

Appendix Q: No Wrong Door Business Case Reference Materials

This appendix includes links to data and resources states can use to build out marketing and communication tools for No Wrong Door (NWD) Systems. These sources may help states establish a business case for the NWD System, identify salient data points, understand other states’ strategies, and plan and implement system transformation efforts. The resources are organized into the categories shown in the Table of Contents below.

The titles of the data sources in each table link to the corresponding web pages.

Table of Contents

GENERAL DEMOGRAPHIC AND HEALTH STATISTICS	2
STATE COMPARISONS ON LTSS TRANSFORMATION.....	3
LTSS COST OF CARE.....	3
WORKFORCE (FORMAL AND INFORMAL CAREGIVERS).....	4
COMMUNITY-BASED HOUSING AND OTHER RESIDENTIAL OPTIONS	5
PERSON-CENTERED SERVICE DELIVERY	6
OTHER REPORTS AND IMPLEMENTATION RESOURCES	6
EXAMPLES OF STATE NWD EVALUATIONS, FACT SHEETS, REPORTS.....	9
IMPACT OF THE NWD SYSTEM: PERSONAL STORIES.....	10

General Demographic and Health Statistics

Data Source and Link	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>ACL Aging Integrated Database</u>	“The AGing, Independence, and Disability (AGID) Program Data Portal is an on-line query system based on ACL-related data files and surveys, and includes population characteristics from the Census Bureau for comparison purposes. The system allows users to produce descriptive information in graphical or tabular form, at the level of detail most suited for their needs. The four options or paths through AGID provide different levels of focus and aggregation of the data – from individual data elements within Data-at-a-Glance to full database access within Data Files.”
<u>American Community Survey</u>	“The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.”
<u>Assistant Secretary of Health and Human Services for Planning and Evaluation (ASPE): Research Brief on Lifetime Risk of Needing and Receiving LTSS</u>	“This brief provides new evidence on the lifetime risk that older adults will need LTSS and receive paid services and supports. Using longitudinal household survey data from 1995 to 2014 from the Health and Retirement Study (HRS), we estimated the likelihood that adults ever develop disabilities after age 65 and receive paid care, including paid home care, residential care (such as assisted living), nursing home care, and Medicaid-financed nursing home care, and the duration of need and care spells.”
<u>CDC National Center for Health Statistics</u>	“[This resource includes] an overview of surveys and programs administered by the National Center for Health Statistics.”
<u>Disability Statistics</u>	“The Annual Disability Statistics Compendium is a web-based tool that pools disability statistics published by various federal agencies together in one place. When working on legislative and other matters relating to persons with disabilities, the Compendium will make finding and using disability statistics easier.”
<u>Kaiser State Health Facts and Medicaid Managed Care Market Tracker</u>	“State Health Facts is comprised of more than 800 health indicators and provides users with the ability to map, rank, trend, and download data.” “The Medicaid Managed Care Market Tracker provides state-level, MCO-level, and parent firm-level information related to comprehensive Medicaid MCOs...the tracker also includes a collection of other broader managed care state-level data which show enrollment in any ‘managed care’ models.”
<u>National Institute of Mental Health (NIMH)</u>	“The information on these statistics pages includes the best statistics currently available on the prevalence, treatment, and costs of mental disorders for the population of the United States, in addition to information about possible consequences of mental illnesses, such as suicide and disability.”

Data Source and Link	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u>	"SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) is the lead Federal government agency for behavioral health data and research...CBHSQ coordinates an integrated data strategy, which includes collecting data each year on the national incidence and prevalence of various forms of mental illness and substance use."
<u>U.S. Census Bureau</u>	"The Census Bureau collects data on disability primarily through the American Community Survey (ACS) and the Survey of Income and Program Participation (SIPP)."

State Comparisons on LTSS Transformation

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>AARP Scorecard</u>	"The Scorecard looks across all categories to measure state-level LTSS system performance from the viewpoint of users of services and their families."
<u>American Association of Retired Persons (AARP) Across the States Report(s) (2012)</u>	"Across the States...presents comparable state-level and national data for more than 140 indicators, drawn together from a wide variety of sources into a single reference. This publication presents up-to-date data and is displayed in easy-to-use maps, graphics, tables, and state profiles."
<u>Centers for Medicare and Medicaid Services (CMS) Reports and Evaluations</u>	"These reports include Medicaid expenditures for all LTSS, including institutional services and HCBS, by service category and state. The data comes primarily from the Centers for Medicare & Medicaid Services (CMS)-64 reports."
<u>National Core Indicators</u>	"National Core Indicators (NCI) [®] is a voluntary effort by public developmental disabilities agencies to measure and track their own performance."

LTSS Cost of Care

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>AARP: A New Way of Looking at Private Pay Affordability of LTSS</u>	"The affordability of private pay services is an important component of long-term services and supports system performance. This Insight on the Issues presents data on private pay affordability for every state and more than 400 markets in the United States."

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>ASPE Issue Brief on LTSS for Older Americans: Risks and Financing</u>	"This ASPE Research Brief presents information about the risk of needing care and associated costs to provide context for policymakers and others considering LTSS financing proposals. A microsimulation model is used to describe the future care needs for Americans. This model can predict what percentage of individuals will develop a disability, have LTSS needs, use paid LTSS, and among those that use paid LTSS, how much they use and for how long. It estimates care costs, and how they would be financed under current policies."
<u>Congressional Research Service: Who Pays for Long-Term Services and Supports?</u>	"This report provides information on who the primary LTSS payers are and how much they spend." The report breaks down the amount of spending from various public and private sources, including Medicaid, Medicare, private insurance, and out-of-pocket spending.
<u>Genworth Cost of Care Data</u>	"Genworth has tracked the cost of long term care services nationwide to help families understand and plan for their long term care needs. Conducted annually by the CareScout research team, the survey results have become the foundation for long term care planning."
<u>Medicaid Expenditures for LTSS in FY 2016</u>	"This report is the latest in a series of annual reports on Medicaid LTSS expenditures that IBM Watson Health has produced for the Centers for Medicare & Medicaid Services (CMS). The series documents trends such as the increasing role of HCBS and the continued, significant variation in Medicaid LTSS spending across states. This report presents data for FY 2016, as well as updates for FY 2013 through 2015 that incorporate recent adjustments states submitted to reported spending for those years."

Workforce (Formal and Informal Caregivers)

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>AARP Valuing the Invaluable: 2015 Update</u>	"This report recognizes the crucial services of those who provide unpaid care and support. It uses the most current data available to update national and individual state estimates of the economic value of family care. This report also explains the key challenges facing family caregivers...The report highlights the growing importance of family caregiving on the public policy agenda. It lists key policy developments for family caregivers since the last Valuing the Invaluable report was released in 2011. Finally, the report recommends ways to better recognize and explicitly support caregiving families through public policies, private sector initiatives, and research."
<u>Bureau of Labor Statistics Healthcare and Social Assistance</u>	"The Bureau of Labor Statistics measures labor market activity, working conditions, price changes, and productivity in the U.S. economy to support public and private decision making."
<u>National Alliance for Caregiving</u>	"As part of a national effort to open data to innovators, businesses, and non-profits, the National Alliance for Caregiving is proud to provide open data sets from our national studies for others to use in their research and policy analysis."

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>Protected Health Information (PHI) Workforce Data Center and Home Care Workers: Key Facts (2016)</u>	"PHI studies the direct care workforce, including trends related to compensation, training, career advancement, health coverage, and other key demographics; highlights the policy barriers facing direct care workers within long-term services and supports and workforce initiatives; and informs the field about gaps in research on the direct care workforce."
<u>Rehabilitation Services Administration (RSA) Data</u>	"The Rehabilitation Services Administration (RSA) provides leadership and resources to assist state and other agencies in providing vocational rehabilitation and other services to individuals with disabilities to maximize their employment, independence, and integration into the community and the competitive labor market."

Community-Based Housing and Other Residential Options

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>Brown University: Long-Term Care Focus</u>	"[This resource] provides data on nursing home care in the US. Our goal is to allow researchers to trace relationships between state policies, local market forces and the quality of long-term care and enable policymakers to craft state and local guidelines that promote high-quality, cost-effective, equitable care for older Americans."
<u>Long-Term Care Statistics Branch Residential Care Communities Map (2013-2014) and Adult Day Center Map (2013-2014)</u>	"[The Residential Care Communities Map] is a PDF and PowerPoint slide presentation of US maps for selected characteristics of residential care communities and their residents. Characteristics include community ownership and chain status, disease-specific programming, practices, and revenue sources; and resident functioning, health conditions, and adverse events." "[The Adult Day Center Map] is a PDF and PowerPoint slide presentation of US maps for selected characteristics of the adult day services centers and their participants. Characteristics include center ownership and chain status, disease specific programming, practices, and revenue sources; and participant functioning, health conditions, and adverse events."
<u>Residential Information Systems Project</u>	"The Residential Information Systems Project (RISP) is a longitudinal study of long-term supports and services (LTSS) that people with intellectual and developmental disabilities (IDD) receive. An annual survey of state IDD agencies is used to gather information about the settings in which LTSS recipients live, federal and state funding mechanisms used, residential setting type and size, age of recipients, and expenditures."
<u>Technical Assistance Collaborative (TAC): Affordable Housing</u>	"People with disabilities face a severe housing affordability crisis in this country. View a brief summary of this issue and resources to address the housing affordability needs of vulnerable people with disabilities including people who experience homelessness or are at risk of homelessness."

Person-Centered Service Delivery

Data Source	What It Contains <i>As Described by the Data Source Sponsor/Owner</i>
<u>Assistant Secretary for Planning and Evaluation (ASPE) Report on Participant-Directed Services (PDS) in Managed Long-Term Services and Supports (MLTSS) (2013)</u>	<p>“To gain a more thorough understanding of how MLTSS programs have implemented participant direction, researchers from the National Resource Center for Participant-Directed Services conducted an in-depth examination of participant-directed MLTSS (PD-MLTSS) programs in the following five states: Arizona, Massachusetts, New Mexico, Tennessee, and Texas.”</p>
<u>No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports (AARP, 2017)</u>	<p>“This Promising Practices paper provides concrete examples of how six states—Connecticut, Michigan, New Hampshire, Virginia, Washington, and Wisconsin—and the District of Columbia promote person- and family-centered practice in their No Wrong Door (NWD) Systems. This paper includes a toolkit of resources and contacts for states to learn more and even replicate these practices. This paper also provides a checklist of what is needed to move toward a more person- and family-centered NWD System.”</p>
<u>No Wrong Door: Supporting Community Living for Veterans (AARP, 2017)</u>	<p>“This paper describes promising practices on how aging and disability network agencies, Veterans Affairs Medical Centers (VAMCs), and Veteran Benefits Offices in seven states (Connecticut, Minnesota, Missouri, New Hampshire, Nevada, Utah, and Washington) have forged partnerships to better support Veterans in community living. The checklist summarizes key tasks described in the paper and links to promising practices and national- and state-developed tools in three key programs: Veteran-Directed Home- and Community-Based Services, Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources, and the Ask the Question initiative. It also includes some opportunities for potential collaboration between aging and disability network agencies, VAMCs, and Veteran Benefits Offices regarding home-based care and care transitions.”</p>

Other Reports and Implementation Resources

Data Source	What it Contains
<u>Agency for Healthcare Research and Quality (AHRQ)</u>	<p>“AHRQ has established the <i>Nursing Home Survey on Patient Safety Culture Database</i> as a central repository for survey data from nursing homes that have administered the AHRQ patient safety culture survey instrument and choose to submit their survey data to the Nursing Home SOPS database. This database serves as an important resource for patient safety culture improvement.”</p>
<u>Balancing Incentive Program Website</u>	<p>“The Balancing Incentive Program...aims to improve access to community-based long-term services and supports (LTSS). Through September 30, 2015, participating states received enhanced Federal Medical Assistance Percentage (FMAP) on eligible services.”</p>

Data Source	What it Contains
<u>CMS Data Navigator</u>	“The CMS Data Navigator application is an easy-to-use, menu-driven search tool that makes the data and information resources of the Centers for Medicare and Medicaid Services (CMS) more easily available. Use the Data Navigator to find data and information products for specific CMS programs, such as Medicare and Medicaid, or on specific health care topics or settings-of-care.”
<u>Cross-Sectoral Partnerships by Area Agencies on Aging: Associations with Health Care Use and Spending (2018)</u>	This study examined whether AAAs’ partnerships correlate with avoidable health care use and spending for older adults in counties served by the AAAs. The study “found that counties whose AAAs maintained informal partnerships with a broad range of organizations in health care and other sectors had significantly lower hospital readmission rates, compared to counties whose AAAs had informal partnerships with fewer types of organizations. Counties whose AAAs had programs to divert older adults from nursing home placement had significantly lower avoidable nursing home use, compared to counties whose AAAs lacked such programs.”
<u>Report to the President and Congress MFP Rebalancing Demonstration (2017)</u>	This report presents the conclusions of the DHS evaluation of the MFP rebalancing demonstration, assessing the following: <ul style="list-style-type: none"> ▪ State grantee benchmarks, ▪ The extent of state grantee compliance with maintenance of effort requirements, ▪ Transition-related savings, ▪ State-level outcomes and progress on rebalancing LTSS, and ▪ Changes in quality of life experienced by MFP participants.
<u>Home and Community-Based Services (HCBS) Taxonomy (2014)</u>	“This brief analyzed fee-for-service claims from 28 approved states in 2010 Medicaid Analytic eXtract (MAX) files. [The authors] summed all expenditures and counted the unique number of users across each HCBS taxonomy service and category.”
<u>IMPAQ International’s Findings from The National ADRC Study</u>	“Supported by ACL, a national study examined the nature and quality of partnerships across a sample of 472 ADRCs. Results show a broad range of public and private partnerships, varying in strength and quality.”
<u>Mathematica Center for Studying Disability Policy and Research and Evaluation of the Money Follows the Person Demonstration Grants</u>	“This report summarizes the progress of the Money Follows the Person (MFP) demonstration in the 44 grantee states (including the District of Columbia) that were actively transitioning MFP participants in 2016. This report also describes participant quality of life before and after transitioning.”
<u>Medicaid HCBS Waivers and State Plan Amendments</u>	“Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children’s Health Insurance Program (CHIP). All current and concluded state programs authorized under these authorities may be accessed using the...dynamic list.”

Data Source	What it Contains
<u>Medicaid Innovation Accelerator Program</u>	<p>“The goal of IAP is to improve the health and health care of Medicaid beneficiaries and to reduce costs by support states’ ongoing payment and delivery system reforms. Medicaid IAP supports state Medicaid agencies to build capacity in key program and functional areas by offering targeted technical support, tool development, and cross-state learning opportunities. IAP selected, in consultation with states and stakeholders, four program areas in which to offer technical support: reducing substance use disorders; improving care for Medicaid beneficiaries with complex care needs and high costs; promoting community integration through long-term services and supports; and supporting physical and mental health integration.”</p>
<u>National Council on Independent Living</u>	<p>“NCIL...[offers] a national policy platform that advocates for the human and civil rights of all individuals...NCIL [assists] member [Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs)] in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change.”</p>
<u>National Association of Area Agencies on Aging (n4a) Area Agencies on Aging Survey 2014</u>	<p>“With a grant from the U.S. Administration for Community Living (ACL), n4a partnered with Scripps Gerontology Center of Excellence to learn how AAAs are adapting, enhancing and expanding their operations and services to meet the current and future needs of their communities. In July 2013, a web-based survey was distributed to the 613 AAAs that could be contacted via e-mail. Data collection concluded in September 2013, with 63 percent (n=391) of AAAs responding. [...] The survey sought to learn more about AAAs’ involvement in the following:</p> <ul style="list-style-type: none"> ▪ Transition and diversion services to return and maintain individuals in the community ▪ Medicaid managed care ▪ Integrated care ▪ Sustainability strategies and business development.”
<u>Open Minds</u>	<p>“For over 30 years, [Open Minds] has covered the news, trends, metrics, regulatory changes, and thought leaders shaping the sectors of the health and human service field that affect consumers with chronic conditions and complex support needs.”</p>
<u>Preliminary Data from The National Process Evaluation of the ADRC Program (IMPAQ International)</u>	<p>“[The National ADRC Evaluation’s] primary goals [were] to assess ADRCs’ overall effect on LTSS accessibility, evaluate whether or not they are fulfilling their mission, and identify lessons learned to inform enhancements to the ADRC/NWD model.”</p>
<u>University of Colorado: State of the States in Intellectual and Developmental Disabilities</u>	<p>“[This resource includes] nationwide longitudinal financial and programmatic trends on intellectual and developmental disabilities services...[and] financial and programmatic data for mental health, physical and sensory disabilities, and intellectual and developmental disabilities.”</p>

Examples of State NWD Evaluations, Fact Sheets, Reports

Data Source	Summary
<p><u>ADRC Enhanced Options Counseling: Working with Private Pay Customers</u></p>	<p>Analytic Insight conducted a study examining private pay ADRC customers' needs, satisfaction with options counseling, and best practices for providing options counseling.</p>
<p><u>ADRC of Oregon: Fact Sheet</u></p>	<p>This fact sheet includes key satisfaction data and outcomes reported in a 2014 survey by individuals accessing Oregon's ADRC.</p>
<p><u>Compelling Reason: Social Return on Investment: The Business Case for Oregon's ADRC</u></p>	<p>This brief describes the social return on investment (SROI) of Oregon's ADRC, calculated by Compelling Reason. The analyses were conducted from September 2017 – May 2018 and assessed the costs and benefits of ADRC services.</p>
<p><u>Florida's ADRC 2017 Legislative Priorities</u></p>	<p>This document provides an overview of legislative priorities for ADRCs in Florida, and includes justification, return on investment, and roles and responsibilities for the priorities put forth.</p>
<p><u>Nebraska's ADRC Pilot: Final Evaluation Report</u></p>	<p>HCBS Strategies, Inc. conducted an evaluation of three Nebraska ADRC pilot sites, examining ADRC program operations and performing data analysis. The report includes the results of process and outcome data, as well as samples of I&R survey results.</p>
<p><u>Wisconsin ADRC Consumer Satisfaction Report: 2008-2015</u></p>	<p>Analytic Insight developed this report, presenting "the results of the 2015 customer satisfaction study conducted for the Wisconsin Department of Health Services Aging and Disability Resource Centers (ADRCs). The goals of this evaluation are to track customer satisfaction results over time, including the 2008 and 2010 studies, to refine and improve measures of quality customer service used in those studies, to evaluate the strengths and weaknesses of ADRCs, both individually and collectively, and to identify ADRC characteristics and options counseling methods that are related to customer satisfaction and other positive outcomes."</p>

Impact of the NWD System: Personal Stories

Data Source	Summary
<u>Spotlights: Real-Life Stories of the Impact of the NWD System</u>	On this website, ACL shares personal stories demonstrating the impact of the NWD System through individuals' experiences.