

**Transforming State Long-Term Services and Supports (LTSS)
Access Programs and Functions into
A No Wrong Door System for All Populations and All Payers
HHS-2014-ACL-CDAP-DR-0080
Frequently Asked Questions**

Who are the three lead federal agencies for this funding opportunity?

The U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration (VHA). The ACL/CMS/VHA vision is that each state will have a single statewide No Wrong Door (NWD) System to LTSS for all populations and all payers with the functionality and capacity described in this Funding Opportunity Announcement (FOA). Under this FOA, "all populations" means, everyone regardless of a person's age, income or disability and "all payers" means any state administered program that provides access to LTSS for the populations that will be served by the NWD System.

What is the purpose of the grant?

The purpose of this grant is to support the state's preparation for the creation, implementation and governance of a No Wrong Door (NWD) System for all payers and all populations. A NWD system makes it easier for people of all ages, disabilities and income levels to learn about and access the services and supports they need. The NWD System provides states with a vehicle for better coordinating and integrating the multiple access points associated with their various state administered programs that pay for LTSS. Specifically, the funds available under this FOA are to support a state-led 12-month planning process to identify the key actions the state will need to take to move forward with the development and implementation of a NWD System that has the functional and operational capacity described in this FOA.

Which are the key agencies that must be included in the planning process?

At a minimum, the following state agencies must be involved as full partners in co-leading this planning process: the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals needing mental/behavioral health services.

Who are additional stakeholders that must be part of planning process?

The planning process must involve meaningful input from key stakeholders including consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities. States must make every effort to meaningfully include persons who use LTSS in all aspects of the planning process. States may also involve other state agencies in the planning process.

What are the key functions of a NWD System?

The NWD System functions include:

- **Public Outreach and Coordination with Key Referral Sources;**
- **Person Centered Counseling;**
- **Streamlined Access to Public LTSS Programs; and,**
- **State Governance and Administration.**

Each of these functions are described within the FOA and illustrated in the NWD System schematic in Appendix I which can be found on the ACL website at:

http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

What is the total funding and estimated number of awards?

The total funding to support this FOA is \$5,505,000 for an estimated 35 awards for planning grants.

Who is eligible to apply for these grants?

This is a national funding opportunity. The successful applicant for this opportunity must be a State Governmental Entity. All states and territories are eligible to apply with the exception of those states that have already received an ADRC Part A grant award which includes (CT, WI, MD, MA, OR, WA, VT and NH). Only one application can be submitted for a given state or territory.

Is there going to be a teleconference providing more information?

Yes. Following the FOA posting, the Administration for Community Living (ACL) will host an informational call for potential applicants to discuss the elements of the FOA. The informational call will be held on June 5, 2014 at 3:00 pm Eastern. The informational conference call phone number is 888-455-9730 and the participant passcode is 2780.

Are Letters of Intent required to apply?

Letters of Intent are requested but not required. Letters of Intent are helpful in planning for the application review process. Letters of intent are due by **June 10, 2014**. Letters of intents should be submitted via email to: **Joseph Lugo**. Email: joseph.lugo@acl.hhs.gov.

When are applications due?

Applications are due July 15, 2014, 11:59pm ET.

Are there responsive criteria for this funding opportunity?

Yes. Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed. The successful applicant for this opportunity must be an entity of state government whose state has not received a Part A ADRC grant (Connecticut, Maryland, Vermont, New Hampshire, Washington, Oregon, Wisconsin, and Massachusetts).

Are matching funds required for this funding opportunity?

No.

When will the funds be awarded?

Funds will be awarded no later than September 1, 2014.

Where can the full funding opportunity be located?

The full funding opportunity as well as all the appendices can be found on ACL website located at http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

Do states have to apply and be awarded a planning grant under this opportunity in order to apply for any future NWD funding?

It would depend on the type of "future NWD funding." For example, states do not have to be awarded a grant to apply for any future NWD funding in a new, full and open competition. However, it is important to note, ACL/CMS have issued a number of "Competitive Continuations" for previous ADRC/NWD funding opportunities since the inception of the program. By definition, in a "Competitive Continuation" only those entities/states with an active grant would be eligible to apply in these situations.

What is the maximum award size per state? Is that firm or is there flexibility?

Final awards will be dependent on the number of applicants received and awards given. However, the following parameters will be used in determining final amounts.

- Award Ceiling: \$185,000 Per Budget Period
- Award Floor: \$155,000 Per Budget Period
- Average Projected Award Amount: \$170,000 Per Budget Period
- 12-month project and budget period

What is the timing of the release and implementation of the NWD Management Tool?

In terms of timing, the full web based version of the NWD System Management Tool will be completed by mid-to late 2015. However, a working version that states will be able to use and test will be available within the first six months of the new award.

What is the purpose and capabilities of the NWD Management Tool?

The purpose of the tool is to provide the lead state agencies a resource that they can use within their state to help create a baseline on their current NWD System infrastructure. For example, what state and local organizations are part of the NWD System or could potentially be part of the NWD system, what functions are being performed, what is the capacity and demand for person centered counseling across the state, are all populations are being served within our NWD System, etc. The goal is to provide the state with a tool that could address some of these questions. We are currently testing the tool with the Part A states. We envision once the pilot tool is complete, we would demonstrate via a webinar to new grantees and then ask if any states would like to volunteer and participate in completing the tool.

Does each person have to have goals in every quality of life domain listed in the FOA?

No. The goals are to be determined by the person during the PCC process. The purpose of listing quality of life domains is to illustrate that goals must not be limited in any way based on any particular program, predetermined set of services and supports, or other system or agency boundaries. Person centered goals often challenge established boundaries between systems creating the impetus for collaboration across traditional service silos. For instance, someone may have a goal to gain competitive employment, but there is no established service or support available to formally assist the person in meeting the goal. This must not result in the rejection of the goal from the plan. Instead, the lack of formal services to support the person in meeting a goal suggests two pathways that should be followed concurrently: (1) Developing creative, informal methods to achieve the goal (e.g. exploring natural supports, not-traditional community partners, etc.); and (2) Recording the lack of necessary supports and services as a gap in the community (or State) that feed into larger needs assessments.

The section on the “Intersection of the NWD System Person-Centered Counseling and Streamlined Access to Public Programs” seems to imply that a full person centered planning process must be completed prior to conducting a functional assessment. Please clarify.

The intent of the discussion in the FOA on the relationship between person centered counseling and functional assessments is that they each need to maintain their integrity. It is not necessary to perform these functions in sequence. It is, however, important to recognize that each process is designed to serve different but complementary purposes. Functional assessments, with their focus on the limitations of people, tend to be designed to determine service need in an objective and defensible way. PCC is designed to focus on the goals, dreams and desires of the person and is more subjective. However, information from each process is generally mutually supportive. For instance, for people with significant disabilities, the PCC process often includes a longitudinal focus with information obtained over a longer period of time and from the person and others who know him or her well. This is potentially valuable

information that should be used for a more complete functional assessment process, which tends to be shorter in duration. Likewise, information from a fully realized functional assessment (such as limitations and service or program authorizations) should be used in the PCC process

What is the relationship between the person centered planning requirements in Appendix V and the development of a person centered plan section in the PCC function?

The PCC person centered plan must comply with the person centered requirements in Appendix V.

Section 441.725(b) of the person centered planning requirements in Appendix V state that “any modifications... must be supported by a specific assessed need and justified in the person-centered service plan.” Please elaborate on what this means.

The referenced section of the person centered planning requirements refers to situations where there are service and support needs that potentially conflict with a person’s ability to live safely in the community. For instance, dementia may restrict the ability of a person to go for unaccompanied walks outdoors. The development of person centered plan must fully address this issue with a high degree focus on maintaining the least restrictive approach to meeting the goal (going for a walk) while explicitly following the steps as articulated in section 441.725(b)(i)-(viii) (Appendix V).

There are many different names for the functions outlined in the PCC section and Appendix V. These include person-centered planning, recovery planning, consumer-directed planning and others. What are the differences between these?

We are working under the assumption that there are no substantive differences between the various labels mentioned in the question. Appendix V is the result of several rounds of the public rule making process. As such, it is the most comprehensive statement yet developed on the topic. We believe that the principles and standards elucidated in Appendix V are specific enough to provide grantees with the parameters within which to operate the NWD PCC functions, yet flexible enough to allow necessary variations due to levels of functional need, population specific needs (such as mental health recovery), variations in specific methodologies, and financing mechanisms.

Will the Person Centered Counseling Training Program being developed with the ADRC Part A states be available for States under this solicitation? If so how much will it cost?

The PCC Training Program is currently under development and will be available to all States when complete. Costs for the online delivery of the training program have not yet been determined. However, the content of the training program is open-source and would be available for free to all states.

Will there be a credentialing or certification requirement for person centered counseling?

ACL is in the process of exploring the potential for a credentialing program for person centered counseling. More details of the program will be released when available.

What are the key Project Narrative questions that applicants should focus on?

Applicants should submit their application based on the following key sections and questions below:

Summary/Abstract

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

Problem Statement

The Problem Statement should describe the gaps between the way the state's current LTSS access functions are structured and operate compared to those in NWD System as described in this FOA. This section of the application should focus on a detailed description of the major challenges the state will face in implementing two NWD System Functions: (1) Person Centered Counseling (PCC) and Streamlined Access to Public Programs. For the Person Centered Counseling function, the problem statement must describe the major challenges, including infrastructure, workforce development and financing challenges, the state will face in developing and fully implementing the NWD System PCC function as described in this FOA. (2) For the Streamline Access to Public Programs function, the problem statement must describe the major challenges, including the major administrative, regulatory and financing challenges the state will face in developing and fully implementing the NWD System Streamlined Access to Public Program function as described in this FOA. The problem statement should also describe the difficulties older adults, individuals with physical disabilities and individuals with intellectual and/or developmental disabilities currently face in understanding and accessing the LTSS options that are available to them, and how implementation of a NWD System as described in this FOA will benefit those population as well as the state.

Goals and Objectives

This section should consist of a description of the state-specific project's goal(s) and major objectives for this planning grant. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

Proposed Intervention

In addition, this section must describe in detail the 12-month planning process the State will undertake to develop a 3-Year Plan that includes a detailed strategy, work plan and budget the state will use, pending the availability of additional federal support, to begin transforming the multiple LTSS access points that are performed across the various state administered programs that provide LTSS into a single NWD System as described in this FOA. This section must name the state agencies that will serve as full partners in co-leading the 12 month planning process, describe the roles and responsibilities they will carry out under the process, and identify the names and titles of the senior staff in each of these agencies who will be working together as full partners to implement this 12-month planning process. The state agencies that will serve as full partners in co-leading this planning process must include, at a minimum, the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals who need mental/behavioral health services. This section should also name any other state agencies that will be involved in the planning process and their role in the process.

This section should also describe the process and methodologies the state will deploy to carry out the 12 month planning project, including the methods and analytical techniques it will use to further analyze and better document the current status of its access points, and the major challenges and opportunities it will face in implementing a NWD System as described in this FOA, particularly for the functions of Person Centered Counseling and Streamlined Access to Public Programs. This section should provide examples of the types of strategies and tactics it will explore during the 12-month planning process that the state could take over the next 3 years to implement a NWD System. This section should also document the state's readiness to move forward with the development of a NWD System as described in this FOA, including evidence of its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative funds, to implement a NWD System. For states participating in both the ADRC and Balancing Incentive Program (BIP), this

section must document a commitment by the state to use the 12-month planning process to identify how it will fully integrate its ADRC and Balancing Incentive Program activities and functions into a single NWD System for all payers and all populations needing LTSS.

Special Target Populations and Organizations

This section should describe the input process the applicant will use to meaningfully involve key stakeholders in all aspects of the planning process. The key stakeholders that must be involved in the planning process include consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities.

Outcomes

The outcome to be described in this section will be the 3 Year Plan for the implementation and governance of a NWD System for LTSS that will be produced through the 12-month planning process. The applicant should also include in this section a description of the potential benefits moving to a NWD System will have on the state's citizens, on state administrative efficiency and on state costs.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Evaluation

This section should describe a "process evaluation" the state will use to measure its progress in implementing its proposed 12-month planning process including how it plans to document "lessons learned" from the process.

Dissemination

This section should note that the prime method of dissemination will be to submit the 3-year plan document along with a description of the major lessons learned during the 12-month planning process to ACL. ACL and its federal partners will manage the dissemination of the findings and lessons learned in a way that combines the final products from all of the grantee states. The state should indicate that state staff will be available to present on its experiences and on its 3 year plan at national meetings and conferences.

Organizational Capacity Statement

This section should describe the combined capacity of the multiple state agencies that will work together as full partners in co-leading the 12-month planning process, and any special roles and responsibilities any of these agencies will carry out as part of the planning process. Include the resumes of the project lead, key senior staff from each of the co-lead agencies who will be working on the project. This section should also identify the state agency that will serve as the grantee for the state under this FOA and provide a brief description of that agency's capabilities to manage the grant funds.

Questions & Answers from the Informational Call held on June 5, 2014.

Much of what we're doing with our BIP plan is to focus on the No Wrong Door System. And we're just struggling since we're in the first year of that grant. What we would do with these funds to take it a little bit beyond what we're doing with BIP so that we're not duplicating efforts since we're already starting that whole process.

Being a Balancing Incentive Program grantee does not mean you can't be part of this grant opportunity. The only entities who aren't able to apply are the original eight states from the 2012 grant. So you're not precluded from applying. If you look hard at the applications they are similar in thinking and theory but there are some slight differences in some of the deliverables. But really the thinking is that this helps you take it a little bit further in planning to make it all - for all payers and all populations which moves beyond what just the Medicaid Balancing Incentive Program Grant requires. But will just give you another opportunity to help you move everything forward as a state and take advantage of the lessons learned from the original Part A grantees for the 2012 grant opportunity and also some of the tools available from both programs.

Will there be access to technical assistance and will we have any access to the Part A grantees and the BIP Technical Assistance and Learning?

Yes, you will have access to TA through both agencies. You will be receiving technical assistance as well as have access to everything that's been shared with the part A states.

Is there any guidance around CMS's current commitment to provide admin match on options counseling to non-Medicaid individuals?

That's one of the things that we're working with CMS on the Claiming Guide. We have a draft. We're working with CMS on the language. We're making sure it matches and aligns with the schematic that we walked through. And we'll share all that information with you if you happen to apply and are awarded.

Are there any restrictions about entities who can provide the person-centered counseling or Assessment functions? If we are exploring different models related to ACOs will ACOs be authorized to provide these functions?

There's no restrictions in terms of the vision of what we laid out. These decisions will rest with the state and the governing body that is established within the state. The governing body would make those decisions. But from our perspective there would be no restrictions.

We anticipate that the long range measurable outcomes will probably need to be refined a bit through the planning process itself. Will there be an opportunity to revise the outcomes that we propose in the application?

Yes, there would be.

In the application, should states also provide information on how/what they are asking for to spend their grant money on and it does not duplicate what they're using grant funds?

We would want to see how their activities would be coordinating with existing activities. Keeping with the spirit of (previous) grant announcements we would not want to see these funds being used to duplicate previous efforts. So we'd like to see how the coordination would occur. Also, we want states to leverage other grant opportunities and be able to see from applications how you're building upon with this new opportunity with other grant opportunities that exist in the state.

Is there any requirements for how much money needs to be toward any one thing like training individuals to (build up) person-centered planning or the state just provides the rationale on how they're going to use the grant funds?

The focus of this effort is a planning grant, a planning effort with the state agencies working together. So we wouldn't have specifications in terms of how those dollars were spent. That would be the state presenting that information to us through their work plan.