person-centered access service delivery system for consumers who are looking for and need long-term services and supports (LTSS) as well as quality, affordable and accessible independent living options. The NWD System will comprise a robust network of public and private organizations across the state that will collaborate and coordinate to provide accurate and comprehensive information in a timely manner to all Illinois residents, but with focus on underserved and unserved populations. The NWD System will help people learn about the full range of options so they can live in the community as long as possible. Across the state, the System will be highly visible, inviting, and accessible. The NWD System will be organized, streamlined, and efficient with each state agency and local organization understanding the vision for the System and their specific roles and responsibilities.*

This vision will be achieved with support from federal funding through the Balancing Incentive Program (BIP) and the Administration for Community Living (ACL) and state funding and oversight from the Illinois Department on Aging (IDOA), the Illinois Department of Human Services (DHS), and the Illinois Department of Healthcare and Family Services (DHFS). The Executive Committee is comprised of leadership from these state agencies.

To develop the plan, the state engaged stakeholders from all key levels of the LTSS system: people and families/caregivers who may need or who use services; providers of services (organizations and personnel); and policy makers. To do this, we conducted the following activities:

1. Held 6 listening sessions around the state with consumers and stakeholder representatives;
2. Sought guidance and input from the BIP policy group's state-level partners;
3. Conducted in-person meetings with organizations already involved in operating Aging and Disability Resource Networks;
4. Fielded a web-based survey designed to assess current capacity of the existing Aging and Disability Resource Network partners to carry out key NWD System functions; and
5. Convened a state-level NWD System Planning Executive Committee.

Several themes emerged from the information-gathering activities across all stakeholders that are presented as areas of strength and challenges below.

Areas of Strength

- Shared Vision
  - Shared commitment to deinstitutionalization and promotion of home- and community-based services
  - Shared commitment to support people who need services to the greatest extent possible
- Partnership/Coordination/Management Across Networks
  - Partnerships across networks at the local level

  - Nursing Home Transition and Deflection projects
  - State level BIP Policy Group has guided planning and policy-making at the programmatic level
- NWD Infrastructure and System Capacity
  - Information and Assistance system statewide, 1-800 phone line at IDOA, well-established and expanding
  - Referrals locally between partnering organizations are working well in most areas
- NWD Service Standards
  - Coordinated entry process standards, such as standards for intake, already established Standardized Level One Screen and Uniform Assessment Tool (in development through BIP)

Challenges

- Ongoing state budget impasse (stop gap budget was passed on June 30, 2016 for six months)
- Shared Vision
  - More buy-in, leadership and ownership from all disability services providers and agencies at state and local levels
- Partnership/Coordination/Management Across Networks
  - Stronger, permanent state-level management structure
  - Stronger linkages between mental health and other community-based providers
  - Stronger linkages between hospitals/acute care providers and community-based providers
  - Access to supportive housing and stronger awareness and understanding of supportive housing resources that exist in order to provide accurate and timely information to individuals in need

Broad-based stakeholder input assisted project leadership in identifying gaps in the current LTSS access structure while allowing leadership to develop strategies for streamlining access and transforming the LTSS system into a person-centered, NWD access system for all populations, programs and payers. Over the next three years, the state intends to streamline fragmented, multiple, and duplicative processes into a coordinated NWD System by working to achieve 15 goals that will build capacity in the four domains of a NWD System: Governance and Administration, Public Outreach, Person-Centered Counseling and Streamlined Access to Public Programs.

Development and Framework for the NWD Three-Year Plan

The NWD System Planning Executive Committee

As part of its NWD Three-Year Plan development process, the Illinois Department on Aging convened a multi-agency workgroup to serve as its NWD System Steering Committee (the Executive Committee).

Committee members included representatives from the Department on Aging, the Department of Human Services and the Department of Healthcare and Family Services. Within the Department of Human Services, staff from the Divisions of Rehabilitation Services, Mental Health and Developmental Disabilities were included. The complete membership of the NWD System Executive Committee is presented in **Appendix A**.

Early in the process, the Committee outlined some **principles or rules of engagement** to guide their work together; they are presented below:

- **What to be:**
  - Patient
  - Inclusive
  - Transparent
  - Accountable
- **How to work together:**
  - Take time to understand each other's language, terminology and values
  - Agree upon a shared set of goals, mission, and vision
  - Clearly define roles and responsibilities
  - Leverage and strengthen relationships that have been built over the years through other initiatives
  - Bring people with different perspectives and experiences to the table
  - Pool resources to be more successful
  - Document and share protocols so that legacy information is not lost due to staff turnover
  - Facilitate ongoing communication among NWD System organizations to prevent/reduce silos

The Executive Committee first met in October 2015 and plans to meet monthly through at least October 2016. The Lewin Group provided facilitation and support through a contract with the Illinois Department on Aging. Each meeting of the Committee had a specific focus related to the NWD Three-Year Plan, listed in ***Exhibit 1.***

Exhibit 1: Illinois NWD System Planning Executive Committee Goals and Activities

Meeting Month	Goals and Activities
October 2015	Develop Mission and Vision of the NWD System in Illinois
November 2015	Identify Goals for the NWD Three-Year Plan
December 2015	Prioritize Goals for the NWD Three-Year Plan
January 2016	Develop Tasks and Timelines for the NWD Three-Year Plan
February 2016	Consider Sustainability of the NWD Three-Year Plan
March 2016	Identify Action Steps for NWD Three-Year Plan Goals
April 2016	Finalize Action Steps for NWD Three-Year Plan Goals
May—August 2016	Gather and Review Stakeholder Feedback on the NWD Three-Year Plan
September 2016	Finalize the NWD Three-Year Plan and Submit to the Administration for Community Living
October 2016	Begin Implementation the NWD Three-Year Plan

Defining LTSS and the No Wrong Door System in Illinois

The Illinois NWD System Planning Executive Committee developed the mission and vision statements presented below so that everyone can operate from a consistent understanding.

Please note: there are many different terms used in the long term services and supports (LTSS) system in Illinois to refer to individuals who need or use LTSS: consumers, customers, clients, peers. For the

purposes of this report, the term consumer will be used to reference consumers served by, or in need of, LTSS through the NWD System.

Mission Statement

Illinois's mission is to develop an integrated and streamlined No Wrong Door (NWD) System with front door entry points available in all communities that will serve as highly visible and trusted places where people of all ages can readily access information and person-centered counseling about the full range of long term service and supports and independent living options.

Vision Statement

Illinois' No Wrong Door (NWD) System will be an integrated, person-centered access service delivery system for consumers who are looking for and need long-term services and supports (LTSS) as well as quality, accessible and affordable independent living options. The NWD System will be comprised of a robust network of public and private organizations across the state that will collaborate and coordinate to provide accurate and comprehensive information in a timely manner to all Illinois residents, but with focus on underserved and unserved populations. The NWD System will help people learn about the full range of options so they can live in the community as long as possible. Across the state, the System will be highly visible, inviting, and accessible. The NWD System will be organized, streamlined, and efficient with each state agency and local organization understanding the vision for the System and their specific roles and responsibilities.

System Background

Illinois' NWD System Plan builds on the work and history of several initiatives as outlined below.

The Aging and Disability Resource Center Network

In 2003, the federal government made a significant investment in community-based LTSS, also referred to as home- and community-based services (HCBS). During that time, the federal Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) partnered to offer state governments funds to develop and maintain Aging and Disability Resource Centers (ADRCs). These entities were a new concept for many states and were designed to support states in developing single points of entry into the LTSS system for older adults and people with disabilities of all ages. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access needed public and private long term services and supports, including behavioral health services and employment services. ACL and CMS originally funded 43 states and territories to develop ADRC programs between 2003 and 2005, including Illinois.

Through these dollars, the state of Illinois and local Area Agencies on Aging (AAAs) developed its Aging and Disability Resource Center Network (ADRN), with the active involvement of Centers for Independent Living (CILs) and other local partners. These organizations provide many key functions, which include but are not limited to information and referral, person-centered counseling/options counseling (PCC/OC) and independent living skills training. Currently, the Illinois Department on Aging is the state oversight agency for the ADRNs.

These collaborative networks have contributed much of the foundation upon which the Illinois Department on Aging, the Department of Human Services and the Department of Healthcare and Family Services hope to build upon through the NWD Three-Year Plan.

The Coordinated Entry Point Initiative

In 2004, the Older Adult Services Act (Public Act 93-1031) was enacted "to promote a transformation of Illinois' comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services." This act mandated a statewide coordinated point of entry with a uniform name, identity, logo, and toll-free number. The Older Adult Services Act defines Coordinated Point of Entry (CPoE) as an "integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral, assistance in completing applications, authorizations of services where permitted and follow-up to ensure that referrals and services are accessed."

Implementing CPoE standards is an objective to improve access to long term services through pre-admission screening and options counseling under this act. To reach this goal, the CPoE Workgroup was established to provide direction to the development of CPoE standards and expectations. The workgroup determined that a CPoE may be an AAA, a Senior Center, a Case Coordination Unit, an Information and Assistance provider, or an Aging and Disability Resource Network.

The Balancing Incentive Program

The Balancing Incentive Program (BIP) is a federal initiative funded through the CMS designed to support states, rebalance their Medicaid-funded LTSS systems and improve access to HCBS. Authorized by the Affordable Care Act (ACA), the BIP provides financial incentives to states through enhanced Federal Medical Assistance Percentage (FMAP) on eligible services. In exchange, states participating in BIP must meet three requirements:

1. Undertake structural changes, including a NWD System, a Core Standardized Assessment (CSA), and conflict-free case management
2. Spend BIP funds to enhance community-based LTSS
3. Meet the "Balancing Benchmark," i.e., spend a certain percentage of total LTSS dollars on community LTSS, (25 or 50 percent depending on the 2009 starting point)

As of December 2015, 18 states are participating in BIP. Illinois has received BIP funding since 2013 and received slightly over $90 million in FMAP dollars[1] from the federal government through this program.

States have considerable flexibility in how they approach the first two requirements. Illinois is meeting these requirements through developing and implementing a new Level 1 Screening Tool, or the IL BIP Initial Screen, and Uniform Assessment Tool (UAT) to meet the BIP requirement of developing core standardized assessment instruments for determining eligibility for non-institutionally based LTSS, restructuring its ADRC system to align with the federal NWD vision and adding a new dedicated BIP 1-800 Call Center number and BIP website to provide information on HCBS, as required by the BIP initiative as a key deliverable. The Department of Healthcare and Family Services has worked with the Department of Human Services and Department on Aging to identify the NWD sites that will complete the Initial Screen and UAT for consumers needing LTSS.

States participating in BIP need to demonstrate meeting the Balancing Benchmark requirement through increasing the proportion of Medicaid LTSS dollars that are directed towards HCBS. The baseline for this benchmark is 2009 LTSS spending. States that directed less than 25 percent of LTSS dollars towards

[1] BIP Program Application - Illinois. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Downloads/Illinois-BIP.pdf

HCBS in 2009 must reach 25 percent by the end of the BIP award period, December 31, 2016. Similarly, states that directed more than 25 percent but less than 50 percent of LTSS dollars towards HCBS in 2009 must reach 50 percent during the same time period. Illinois spent $3.3 billion on LTSS in 2009, with 27.8 percent of these dollars spent on HCBS.[2] Thus, Illinois must reach the 50 percent benchmark for LTSS rebalancing by the end of the BIP award period.

Additional Key Programs

In addition to the ADRNs, the CPoE Initiative and the BIP award, several other organizations, programs and initiatives have launched in Illinois that have advanced Medicaid-funded HCBS, helped rebalance the state's LTSS system and will inform the state's NWD Three-Year Plan. Some of these organizations, programs and initiatives are listed in ***Exhibit 2.***

Exhibit 2: Additional Key Organizations, Programs and Initiatives in Illinois

- Area Agencies on Aging
- Case Coordination Units
- Centers for Independent Living
- Community Mental Health Centers
- Community Integration – Long Term Services and Supports Medicaid Innovation Accelerator Program (IAP)
- Dementia-Capable HCBS
- IL Housing Development Authority
- Money Follows the Person
- Nursing Home Deflection Pilot Projects
- Colbert Consent Decree
- Ligas Consent Decree
- Williams Consent Decree

In addition to the foundation set by these organizations and initiatives, the NWD Three-Year Plan will include many of these entities as NWD Entry Points.

Current System Capacity Assessment

System Capacity Assessment: Factors Impacting Access and Services

Illinois' current population has a median age of 35.4 and a disability rate of 11.1 percent[3], ranked 40th and 41st nationally, respectively. Illinoisans with disabilities are more likely to be older than the general population, and 35.2 percent of its population over age 65 has some type of disability, 29th in the nation.[4]

[2] http://aspe.hhs.gov/sites/default/files/pdf/111766/BIPbase.pdf
[3] http://disabilitystatistics.org/reports/acs.cfm?statistic=1 (downloaded 2/16/15)
[4] http://www.statemaster.com/graph/peo_med_age-people-median-age (downloaded 2/16/16)

Progress has been made in recent years towards addressing the institutional bias embedded in the LTSS system. For fiscal year 2014, the latest year for which national LTSS data are available, 43.7 percent of Medicaid-funded LTSS in Illinois was directed towards HCBS. However, DHFS estimates that that percent could be as high as 45 percent in 2016. Although improving, Illinois' institutional LTSS is costly, an average of is $214.48 per person the 24th highest per-resident cost nationally. Illinois' rank was 31st in 2012.[5]

With the budget shortfall currently facing the state, there is significant pressure on the state agencies involved in administering Medicaid and other health and human service programs to operate as efficiently as possible.

Stakeholder Listening Sessions

Between December 2014 and September 2015, The Lewin Group assisted the state to host six listening sessions: five in-person meetings at different locations around the state and one virtual session with participants from across the state. Stakeholders included staff from community agencies across the aging and disability networks, the VA, older consumers, younger people with disabilities, and family members. These sessions identified Illinois LTSS strengths and challenges from the perspectives of both service providers and users. Much of the feedback from the listening sessions dovetailed with what had been previously communicated by state agency leaders and ADRN lead organizations.

Lewin identified several common themes that listening session participants representing all populations and roles raised with high frequency. Participants across all populations and roles indicated that community-level partnerships are an area of strength in Illinois' current system. Among providers, many noted that building personal relationships with staff across service agencies facilitates referring people to and from those organizations. Another identified strength is referral capacity between providers, including both cross-population referrals (e.g., an aging services provider referring an individual to community-based mental health services) as well as referrals between providers of NWD System functions and providers of direct services. ***Exhibit 3*** shows the most frequently mentioned areas of strength by the listening session participants.

Exhibit 3: Strengths Identified with High Frequency across All Populations and Roles

Response Categories- Strengths	Comment Frequency
Community Level Collaboration and Networking	56
Referrals between Providers	47
Person-Centered Counseling /Options Counseling	17

Listening session participants also noted some areas upon which Illinois' current system could improve. The most frequently cited area for improvement included training and education, particularly increasing and improving training and education for staff who work with people with disabilities. In addition, participants mentioned the need to train provider and state agency staff in how to work with anyone needing LTSS rather than one specific population, cultural competency towards disability and how to navigate Medicaid, including eligibility and application systems. Awareness, marketing and outreach for LTSS options were other frequently mentioned areas for improvement. Participants indicated that people often enter the LTSS system with almost no knowledge of what services and supports are available to them. At the same time, they acknowledged limited marketing budgets and consumer input in outreach

[5] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/ltss-expenditures-fy2013.pdf (Tables C and D)

efforts. ***Exhibit 4*** shows the most frequently mentioned areas of improvement by the listening session participants.

Exhibit 4: Areas for Improvement Identified with High Frequency across All Populations and Roles

Response Categories- Areas for Improvement	Comment Frequency
Training and Education	51
Awareness, Marketing and Outreach for LTSS Options[6]	48
Medicaid Eligibility Determination/Navigation Issues[7]	42
Collaboration among State Agencies	36
Suggestions for a Statewide Resource Database	36

Complete findings from the Listening Sessions can be found in the Listening Session report distributed to stakeholders in January 2016 (**Appendix B**).

Stakeholders who participated in listening sessions, BIP Policy Group members and ADRN lead organizations expressed concerns regarding lack of coordination at the state level, fragmentation in the current LTSS system (especially at the state level) and variability in standards and policies that guide how people learn about and access public and private services. Multiple factors contribute to access difficulties such as: lack of formal partnerships and agreements between governing agencies at the state level, variability in the strength of partnerships between aging, disability and behavioral health networks at the local level, lack of statewide comprehensive database of community resources across all populations, challenges sharing data across agencies about consumers and the services they receive, and a lack of consistent expectations and training opportunities for staff across different networks.

NWD System Capacity Assessment

In July 2015, The Lewin Group conducted a web-based capacity assessment survey of the state's 13 AAAs that lead the ADRN activities in their areas. As lead ADRN organizations, the AAA's were asked to provide contact information for the ADRN Core Partners in the service area and select the populations served by their network. Forty-seven organizations identified by the AAAs as Core Partners and 22 additional NWD Entry Point organizations completed a similar survey in November and December 2015. In addition to aging services, responding organizations included Centers for Independent Living, Independent Service Coordination agencies, mental health services, public health agencies, and faith-based organizations. Data from these two surveys have been aggregated and stratified by Illinois' 13 Planning and Service Areas (PSAs).

Exhibit 5 shows the NWD System populations served by the existing ADRNs as reported by the AAAs in the web-based capacity assessment survey fielded in July 2015. Please note that there may be additional populations served that were not reported by the AAAs.

[6] Includes multiple response categories related to issues with advertising, marketing and outreach.
[7] Includes multiple response categories related to issues with Medicaid.

Exhibit 5: NWD System Populations Served by ADRNs (data reported by AAAs)

PSA	Caregivers & Informal Supports	Older Adults	People with Dementia	People with I/DD	People with Mental Illness and/or Substance Use Disorders	People with Physical Disabilities	People with Traumatic Brain Injury	Veterans
1	X	X						
2	X	X	X			X		X
3	X	X	X	X	X	X	X	X
4	X	X	X	X	X	X	X	X
5	X	X	X	X	X	X	X	X
6	X	X	X	X		X		X
7		X				X		
8	X	X	X	X	X	X	X	X
9	X	X	X	X	X	X	X	X
10	X	X	X		X	X	X	X
11	X	X	X	X	X	X	X	X
12	X	X	X	X	X	X	X	X
13	X	X	X			X		X

In November 2015, all the ADRN Core Partners identified by the AAAs and other organizations that were identified by the state as NWD Entry Point organizations were asked to complete the survey. These organizations were asked to select the populations they served under the NWD System functions of *Public Outreach & Coordination with Other Partners and Key Referral Sources, Person-Centered Counseling/Options Counseling (PCC/OC),* and *Assistance Accessing Public LTSS Programs and Private LTSS Programs*. ***Exhibit 6*** shows our preliminary assessment of NWD System functions coverage across the PSAs by population.

- An area was identified as having **strong coverage** for a population and function if at least one organization in each PSA reported offering the function for the population <u>and</u> the staffing and contacts from people within that population reported in the PSAs were at expected levels given the number of residents in the area.

- An area was identified as having **some coverage** for a population and function if at least one organization in each PSA reported offering the function for the population, but the staffing and number of contacts in the PSAs were lower than expected.

Because not every organization across the state responded to the survey and because not all of those who responded answered all the staffing and services questions, the assessment is based on incomplete information. However, we have more confidence about the assessment in areas where the response rates were highest. ***Exhibit 6*** also notes our degree of confidence in the assessment.

- If the estimate of capacity for a PSA is based on responses representing most types of organizations, we indicate a fairly **high level of confidence (†)** in our assessment of capacity.
- Alternatively, if there was a low response rate without representation from most types of organizations, we note a **low confidence level (ǂ).** The lack of coverage in these areas may be more reflective of a lack of information than a true lack of capacity.

Exhibit 6: NWD System Functions Capacity by Population across Planning and Service Areas

Population	Outreach	Person-Centered Counseling	Access Public LTSS	Access Private LTSS
Caregiver	***Strong coverage †***	**Some coverage†**	***Strong coverage†***	No coverage in PSA 12ǂ
Older Adults	***Strong coverage†***	***Strong coverage†***	***Strong coverage†***	No coverage in PSA 12ǂ
Dementia	**Some coverage†**	**Some coverage†**	**Some coverage†**	No coverage in PSA 12ǂ
Intellectual/ Developmental Disabilities	**Some coverageǂ**	No coverage in PSA 4 &, 12ǂ	No coverage in PSA 10ǂ	No coverage in PSA 4, 10 & 12ǂ
Mental Illness /Substance Use Disorders	No coverage in PSA 6ǂ	No coverage in PSA 6ǂ	No coverage in PSA 6ǂ	No coverage in PSA 6, 10 & 12ǂ
Physical Disabilities	**Strong coverage†**	**Some coverageǂ**	**Some coverageǂ**	No coverage in PSA 10 & 12ǂ
Traumatic Brain Injury	No coverage in PSA 6ǂ	No coverage in PSA 4 & 6ǂ	No coverage in PSA 4 & 6ǂ	No coverage in PSA 4, 6, 10 12ǂ
Veterans	**Some coverageǂ**	**Some coverageǂ**	**Some coverageǂ**	**Some coverageǂ**

† Capacity assessment reflects representation and responses from most types of organizations
ǂ Capacity assessment reflects a low response rate without representation of all organization types

Assistance in accessing private LTSS lacks coverage for all populations except Veterans in at least one PSA. Intellectual/ Developmental Disabilities, Mental Illness /Substance Use Disorders, and Traumatic Brain Injury populations lack coverage in three or more PSAs. Mental Illness /Substance Use Disorders and Traumatic Brain Injury populations lack coverage in at least one PSA for all NWD System functions. PSA 4 had only two organizations complete the survey (one in addition to the AAA) and PSA 6 and 12 had only three organizations complete the survey (two in addition to the AAA). Low response, rather than actual lack of capacity may be the reason for the coverage deficit in these PSAs. ***Exhibit 7*** shows the response rate for each PSA based on the list of ADRN Core Partners provided by the AAAs and the NWD Entry Point organizations received from the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services.

Exhibit 7: Response Rates by Planning and Service Areas (PSAs)

PSA	Response Rate	Type of Organizations/Populations Served by Non-responding Organizations
1	35%	Aging (10), Community Action Agency (1), Faith Based (1), Center for Independent Living (1), Independent Service Coordinator (10), other (1)
2	50%	Independent Service Coordinator (4), Faith Based (1), Aging (1)
3	35%	Aging (7), Center for Independent Living (3), ISC (2), Mental Health (1), Other (1), Community Action Agency (1)
4	50%	Center for Independent Living (2), ISC (1)
5	63%	Independent Service Coordinator (3), Other (2), Aging (1), Public Health (1)
6	50%	Aging (3), Independent Service Coordinator (1)
7	63%	Center for Independent Living (2), ISC (1)
8	33%	Aging (4), Center for Independent Living (2), Other (2), ISC (1), Community Action Agency (1), Faith Based (1)
9	60%	Aging (4)
10	44%	Aging (9), Center for Independent Living (1)
11	67%	Independent Service Coordinator (1)
12	27%	Aging (5), Community Action Agency (3), Other 2, Faith Based (1)
13	48%	Aging (6), ISC (3), Mental Health (1), Other (1)
Total	**45%**	**82 out of 184 organizations submitted survey responses**

Organizations were asked to report their total number of annual contacts as well as sub-groups of contacts (e.g. consumers age 60 or older, Veterans, caregivers, etc.). The ***Exhibit 8*** displays the number of contacts per 100,000 residents in each PSA for Veterans and caregivers. Although Veterans were reported to

receive full coverage of NWD System functions (as show in Exhibit 2), there appears to be a lack of Veteran contacts reported by the surveyed organizations. This may be due to record keeping capabilities, but could also be caused by a lack of outreach to Veterans.

Exhibit 8: Total Contacts, Veterans, and Caregivers Receiving Services per 100,000 Residents in Planning and Service Area

Planning and Service Area (PSA)	Number of Contacts per 100,000 Residents in PSA: Caregivers	Number of Contacts per 100,000 Residents in PSA: Veterans	Number of Contacts per 100,000 Residents in PSA: Total
1	66.8	12.1	2214.9
2	30.4	0.1	660.1
3	1265.3	13.6	2648.1
4	131.7	57.4	4751.1
5	188.2	16.4	2302.7
6	137.5	48.1	1472.3
7	117.1	33.0	1905.3
8	303.7	181.6	1121.9
9	1048.3	226.1	8507.3
10	14.3	0.0	421.1
11	119.9	17.6	1820.7
12	7.3	0.2	1212.2
13	35.2	39.4	1141.3

Responding organizations were asked to report their staffing numbers for NWD System functions. Full-time, part-time, and occasional (less than 15 hours a week) staff totals were provided. Organizations also reported on the number of staff with specialized expertise and staff with training in person-centered practices and/or options counseling. Lewin used this data to assess the capacity in each area to provide this service given the estimated annual demand for person-centered counseling/options counseling (PCC/OC) in each PSA. The results are shown in ***Exhibit 9***.

The number of residents estimated to need PCC/OC each year is based on the number of Illinois residents who are Medicare beneficiaries, Veterans, current Medicaid HCBS waiver participants or those waiting enrollment, Money Follows the Person participants, and families with a 17 year old child with a developmental disability aging out of the school supports. Some percentage of these groups (the percentage varies by population) is estimated to need PCC/OC each year. **Lewin estimates that 457,500 Illinois residents will need PCC/OC per year.** This figure was distributed across PSAs based on the most recent census figures. This figure does not include the demand for person-centered planning for Medicaid HCBS waiver enrollees, but rather is based on an assumption that only 10 percent of current HCBS waiver participants need PCC/OC in any given year beyond what they would receive from their case manager.

Based on historical reporting by ADRCs from across the country using data from ADRC's Semi-Annual Reporting to the ACL, Lewin estimates that each full-time options counselor can serve 462 people per year. Across the country, full-time options counselors provide PCC/OC to an average of 56 consumers per month. Based on 1,920 available labor hours each year (2,080 minus holidays and vacation), this translates into 160 labor hours available each month or an average of 2.85 hours spent each month dedicated to each consumer. This estimate is based on the assumption that at most ADRCs, 50 percent of PCC/OC consumers received services during one month only, 20 percent for two months, 15 percent for three months, and 15 percent for four months. Keeping an average case load of 56 consumers per month,

with some of these people receiving services for longer than one month as described above, each full-time options counselor could theoretically serve 462 people a year.

Exhibit 9 shows the difference between Lewin's estimate of the number of full-time counselors needed and the number of staff trained in PCC/OC reported in the capacity assessment survey. Based only on the response from organizations that completed a capacity assessment, we estimate that 513 additional options counselors either need to be identified within existing organizations in the network or hired to meet the demand for PCC/OC.

Please note there are some important limitations to this assessment so the numbers presented here likely over or underestimate actual need and further data collection will be needed to develop more complete estimates.

- The response rate for the overall survey was too low to provide good estimates of staff capacity.
- We do not know whether the staff with training that were reported are providing PCC/OC services full time, part time, or not at all. They may have received training to provide PCC/OC but spend most of their time performing other functions.
- Some of the staff reported as having received PCC/OC training may be Medicaid waiver case managers who need this training to develop person-centered plans. If Medicaid case managers who do not work with people outside of the Medicaid program were reported here, that would produce an overestimate of the area's capacity because the estimate of demand does not include the demand for person-centered planning as part of Medicaid case management.
- PSAs 7, 9, and 11, which appear to have a surplus of staff needed to meet the estimated demand for PCC/OC, each had one organization that reported higher numbers of PCC/OC trained staff than the other organizations in their PSA. For example, Effingham City/County Committee on Aging reported 30 staff members trained in PCC/OC, whereas the other organizations in PSA 9 all reported less than 10 staff. The wide range in trained staff may reflect different interpretations of the question, which asked:

  "How many staff employed by your organization have received any type of training (on-line or in-person) in options counseling, person-centered practices or person-centered planning? Please provide the number of individual people who have received training including part-time and full-time staff. Person-centered planning is a process directed by the person with LTSS needs. The person-centered planning approach identifies the person's strengths, goals, preferences, needs (medical and HCBS), and desired outcomes. The role of staff, family, and other team members is to enable and assist the person to identify and access a unique mix of paid and unpaid services to meet their needs, and to provide support during planning and implementation."

Exhibit 9: Lewin's Estimate of Capacity to Meet Annual PCC/OC Demand by Planning and Service Area

PSA	Estimated # Residents Needing PCC/OC	Number of FT Options Counselors Needed to Meet Demand *	Staff Trained in PCC/OC (FT/PT Status Unknown)	Minimum Need (-) or Maximum Surplus (+) of Staff to Meet Estimated PCC/OC Demand
1	24,249	52	61	+9
2	123,623	268	24	-244
3	11,684	25	14	-11
4	14,947	32	23	-9
5	30,085	65	60	-5
6	4,336	9	12	+3
7	16,318	35	52	+17
8	24,011	52	44	-8
9	5,274	11	56	+45
10	4,274	9	19	+10
11	10,215	22	48	+26
12	97,804	212	27	-185
13	90,680	196	37	-159
Total	**457,500**	**990**	**477**	**-513**

*Each full time options counselor is estimated to be able to work with 462 consumers a year.
SOURCE: The Lewin Group 2013

SWOT Analysis and Review of Each Key Element

The Lewin Group analyzed all of the input gathered from the BIP Policy Group, the Executive Committee and other stakeholders to identify areas of strength, weaknesses, opportunities, and threats/barriers (SWOT) relative to the state's NWD vision and the four key elements of a NWD System (**Exhibit 10).**

Exhibit 10: Illinois' SWOT for the Essential NWD System Elements

Strengths

Shared Vision

- Shared commitment to deinstitutionalization and promotion of home- and community-based services and independent living options
- Shared commitment to support people who need services to the greatest extent possible

Partnership/Coordination/Management Across Networks

- Partnerships across networks at the local level
- Nursing Home Transition and Deflection projects
- State level BIP Policy Group has guided planning and policy-making at the programmatic level

NWD Infrastructure and System Capacity

- Information and Assistance system statewide, 1-800 phone line at IDOA, well-established and expanding
- Referrals locally between partnering organizations are working well in most areas

NWD Service Standards

- Coordinated entry process standards, such as standards for intake, already established Standardized Level One Screen and Uniform Assessment Tool (in development through BIP)

Weaknesses

Shared Vision

- More buy-in, leadership and ownership from all disability services providers and agencies at state and local levels

Partnership/Coordination/Management Across Networks

- Stronger, permanent state-level management structure
- Stronger linkages between mental health and other community-based providers
- Stronger linkages between hospitals/acute care providers and community-based providers

Opportunities

Shared Vision

- Encourage Cabinet level leadership within Illinois executive agencies to include NWD principles and practices in their overall LTSS rebalancing and transformation activities

NWD Service Standards

- Standard definitions for NWD terms
- Shared standardized resources and tools

Threats

NWD Infrastructure and System Capacity

- More staffing to provide person-centered counseling/ options counseling to all populations
- Need staff capacity - generalists and specialists
- Need comprehensive, accessible databases for resource and consumer data, better data sharing capacity
- Streamline assessment and eligibility determination

State Budget Impasse

- Unpredictability of state funding available could limit implementation activities

Public Outreach and Links to Key Referral Services

Illinois' statewide Information and Assistance system is already helping link consumers to the services they need. The 1-800 phone line through the Illinois Department of Aging is already well-established and continues to grow. Additionally, partner organizations are making referrals to one another at the local level.

While partner organizations are working with each other locally, there is a need to strengthen linkages across mental health, hospital/acute care providers, and other community-based providers. There is also a need for a comprehensive, accessible database to improve data sharing capacity. Developing such a database would allow for the sharing of standardized resources and tools to continue to improve this element of the Illinois NWD System.

Person-Centered Counseling

Illinois already has a strong commitment to self-direction and to helping meet their unique goals, through consideration of options and selection of services that meet people's preferences and needs as much as possible. This shared vision to promote person-centered services creates a strong foundation for building Illinois' NWD System.

Improving staff capacity to deliver person-centered counseling is an opportunity. Listening session participants identified staffing levels and staff training as a challenge to the provision of options and person-centered counseling to all populations.

Streamlined Access to Public Programs

Listening session participants noted that coordinated entry process standards are already established which may improve access to public programs. Also, projects like the Nursing Home Transition and Deflection project are working to improve streamlined access to public programs and services for its participants.

Challenges with streamlining assessment and eligibility determination are an area that Illinois should prioritize. Sharing standardized tools and resources, growing staff and system capacity may assist in improving this area.

Governance and Administration of NWD System

In addition to Illinois' shared vision and commitment to supporting people that need services, the state has a number of systems capacities and structures in place to successfully implement a NWD System. The state-level BIP Policy Group has guided planning and policy-making at the programmatic level. The standardized BIP Initial Screen and Uniform Assessment Tool are already established.

Leadership and ownership from all disability service providers and agencies at state and local levels is crucial to the Illinois NWD System. Efforts should focus on gaining more buy-in to the system through continued partnerships and collaborations. An opportunity for this lies with cabinet level leadership, who must set a vision for agencies and guide policy development for the NWD System. This is particularly true in relation to the Human Services Transformation Effort, with leadership collaborating strongly to support the vision and execution of the NWD System and Three Year Plan.

Planned Activities to Achieve Illinois' No Wrong Door System

Having collected information from a diverse set of stakeholders around the state and using the SWOT analysis focused on the four key elements of a NWD System as the framework, the Executive Committee identified a set of 18 NWD System Three-Year Plan Goals. These are categorized into one of three Tiers.

Tiers 1 and 2 include 15 goals that were identified by stakeholders and the Executive Committee as being highest priority. The difference between Tier 1 and 2 goals relates to the availability of funding, which is not as certain for the Tier 2 goals. Tier 3 goals were identified as important but lower priorities, and are not included as part of the detailed Three-Year Plan presented in **Appendix C**. If the budget situation resolves and/or funding becomes available, the Tier 3 goals may be reconsidered for action.

- **Tier 1- Goals** for which funds have already been identified and/or have relatively low new cost associated
- **Tier 2- Goals** for which funding will need to be identified and/or have relatively higher new cost associated
- **Tier 3- Goals** for which funding will need to be identified and/or have relatively higher new cost associated, and that were identified as lower priority than Tier 1 and 2 goals

Exhibit 11 lists the NWD System Three-Year Plan Goals, with numbering for Tier 1 and 2 goals that corresponds to numbering in **Appendix C**. The table below also identifies whether the goal is in Tier 1, 2 or 3 and identifies the primary sources of potential funding. Funding sources include federal awards, including BIP, NWD and the Medicaid Innovation Accelerator Program (IAP) and state funds. State funds refer to both general operating budgets as well as in-kind support such as staff time.

A detailed timeline of action items for **Tier 1 and Tier** 2 goals per function and responsible agency is contained in **Appendix C.**

Exhibit 11: List of Illinois NWD System Three-Year Plan Goals (organized by NWD System Function)

Goal #	Goal NOTE: The 15 goals in Tiers 1 and 2 have numbers corresponding to Three-Year Work Plan in Appendix C. The three goals in Tier 3 are not numbered.	Tier	Potential Funding
NWD System Function: Governance and Administration (In alignment with Health and Human Services Transformation efforts underway)			
1	Identify and formalize permanent state level governance structure with representatives from all participating agencies. Identify existing management processes that could support ongoing governance, convene new management team, develop and execute MOUs outlining each agencies roles and responsibilities for dedicating staff, commitments from leadership to coordinate policy in areas related to accessing LTSS.	1	State
2	Develop and institute standard policies across agencies setting expectations and requirements for community-based organizations in the NWD System funded by each agency. Includes establishing common criteria for designation as NWD entry point, changing administrative rules as needed, issuing rule amendments, issuing mandates from each state agency (tied to funding or contracts), and/or establish shared standards and defined roles set by the state agency or agencies.	1	State
3	Establish standing statewide advisory group with stakeholders from all populations, including significant representation of consumers and family members, providers, and payers to inform and shape policy.	1	State
NWD System Function: Public Outreach			

Goal #	Goal NOTE: The 15 goals in Tiers 1 and 2 have numbers corresponding to Three-Year Work Plan in Appendix C. The three goals in Tier 3 are not numbered.	Tier	Potential Funding
4	Strengthen and standardize partnership agreements and mutual referral protocols between aging, disability, behavioral health, homelessness, housing, employment resources, transportation, and other services organizations at the community level (e.g., ISCs, AAAs, CILs, CMHCs, COCs, and CCUs).	1	State
5	Develop statewide brand and marketing strategies to increase visibility and communicate effectively with all target populations.	2	BIP/ State
6	Increase capacity of existing 1-800 number call center to serve all populations through increased staffing and enhanced staff training.	2	BIP/NWD/ State
7	Develop and implement the BIP Initial Screen screening tool and processes to identify and refer people for further person-centered counseling and/or to initiate the Uniform Assessment Tool for multiple HCBS programs.	2	BIP
8	Help people access information and resources about affordable and accessible housing and build better awareness of existing housing resources including the housing locator.	2	State
N/A	Strengthen and standardize partnership agreements and mutual referral protocols between community-based services organizations and medical and institutional providers (e.g., hospitals, VAMCs, nursing facilities, ICFs/IDD).	3	State
N/A	Develop one statewide shared searchable database of community resources and services, including transportation services and housing information and services, available in each local area for use by organizations, person-centered counselors, consumers and caregivers, leveraging pre-existing databases and tools wherever possible.	3	State
NWD System Function: Person-Centered Counseling			
9	Increase and expand staff capacity across organizations in the network to provide one-on-one counseling using person-centered processes for all populations. • Align with principles and philosophy of independent living and self-direction • Align with federal regulations for person-centered planning and person-centered counseling • Ensure providers are developing and writing service plans with the involvement of consumers and families	1	NWD/ State

Goal #	Goal NOTE: The 15 goals in Tiers 1 and 2 have numbers corresponding to Three-Year Work Plan in Appendix C. The three goals in Tier 3 are not numbered.	Tier	Potential Funding
10	Develop standardized "toolkit" of resources, processes, formal guidance, and performance expectations to make available to all organizations in network providing person-centered counseling.	1	NWD/ State
N/A	Increase capacity of organizations in the network to support "private paying" consumers through person-centered processes to make best use of existing resources and accessing private services.	3	State
NWD System Function: Streamlined Access			
11	Connect people who are eligible for LTSS to housing services for which they are also eligible, and for which they need in order to remain independent (e.g. accessible and affordable or supportive housing).	1	BIP, IAP, State
12	Promote consistency in messaging and instructions about LTSS options across the state. Use the same language and terminology across all programs and agencies.	1	State
13	Develop and implement uniform assessment tool (UAT) for identification of need, eligibility determination and service planning.	2	BIP
14	Develop common client tracking system accessible to all organizations in the network (as part of UAT).	2	BIP
15	Improve transitions and data sharing between initial entry point person-centered counselor and Medicaid eligibility staff, Medicaid case managers, and Medicaid or private managed care organizations.	2	NWD/ State

Exhibit 12 provides a high-level overview of action items per year, per key element.

Exhibit 12: Overview of Goals, Key Tasks and Timeline by Function Area

NWD Function	2016	2017	2018 and beyond
Governance & Administration	• Ongoing NWD System Planning Executive Committee meetings • Interagency leadership meetings and decision points • Convene stakeholder committee	• NWD System Governance Committee convenes • Ongoing NWD Stakeholder Committee meetings • Develop MOUs and IGAs	• Ongoing NWD System Governance Committee meetings • Ongoing NWD Stakeholder Committee meetings
Public Outreach & Links to Referral Sources	• Branding and marketing planning activities • Planning for improved call center access	• Improve branding and marketing for NWD System, including housing • Streamline call center processes	• Improve branding and marketing for NWD System, including housing • Streamline call center processes
Person-Centered Counseling	• PCC training for provider staff • Convene PCC workgroup	• Continued PCC training for provider staff • Increase PCC trainer capacity • Ongoing NWD PCC meeting	• Continued PCC training for provider staff • Increase PCC trainer capacity • Ongoing NWD PCC meetings
Streamlined Access to Public Programs	• BIP implementation, including the UAT • Planning for common client tracking system	• Use of the UAT • Implementation of common client tracking system	• Use of the UAT • Use of common client tracking system

The section below presents more detail about the state's plan for each function:

1. Background about work done to date or planned related to the function;
2. Key outcomes for the function; and
3. Performance indicators for each outcome.

Governance and Administration - Background

This three-year plan was developed through the work of the NWD Planning Executive Committee that has been meeting since October 2015 and continues to meet, with facilitation support from The Lewin Group through a contract with the Department on Aging.

Defining our Governing Body

The NWD System Executive Committee will continue to oversee the NWD System in Illinois over the course of the Three-Year Plan implementation period. The committee may reduce in size; however, membership will represent multiple state agencies that serve all populations. To support the governance of the NWD System, the NWD System Executive Committee may convene a meeting or series of meetings with leadership across state agencies to build consensus and reach decisions on key aspects of NWD System implementation. This buy-in from agency leadership will empower the NWD System Executive Committee to continue implementation of Illinois' NWD System.

Stakeholder Engagement and Advisement

Stakeholder engagement begins at the state level, with state agencies serving as the drivers towards better local collaboration. Below are steps **the state agencies on the Executive Committee** will seek to take to facilitate healthy collaboration between state and local partners and the development of a strong NWD System.

Establish or engage an existing stakeholder/consumer advisory board – The state agencies overseeing the program will engage with representatives from all the consumer populations served by the NWD System regularly. If one agency already has an active stakeholder advisory group, building on that to bring in representatives from other populations could work well. Meeting quarterly allows for meaningful input without imposing a high burden on participants. Consumer representatives from all populations will have opportunities to weigh in on and shape policy in meaningful ways, review draft policies and tools, providing insight and guidance to the decision-makers about where and how to prioritize resources and improve access. Make sure necessary supports, such as transportation or preparation calls, are available to facilitate consumer input. Dedicate time of a state staff person or contractor to recruit and engage members, ensure diverse representation, ensure meeting accessibility, support active participation, develop agendas and establish mechanisms for rotating in new membership over time.

Communicate project information consistently across all state agencies - Clearly communicate project goals across agencies by designating lead contacts within each agency to receive and then disseminate information about the project. Ensure all state agencies receive information about decisions made by the governing body. They need to understand and then be able to explain the roles and responsibilities of the networks they oversee and fund.

Make specific types of collaboration a funding requirement – To foster collaboration, the lead contracting state agencies must identify key local partners to be included in the NWD System and require that they be part of the collaboration. State agencies that require organizations in their networks to submit area plans will consider requiring collaboration in the development of those plans, or encourage the network of organizations operating in that area to develop one plan to fulfill multiple requirements. The state will provide template MOUs / Agreements to local organizations with specific clauses related to data sharing, staff training, use of common tools and processes to help the lead local agency solidify their partnerships. Make proof of collaboration part of any program audit processes.

Communicate requirements and expectations consistently –State agencies will collaborate to establish protocols and standards of operation for the key functions of a NWD System (public outreach, one-on-one person-centered counseling, assistance connecting with private services, assistance applying for public programs) and apply as consistently as possible across the different services networks. Then work to ensure that policy decisions, program requirements, and expectations are disseminated to the service networks <u>by the state agency that oversees and funds them</u>. By doing this, local agencies will be more attentive and more aware of their role in the system and their potential impact. Plus, they will also know they can receive support from their respective state agencies.

Engage associations that represent key partners – There are strong associations that can serve as an additional source of knowledge and project support. Communicating and collaborating with associations (e.g., Illinois Association of Rehabilitation Facilities, the Arc of Illinois, Illinois Network of Centers for Independent Living) can provide state agencies with critical feedback, especially if the engagement occurs during the project development phase. Such dialogues can help identify project pitfalls and/or areas of opportunity. These associations can also nominate representatives from local organizations and consumers to serve on the stakeholder advisory board.

Provide funding/resources to local organizations to support collaboration – Many local agencies are stretched thin fulfilling their organizational mission with little time and/or resources to invest in building and strengthening their operations. State agencies will explore opportunities to help local partners acquire the tools needed to build strong collaborations. This support might come in a variety of ways:

- Making local state agency offices available as meeting locations;
- Allowing the use of state video conferencing capabilities to bring partners together from long distances;
- Supporting the purchase of licenses for online conferencing tools such as WebEx or GoToMeeting;
- Supporting agency purchases of equipment such as conference phones, upgraded phone systems, or video conferencing equipment; and
- Hosting grant writing workshops on capacity building to give local agencies the chance to improve their infrastructure.

Whenever possible, recognize partners – Recognize those partners who made collaboration a priority and provided critical feedback, especially if the feedback leads to success or innovation. This is especially important when the state seeks input from community agencies during the project development phase. If and when funding is received; find a way to acknowledge the input of partners who were instrumental in making the project materialize.

Below are some strategies that **the Executive Committee would like to recommend to local NWD entry point organizations** tasked with bringing community partners to the table:

Work together to establish a shared vision for the NWD System in the area – While some policies and procedures will apply statewide, there must be flexibility to account for variations in capacity and need at the local level. When working on an area plan or other plans, developing a staff training plan, or updating referral protocols, community organizations should engage their local partners that work with different populations with every step and ask them for their input and support. Encourage and be responsive to their input on the goals and objectives and tools.

Communicate clearly the goals and objectives to all partners – Leading local agencies that ask partners to perform tasks must explain how the work fits into the overall system and accomplishes the overall goal. No agency wants more work without knowing the goal.

Be open to input and feedback - Partners should not be dismissed when they have suggestions or input on how the project can better accomplish its goals. The suggestion might not be a priority for the people in one organization, but it may be critically important to their partners with and therefore worthy of attention and resources. When partners provide feedback, it shows their willingness to see the project succeed. Listen to that feedback and, whenever possible, implement their suggestions.

Make meetings accessible to all - Make meetings accessible in terms of time, location, resources, etc. Identify the local resources that can help meet any accommodation needs required.

Make organization available to partners beyond the scope of the project - Including partnering agencies in other opportunities shows they are true partners, not just temporary co-workers on a project. Proactively seek opportunities for collaboration and ways to leverage each other's strength. Join forces on a public outreach effort. Consider ways to collaborate with your local partners on grant proposals so the funding can be shared.

Recognize some partnerships take time to develop - Sometimes collaboration is as simple as making a phone call. For those partnerships that require more work to get started, make clear the benefits and commit to executing these benefits. They can include:

- Cross training / support;
- New joint grant opportunities / amending existing agreements / fundraising support;
- Increased community awareness through cross-branding materials;
- Sharing agency resources in times of need and/or crisis; and
- Designating consistent points of contacts to facilitate cross-agency communication.

Treat partnering agencies as customers – If there is a standard for responding to agency consumers, use that same standard (at minimum) when partners need help. Communicate this standard to staff. Make sure they know who your organization's partners are and why they are important.

Funding and Sustainability Plan

Securing and sustaining funding are a critical component of any successful NWD System. While most NWD System activities are funded by public sources, there may be opportunities to secure private funding streams for certain components of the NWD System in Illinois. Potentially available public and private sources include:

Medicaid Administrative Claiming for NWD System- CMS published guidance for administrative claiming for state Medicaid agencies conducting NWD System functions. NWD System functions eligible for Medicaid reimbursement are listed in ***Exhibit 13***.

Exhibit 13: NWD System Functions Eligible for Medicaid Administrative Claiming

NWD System Function	Medicaid Administrative Function
Public Outreach and Links to Key Referral Sources related to enrollment in Medicaid, or accessing Medicaid services.	Outreach
Person-Centered Counseling related to enrollment in Medicaid, or accessing Medicaid services.	Outreach Referral, Coordination and Monitoring Eligibility
Streamlined Eligibility to Public Programs related to enrollment in Medicaid	Outreach
Eligibility State Governance and Administration related to training employees engaged in the NWD to be certified application counselors or otherwise have training to assist in accessing or applying for supports and services, and in administrative case management techniques.	Staff Training Provider outreach Coordination with other programs MMIS development

States pursuing NWD System administrative claiming must complete the following six step process:

- Step 1: State Medicaid Agency and NWD System Engagement- The state Medicaid agency must develop a proposal for claiming FFP for NWD System to reflect NWD activities.
- Step 2: Identify Permissible Sources of Non-Federal Funds for Match Purposes- This refers to non-Federal funds that the state must identify in order for CMS to match with Federal dollars.
- Step 3: Identify NWD System Activities Potentially Eligible for Federal Medicaid Administrative Funding- Only expenditures directly related to the Medicaid program are eligible for federal funding. NWD System activity related to privately funded services is likely ineligible for FFP. Any expenditure claimed by the state as Medicaid administration, including NWD System activities, must be for activities to administer the approved Medicaid State plan that are either undertaken by the state Medicaid agency itself, by a contractor, or pursuant to an interagency agreement.
- Step 4: Identify Costs of Allowable and Allocable Activities- The state and its partners must develop a valid administrative claiming methodology that identifies eligible and non-eligible activities and includes procedures to identify, allocate, document, and report the costs of all of those activities.
- Step 5: Establish Contractual Agreements- Any entity other than the state Medicaid agency administering claimed NWD System activities must enter in an interagency agreement (IAA), memorandum of understanding (MOU) or other contractual arrangement with the Medicaid agency.
- Step 6: Secure CMS/DCA Review and Approval- States need to submit their administrative claiming methodology to the CMS Regional Office for review and approval before funding can be provided.

Illinois could consider pursuing NWD System dollars through Medicaid and partner with the state's Medicaid agency (DHFS) to develop a proposal to this end for CMS review and approval.

Older Americans Act Title IIIB Funds - The Title IIIB Supportive Services Program enables older adults to access services that address functional limitations, promote socialization, continued health and independence, and protect elder rights. Together, these services promote older adults' ability to maintain the highest possible levels of function, participation and dignity in the community. Illinois could consider examining whether funds received through Title IIIB of OAA could be applied to NWD System Activities. These funds could be available for, among other functions, providing in-service trainings that call center staff and NWD sites can participate in through program development and coordination administrative-related services performed by the Area Agencies on Aging.

Private Nonprofit Organization Dollars - Illinois could consider partnering with private nonprofit organizations to develop, maintain and license access to two databases that the NWD System Executive Committee identified as important parts of the NWD System- a common client tracking system and an integrated and centralized intake and assessment database. Under this approach, nonprofit organizations would develop these systems and be responsible for maintenance and updating the systems. In return, they would be able to generate revenue through licensing access to other organizations. This approach would require close partnerships with a private entity (or entities), and could cause access issues for organizations unable to afford the licensing fee, but would allow Illinois NWD System providers to have these needed databases without using state funds.

Medicaid Innovation Accelerator Program (IAP) - Members of the NWD System Executive Committee and other groups have suggested the possibility of Illinois requesting housing support from Medicaid. Illinois, led by the Department of Healthcare and Family Services, applied to CMS for a Medicaid Innovation and Accelerator Program technical assistance opportunity late in 2015. Illinois was one of 12 states awarded this technical assistance in order to explore providing supportive housing services and supports (pre-tenancy and tenancy) within the Illinois Medicaid system. The Medicaid IAP

Team should consider creating Supportive Housing Supports and Services for vulnerable aging and disability populations. It is important to note that this program does not come with funding, only support and technical assistance but it could potentially lead to more opportunities for the state to help people to access supportive housing and remain or return to the community.

Governance and Administration - Outcomes by 2019

Goal/Outcome 1: Identify and Formalize Permanent State Level Governance Structure

Performance Indicators/Measurement:

- Development of an interagency MOU;
- Finalization of an interagency MOU; and
- Convening of an interagency leadership meeting(s).

Goal/Outcome 2: Standard Policies across Agencies

Performance indicators/Measurement:

- Identify best practices/policies across agencies.

Goal/Outcome 3: Convene Stakeholder/Consumer Advisory Committee

Performance Indicator/Measurement

- Development of a stakeholder committee membership with significant consumer representation;
- Development of a stakeholder charter;
- Specific accommodations in place to support the participation of people with disabilities; and
- Number of stakeholder committee meetings and percent attendance of members in each meeting.

Public Outreach and Links to Key Referral Sources - Background

Public outreach and links to key referral sources are also critical to the success of the NWD System. Stakeholders consistently noted that consumers who may need LTSS are not aware of their options or how to learn about and gather more information. The NWD System needs to be well-known and recognized, not just in the service sector, but in the broader public sector as well. The Information and Referral portion of the overall NWD System serve as the central referral point for organizations that interact with people who may need information about or access to LTSS. Additionally, consumers seeking information about services and supports on their own should know how and where they can access the NWD System for assistance.

Illinois NWD Entry Points

State agency partners, statewide and regional providers and local community services will all serve as access points to the NWD System. Currently, one of the Information and Referral entities in Illinois is the statewide network of regional ADRNs, known collectively as the Aging and Disability Resource Network (ADRN). ADRNs are sponsored by the Department on Aging and Area Agencies on Aging. In the planned IL NWD System, the function of Information and Referral may begin with *any* of the access points; followed by a coordinated "warm handoff" to a person-centered counselor if that is the person's need or interest. There are numerous organizations across our system that can help someone connect with a person-centered counselor. Known as NWD Entry Points, the following organizations currently and

routinely work with people in need of information, counseling, and assistance accessing public programs and/or private services. The challenge facing the state and the goal of this three-year plan is to improve how well these entry point organizations coordinate and collaborate with each other.

Illinois' Current NWD System Entry Points:

- Area Agencies on Aging
- Centers for Independent Living
- Case Coordination Units
- Department on Aging Senior Help Line
- Independent Service Coordinators (in some areas)
- Community Mental Health Centers (in some areas)
- Local Medicaid Offices
- Adult Protective Services (APS)
- LTC Ombudsman's Office
- Managed Care Organizations
- Veterans Affairs Offices
- Hospitals
- Physicians' offices and outpatient clinics
- Rehabilitation services providers
- Home health and hospice provider agencies
- Homeless service system

Beyond existing entry points, there are multiple other potential access points that could be developed. These types of organizations often engage with people who may need services and supports but they may not know where to refer people for further information and counseling.

Potential Access Points:

- Public schools
- Local housing authorities
- Free or low cost health clinics
- The corrections and regional jail systems
- Police officers and other first responders
- University and college systems including community colleges (student disability services, health clinics, including behavioral health)
- Career and Technical Education Programs
- Transit programs
- AARP
- Community nutrition services, such as Meals on Wheels and food pantries

As demonstrated during the listening sessions, many Illinois citizens do not know where to turn when they look for services and supports. Many adults and family members have experience with "assisted living" or a "nursing home" but are not aware of the availability of alternative options. In our listening sessions, one woman shared her experience of going through the phone book and cold calling multiple facilities because she had no idea that the option to stay in her own home and community existed. Through formal agreements, Illinois will seek to develop protocols where nursing facilities must offer a NWD System referral to anyone seeking LTSS information. The NWD System will also partner with the state Long-Term Care Ombudsman and Olmstead programs and CILs to best reach consumers in nursing facilities.

BIP NWD System Marketing Campaign

Through the BIP initiative and the BIP Policy Workgroup, plans are underway to develop a statewide name and logo with input from stakeholders around the state. In conjunction with the larger NWD committee, DHFS is considering a variety of other marketing activities to be determined based on availability of marketing funds from the BIP initiative. The NWD Planning Executive Committee will develop a plan to evaluate the efficacy of marketing and communication as part of the external marketing plan and ongoing evaluation of overall performance.

Public Outreach and Links to Key Referral Sources - Outcomes by 2019

Goal/Outcome 4: Standardize Partnership Agreements between Providers across Populations

Performance Indicators/Measurement:

- Field survey to providers across populations and areas of focus (e.g. housing services, employment services, in-home supports) to assess current practices; and
- Analyze survey data.

Goal/Outcome 5: Develop Statewide Branding and Marketing Strategies

Performance Indicators/Measurement:

- Convene a marketing working group with membership from multiple state agencies;
- Continue work with marketing contractor;
- Develop and implement branding and marketing campaign(s); and
- Develop guidance for NWD regional networks to coordinate marketing materials.

Goal/Outcome 6: Increase Capacity of Existing 1-800 Number

Performance Indicators/Measurement:

- Develop Staff capacity at 1-800 call center; and
- Develop and implement training curriculum for call center staff.

Goal/Outcome 7: Develop and implement "BIP Initial Screen" screening tool

Performance Indicators/Measurement

- Coordinate with BIP implementation;
- Develop training curriculum for relevant staff on screening tool; and
- Assess the screening tool's efficacy.

Goal/Outcome 8: Increase Housing-Specific Awareness

Performance Indicators/Measurement

- Use of existing state resources (e.g., IL Housing Locator, “Heads Up on Housing” newsletter, DHS and IHDA websites);
- Development of new resources; and
- Incorporation of housing information into broader marketing/campaign efforts.

Person-Centered Counseling - Background

PCC Training and Statewide Development Plan

The Administration for Community Living (ACL) established Key Elements and indicators of a fully functioning NWD System. One of the Key Elements is "person-centered counseling," an outgrowth of options counseling that includes complimentary parallels in skills and planning to the 2014 Home and Community Based Services (HCBS) rule on community living. Illinois has existing options counseling protocols and, as part of the Nursing Home Deflection project, protocols for person-centered counselling, which build off of the options counseling standards that were suggested by ACL. The state has done a crosswalk comparing existing options counseling standards for ADRNs and person-centered counseling and the two services are closely aligned.

The skills and tools of person-centered counseling are useful with anyone who may need some type of support or services. Around the world, organizations are using person-centered practices to support people who experience homelessness, people with complex health needs, older adults living at home, transitioning back home and/or transitioning to facility-based care, people with disabilities, people using behavioral health services, correctional services, people who have survived trauma, etc.

In the United States, the principles and values of person-centered practices have been a foundation of disability services since the 1970s, beginning with the Independent Living movement and the anchoring concept of "nothing about me without me." Since that time, more formal planning processes and structured sets of skills and tools have been tested and are widely used in communities of people with intellectual and developmental disabilities diagnoses, behavioral health diagnoses, and aging and older adult services. Many people who presently work as options counselors, social workers, and discharge or transition planners have some, if not significant experience with the core values and principles of person-centered practices. When designing training, it is important to recognize the skill set that many training participants already have and ensure that training serves as an opportunity not only for participants to learn, but also to share their own experiences and expertise with their peers. The purpose of any training that Illinois will develop will be twofold:

1. Introduce skills, tools, and concepts to people who have not previously been exposed
2. Provide an opportunity for additional learning and sharing of expertise for people who are familiar with and/or skilled in person-centered practices

As part of its on-going effort to build a statewide NWD System and promote home and community-based options, Illinois intends to increase capacity for developing person-centered counselling skills and in-state training opportunities. Core strategies to achieve that goal include plans to implement person-centered thinking and planning trainings.

Illinois has already committed to hosting two, single day interactive trainings for Case Coordination Units in 2016, followed by a third day of trainer-preparation, as well as two (2) additional webinars to support new trainers and two (2) additional check-in opportunities for new trainers. The anticipated start date for these trainings is late September, 2016.

The framing and core values and skills of the person-centered approaches that will be covered in these trainings include:

Acknowledge – See people through the person-centered lens

- The concept "nothing about me without me "
- Respect and dignity at all times for the person (Credo for Support)

- Recognition that the person is the expert on his/her life

Believe – Come to the person with a set of strongly held beliefs

- Engagement starts with a presumption of competency and capability
- Finding balance between what is "important to" a person with what is "important for" the person. A belief that "behavior is communication"
- A belief that *how* people who use services live (not necessarily 'where') and are supported impacts how they engage with us

Equity – Understand that you are one of two equal parties in this discussion

- Negotiation around things the person needs and things the person wants
- Consider:
    - What the system can provide
    - What non-paid supporters/caregivers, systems and organizations can provide.

Understand – The role that "the system" as well as family/friends can play

- Understanding the role of families, loved ones and friends in supporting someone (or not, depending upon what the person's wishes are)
- Understand what the system can provide

Balance – There are limits to this process

- Choice and control have boundaries for everyone[i] – whether one uses of a system of supports or not
- Being person-centered is not a panacea. People may still engage in actions and behavior that loved ones and systems have concerns about. Implementation of person-centered practices has shown to reduce the incidence of such actions as people who know and care about the person better understand the "why" behind the actions; and as people who have historically been in a powerless position are supported to assert control over their own lives .
- Person-centered practices can be implemented differently from agency to agency, and likely from "person to person" or "groups of people" to other "groups of people." That is, the implementation of person-centered practices in mental health services looks different than implementation with people using I/DD services, which looks different than implementation in the aging network, which looks different than implementation with people who have physical disabilities, etc..

Person-Centered Counseling (PCC) - Outcomes by 2019

As follow up to the September 2016 person-centered practices and approaches training, Appendix C includes a detailed action plan for Goals # 14 and 15 of implementing the NWD System function of Person-Centered Counseling. The initial training in September 2016 supports the action steps in Goal 14 of identifying a curriculum and increasing trainer capacity.

Goal/Outcome 9: Increase and Expand Provider-Level Staff Capacity across Organizations and Populations Served

Performance Indicators/Measurement:

- Identify both foundational skills and specific (e.g., cultural-specific, diagnosis-specific) skills for both Person-Centered Counseling and Person-Centered Planning;
- Build a standard, foundational training curriculum to use across state agencies; and
- Develop sustainability approach for training and ongoing capacity building.

Goal/Outcome 10: Develop Standardized Toolkit of PCC/PCP Resources

Performance Indicators/Measurement:

- Step-by-step guidance (written and web-based) for use by person-centered counselors when conducting person-centered counseling that includes input from people using services and PCCs; and
- Develop a set of "standards of practice" for person-centered counselors; using input and feedback from current person-centered counselors, aligned with ACL expectations.

Streamlined Access to Public Programs - Background

As described in the background section of this plan, Illinois plans to build on efforts that have been underway for many years to help people understand their options and access public programs that will help them meet their LTSS needs. These include the Aging and Disability Resource Center initiative, the Coordinated Entry Point Initiative, and the BIP. In addition to these, there is a Health and Human Services Transformation effort underway that will be coordinated across multiple state agencies involved in delivery and oversight of LTSS programs.

Streamlined Access to Public Programs - Outcomes by 2019

Goal/Outcome 11: Connect People Who Are Eligible for LTSS to Housing Services (e.g. affordable and accessible and/or supportive housing)

Performance Indicators/Measurement:

- Inclusion of housing Items on BIP Initial Screen;
- Use of findings from IL Supportive Housing Workgroup's reports; and
- Coordination with other relevant federal awards (BIP, Medicaid IAP).

Goal/Outcome 12: Develop and Implement Uniform Assessment Tool (UAT)

Performance Indicators/Measurement:

- Contract with a software vendor;
- Software testing;
- Wave One UAT Rollout; and
- Statewide UAT Rollout.

Goal/Outcome 13: Promote Consistency in Messaging and Instructions about LTSS Options

Performance Indicators/Measurement:

- Inventory of common acronyms, words and definitions;
- MOA/IGA across agencies to use common terms; and

- Identified points of accountability for MOA/IGA.

Goal/Outcome 14: Develop Common Client Tracking System

Performance Indicator/Measurement

- Inventory of Existing Tracking Systems;
- Contract with a software vendor;
- Software testing; and
- Software deployment.

Goal/Outcome 15: Improve Transitions and Data Sharing

Performance Indicator/Measurement

- Use of client tracking system for data sharing;
- Protocols and MOUs for data sharing; and
- Help desk content and support for front-line (e.g., call center) staff.

Conclusion

In conclusion, the Illinois NWD System Planning Executive Committee is excited about the opportunities before us. We recognize that transformational change takes a long time and in many ways never ends, if we are to continually strive to demonstrate best practices. We understand we will experience setbacks and at times, the pace of change will likely seem slow. Our stakeholders and this Three-Year Plan will guide us and we are committed to moving ahead with everything outlined in this plan, as best we can, even in the face of budget shortfalls and resource constraints. The citizens of Illinois who currently use LTSS or will eventually need LTSS deserve nothing less.

Three-Year Plan Appendix A: NWD Planning Executive Committee Membership

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Three-Year Plan Appendix B: NWD Listening Session Findings Final Report

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Three-Year Plan Appendix B: NWD Listening Session Findings Final Report

No Wrong Door System Listening Sessions Findings Final Report

DATE:	PREPARED FOR:	SUBMITTED BY:
January 11, 2016	Illinois Department on Aging	The Lewin Group, Inc.

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Introduction

Background on the No Wrong Door System

Both nationally and in Illinois, long-term services and supports (LTSS) for older adults, people with disabilities, people with behavioral health needs, and people with other chronic conditions, are provided by many organizations, through various programs and applications with different rules and funding streams.

Four Functions of a No Wrong Door System

1. Raise awareness about where and how to access services and supports and the availability of home and community-based options
2. Provide person-centered counseling (information about public and private service options and individualized help making decisions)
3. Help people apply for and access public programs
4. Help people access privately funded services

To streamline and improve access to LTSS for all populations, the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA) developed a shared vision in which every state will have a single, coordinated, statewide No Wrong Door (NWD) System. The NWD System is designed to make it easier for everyone, regardless of a person's age, income level, type of disability, or behavioral health need, to find information about and access LTSS. In Illinois, the NWD System will build upon the progress made by Aging and Disability Resource Networks (ADRNs) and other statewide organizations and networks around the state in order to coordinate across multiple organizations and streamline how people access LTSS.

The NWD System vision calls for many organizations with different areas of expertise and resources to partner and coordinate to raise visibility in the community, make it easier for people to find the answers they need, learn about their options, and connect with the right kind of services. In a highly developed NWD System, every organization in the network might be virtually linked through the use of shared resource directories and secure data sharing networks. Staff across organizations in the network are trained to work according to common policies and protocols and to uphold the same standards.

To further develop and strengthen the NWD System in Illinois, the state received a Planning Grant from ACL. As part of this grant, Illinois must include a detailed work plan that it can follow over the next three years to bring together all the different service networks and organizations into a single and coordinated NWD System. This effort is also supported with funding from the Illinois' Balancing Incentive Program.

Purpose of the Listening Sessions

A key part of the NWD planning process is to engage consumers and organizations outside of existing ADRNs, new and potential partners, consumers receiving LTSS and their families to better understand the strengths and existing needs of each NWD System across the state. This ensures the meaningful involvement of consumers, families, and other stakeholders in the design, implementation, and continuous improvement of the NWD System. To support stakeholder engagement in the development of its NWD Three-Year Plan, Illinois contracted with the Lewin Group to conduct listening sessions across the state.

Listening Session Design

Methodology

The listening sessions were designed to collect feedback from a broad range of stakeholders on how consumers and families in Illinois receive information about and access LTSS. Lewin helped the state to facilitate a total of six listening sessions between December 2014 and September 2015.

The first listening session was held in conjunction with the Governor's Conference on Aging in Chicago on December 12, 2014. The session was open to any attendee of the conference and approximately 100 consumers participated. Lewin used a "World Café" style facilitation model with participants moving from one small group to another to discuss different discussion questions. The discussion questions used in the 2014 listening session are as follows:

The NWD Vision

- What are your thoughts regarding the NWD vision and what it could do for the IL ADRN?
- Does it seem realistic?
- Are there elements of the vision that you would modify?
- How can we (Illinois/Lewin) help advance the vision?
- What is IL doing already that fulfills the vision?

Realizing the NWD Vision

- How can we realize the NWD vision?
- What will you or your organization offer to help bring this vision to reality?
- How can we ensure everyone is included (and stays included) in making the vision a reality?

Barriers

- What are some barriers that your organization and/or stakeholder group might face?
- What needs to be done to overcome potential barriers?
- What assistance is needed?
- How can other stakeholders in the room help mitigate these barriers?
- How can your organization/stakeholder group help others overcome barriers they are facing?
- How can efforts to overcome these barriers strengthen the IL ADRN and the NWD vision?

Leaving in Action

- What can you do now to realize the NWD vision?
- What action steps will your organization offer?
- How would you like to stay engaged with other stakeholders?
- What new partnerships could help further the NWD vision?

The themes that emerged from this listening session are presented in aggregate with the summary findings from all six listening sessions later in this report. However, as noted in the findings tables, this session was open to all attendees of the conference and we are not able to identify the different populations each attendee represented.

Between July and September 2015, Lewin facilitated five more listening sessions (four in-person and one virtual meeting) using a similar but updated format. Participants in these later listening sessions were

asked to share their insights on current outreach and marketing practices, strengths that exist in the current system of accessing LTSS, identify challenges and discuss ways the system could be improved. Each listening session lasted for 90 minutes and followed the same agenda, displayed in ***Exhibit 1***.

Exhibit 1: 2015 Listening Session Agenda

Agenda Item	Time
Introduction and NWD System Presentation	15 minutes
Small Group Discussion Purpose, Format and Ground Rules	10 minutes
Small Group Discussion Topic 1: Marketing and Outreach Current Practices	10-15 minutes
Small Group Discussion Topic 2: NWD System Strengths	10-15 minutes
Small Group Discussion Topic 3: NWD System Challenges and Areas for Improvement	10-15 minutes
Closing	10 minutes

These later listening sessions followed a quasi-focus group format, with all participants beginning the session together for a presentation from Illinois and Lewin staff and then dividing into breakout groups of 8-14 participants each. Participants were divided into these small groups to facilitate conversation and ensure that everyone would have the opportunity to answer each question. The specific questions that participants were asked to discuss are presented below

Marketing and Outreach Current Practices

- How can Illinois make people more aware of their service options and how to access information and assistance?
- How do people get information about where to go and what type of long term services and supports are available now?
- How are services and supports currently advertised and marketed?
- What kinds of marketing and communication strategies are most effective?
- What could be done to help raise visibility?

NWD System Strengths

- What strengths does Illinois have that should be part of a statewide No Wrong Door System to help people of all ages and with all types of disabilities get information, make decisions about and access long term services and supports?
- What do you think is currently working well, for me, for the people I work with or for all populations?
- What do I or what does my organization already do to help people make decisions and help people apply for or access services?
- What are we already doing really well to help people make decisions and get connected to long term services and supports? In other words, what do we have in place to build on?

NWD System Challenges and Areas for Improvement

- What are some challenges to building a statewide No Wrong Door System in Illinois?

- What is not currently working well for some or all populations? What barriers stand in the way of people trying to access information and assistance?
- What could be done to remove barriers and improve coordination across networks?
- What can I/we/my organization do to help coordinate better across networks?

Site Selection

In consultation with Illinois, Lewin selected three cities in Illinois to host the regional listening sessions:

- Peoria (Peoria Public Library) on July 21, 2015
- Mt. Vernon (Rolland Lewis Community Building) on July 22, 2015
- Chicago (Access Living Center for Independent Living) on August 6, 2015

These cities were selected to ensure geographic diversity in the listening sessions and to allow consumers across the state to be able to attend at least one in-person listening session. The in-person listening session meeting locations were chosen because they offered accessible meeting space in central locations in the community.

In response to high interest in and registration for the in-person listening sessions, Lewin convened one online listening session on September 22, 2015. The format and agenda were identical to the in-person events. Lewin held the event through WebEx, its teleconferencing platform.

Participant Outreach and Recruitment

For each of the identified sites, Lewin developed partnerships with local community-based organizations (e.g., area agencies on aging, centers for independent living) to conduct outreach to potential participants. Lewin and its partner agencies used existing contact lists to reach consumers receiving LTSS, their family members and provider agency staff. State government agencies also posted information about the meetings on state websites and emailed their contact lists to elicit participation across populations.

For the online listening session, Lewin sent emails to more than 300 consumers, including registrants for the in-person listening sessions, its in-person listening session partner agencies, state agency staff workgroups and contacts from Illinois' Nursing Home Deflection Pilot. State government agencies also emailed their contact lists to elicit participation across populations.

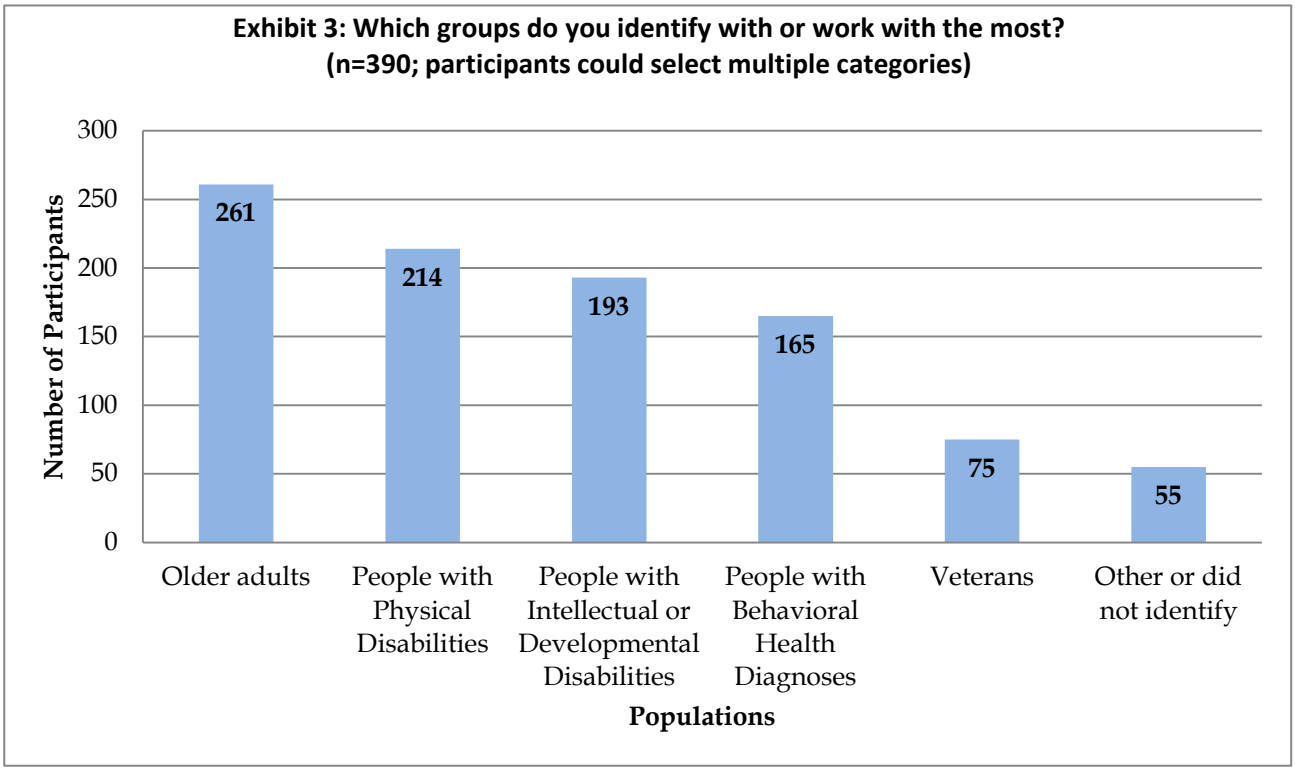
Participation

Approximately 490 consumers participated in the listening sessions across all six sessions. Each listening session was well attended, as shown in ***Exhibit 2.*** Lewin does not have an exact registration count from the 2014 Listening Session, but facilitators estimate 100 consumers participated in the event.

Exhibit 2: Listening Session Attendance by Location

Listening Session Location	Date and Time	Number of Attendees
Chicago (at statewide Governor's Conference on Aging)	December 12, 2014	100 (approximate)
Peoria	July 21, 2015 2:30-4:00 PM	54
Mt. Vernon	July 22, 2015 11:00-12:30 PM	62
Chicago	August 6, 2015 12:30-2:00 PM	49
Chicago	August 6, 2015 2:30-4:00 PM	67
Online	September 22, 2015 10:00-11:30 AM	158
Total		490

Consumers across populations participated in the listening sessions. Upon registration for the listening sessions, consumers were asked to indicate the population(s) with which they identify and/or work. Populations include older adults, consumers with physical disabilities, consumers with intellectual/ developmental disabilities (I/DD) and consumers with behavioral health diagnoses. There was also participation from other key populations including veterans and consumers with traumatic brain injury. ***Exhibit 3*** shows the by-population participation across five 2015 listening sessions.[1]

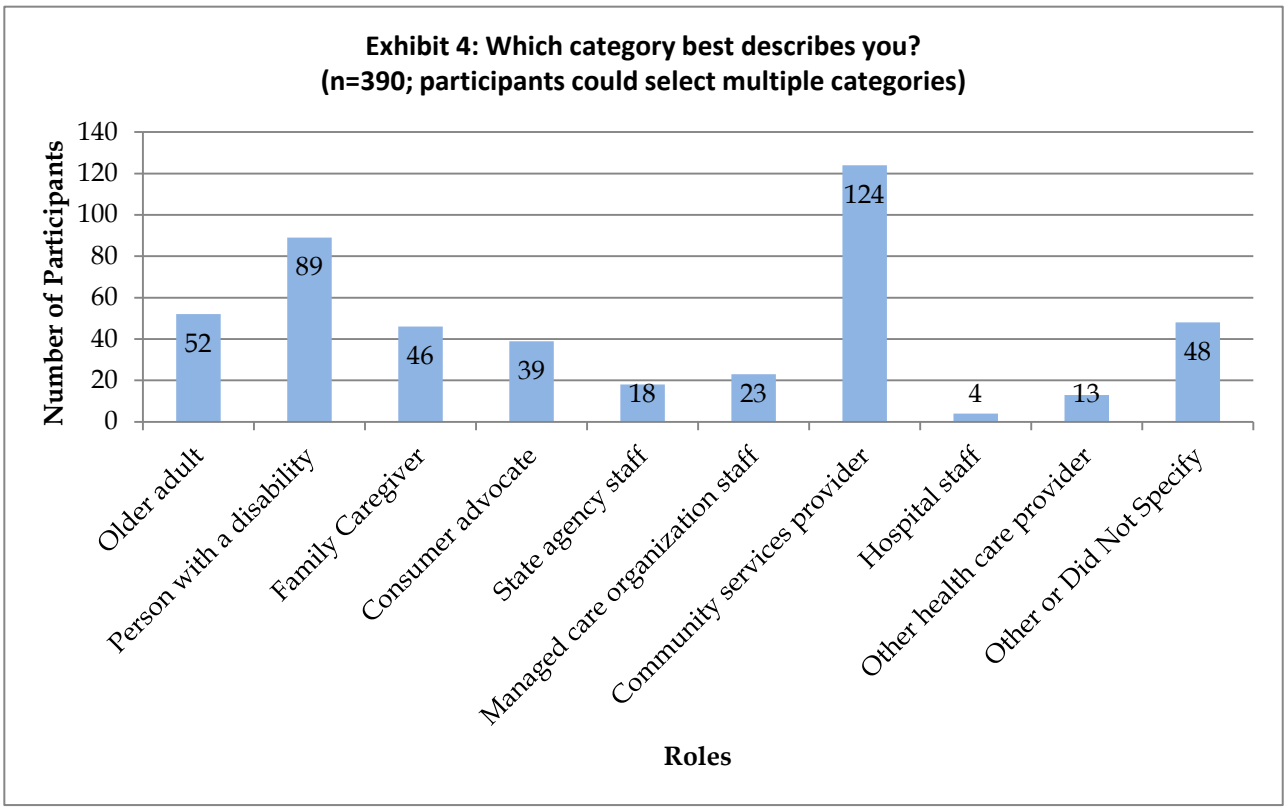


In addition to a broad range of populations, listening session participants were diverse in the roles they play in LTSS. Consumers who receive LTSS, their family members, service provider staff[2], state agency

[1] **Exhibit 3** includes attendees at the 2015 Listening Sessions. Participants at the 2014 session in Chicago did not provide this information.

[2] Provider staff includes employees and/or administrators of agencies that provide NWD System functions (e.g., information and referral, one-on-one counseling and assistance) as well as employees and/or administrators of

staff, hospital staff, Managed Care Organization staff, advocates and other consumers involved in LTSS were represented at the listening sessions. ***Exhibit 4*** shows the participation across the listening sessions by role.[3]



A list of organizations that were represented at the 2015 listening sessions is shown in **Appendix A.**

Analysis Framework

Lewin developed a tool to record and analyze the comments that participants made during the listening sessions. Facilitators of each small group across each listening session took detailed notes and recorded the first names of the consumers who made each comment at their table. Following the listening sessions, facilitators entered their notes into the tool, with each comment entered in its own row. In addition to entering comments, facilitators also indicated how the person who made the comment introduced themselves to the other participants in their small group. For example, the facilitator noted if the person introduced themselves as someone who receives or provides services and what populations they said they identified with or had experience working with. Participants were also asked to provide this information ahead of time through the registration process for each listening session and the registration information was used to help fill in gaps and serve as a cross-reference for the facilitator's notes.

Lewin's team reviewed all the comments one by one and sorted each comment into groups with comments similar to them to see how often the same or a very similar idea was shared. The team also looked to see which ideas appear to be most important to different groups of stakeholders. Across the six

organizations that provide direct services (e.g., home health, personal assistance, adult day services) and health care providers.

[3] **Exhibit 4** includes attendees at the 2015 Listening Sessions. Participants at the 2014 session in Chicago did not provide this information.

listening sessions, the Lewin team recorded and reviewed 1,137 separate comments and sorted them into 94 response categories (groups of similar ideas). A complete list of the response categories that the comments fell into and the number of consumers who expressed the same or similar comment is presented in **Appendix B**. The team completed internal quality assurance throughout the analysis process, including interrater reliability tests and peer reviews.

Listening Session Findings

Introduction

This section presents summary findings of major themes that emerged across all participants and within specific populations and roles organized into areas of strength and areas for improvement. We include analysis of both cross-population and cross-role trends as well as frequent themes by participants self-identifying with just one or two populations or roles. There were no significant differences or variation in the types of comments or the frequency of comments made in the different areas of the state, so all findings are presented using data from across all six sessions.

For the purpose of this analysis, we counted as "providers" employees of organizations that provide NWD System function services (e.g., information and referral, one-on-one counseling and assistance) as well as employees of organizations that provide direct services (e.g., home health agencies, personal attendant assistance, adult day services services) and health care providers.

Lewin identified several common ideas that listening session participants representing all populations and roles raised with the high frequency. These are shown in ***Exhibits 5 and 6*** and discussed in greater depth below in Section IIIB.

Exhibit 5: Strengths Identified with High Frequency across All Populations and Roles

Response Categories- Strengths	Comment Frequency
Community Level Collaboration and Networking	56
Referrals between Providers	47
Person-Centered Counseling/Options Counseling	17

Exhibit 6: Areas for Improvement Identified with High Frequency across All Populations and Roles

Response Categories- Areas for Improvement	Comment Frequency
Training and Education	51
Awareness, Marketing and Outreach for LTSS Options[4]	48
Medicaid Eligibility Determination/Navigation Issues[5]	42
Collaboration among State Agencies	36
Suggestions for a Statewide Resource Database	36

In addition, Lewin identified themes that were raised frequently by representatives of only one or two populations and/or roles. These are shown in ***Exhibits 7 and* 8** and discussed in greater depth below in Section IIIC.

[4] Includes multiple response categories related to issues with advertising, marketing and outreach.
[5] Includes multiple response categories related to issues with Medicaid.

Exhibit 7: Strengths Identified with High Frequency by Some Populations and Roles

Response Category	Populations and Roles
Independent Service Coordinators	Intellectual/Developmental Disability
Aging and Disability Resource Networks and Area Agencies on Aging	Older Adults Providers State Agency Staff

+Exhibit 8: Areas for Improvement Identified with High Frequency by Some Populations and Roles

Response Category	Populations and Roles
Issues with State Agency Websites and 1-800 Numbers	Older Adults
Supporting Independence	Consumers and Family Members Physical Disabilities
Access to Behavioral Health Services	Behavioral Health

Before the beginning of the small group discussions, participants were asked to focus their comments as much as possible on NWD System core functions. State staff acknowledged that there are many other things going on in the state related to LTSS and many issues of concern to stakeholders, such as the impact of the state budget situation on services, the Balancing Incentive Program, and the development of a Universal Assessment Tool. They asked that these topics be addressed in other meetings and venues and/or that participants submit written comments for review and consideration. However, the small group facilitators recorded all the comments made during the discussions, including comments about issues not directly within the scope of the NWD System. A high-level summary of these comments are presented in **Appendix C**. In **Appendix D** is a summary of comments that were submitted by listening session participants in writing during and after the events.

Strengths

Community Level Collaboration and Networking

The most frequently identified strength identified by listening session participants across all populations is the connections between agencies and network capacity at the local level. This was identified as an existing strength by more than 50 individual participants. Among providers, many noted that building personal relationships with staff across service agencies facilitates referring people to and from those organizations. Participants also mentioned meetings, networking events and other in-person networking opportunities as key strategies currently used to connect agencies. In addition, providers of NWD System functions and providers of direct services each discussed connections to one another.

> *"We developed a collaboration in the Chicago/Rockford area with six other agencies and are working on a website, trying to make it a one stop and bring everyone together."*

> *"Building personal relationships with people in other agencies and helping each other facilitate other ideas and use as a referral system [has been helpful]."*

> *"Community network meetings are good, too. Interagency meetings are phenomenal way to coordinate, help reach people before it's a crisis. For example, one client needed a ramp to help their mom get into a van and the local CIL helped us with that."*

Referrals between Providers

Another major strength identified is the capacity of providers to provide and receive appropriate referrals from other agencies. This includes cross-population referrals (e.g., an aging services provider referring an individual to community-based mental health services) as well as referrals between providers of NWD System functions and providers of direct services. 47 consumers mentioned that referrals between agencies work well and help connect people to services.

> *"We've built rapport and it pays off now. We get a response when we call our partners."*

> *"Providers in the community and their programs/supports are very good at what they do. We feel good about referring to these agencies."*

> *"Referral process works well. We're not just handing a piece of paper, we make sure someone gets access."*

Person-Centered Counseling /Options Counseling

17 participants highlighted person-centered counseling and options counseling (PCC/OC) services as an existing strength or a foundation on which to build. People that cited this strength were enthusiastic, emphasizing the importance of PCC/OP in providing comprehensive, high quality personalized assistance to consumers.

> *"We provide options counseling at our CIL, and it's good because we talk about all the aspects of their lives - not just their challenges."*

> *"We already provide a lot of person-centered counseling and it is an essential service, helps people figure out what direction to go in, really important."*

Areas for Improvement

Training and Education

A major theme that emerged from participants, especially providers across all populations and people that identified with the physical disabilities population, is the importance of increasing and improving training and education for staff who work with people with disabilities. More than 50 participants provided comments addressing training and education needs related to LTSS.

In addition, participants mentioned the need to train provider and state agency staff in how to work with anyone needing LTSS rather than one specific population, cultural competency towards disability and how to navigate Medicaid, including eligibility and application systems. Participants also mentioned the need to increase training opportunities for specific services, including personal assistance. Many participants in the 2014 Listening Session in particular noted a general need for training.

> *"With limited staff and time, there's a lot of throwing new staff into the fire, with no training. "*

> *"Cross-train staff on the different service networks and populations, and have staff "shadow" their counterparts who work in different service networks to better understand their programs and populations."*

> *"Who you get changes the answer to a question. Provide more education on what is available. Families want to help."*

"Training has to be valued, viewed as worth having. It would encourage breaking down barriers, a dedicated curriculum for social service staff on what's available. So when someone asks about it, they'll have a basic answer. "

Medicaid Eligibility Determination/Navigation Issues

More than 40 participants identified areas for improvement related to applying for and navigating Medicaid services. Participants across populations, especially consumers and family members, spoke to problems navigating both the Medicaid eligibility determination process as well as accessing services once enrolled. People also commented on the complexity of Medicaid eligibility.

"It's hard to for people to apply for DD services. Some people aren't even applying because of the hardness and the pointlessness of applying."

"People don't understand Medicaid eligibility."

"It's difficult to navigate geographic boundaries and who can serve who based on where they live."

"Navigating through Medicaid is a nightmare. Payment needs to be quicker, especially when auditor generals are investigating. Facilities are out of money, waiting for the results. If they find fraud did occur then the senior owes the money and they can't afford it."

"There is a long waiting period for even being assessed for a waiver. MCOs could help with this by administering the DON [themselves]."

Suggestions for a Statewide Resource Database

Before the listening session discussions began, representatives from Illinois gave a brief presentation to the participants on upcoming developments to the NWD System, including a website with a statewide resource database providing information about resources and services and LTSS service providers for all populations throughout the state. Participants were very supportive of the idea of such a database, and 27 participants provided specific ideas on how to best capitalize on the database. Many consumers noted that currently not all information is in one place, which makes it difficult to use the existing resource listings. Additionally, participants noted that current resource databases may be outdated.

"We need one database and not four."

"There needs to be a comprehensive list of state and private funding service providers. Enter zip code and get list of all providers, the services they provide and the populations they serve."

"Private services should be included in database."

"We need real time information about available housing and other services."

"Providers should be able to update their own information on database."

Awareness, Marketing and Outreach for LTSS Options

Another notable area for improvement relates to awareness of LTSS available to people who might need services. More than 40 participants said that they or the people they serve often came into LTSS with almost no knowledge of what services and supports were available to them. These participants also referenced low visibility of LTSS across the general population.

> *"Surprised at how many seniors don't know about home-based services at all."*
>
> *"People have no idea what services are available when I meet with them."*
>
> *"People gravitate to the institutionalized setting because there is signage. Home services and smaller services are not visible."*
>
> *"People are unaware of what's out there for them."*

There were 33 participants that commented on outreach and marketing for LTSS is performed, adding that this area could improve as the NWD System develops.

Providers in particular expressed concern over funding for marketing, with many saying they simply cannot afford to advertise their services. These providers frequently cited no-cost or low-cost approaches to outreach, such as word-of-mouth and health fairs. In general, providers characterized these avenues as less effective than higher-cost marketing and outreach approaches.

> *"There is not enough funding for ads."*
>
> *"We've tried to get information about HCBS out through health fairs, attending meetings with community programs, sometimes at senior centers."*
>
> *"We rely on word of mouth mostly."*

Consumers receiving services mentioned other issues with marketing, including a lack consumer input into advertising and outreach materials, and the lack of information available outside of urban areas. Select comments on this topic include:

> *"There is not enough consumer input in marketing"*
>
> *"Marketing efforts are only as good as what people understand from them."*

Improving outreach for and boosting the visibility of LTSS options are two linked areas for improvement the state could consider emphasizing as it develops its NWD System.

Collaboration between State Agencies

36 participants noted that improved collaboration across and leadership from state agencies would strengthen the development of the NWD System. Participants across roles and populations suggested that state agencies do not regularly work in collaboration or share resources. Many participants noted that continuing this trend could jeopardize the development of Illinois' NWD System.

> *"We need unified leadership from state government agencies for a top down approach [to NWD]."*
>
> *"State agencies should share marketing resources."*
>
> *"If this is going to work, we need more buy-in from state agencies, not just Aging."*

Themes Emerging from Specific Populations and Different Role Categories

This section of the report identifies strengths and areas of improvement that were noted with more frequency by participants that identified with or work with a particular population or that assume a particular role in LTSS.

Strengths

Independent Service Coordinators

Seven participants who identified with the intellectual or developmental disability (I/DD) population, or who provide services to this population, identified the state's network of Independent Service Coordinators as an area of strength. This was the third most frequent strength cited by those identifying or working with people with I/DD, following referrals at the community level and community level collaboration and networking. Nine providers across all populations also noted this strength.

> *"I/DD services have good coverage."*

> *"Independent Service Coordinators [are] retraining people, [and] will work with any age range, kids in school and older"*

ADRNs and AAAs

10 participants who identified as or work with older adults mentioned strengths related to the Illinois Aging and Disability Resource Networks and Area Agencies on Aging. Additionally, seven providers and two state staff members cited the ADRN/AAA network as an area of strength.

> *"People know they will get personal attention at the AAA. We'll be straightforward on who to go to."*

> *"The AAAs and case coordination units outside of the Chicago area work very well for people 60 and older."*

Areas for Improvement

Issues with State Agency Websites and 1-800 Numbers

Fourteen participants that identify or work with older adults cited issues with statewide websites and the 1-800 information line, stressing the importance of developing consumer-oriented resources.

> *"Communicating to people about services in their hometowns is important. There is a hesitation to call a 1-800 number that is in Chicago, even though we have information about other places in the state."*

> *"There needs to be a central intake - a call line for people to receive information about what programs are available."*

> *"It's critical that consumers be involved in the development of any website that will be used to disseminate information. The State of Illinois' website is too confusing for consumers to use."*

Supporting Independence

Five consumers and family members and five people that identify or work with people with physical disabilities noted a need to help people and families to be independent.

> *"Young people out there today, their parents are sheltering them. We need to teach them to be independent. We age and die. When mom and dad are gone, kids end up in the care of the State. I refused to let my parents put me in a box and refused to accept living with them forever. I got my own apartment. "*

Behavioral Health Services

Consumers that identify or work with people with behavioral health diagnoses (7) cited the need for more services for people with serious mental illness (SMI).

> *"I'm my brother's guardian. I don't know how anyone with SMI could ever get through this system on their own. Being persistent is critical… Before I became his guardian, no one would talk to me. It was always "it's his decision." Once I became his guardian, the process wasn't so painful, but I've heard from others it is tough…getting doctor's records, filing paperwork for organizations, telling [the] story over and over again. The paperwork that organizations require was a huge barrier."*

Next Steps

The State of Illinois will consider the input from stakeholders described in this report. This report will also inform the development of Illinois' NWD System Three-Year Plan, which is due to ACL in 2016. Once the Three-Year Plan is finalized, it will be made publicly available.

Listening Session Report Appendix A- Organizations Present at the Listening Sessions

The following organizations attended at least one of the listening sessions in 2015. Many organizations sent multiple representatives. Additionally, many participants attended on their own behalf and did not self-identify with any one organization. There are 166 organizations represented.

This list presents an unduplicated list of attending organizations.

Abcor Home Health Inc.
Abequa Home Care Agency, LLC
Access Living
Access Living of Metropolitan Chicago
ACM Care
ADAPT
Addus
Addus HomeCare
Advocate BroMenn
Advocates for Access
Aetna
Aetna Better Health
Agency on Aging
AIM Center for Independent Living
Alternatives for You
Alzheimer's Association
Among Friends Adult Day Care, Inc.
Area Agency on Aging for Lincolnland
Ashley's Quality Care, Inc.
Association House
Association House of Chicago
ASSYRIAN NATIONAL COUNCIL OF IL.
Assyrian universal alliance foundation
Austin Special Chicago
Awakened Alternatives
Barbara Olson Center of Hope
Behavioral Health Alternatives
Bridgeway Inc.
Bureau County Senior Citizens Association
Bureau of Accreditation and Licensure
Center for Disability and Elder Law
Centers for Residential Alternatives
Centerstone of Illinois
Central IL Service Access
Central Illinois Agency on Aging, Inc.
Chicago Department of Family Support Services/Senior Services/AAA
Chicagoland Methodist Senior Services
Children's Habilitation Center
Children's Place Association
Chinese American Service League
Clearbrook
Coalition of Citizens with Disabilities in Illinois
Collinsville Faith in Action
Community Care Systems, Inc.
Community Resource Center
Comprehensive Behavioral Health Center of St. Clair County, Inc.
Comprehensive Connections
CRIS Healthy Aging
Crosspoint Human Services
Department on Aging
Department on Aging- Senior Helpline
Department of Human Services/Division of Developmental Disabilities
Department of Human Services/Division of Mental Health
Department of Human Services/Division of Rehabilitation Services
Don Moss and Associates
DRACH
DuPage County Senior Services
Easter Seals Metropolitan Chicago
Effingham City/Co. Committee on Aging (ECCOA)
Egyptian Area Agency on Aging Inc
Egyptian Health Department
Elm City Center
Envision Unlimited
EPIC
Fox Valley Older Adult Services
GROW in Illinois
Grundy County Health Department
Habilitative.org
Harmony
Health & Medicine Policy ResearchGroup
Healthcare Consortium of Illinois
Healthcom
Heartland Human Services
Help At Home
Helping Hand Center
Heritage Woods of Mt Vernon
Heritage Woods of Plainfield
Hillview Healthcare Center
HMPRG
Home and Community Ombudsman
Human Service Center
IAMC
IL State Board of Education
Illinicare Health and CountyCare Health
Illinois Alliance for Living
Illinois Center for Autism
Illinois Council of Case Coordination Units
Illinois Guardianship Association
Illinois HomeCare & Hospice Council
Illinois Iowa Center for Independent Living
Illinois Network of Centers for Independent Living
Illinois Valley Center for Independent Living
Illinois-Iowa Center for Independent Living
IMPACT CIL

Independence Center
Independent Voices
IPMR
Jewish Child and Family Services
Journeycare
Kenneth Young Center
Lake County Center for Independent Living
LINC, Inc.
LTC Support Services, LLC
Lutheran Social Services of Illinois
Mascoutah Senior Services Program
Maximum group of companies
Memorial Hospital
Mendota Area Senior Services
Midland Area Agency on Aging
MIL
Mosaic
New Age Elder Care
New Hope Center, Inc.
Northeastern Illinois Agency on Aging
Northeastern Illinois Area Agency on Aging
Northwestern Memorial Hospital
NSSED
Oak Park Township Senior Services
Ombudsman Program
PACE, Inc.
PACTT Learning Center
PCG Public Partnerships (PPL)
Pioneer Center for Human Services
Progressive Careers & Housing
Ray Graham Association
RDK Management
Residential Centers of Illinois
REST - Respite Education and Support Tools
RFMS - LTC Support Services
RFS
Richland County Senior Center
Rincon Family Services
Rosecrance
Sacred Creations
Search Inc.
Senior Resource Center
Senior Services Plus
Sertoma Centre
Shawnee Alliance
SICCS
South Side Office of Concern
Southwestern Illinois College, Programs & Services for Older Persons
State of IL - Division of Developmental Disabilities
Stephenson Co SRC
Stickney Township Office on Aging
SWAN Senior Services
Taskforce for Attendant Services
The Alliance for Community Services
The Arc of Illinois
The Association for Individual Development
The Chicago Lighthouse
Therapy Services
Thrive Counseling Center
TRADE Industries
UCP Land of Lincoln
UCP Seguin of Greater Chicago
UnityPoint Health
Methodist/Proctor
Universal Healthcare Management
Villa Catherine
Washington Christian Village & Leading Age
WellCare Health Plan
WellCare/Harmony
West Central IL Center for Independent Living
Western Illinois Area Agency on Aging
Will-Grundy Center for Independent Living

Listening Session Report Appendix B- Response Categories and Frequencies

Response Categories- Strengths	Comment Frequency
Community level collaboration and networking	56
Referrals between organizations at the local level	47
Person-Centered Counseling/Options Counseling	17
Aging and Disability Resource Networks (ADRNs)	13
Independent Service Coordinators	12
Specific local programs (varied by region)	12
Strong community centers/agencies	10
Primary education system	8
Care Coordination Units	7
Medicaid eligibility/navigation process	7
Electronic data exchange	6
Good training	6
Personal assistance services	6
Centers for Independent Living	5
Current databases and other statewide resources	5
Adult Protective Services/Protection and Advocacy	3
Physicians	3
Consent Decrees (helping to transition people out of institutions)	2
Transportation	2
Existing caregiver programs	2
Cultural competency	2
Department of Human Services	1
Care Transitions Program	1
Olmstead	1

Response Categories- Areas for Improvement	Comment Frequency
More training/education	51
Improve collaboration across state agencies	36
Suggestions for a statewide resource database	36
Medicaid eligibility determination process	28
Improve collaboration/communication at local level	23
Medicaid Offices/Staffing problems and complaints	17
Need more support for caregivers	16
Issues with statewide websites and 1-800 line	15
Stronger networks with providers (hospitals, NF, acute care, physicians)	15
Increase standardization of assessment across waivers/populations	15
Medicaid navigation issues	14
Need better customer service	14
Better IT/Infrastructure - update outdated computers and IT systems	13
Data exchange - need to improve individual-level sharing of data across community orgs and medical providers, at community level, with state, in general	13
Nursing home members need more awareness of services	13
Turf war issues/Silos	12
Better state websites/easier to navigate/better information (separate from resource directory information)	11
Primary education system	10
Interpretation services and language issues	10
More services for people with severe mental illness	9
Need to help people and families to be independent	9
Lack of understanding of disability	9
Division of Rehabilitation Services	8
MCO issues	7
Look at activities of other states/countries	6
Waiting list process	6
Visibility is not good	6
Access to internet/computer	6
Transportation issues	6
Improvements for rural service areas	6
Roles of local agencies	6
Veterans services	5
Division of Developmental Disabilities	5
Focus on community living	5
More housing/residential options	5
Stigma associated with disabilities	5
Medicaid reassessment process	4
People are confused about where to go	4
Better employment services are needed	4

Response Categories- Areas for Improvement	Comment Frequency
NWD staff with specialty areas and generalists	3
Should be able to apply for Medicaid outside Medicaid agency	3
Social Security application/ staff problems	2
Use staff that have been through the system	2
Expanded state toll-free number will not be able to keep up with call volume	2
More stakeholder engagement	2
Conflict of interest concerns	1
More flexibility in NWD gateway	1
Change HIPAA	1

Response Categories- Strengths and Recommendations about Marketing	Comment Frequency
Internet/websites/social media	35
Broad public advertisements, PSAs (radio, television, newspaper)	35
Marketing to providers	31
Provider-specific and other in-house resources	30
Word of Mouth	24
Community connections, liaisons	22
211	19
Resource and job fairs	16
Referrals from Case Managers	12
Religious Organizations	11

Response Categories- Areas for Improvement about Marketing	Comment Frequency
Problems with marketing (funding, other issues)	33
People do not contact until they are in a crisis	19
Hard to help people who don't want help/are afraid/suspicious of help/embarrassed	13
Does not work to rely entirely on websites and computers	11
General education/outreach	10
Market to younger people	8
Local Shoppers Pages/local newspaper	7
Should improve/unify NWD brand	6

Listening Session Report Appendix C- Response Categories Outside the Scope of the NWD System Listening Sessions

Response Categories- Areas for Improvement within LTSS System Outside the Scope of NWD System Functions	Comment Frequency
Not enough funding for HCBS/Existence of waiting list for services	49
Improve access (general)	20
Federal funding being blocked or held up by state	9
Increase standardization of services across waivers/populations	7

Listening Session Report Appendix D- Written Comments and Questions

Written comments received at and after the listening sessions include:

- Comments noting potential systemic issues in accessing or applying for LTSS, including personal assistance, coordination with the education system and low awareness of current practices.
- Concerns about changes to financial and functional eligibility criteria for waiver services, including the Determination of Need and the Universal Assessment Tool.
- Concerns about losing consumer- or self-directed services.
- Concerns about the state budget/financial situation and implications of that for LTSS, including PACE.
- Concerns that state and local government agency employees may be overworked and are limited in how much they can help consumers' access services.
- Questions clarifying the meaning of CIL (center for independent living).
- Suggestions for additional marketing outlets (e.g., flyers, bus advertisements, radio).
- Suggestions for the statewide resource database that improve access for consumers who are deaf and/or hard of hearing.
- Suggestions of additional stakeholders to include in the NWD System development activities.

Three-Year Plan Appendix C: Goals, Tasks, Timelines and Responsibilities

The finalized NWD System Three-Year Plan Goals are listed below and are categorized into two Tiers. Both Tiers include goals that were identified by stakeholders and the Executive Committee as being high priority. The difference between them relates to the availability of funding, which is not as certain for the Tier 2 goals.

- Tier 1- Goals for which funds have already been identified and/or have relatively low new cost associated.
- Tier 2- Goals for which funding will need to be identified and/or have relatively higher new cost associated.

Task	Timeline (after implementation)	Responsible Party/Parties
NWD System Function: Governance and Administration **Goal 1:** Identify and formalize permanent state level governance structure with representatives from all participating agencies. Identify existing management processes that could support ongoing governance, convene new management team, develop and execute MOUs outlining each agencies roles and responsibilities for dedicating staff, commitments from leadership to coordinate policy in areas related to accessing LTSS Tier: 1		
Identify potential deliverables, goals, benchmarks for each department	Within 6 months	Executive Committee
Solicit feedback from Governor's Office, GOMB and state agencies on potential deliverables, goals, benchmarks	Within 6 months	IDOA
Draft initial MOU template	Within 6 months	IDOA
Circulate MOU to AAAs and solicit feedback	Within 12 months	IDOA to send, AAAs to respond
Circulate MOU to state agencies and solicit feedback	Within 18 months	IDOA to send, state agencies to respond
Revise MOU based on feedback, partnering with state agencies	Within 24 months	TBD, possibly department heads
Share MOU with department heads	Within 24 months	Sister agencies
Convene department heads and secure buy-in	Within 30 months	IDOA to coordinate IDOA Director to conduct outreach
Finalize MOU and obtain necessary signatures/approval	Within 36 months	Department heads
NWD System Function: Governance and Administration **Goal 2:** Develop and institute standard policies across agencies setting expectations and requirements for community-based organizations in the NWD System funded by each agency. Includes establishing common criteria for designation as NWD entry point, changing administrative rules as needed, issuing rule amendments, issuing mandates from each state agency (tied to funding or contracts), and/or establish shared standards, performance expectations and defined roles set by the state agency or agencies. Tier: 1		
Identify appropriate state agency staff to support standardizing policy	Within 6 months	Department Heads to identify IDOA to conduct outreach

Task	Timeline (after implementation)	Responsible Party/Parties
Secure participation from state agency staff to support standardizing policy	Within 6 months	Department Heads to identify IDOA to conduct outreach
Identify best practices across partner/state agencies	Within 12 months	All state agencies Department heads to identify
Explore and pursue potential Medicaid administrative claiming opportunities	Within 12 months	IDOA/state agencies
Potentially develop communications to CBOs that clearly share updated criteria, rules, etc.- including Level 1/UAT	Within 18 months	Sister agencies to provide input to an agency identified by the department heads
NWD System Function: Governance and Administration **Goal 3:** Establish standing statewide advisory group with stakeholders from all populations, consumers and family members, providers, payers to inform and shape policy (integrated with existing stakeholder advisory groups as appropriate). Tier: 1		
Complete stakeholder planning, logistics (including membership)	Within 6 months	Executive Committee
Identify potential stakeholder group members (considering membership of existing groups (e.g., BIP Policy/Stakeholder Group)	Within 6 months	Department heads to identify a given number of stakeholders per population/group
Identify potential responsibilities via department heads (e.g., a tangible task/product)	Within 12 months	Department heads
Convene stakeholder group	Within 12 months	Convener TBD Statewide Stakeholder Advisory Group
Formulate stakeholder charter	Within 12 months	Convener TBD Statewide Stakeholder Advisory Group
Finalize charter with the stakeholder group	Within 12 months	Convener TBD Statewide Stakeholder Advisory Group
Add additional action steps based on final charter	Within 18 months	Convener TBD Statewide Stakeholder Advisory Group
NWD System Function: Public Outreach **Goal 4:** Strengthen and standardize partnership agreements and mutual referral protocols between aging, disability, behavioral health, employment resources, homelessness, housing, transportation, and other services organizations at the community level (e.g., ISCs, AAAs, CILs, CMHCs, COCs, CCUs) Tier: 1		

Task	Timeline (after implementation)	Responsible Party/Parties
Send survey to aging and disability networks to identify current referral protocols, collect examples of written agreements and common practices	Within 12 months	NWD Executive Committee
Review and analyze survey data as well as examples from other states to a standard set of agreement components or a menu of components that local organizations could use or tailor.	Within 18 months	NWD Executive Committee
Provide documentation and recommendations on standardized agreements to department/ agency heads	Within 24 months	NWD Executive Committee
Identify next steps re: distribution of standard agreement templates and training	Within 30 months	NWD Executive Committee
NWD System Function: Public Outreach **Goal 5:** Develop statewide brand and marketing strategies to increase visibility and communicate effectively with all target populations Tier: 2		
Incorporate consistency in messaging, accessibility and instructions about LTSS options developed by the Streamlined Access work group.	Within 6 months	Streamlined Access and Marketing work groups
Recruit a marketing working group from the state agencies/divisions serving the NWD target populations	Within 12 months	State agencies/division staff
Develop statewide guidelines and standards that Illinois 13 NWD regional networks must incorporate in their marketing and outreach campaigns (e.g., brochures, websites, coordinated entry points) that include the state's approved program name and logo and the 2010 Plain Writing Act recommendations.	Within 18 months	State agencies/division staff
Support local NWD partner participation by ensuring that branding and messaging standards don't detract from each agency's individual image.	Within 18 months	State agencies/division staff with input from NWD regional networks
Provide each regional NWD network with recommendations from the statewide listening sessions for publicizing the NWD System	Within 24 months	Marketing work group
Get input from cross-disability stakeholders on barriers to information about services that the marketing plan must address and solicit their feedback on marketing strategies and products	Within 24 months	Statewide Stakeholder Advisory Group
Incorporate information on Illinois Statewide Housing Referral Network for consumers and professionals in the marketing plan.	Within 24 months	Statewide Housing Coordinator
NWD System Function: Public Outreach **Goal 6:** Increase capacity of existing 1-800 number call center to serve all populations through increased staffing and enhanced staff training Tier: 2		

Task	Timeline (after implementation)	Responsible Party/Parties
Increase the number of staff at toll-free call center	Within 12 months	DHFS/IDOA/DHS
Develop a training curriculum to expand operators' knowledge of NWD disability populations, state service systems, and how to conduct a Level One Screen.	Within 12 months	Training staff from state agencies/divisions
Train operators via a webinar that will be recorded for ongoing use	Within 18 months	State agency/division trainers
Designate specific operators to be call center trainers that will instruct operators about policy and procedural changes and be liaisons between operators and state agency/division staff.	Within 18 months	Call center operators
Create or expand existing electronic data bases of local coordinated entry point operators to engage for making referrals.	Within 24 months	Regional NWD network partners and state agencies/divisions
NWD System Function: Public Outreach **Goal 7**: Develop and implement "Level One" screening tool and processes to identify and refer people for further person-centered counseling and/or to initiate a comprehensive assessment for multiple HCBS programs. Tier: 2		
Identify data to be included in level ones screening and ensure it meets HIPPA requirements	Within 6 months	State agency/division staff on the Universal Assessment Tool (UAT) committee
Develop and test software	Within 12 months	UAT software vendor, UAT Committee Reps, Toll Free Call Center (if operators will conduct Level One screens)
Wave I Roll Out	Within 12 months	DHFS/IDOA/DHS
Statewide Roll Out	Over the course of 12 months (e.g., through June 2017)	DHFS/IDOA/DHS
NWD System Function: Public Outreach **Goal 8:** Help people access information and resources about affordable and accessible housing and supportive housing Tier: 2		
Utilize existing resources (e.g., IL Housing Locator and PAIR Module, "Heads Up on Housing" newsletter, DHS and IHDA websites) to spread information related to housing	Over the course of implementation (e.g., through 2019)	NWD Executive Committee

Task	Timeline (after implementation)	Responsible Party/Parties
NWD System Function: Person-Centered Counseling **Goal 9:** Increase and expand staff capacity across organizations in the network to provide one-on-one counseling using person-centered processes for all populations • Align with principles and philosophy of independent living and self-direction • Align with federal regulations for Person-Centered Counseling and Person-Centered Planning • Ensure providers are developing and writing service plans with the involvement of consumers and families Tier: 1		
Identify and convene workgroup to carry out PCC tasks	Within 6 months	NWD Executive Committee to determine who will convene/facilitate group Members: State agencies Potentially include consumers, advocates, caregivers, etc. and additional stakeholders
Identify both foundational skills and specific (e.g., cultural-specific, diagnosis-specific) skills for PCC/PCP	Within 12 months	PCC Workgroup
Build a standard, foundational training curriculum to use across state agencies	Within 18 months	PCC Workgroup
Review current curriculum and identify opportunities to revise/add content to include PCC	Within 24 months	PCC Workgroup
Determine sustainability approach for training and capacity	Within 24 months	PCC Workgroup
Convene NWD Executive Committee (either as a whole or a subgroup) to review current training curriculum.	Within 24 months	PCC Workgroup/NWD Executive Committee
Conduct evaluation/review of agency-specific training curriculum.	Within 30 months	State agencies/division staff
Solicit feedback and input from NWD System-involved agencies (e.g., DHFS, DHS- DD, DMH, DRS, DASA)	Within 30 months	PCC Workgroup
Tailor training curriculum for use by each specific agency and/or organizations	Within 36 months	State agencies/division staff
NWD System Function: Person-Centered Counseling **Goal 10:** Develop standardized "toolkit" of resources, processes, formal guidance, and performance expectations to make available to all organizations in network providing person-centered counseling Tier: 1		
Convene small workgroup comprised of person-centered counselors, people who use services and families/caregivers to develop toolkit to make decisions and delegate action step responsibilities.	Within 6 months	State agencies to determine membership
Review available resources: books, websites, videos, training options	Within 6 months	PCC Workgroup and designees

Task	Timeline (after implementation)	Responsible Party/Parties
Decide which resources are most useful and applicable for toolkit	Within 12 months	PCC Workgroup and designees
Design draft step-by-step guidance (written and web-based) for use by person-centered counselors when conducting person-centered counseling – solicit input from PCCs on the processes they currently use to build guidance Include in the guidance recommendations from people using services about language, approach, etc. Consider inclusion of fact sheets from advocacy organizations	Within 12 months	PCC Workgroup and designees
Solicit feedback from PCCs on draft guidance	Within 18 months	PCC Workgroup and designees
Revise guidance based on feedback	Within 24 months	PCC Workgroup and designees
Develop an updated "standards of practice" for person-centered counselors; using input and feedback from current person-centered counselors, along with current ACL expectations	Within 30 months	PCC Workgroup and designees
NWD System Function: Streamlined Access **Goal 11:** Connect people who are eligible for LTSS to housing services and/or affordable supportive housing resources for which they are also eligible Tier: 1		
Review and/or revise items on screens (e.g., Initial Screen) that relate to housing	Within 6 months	DHFS
Build appropriate triggers and referral scenarios based on Initial Screen	Within 12 months	DHFS
Coordinate with Innovation Accelerator Program (IAP) grant team to identify opportunities to connect people to housing services	Within 18 months	DHS/IAP team
Utilize findings from the IL Supportive Housing Workgroup's upcoming report on the current landscape and unmet needs in supportive housing to inventory existing housing resources at both state and federal levels.	Within 18 months	DHS/NWD Executive Committee
Coordinate with Statewide Housing Coordinator on housing-related matters, encourage use of the online supportive housing waiting lists within the State of Illinois' housing locator (www.ILHousingSearch.org)	Over the course of implementation (e.g., through 2019)	DHFS
NWD System Function: Streamlined Access **Goal 12:** Promote consistency in messaging and instructions about LTSS options across the state. Use the same language and terminology across all programs and agencies. Tier: 1		

Task	Timeline (after implementation)	Responsible Party/Parties
Develop inventory of common acronyms, words and definitions, possibly including a cross-walk to show differences across populations	Within 12 months	DHS/NWD Executive Committee
Identify possible common terms/phrases and determine whether these can translate across populations.	Within 12 months	NWD Executive Committee /BIP Policy Group
Develop an agreement between sister agencies to govern common language/terming (e.g., MOA, IGA)	Within 18 months	NWD Executive Committee /BIP Policy Group
Identify point of accountability for MOA/IGA within each state agency	Within 24months	NWD Executive Committee/BIP Policy Group
NWD System Function: Streamlined Access **Goal 13:** Develop and implement uniform assessment tool (UAT) for identification of need, eligibility determination and service planning. Tier: 2		
Secure software vendor	Within 6 months	Governor's office/CMS
Develop and test software	Within 12 months	Governor's office/CMS
Wave 1 Roll Out	Within 12 months	DHFS/IDOA/DHS
Statewide Roll Out	Over the course of 12 months (e.g., through June 2017)	DHFS/IDOA/DHS
NWD System Function: Streamlined Access **Goal 14:** Develop common client tracking system accessible to all organizations in the network (as part of UAT) Tier: 2		
Secure software vendor	Within 6 months	Governor's office/CMS
Develop inventory of existing client tracking systems and current uses across waiver programs	Within 12 months	DHFS
Present inventory to BIP Technical Group for comments/refinement	Within 12 months	BIP Technical Group
Determine if software platform will have capability to track consumers across system	Within 12 months	BIP Technical Group
Develop and test software	Within 24 months	Governor's office/CMS
Pre-load existing consumers into software	Within 30 months	DHFS/IDOA/DHS
NWD System Function: Streamlined Access **Goal 15:** Improve transitions and data sharing between initial entry point person-centered counselor and Medicaid eligibility staff, Medicaid case managers, and Medicaid or private managed care organizations. Tier: 2		
Determine whether common client tracking system can facilitate data sharing	Within 12 months	BIP Technical Committee
Identify protocols and/or agreements needed for data sharing (e.g., MOU)	Within 18 months	BIP Technical Committee

Task	Timeline (after implementation)	Responsible Party/Parties
Develop help desk for PCC with questions from the field	Within 24 months	DHFS/IDOA/DHS
Identify Medicaid eligibility staff/help desk to support PCCs in the field with Medicaid related questions	Within 24 months	IDOA