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Executive Summary

Idaho’s Aging and Disability Resource Center (ADRC) provides Idahoans the opportunity to access an array of public and private long-term care services and supports (LTSS), through single access points. LTSS information can be accessed through Idaho 211 Careline, Senior Health Insurance Benefits Advisors (SHIBA), Area Agencies on Aging (AAA’s), Centers for Independent Living (CIL’s) and the Live Better Idaho website.

In 2014, the Administration for Community Living (ACL), in collaboration with Centers for Medicare and Medicaid Services (CMS) and the Veterans Health Administration (VHA), awarded the Idaho Commission on Aging (ICOA) a planning grant to develop and implement a single statewide No Wrong Door System (NWD System). Key functions of the NWD System are Governance and Administration, Public Outreach and Links to Key Referral Sources, Person Centered Counseling and Streamlined Access to Public Programs. The intent is to make it easier for people of all ages, abilities and income levels to learn about and access the services they may need.

NWD STAKEHOLDER ENGAGEMENT

Numerous Idaho organizations that work in aging, disability, health, behavioral health, advocacy and more participated in the NWD strategic planning process.

Stakeholder engagement featured the following activities:

- Participating in the statewide LTSS needs assessment
- Developing the NWD mission and vision
- Providing feedback on the marketing plan and materials
- Participating in workshops of the full stakeholder group to inform and review plan material
• Participating in subcommittees to develop action plans for each of the functional planning elements:
  - Governance and Administration
  - Public Outreach and Links to Key Referral Sources
  - Person Centered Counseling
  - Streamlined Access to Public Programs

• Reviewing content of the draft plan
• Participating in a final meeting of the full stakeholder group to review the draft, approve content, and ratify the final product

**NWD NEEDS ASSESSMENT FINDINGS AND OPPORTUNITIES**

ICOA conducted a NWD Needs Assessment to identify the strengths, weaknesses and barriers in the aging and disability network in Idaho. The Assessment identified potential solutions to implement a NWD long-term care information and referral system. The Assessment was utilized during stakeholder meetings to develop the NWD goals and activities.

Idaho’s needs assessment process featured the following two components:

• Feedback from twenty-six agency directors and managers working in the existing ADRC system and their partner organizations
• 12,963 paper surveys were distributed at senior centers and at the centers for independent living. 2,605 completed surveys were then collected from caregivers, seniors 60 and older and people with a disability under the age of 60.

The following key findings emerged:

• There is no shortage of LTSS information.
• Senior Centers are important to many elderly Idahoans.
• Organizations operate in silos.
• ADRC is an unfinished product.
• The pressure on the long-term care system will continue to grow.
• Change is happening and presents opportunities.
• Streamlining access to care requires collaboration and innovation.
• Technology is an important resource in the LTSS arena.
• Family caregivers must be included.
• Public outreach is important to agencies and organizations.
• People are open and interested.

**PURSUING IDAHO’S NWD SYSTEM**

Idaho’s stakeholders are committed to strengthening the LTSS single access points by coordinating LTSS referrals through the Idaho 211 Careline, SHIBA, AAA’s, CIL’s and the Live Better Idaho website. Person Centered Counseling (PCC) will be provided through programs
such as Idaho Home Choice, CIL’s, Veterans Home and Community Based Services, Medicaid and Older Americans Act (OAA) services. The ICOA and its partners will pursue additional grant opportunities and state and local funding as available to fully implement a NWD System.

THE NWD STRUCTURE

The NWD Collaborative will be established to oversee and direct Idaho’s NWD System. The NWD Collaborative features a NWD Leadership Committee, which functions as a governing body for the group, and four NWD Subcommittees, responsible for implementing the functional components of the plan.

The NWD Leadership Committee will be composed of the following members:

- Idaho Commission on Aging, also functioning as the lead agency
- Idaho Council on Developmental Disabilities
- State Independent Living Council
- Division of Medicaid
- Division of Public Health
- Division of Behavioral Health

NWD Collaborative subcommittees are designed to implement the following NWD functions. The subcommittees will be composed of one NWD Leadership Committee member and other key stakeholders to implement the goals and activities.

- Public Outreach and Links to Key Referral Sources
- Person Centered Counseling
- Streamlined Access to Public Programs
- Quality Assurance

MISSION

The Mission of the Idaho NWD System is to empower people to make long-term care decisions by providing reliable resource information and person centered counseling through a network of community organizations.

VISION

The Vision for the NWD System is to enhance resources and promote meaningful long-term care options for Idahoans.

NWD STRATEGIC PLAN GOALS

Work groups generated action plans for each functional element of the plan. The following are the NWD goals Idaho seeks to achieve:
Governance and Administration

Goal #1
• Formalize the NWD Collaborative and partnership structure by establishing by-laws and MOU’s.

Goal #2
• Establish and implement a data-informed quality assurance reporting program to quantify the cost-benefit of the program.

Goal #3
• Utilize quality assurance reports to target communities and encourage policy development to meet desired outcomes for the target audience.

Goal #4
• Secure sustainable funding to implement the NWD Strategic Plan strategies.

Public Outreach and Links to Long-Term Care Resources

Goal #1
• Integrate NWD with existing networks and activities.

Goal #2
• Provide consistent messaging among partners and communities.

Goal #3
• Launch a fully functioning website equipped with a system-wide referral tool.
Streamlined Access to Public Programs

Goal #1
- Go live with a robust Guided Resource Tool providing assessment, eligibility and referral services.

Person Centered Counseling

Goal #1
- Train the current aging and disability workforce to incorporate the NWD PCC model and increase the knowledge of working with a variety of different populations.

Goal #2
- Identify the cost benefits for the consumer, the provider, and the payer to prevent higher level institutional care placement, and present this to decision-makers.

Goal #3
- Establish performance indicators to measure the NWD designated agencies’ and the Person Centered Counselors’ effectiveness to provide LTSS access, including the individual’s opportunity to make informed choices.
BACKGROUND

Long-term services and supports (LTSS) are essential resources that enable people to live independently in the setting of their choice. Older adults and people with disabilities may need assistance with cleaning, cooking, bathing, transportation, taking medications and dressing, but the services available to help achieve these tasks are difficult to locate and access.

While a variety of different services and supports may be available in our state and our communities, finding them and connecting with them can be challenging and frustrating. The problem is compounded by the fact that services are offered by different service providers and feature different eligibility requirements.

The American Community Survey (ACS) reports that in 2014, Idaho’s population of 1,599,464 people included approximately 212,729 people over age 65, and 102,479 people ages 18-64 with a disability (https://www.census.gov/programs-surveys/acs/). In total, 315,208 individuals have or may have a need for services that effectively enable their independence and minimize the cost of care. This number represents approximately 20 percent of Idaho’s total population.

In addition, more than 300,000-one (1) out of every four (4) adults in Idaho-assume critical, ongoing care responsibilities for aging parents, siblings, spouses, children or grandchildren with physical or emotional disabilities or chronic illnesses.
As the population grows, the demand for referrals and services will increase. Optimizing our system is essential to connecting individuals to appropriate and effective services that will enable Idahoans to live productively and safely at home and in their communities.

Currently, Idaho’s Aging and Disability Resource Center (ADRC) provides Idahoans the opportunity to access an array of public and private long-term care services and supports through single access points. LTSS information can be accessed through the Idaho 211 Careline, Senior Health Insurance Benefits Advisors (SHIBA), Area Agencies on Aging (AAA’s), Centers for Independent Living (CIL’s) and the Live Better Idaho website.

In 2014, the Administration for Community Living (ACL), in collaboration with Centers for Medicare and Medicaid Services (CMS) and the Veterans Health Administration (VHA), awarded the Idaho Commission on Aging (ICOA) a planning grant to develop and implement a single statewide No Wrong Door System (NWD System). The intent is to make it easier for people of all ages, abilities and income levels to learn about and access the services they may need.

Idaho’s No Wrong Door Strategic Plan (NWD Strategic Plan) is the result of that effort. Starting with a comprehensive assessment of the current system, stakeholder engagement throughout the process, and critical conversations about levels of commitment, authority, funding, privacy and implementation, this NWD Strategic Plan presents the collective vision of Idaho stakeholders to build the NWD System.

Stakeholders are particularly enthusiastic about the opportunity this plan affords Idaho. Stakeholders intend to implement the plan within the limitations of available resources. Idaho will continue to seek additional grant funding to provide for full implementation of the NWD Strategic Plan.

**NWD STAKEHOLDER ENGAGEMENT**

From the development of the grant application through the production of this plan, a diverse range of stakeholders across the state have been engaged in assessing, discussing, informing, studying, problem-solving, guiding, collaborating and generating a consensus around this effort. Table 1 (below) identifies the key stakeholders required by the grant and the Idaho organizations that participated in the NWD planning process.
The first stakeholder engagement meeting was conducted on December 9, 2014, at the Idaho Department of Health and Welfare (IDHW) Division of Medicaid office. That meeting featured an orientation to the grant requirements and timeline, a review and confirmation of the draft mission and vision, and a discussion about how to meaningfully engage stakeholders.

The group identified the following strategies to provide for continuous engagement and feedback:

- Participate in the statewide NWD assessment
- Integrate a Continuous Quality Improvement (CQI) process into the Idaho NWD Strategic Plan to measure stakeholder and consumer experiences

### Table 1

<table>
<thead>
<tr>
<th>ACL Required Stakeholders</th>
<th>Idaho Participating Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adults</td>
<td>Idaho Commission on Aging and Area Agencies on Aging I, II, III, IV, V and VI</td>
</tr>
<tr>
<td>Individuals with disabilities across the lifespan</td>
<td>State Independent Living Council, Living Independent Network Corporation, Disability Action Center, and Living Independently for Everyone</td>
</tr>
<tr>
<td>Advocates</td>
<td>Idaho Legal Aid Services</td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>Area Agencies on Aging I, II, III, IV, V and VI</td>
</tr>
<tr>
<td>Centers for Independent Living</td>
<td>Living Independent Network Corporation, Disability Action Center, and Living Independently for Everyone</td>
</tr>
<tr>
<td>Local Medicaid agencies</td>
<td>Department of Health and Welfare Division of Medicaid</td>
</tr>
<tr>
<td>Local organizations that serve or represent the interests of individuals with physical disabilities</td>
<td>State Independent Living Council, Living Independent Network Corporation, Disability Action Center, and Living Independently for Everyone</td>
</tr>
<tr>
<td>Local organizations that serve or represent the interests of individuals with intellectual and developmental disabilities</td>
<td>State Independent Living Council and Idaho Council on Developmental Disabilities</td>
</tr>
<tr>
<td>Local organizations that serve or represent the interests of individuals with mental/behavioral health needs</td>
<td>Department of Health and Welfare Division of Behavioral Health</td>
</tr>
<tr>
<td>Veterans Service Organizations</td>
<td>Idaho State Veterans Medical Center</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Living Independent Network Corporation, Disability Action Center, and Living Independently for Everyone</td>
</tr>
<tr>
<td>Other relevant public and private entities</td>
<td>AARP Idaho, Senior Health Insurance Benefits Advisors, and Boise State University</td>
</tr>
</tbody>
</table>
• Convene a full NWD Stakeholder Group where all stakeholders come together at key points in the planning process
•Establish Stakeholder Work Groups to draft the goals and strategies for the functional elements of the plan and to identify metrics by which to measure progress and performance

Meetings of the Full NWD Stakeholder Group occurred early in the process to guide work groups’ development of the four NWD components and ratify the draft NWD Strategic Plan. The following image lists the stakeholders that participated on each work group. Each work group met several times to generate the desired outcomes, goals and activities.

Governance and Administration
• IDHW Division of Behavioral Health
• IDHW Division of Medicaid
• IDHW Division of Public Health
• Idaho Commission on Aging
• Idaho Council on Developmental Disabilities
• State Independent Living Council

Public Outreach and Links to Key Referral Sources
• AARP Idaho
• Area Agency on Aging II, North Central Community Action Partnership
• Area Agency on Aging IV, College of Southern Idaho Office on Aging
• Area Agency on Aging V, Southeast Idaho Council of Governments
• Boise VA Medical Center - Behavioral Health
• Idaho 211 Careline
• Idaho Commission on Aging
• Living Independently for Everyone
• Senior Health Insurance Benefit Advisors
NWD NEEDS ASSESSMENT

ICOA conducted a NWD Needs Assessment to identify strengths, weaknesses and barriers in the aging and disability network in Idaho. The Assessment identifies points of access and types of information provided. It also identifies potential solutions to implement a NWD long-term care information and resource system. The Assessment was an important and essential resource to the full NWD stakeholder group and specifically to the subcommittees as they developed goals and activities for the functional elements of the plan.
A complete copy of the Assessment can be found at the following link: [https://aging.idaho.gov/Documents/Final%20ADRC%20No%20Wrong%20Door%20Report.pdf](https://aging.idaho.gov/Documents/Final%20ADRC%20No%20Wrong%20Door%20Report.pdf)

Idaho’s needs assessment process featured the following two components:

- Feedback from twenty-six agency directors and managers working in the existing ADRC system and their partner organizations
- 12,963 paper surveys were distributed at senior centers and at the centers for independent living. 2,605 completed surveys were then collected from caregivers, seniors 60 and older and people with a disability under the age of 60.

The Assessment provided robust, essential information about Idaho’s current system. The Assessment also made recommendations for a number of key elements that would be important and necessary to implement a NWD System in Idaho. The Stakeholders took the Assessment recommendations and addressed them with strategies listed in the following referenced section of the NWD State Plan.
## ASSESSMENT RECOMMENDATIONS

| A clear, well organized plan of action developed by stakeholders and championed by leadership, that contains specific objectives, timelines and responsibilities | NWD Strategic Plan 2016-2019 |
| Multi-faceted, collaborative outreach efforts that utilize a wide range of strategies and methods to reach seniors and people with disabilities | NWD Communication and Marketing Plan Public Outreach Goals #1, 2 & 3 |
| Widely recognized phone number/website that people can access 24/7 and that is not limited to low-income or free provider information | Idaho Careline 211 Public Outreach Goal #3 |
| A coordinated, well maintained, comprehensive database that is sharable | Streamlined Access Goal #1 |
| A triage approach that prioritizes inquiries for level of information or supports needed and directs people to the appropriate service | Streamlined Access Goal #1 |
| Case management/care coordination navigation system for those who need that level of assistance | Person Centered Counseling Goal #1 |
| Training for care coordinators in person centered counseling to help individuals understand their options and develop a self-directed supports plan, as needed | Person Centered Counseling Goal #1 |
| Recognition of the key role of informal caregivers and development of strategies to include them in system reforms | Public Outreach Goal #1 Person Centered Counseling Goal #2 Streamlined Access Goal #1 |
| Linkages, including information sharing, among the long-term services systems and providers and the evolving primary care system at both the state and regional levels | Public Outreach Goal #1 |
| Linkages, including information sharing, between the long-term services systems and providers and the behavioral health care system, with an emphasis on dementia and Alzheimer’s care | Public Outreach Goal #1 |
| Shared oversight of and responsibility for the system by key stakeholder agencies, perhaps with administrative coordination via an independent “convener” | Governance and Administration Goal #1 |
| Methodology for continuous quality improvement that is effective and not onerous to implement | Governance and Administration Goal #3 Person Centered Counseling Goal #3 |
| Recognition that systems change requires a shared vision, common goals, and a commitment of time and resources | Governance and Administration Goal #4 |

**TABLE 2**
**NWD STRUCTURE**

**NWD Collaborative**

The NWD Collaborative refers to the full group of stakeholders who will be involved in the management and implementation of Idaho’s NWD Strategic Plan and in the development of Idaho’s NWD System. The NWD Collaborative features two essential components: the NWD Leadership Committee and NWD Subcommittees.

**NWD Leadership Committee**

The NWD Leadership Committee functions as the NWD Collaborative’s governance body. The NWD Leadership Committee will convene through a Memoranda of Understanding (MOU) that describes each organization’s commitment to the implementation of the NWD Strategic Plan. The MOU will identify stakeholders’ roles and responsibilities and corresponding supports for the NWD Lead Agency—the Idaho Commission on Aging (ICOA).

The NWD Leadership Committee will oversee and coordinate the implementation of the NWD Strategic Plan across state agencies. It is responsible for overseeing and/or conducting the following activities:

- Monitoring the implementation of the NWD Strategic Plan
- Making recommendations to entities on key aspects of the NWD System design, development, financing and ongoing administration
- Seeking out public resources to support NWD System functions
- Establishing MOU’s
- Leveraging Medicaid funds and other resources to match NWD activities

The diagram below depicts the NWD Collaborative’s organizational structure.
NWD Subcommittees

The NWD Collaborative will feature the following three subcommittees to implement the specific components of the NWD Strategic Plan:

- Public Outreach and Links to Key Referral Sources
- Person Centered Counseling
- Streamlined Access to Public Programs

There is an additional subcommittee focused exclusively on Quality Assurance (QA).

Subcommittees are responsible for implementing their respective sections of the NWD Strategic Plan, monitoring performance specific to their sections, reporting status, successes and issues to the NWD Leadership Committee, and identifying and addressing barriers to implementation. At least one NWD Leadership Committee member will participate in each subcommittee. The subcommittees will otherwise be composed of stakeholders essential to implementation and/or keenly interested in its success.

All subcommittees will inform the QA Subcommittee, which is composed of the NWD Leadership Committee members. External QA organizations will also be encouraged as resources allow.

NWD STRATEGIC PLAN GOALS AND ACTION ITEMS

In generating Idaho’s NWD Strategic Plan, Idaho stakeholders intentionally used the planning grant template and Idaho’s NWD Needs Assessment to inform their discussion. The NWD Strategic Plan includes goals and activities, as well as initiatives to develop metrics to gauge the effectiveness of the system and how the system impacts users’ lives.

It is important to note that many elements within all functions are inextricably linked, and that some efforts, such as plan performance, have a direct relationship between functional area metrics, performance measurements, and effective plan implementation.

The NWD Strategic Plan goals and implementation activities follow and are categorized by the following NWD functions: Governance and Administration, Public Outreach and Links to Key Referrals, Person Centered Counseling, and Streamlined Access to Public Programs. The comprehensive version of the goals, actions and schedule reflected below is included as Attachment A.
Idaho’s NWD Collaborative features:

- A NWD Leadership Committee to oversee implementation and serve as the hub for coordination and collaboration on the macro scale.
- A series of subcommittees to implement, monitor and report on the progress of the functional elements of the plan.

Collectively the NWD will gather its respective metrics to inform plan performance, leveraging successes and making adjustments as appropriate.

Goal #1 - Structure

Formalize the NWD Collaborative and partnership structure by establishing by-laws and MOU’s.

Implementation Activities:

- Confirm the name of the NWD Collaborative
- Secure the commitment of the Lead Agency
- Complete an MOU among all members of the NWD Leadership Committee
- Generate by-laws, describing how the group functions and articulating subcommittee structure and membership
- Generate subcommittee charters
- Establish MOU’s between AAA’s and CIL’s (information sharing, communication, confidentiality)
- Establish an electronic communication tool to facilitate timely information-sharing among the members of the Collaborative
- Conduct quarterly meetings to implement plan

Goal #2 - Plan Performance

Establish and implement a data-informed quality assurance reporting program to quantify the cost-benefit of the program.

Implementation Activities:

- Generate desired outcomes for target populations and link to performance measures
- Identify where and how to collect data by partners to inform desired outcomes
- Refine existing data collection among partners
- Collect baseline data
- Generate performance measures
- Conduct regular data collection
- Produce annual reports
Goal #3 - Quality Assurance

Utilize quality assurance reports to target communities and encourage policy development to meet desired outcomes for the target audience.

Implementation Activities:

• Develop policies based on quality assurance reports
• Establish an outreach plan to present quality assurance reports and results to leadership and/or the state legislature

Goal #4 - Sustainability

Secure sustainable funding to implement the NWD Strategic Plan strategies.

Implementation Activities:

• Pursue grants
• Pursue private funding sources
• Pursue state funding
Idaho’s NWD System warrants a public outreach program that efficiently and effectively refers individuals to appropriate services featuring the following characteristics:

- The shared responsibility of existing and potential partners as appropriate to their respective roles and missions and integral to their existing activities. Participating organizations present a unified, consistent message and provide efficient, effective and meaningful services.
- Person and family centered and accessible, using warm, friendly, clear, respectful language that is culturally sensitive and responds to multiple languages.
- An effective and accessible array of outreach and education strategies, innovative and traditional, to most effectively and measurably resonate with a wide variety of audiences.

**Goal #1**

Integrate NWD with existing networks and activities.

Implementation Activities:

- Intersect with the Live Better Website
- Integrate NWD in AAA’s and CIL’s
- Intersect with efforts of Regional Collaboratives
- Integrate with Patient Centered Medical Homes
- Integrate with Idaho Caregiver Alliance
- Identify additional opportunities to integrate with caregivers, providers and clients

**Goal #2**

Provide consistent messaging among partners and communities.

Implementation Activities:

- Establish a shared outreach process and responsibility among the partnership community
- Identify all outreach partners and secure their commitment
- Establish a shared message and education process to support individual outreach efforts
- Translate NWD information into Spanish and collaborate with stakeholders to conduct outreach to limited English speakers
- Collaborate with NWD stakeholders and identify best methods to distribute NWD LTSS information to the Native American population
Goal #3

Launch a fully functioning website equipped with a system-wide referral tool.

Implementation Activities:

- Identify a funding source to build a basic website to facilitate effective access to programs
- Identify where the website will be housed and who will be responsible for maintaining it
- Expand the website to be fully functioning in compliance with Federal Acquisition Regulation Section 503 Standards
- Address funding issues by identifying cost/prevention/benefit aspects of the system
- Secure a permanent funding source for building and maintaining the website
- Hire and retain IT support to create a shared application that addresses public system firewalls, new technology and current platforms (Windows/Mac)
- Identify website content (for example, assessment questions, website tools, participating organizations)
- Launch the web-based system with referral information to agency applications
- Implement the NWD Marketing Plan to connect people to the website
- Enhance the website to 1) determine basic eligibility based on logic and distribute to agencies, and 2) provide relevant referrals to other federal partners

In one very small rural southern Idaho community, one couple lived in their house together for 47 years. She was the caregiver. She became ill and needed extensive surgeries and care. During her four-month recuperation in one rehabilitation facility, he was admitted into another to receive the care he needed. They had no children to care for them.

They wanted to go home together, but she could not provide the same level of support she did prior to her illness and surgeries. Through a family contact to the AAA/ADRC, Home Delivered Meals and Homemaker Services were provided to them, allowing them to move back together and live their lives again in their own home.
Idaho’s NWD System will consistently provide accurate information, resources and guidance that is individually responsive. The NWD System offers the expertise of Person Centered Counselors (PCCs), available across the variety of local entry points, to older adults and persons with disabilities.

Through the use of person centered counseling, the NWD System empowers individuals to make informed choices about their long-term service and support options consistent with their personal goals, and to successfully navigate the various organizations, agencies, and other resources that provide services in their communities.

**Goal #1**

Train the current aging and disability workforce to incorporate the NWD PCC model and increase the knowledge of working with a variety of different populations.

Implementation Activities:

- Establish basic PCC terminology based on the ACL core competencies
- Attend and evaluate national PCC curriculum training and identify a potential curriculum to adopt in Idaho
- Receive stakeholder input on Idaho’s NWD PCC curriculum
- Identify consumer PCC gaps in the LTSS system and develop specialized training
- Identify talking points and recruit agencies to incorporate NWD PCC curriculum within their existing processes
- Create visuals to recruit agencies and present the benefits to providing PCC
- Provide NWD PCC training to participating agencies
- Continue to develop the PCC system

**Goal #2**

Identify the cost benefits for the consumer, the provider, and the payer to prevent higher level institutional care placement, and present this to decision-makers.

Implementation Activities:

- Facilitate discussions with the NWD PCC Subcommittee and identify cost/benefit areas
- Identify data systems to initiate data collection and analyze cost benefit areas
- Include the LTSS institutional cost savings to supporting caregivers
- Develop cost benefit plan and identify venue to present to decision makers
- Present to decision makers to solicit funding for PCC
- Secure funding
Goal #3

Establish performance indicators to measure the NWD designated agencies’ and the Person Centered Counselors’ effectiveness to provide LTSS access, including the individual’s opportunity to make informed choices.

Implementation Activities:

- Solicit input from the NWD PCC Subcommittee on specific outcomes
- Identify the source data, frequency, methods and organizations responsible to collect required PCC data
- Conduct consumer surveys to solicit consumer feedback on their PCC experience
- Establish a process to present performance indicator outcomes to the NWD Leadership Committee and make improvements on the program

A 30-year old man in southern Idaho uses a wheelchair for mobility and is nonverbal. While he had a caregiver for many years, his life situation changed with two incidents: 1) he was in a car accident, and 2) his caregiver suffered a heart attack and was no longer able to care for him.

He desperately wanted to leave the skilled nursing facility where he was staying. He wanted to live on his own, associating with people in the community and securing his optimum quality of life.

Eventually, he found himself a place to live, and with the assistance of LIFE, Inc and the resources collected in the ADRC, he was able to hire his own caregivers. For two years now he has lived alone and interacted effectively in his own community.
Idaho’s NWD System is intended to be a simple, user-friendly, accessible system that is technologically flexible. Through a common entry point, regardless of where that entry is accessed, the system will efficiently guide individuals and families, based upon their unique needs, to regionally located public resources.

The Idaho NWD System will:

- Distribute information in easy to understand plain language
- Provide multi-language translation
- Provide a single application and interview to LTSS
- Leverage technology to streamline referrals between organizations
- Link public databases to share resources and referrals
- Provide a comprehensive inventory of resources to consumers and providers
- Link organizations regionally and locally
- Collaborate with organizations to streamline referrals
- Incorporate a sustainability plan to ensure streamlined access to services continue after the grant funds end
- Streamline access to services through Person Centered Counseling

Goal #1

Go live with a robust Guided Resource Tool providing assessment, eligibility and referral services.

Implementation Activities:

- Establish a basic consumer application which can be tagged to existing systems to facilitate effective access to programs
- Add additional questions on agencies’ existing applications (which will be linked to an automated method for distributing referrals to other agencies)
- Identify programs that will link to a shared system
- Secure from partners the key questions needed to incorporate into the single application process
- Conduct focus groups of customers, providers, partners and unpaid caregivers
- Generate a formal Person Centered Counseling referral guide process based on the application process and focus group results
- Plan and generate an integrated, shared database and conduct job shadowing, cross training and mentoring
- Identify human resources to perform face-to-face Person Centered Counseling assessments and interviews
- Comply with ADA standards
OVERALL NWD PLAN PERFORMANCE

The NWD Collaborative will assess progress on the NWD goals by monitoring metrics identified for each goal. Performance metrics for each goal include NWD System and LTSS performance, as well as consumer satisfaction measures.

Given that performance in one area is typically inextricably linked to another, the NWD Collaborative QA Subcommittee will focus specifically on plan performance and performance measures. This subcommittee will evaluate, report and recommend course corrections as necessary in response to how effectively stakeholders meet metrics associated with each goal. The QA Subcommittee will also review and aggregate the status and results of quality and performance measure-specific goals in two of the different functional areas, including Governance and Administration Goal #2 and Person Centered Counseling Goal #2.

NWD COMMUNICATION AND MARKETING PLAN

ICOA contracted with Drake Cooper to utilize the NWD Vision and recommend a marketing plan and develop outreach materials. In September 2015, ICOA released the Idaho No Wrong Door Communication and Marketing Plan (NWD Marketing Plan).

The effort produced Idaho’s NWD brand and tag line, which is reflected throughout this document. It identifies audiences, messages, methods and materials for reaching throughout Idaho to provide consistent information and effective outreach about the NWD System. It also provides a unifying mantra among stakeholders who are committed to the development and implementation of the system, and who are committed to seeing individuals living their optimum quality of life.

A marketing implementation strategy featuring comprehensive outreach to audiences, including paid media, social media, and other outreach venues are on the table for implementation but contingent on future funding.

The NWD Marketing Plan recommends the following key performance measures to assess outreach and program effectiveness:

- Website traffic and other Google analytic statistics
- Calls to 211 (tracking specifically to seniors and people with disabilities questions)
- Referrals to AAA’s
- A post-launch assessment of brand awareness levels (assumes that awareness was minimal prior to launch, budget required)
- Social media statistics (Twitter followers, Facebook likes)
- Customer satisfaction survey (budget required)

With implementation, these indicators will be incorporated into the efforts of the QA Subcommittee to use to measure plan performance.
THE FUTURE

Idaho’s stakeholders and providers work hard to serve the growing number of individuals—potentially 20 percent of the state’s existing population—who have or may have a need for services that effectively enable their independence and minimize the cost of care. The Idaho ADRC was designed to eliminate silos and build a more coordinated system to meet the growing demand for LTSS services. The proposed NWD System leverages stakeholders’ efforts by implementing a structure that will formalize partnerships, improve the sharing of referrals, standardize person centered counseling and hold partners to high quality standards.

The key to care.
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Attachment A
Strategic Action Plan
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**Goal #1 - Structure:**
Formalize the NWD Collaborative and partnership structure by establishing by-laws and MOU’s.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Confirm the name of the NWD Collaborative</td>
<td>Full Stakeholder Group</td>
</tr>
<tr>
<td>b) Secure the commitment of the Lead Agency</td>
<td>Lead Agency</td>
</tr>
<tr>
<td>c) Complete an MOU among all members of the NWD</td>
<td>Leadership</td>
</tr>
<tr>
<td>d) Generate by-laws, describing how the group functions and articulating subcommittee structure and membership</td>
<td>Leadership</td>
</tr>
<tr>
<td>e) Generate subcommittee charters</td>
<td>Leadership</td>
</tr>
<tr>
<td>f) Establish MOU’s between AAA’s and CIL’s (information sharing, communication, confidentiality)</td>
<td>Leadership, AAA’s, CIL’s</td>
</tr>
<tr>
<td>g) Establish an electronic communication tool to facilitate timely information among the members of the Collaborative (including state administered programs that provide LTSS)</td>
<td>Leadership</td>
</tr>
<tr>
<td>h) Conduct quarterly meetings to implement plan</td>
<td>Leadership</td>
</tr>
</tbody>
</table>

**Goal #2 – Plan Performance:**
Establish and implement a data-informed quality assurance reporting program to quantify the cost-benefit of the program.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Committee</th>
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</thead>
<tbody>
<tr>
<td>a) Generate desired outcomes for target populations and link to performance measures</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>b) Identify where and how data to collect data by partners to inform desired outcomes</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>c) Refine existing data collection among partners</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>d) Collect baseline data</td>
<td>Quality Assurance and Leadership</td>
</tr>
<tr>
<td>e) Generate performance measures</td>
<td>Leadership</td>
</tr>
<tr>
<td>f) Conduct regular data collection</td>
<td>Quality Assurance and Leadership</td>
</tr>
<tr>
<td>g) Generate annual reports</td>
<td>Leadership, Lead Agency</td>
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</tbody>
</table>

**Goal #3 – Quality Assurance:**
Utilize quality assurance reports to target communities and encourage policy development to meet desired outcomes for the target audience.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Committee</th>
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</thead>
<tbody>
<tr>
<td>a) Develop policies based on quality assurance reports</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>b) Establish an outreach plan to present quality assurance reports and results to leadership and/or the state legislature</td>
<td>Quality Assurance</td>
</tr>
</tbody>
</table>

**Goal #4 - Sustainability:**
Secure sustainable funding to implement the NWD Strategic Plan strategies.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Committee</th>
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</thead>
<tbody>
<tr>
<td>a) Pursue grants</td>
<td>Leadership</td>
</tr>
<tr>
<td>b) Pursue private funding sources</td>
<td>Leadership</td>
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<tr>
<td>a) Pursue state funding</td>
<td>Leadership</td>
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</table>

**Potential Barriers:**

- **Goal #1:** Identifying and supporting a lead agency
- **Goal #2:** Performance Measures
- **Goal #3:** Credibility of Structure
- **Goal #4:** Structure integrity

**Metrics to Assess Progress:**

- MOU is in place that formalizes the Collaborative and articulates partner commitments
- Identify 3-5 core metrics shared by all partners
- Written support by the Governor’s select cabinet, ICOA and the Department of Health and Welfare Administrator

**Goal #1 - Structure:**
Formalize the NWD Collaborative and partnership structure by establishing by-laws and MOU’s.

**Goal #2 – Plan Performance:**
Establish and implement a data-informed quality assurance reporting program to quantify the cost-benefit of the program.

**Goal #3 – Quality Assurance:**
Utilize quality assurance reports to target communities and encourage policy development to meet desired outcomes for the target audience.

**Goal #4 - Sustainability:**
Secure sustainable funding to implement the NWD Strategic Plan strategies.
### Public Outreach & Links to Key Referral Sources

#### Goal #1: Integrate NWD with existing networks and activities.
- **Potential Barriers:** Knowing what's out there
- **Metrics to Assess Progress:** Increased number of places NWD is integrated

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<th>Action Item</th>
<th>Responsible Committee</th>
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</thead>
<tbody>
<tr>
<td>a) Intersect with the Live Better Website</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>b) Integrate NWD in AAAs and CLs</td>
<td>Public Outreach</td>
<td>X</td>
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<td>c) Intersect with efforts of Regional Collaboratives (2 per year — start with Region 3)</td>
<td>Public Outreach</td>
<td>X</td>
<td>X</td>
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<tr>
<td>d) Integrate with Patient Centered Medical Homes (3 per year)</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>e) Integrate with Idaho Caregiver Alliance</td>
<td>Public Outreach</td>
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<td>f) Identify additional opportunities to integrate (caregivers, providers, clients) and integrate with 2 per year</td>
<td>Public Outreach</td>
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#### Goal #2: Provide consistent messaging among partners and communities.
- **Potential Barriers:** Scope of project and partnerships; identifying and including everyone
- **Metric to Assess Progress:** One regular and consistent touch point for communication is in place

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</thead>
<tbody>
<tr>
<td>a) Establish a shared outreach process and responsibility among the partnership community</td>
<td>Public Outreach</td>
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<tr>
<td>b) Identify all outreach partners and secure their commitment</td>
<td>Public Outreach</td>
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<tr>
<td>c) Establish a shared message and education process to support individual outreach efforts</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>d) Translate NWD information into Spanish and collaborate with stakeholders to conduct outreach to limited English speakers</td>
<td>Lead Agency</td>
<td>X</td>
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<tr>
<td>e) Collaborate with NWD Stakeholders and identify best methods to distribute NWD LTSS information to the Native American population</td>
<td>Public Outreach</td>
<td>X</td>
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#### Goal #3: Launch a fully functioning website equipped with a system-wide referral tool.
- **Potential Barriers:** Resources to build
- **Metric to Assess Progress:** Resource identified

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<th>Action Item</th>
<th>Responsible Committee</th>
<th>1Q</th>
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</thead>
<tbody>
<tr>
<td>a) Identify a funding source to build a basic website to facilitate effective access to programs</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>b) Identify where the website will be housed and who will be responsible for maintaining it</td>
<td>Public Outreach</td>
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<td>c) Expand the website to be fully functioning in compliance with Federal Acquisition Regulation Section 503 Standards</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>d) Address funding issue by identifying cost/prevention/benefit aspects of the system</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>e) Secure a permanent funding source for building and maintaining website</td>
<td>Public Outreach</td>
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<tr>
<td>f) Hire and retain IT support to create a shared application that addresses public system firewalls, new technology and current platforms (Windows/Mac)</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>g) Identify website content (for example, assessment questions, website tools, participating organizations)</td>
<td>Public Outreach</td>
<td>X</td>
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<tr>
<td>h) Launch the web-based system with referral information to agency applications</td>
<td>Public Outreach</td>
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<tr>
<td>i) Implement the NWD Marketing Plan to connect people to the website</td>
<td>Public Outreach</td>
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<tr>
<td>j) Enhance the website to 1) determine basic eligibility based on logic and distribute to agencies, and 2) provide relevant referrals to other federal partners</td>
<td>Public Outreach</td>
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<tr>
<td>a) Establish basic PCC terminology based on the ACL core competencies</td>
<td>Person Centered Counseling</td>
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<tr>
<td>b) Attend and evaluate national PCC curriculum training and identify a</td>
<td>Lead Agency</td>
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<td>potential curriculum to adopt in Idaho</td>
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<tr>
<td>c) Receive stakeholder input on Idaho’s NWD PCC curriculum</td>
<td>Lead Agency and Stakeholders</td>
<td>X</td>
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<tr>
<td>d) Identify consumer PCC gaps in the LTSS system and develop specialized</td>
<td>Person Centered Counseling</td>
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<td>training</td>
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<tr>
<td>e) Identify talking points and recruit agencies to incorporate NWD PCC</td>
<td>Person Centered Counseling</td>
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<td>curriculum within their existing processes</td>
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<tr>
<td>f) Create visuals to recruit agencies and present the benefits to</td>
<td>Marketing Company</td>
<td>X</td>
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<td>providing PCC (include PowerPoint and Video Scribe illustration)</td>
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<tr>
<td>g) Provide NWD PCC training to participating agencies</td>
<td>Lead Agency</td>
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<tr>
<td>h) Continue to develop the PCC system</td>
<td>Lead Agency</td>
<td>X</td>
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**Goal #1:**
Train the current aging and disability workforce to incorporate the NWD PCC model and increase the knowledge of working with a variety of different populations.

**Potential Barriers:**
- Access to sustainable funding to continue PCC
- Consistently up-to-date knowledge and resources across regional, disability, age and multi-ethnic and racial populations

**Metrics to Assess Progress:**
- Meet ACL requirements for PCC
- Identify the PCC expectations, process and implementation; primary identified PCC agencies provide PCC:
- identify populations not currently receiving PCC; identify and reach out to secondary agencies serving populations not yet implemented

**Goal #2:**
Identify the cost benefits for the consumer, the provider, and the payer to prevent higher level institutional care placement, and present this to decision-makers.

**Potential Barriers:**
- Lack of uniform data collection across served populations and providers
- Access to funding to conduct cost benefit analysis

**Metric to Assess Progress:**
- Presentation to potential funders; consistent data collection in place across PCC agencies; sustainable funding identified and contract established with funder

**Goal #3:**
Establish performance indicators to measure the NWD designated agencies’ and the Person Centered Counselors’ effectiveness to provide LTSS access, including the individual’s opportunity to make informed choices.

**Potential Barriers:**
- Access across programs to multiple management information systems (MIS); consistent data collection points across PCC agencies

**Metric to Assess Progress:**
- MOU’s in place to share information across PCC service agencies; process established to track and measure PCC outcomes; participant outcomes improve (X%) annually based on consumer satisfaction surveys
Streamlined Access to Public Programs

**Goal #1:**
Go live with a robust Guided Resource Tool providing assessment, eligibility and referral services.

**Potential Barriers:**
Funding

**Metrics to Assess Progress:**
One shared application tool

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<tr>
<th>Action Item</th>
<th>Responsible Committee</th>
<th>1Q</th>
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</thead>
<tbody>
<tr>
<td>a) Establish a basic consumer application tool which can be tagged to existing systems to facilitate effective access to programs</td>
<td>Streamlined Access</td>
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<tr>
<td>b) Add additional questions on agencies' existing applications (which will be linked to an automated method for distributing referrals to other agencies)</td>
<td>Streamlined Access</td>
<td>X</td>
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<td>c) Identify programs that will link to a shared system</td>
<td>Streamlined Access</td>
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<td>d) Secure from partners the key questions needed to incorporate into the single application process</td>
<td>Streamlined Access</td>
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<tr>
<td>e) Conduct focus groups of customers, providers, partners and unpaid caregivers</td>
<td>Streamlined Access</td>
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<tr>
<td>f) Generate a formal Person Centered Counseling referral guide process based on the application process and focus group results</td>
<td>Streamlined Access</td>
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<td>g) Plan and generate an integrated, shared database and conduct job shadowing, cross training and mentoring</td>
<td>Streamlined Access</td>
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<td>h) Identify human resources to perform face-to-face Person Centered Counseling assessments and interviews</td>
<td>Streamlined Access</td>
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<tr>
<td>i) Comply with ADA standards</td>
<td>Streamlined Access</td>
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