

COMMUNITY LIVING ADVISORY COMMITTEE

Operating under the auspices of the Office of Social
Programs,
PA Department of Public Welfare

Report & Recommendations November 2003

Developed by the Issues Tracking Work Groups

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Overview

INTRODUCTION

People with disabilities have **the right to live in the most integrated setting** appropriate to meet their individual needs. Our goal is to facilitate independent living in the community – a simple premise that is the basis for home and community-based services (HCBS).

The Community Living Advisory Committee (CLAC) is charged with advising the Office of Social Programs (OSP) within the Department of Public Welfare (DPW) on home and community-based services, primarily those affecting people with physical disabilities. We would like to **extend our heartfelt thanks to Secretary Estelle Richman** for her leadership in galvanizing a **consortium of more than 100 people with disabilities and advocates** to work on the issue of enhancing independent living options in our Commonwealth and express our sincerest gratitude to Teleta Nevius, Acting Deputy Secretary of the Office of Social Programs, for her insight and guidance.

The CLAC is **pleased to submit our initial recommendations** that begin a process to make the disability programs administered by OSP more responsive to the needs of the Commonwealth's residents with disabilities.

In addition to forming issues tracking groups, the CLAC drew from the work of the Stakeholders Planning Team, PA ADAPT, and the Long-Term Care Council – as well as United Cerebral Palsy of Pennsylvania, the PA Statewide Independent Living Council, the PA Council on Independent Living, and many others. All parties should be commended for their dedication, donation of time and talents, and commitment to collaboration.

As a result of this collaborative planning effort, we offer **recommendations that address three issues impacting**

an individual's ability to live independently in the community:

- First Issue: Nursing Facility Transition. Currently there are 84,000 individuals residing in nursing facilities in Pennsylvania, and recent data released by the Centers for Medicare & Medicaid Services (CMS) indicates that 16% of all such residents want to get out. All nursing facility residents have a fundamental right to live independently in the community, have full access to supports and services, and assume the risk associated with community living.
- Second Issue: Gaps in Service. The current gaps in service provision create myriad barriers to independent living and complete integration of persons with disabilities in our Commonwealth. Bridging these gaps is critical to ensuring real independent living options for people with disabilities in Pennsylvania.
- Third Issue: No Wrong Door. People with disabilities too frequently find themselves facing closed doors – not knowing what services exist or how to access them. A wide variety of locally-based social service agencies should serve as the entry point for services, utilizing a universal application.

One of our major concerns is **decreasing the amount of time that it takes for a person with a disability to start receiving services**. For the first time, thanks to Secretary Richman, we are beginning to develop a process that will make that a reality. The **CLAC looks forward to continued collaboration** so we can complete this critical work in a timely manner.

VALUE STATEMENT

We, the CLAC and DPW, support Commonwealth residents' civil rights of life, liberty, and the pursuit of happiness – along with the right to independent living and consumer-controlled, community-based services and supports in all policies and programs by:

- 1) Providing complete information
- 2) Supporting free choice
- 3) Promoting consumer-driven problem solving
- 4) Upholding consumer-controlled program design and administration

LANGUAGE USAGE

Throughout this report we use language that reflects our belief in consumer control and empowerment of persons with disabilities. For example:

- **Instead of Attendant Care and attendants, we use Personal Assistance Services and personal assistants** because this terminology is more empowering to the users of services (i.e., the person with a disability is in charge of what and how things are done – rather than being cared for).
- **Instead of nursing home, we use nursing facility** because an institution should not be thought of as a home.

Additionally, acronyms are identified with full names on first reference in each section of this report.

NURSING FACILITY TRANSITION

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Nursing Facility Transition

ISSUE

Currently, there are **84,000 individuals residing in PA nursing facilities**. All nursing facility residents possess the rights to live independently in the community, to have full access to supports and services, and to assume the risks associated with community living.

RECOMMENDATIONS

- 1) **Move 3,000 people with disabilities** (regardless of age, income, or disability) **out of nursing facilities** within one year.
- 2) **Increase work in identifying and relocating** nursing facility residents who want to return to the community.
- 3) **Continue to shift funding** from nursing facilities to community services.
- 4) **Prioritize nursing facility identification and relocation** process.
- 5) **Develop policy that nursing facilities report on all admissions and demonstrate a coordinated, cooperative link** with the Community Services Program for Persons with Disabilities (CSPPPD)/Aging community placement providers.
- 6) **Develop housing options, solutions, and timelines** for proposed recommendations.
- 7) **Incorporate recommendations, best practices, and effective policies from all pilot projects** related to the transition of nursing facility residents to the community.
- 8) **Expand financial eligibility for Medicaid** through disregards and other changes to asset and income limits as

allowed in Centers for Medicare & Medicaid Services (CMS) directives and **provide state-funded parallel programs** for those who still do not qualify.

STRATEGIES AND NEXT STEPS

Move 3,000 people with disabilities (regardless of age, income or disability) out of nursing facilities within one year.

- a) **“Targeted Case Management” (TCM)** monies would allow for providers to bill the state Medicaid office for up to six months of service coordination, as they identify and facilitate the transition of nursing facility residents who want to return to the community.
- b) **Independence Transition Initiative (ITI)** would give CSPPPD contractors the extra money needed to identify 30 people in the first year. In response to the ADAPT request for the state to start identifying people in nursing facilities who want to move out, DPW submitted a Program Provision Request (PRR) for State Fiscal Year 2002-03 (SFY 2002-03). The amount received was \$200,000 for the first year with the second year (SFY 03-04) funded at \$400,000 statewide.

Next Steps

- The **Office of Social Programs (OSP) and PA Department of Aging (PDA) should work with the Office of Medical Assistance Programs (OMAP) on utilizing TCM**, with the targeted population being nursing facility residents who want to return to the community.
- The PA Department of Public Welfare (DPW) and PDA should develop procedures for existing staff to **expand the identification** of any person in a nursing facility who wants to return to the community.

- DPW and PDA should **contract with consumer-controlled organizations and/or people with disabilities** to assist in the ongoing identification of nursing facility residents who want to return to the community.
 - ITI should **continue to identify and relocate target individuals** in nursing facilities.
 - CSPPPD contractors should be given clear instructions (**CSPPPD Contractor Directive**) about this initiative and how they can assist in the identification of individuals in nursing facilities.
 - The Department of Health (DOH) shall send a **letter to all nursing facilities using Medicaid money**, informing and directing them to cooperate with “service coordinators” and residents who attempt to return to the community.
 - DOH shall assign an **applicable representative to assist in all financial and policy changes** that may occur as a result of these system changes.
- c) **Amend all waivers currently not providing transition services** to include transitioning and do policy amendments of existing waivers to allow for services to begin while transitioning.

Next Steps

- DPW should apply for an **amendment to existing waivers to include transitioning services**, which includes identification and service coordination.
- DPW and PDA should **amend existing policy and practices** to allow services under the waivers to begin while the individual is being transitioned (i.e. home modification, moving expenses).

- 1) Increase work in identifying and relocating nursing facility residents who want to return to the community.

NOTE: Money saved by transitioning nursing facility residents to the community should be used to continue the transition of other residents.

Next Steps

- DPW and PDA should **identify one “point person”** within each department responsible for the transitioning of nursing facility residents. These individuals will trouble-shoot transitioning situations and facilitate effective communication across departmental lines.
- Access current data through **Minimum Data Set (MDS)** and evaluate the feasibility of using the information to assist in the identification of individuals who want to return to the community.
- Incorporate the **OSP 1-800 number on all literature** developed as a contact point for nursing facility residents who want to return to the community.
- Distribute **information on community living alternatives** to nursing facility residents and all local community provider agencies. Maximize exposure of OSP 1-800 number for those wanting more information on community alternatives.
- DPW and PDA shall initiate **“training” and/or educational workshops** for existing community placement staff regarding new initiative.
- DOH shall send a new **“Dear Administrator” letter** to all Medicaid-funded nursing facilities regarding new initiative.

- 2) Continue to shift funding from nursing facilities to community services.

NOTE: The Office of Health Care Reform (OHCR) received a Federal Real Choice Systems Change Grant from CMS for “**Money Follows the Person.**”

Next Steps

- **Monitor implementation of “Money Follows the Person” grant** from CMS to ensure consumers who move back to the community receive adequate consumer-controlled, self-directed, community services.
- **Incorporate implementation procedures into long-range plan** for continuing the transition of individuals who want to return to the community.
- **Institute DPW and DOH policy changes**, with input from Governor’s Budget Office, that will begin the process of decertifying a nursing facility bed when a person moves out and returns to the community.

- 3) Prioritize Nursing facility identification and relocation process.

Next Steps

- **DPW and PDA must develop a joint, long-range plan** to continue identifying and relocating nursing facility residents over the next four years.

- 4) Develop policy that nursing facilities report on all admissions and demonstrate a coordinated, cooperative link with the CSPPPD/Aging community placement providers.

Next Steps

- **Review effectiveness of existing nursing facility licensing regulations** and incorporate language regarding the need to assist in the identification, coordination, and ultimate transition of nursing facility residents who choose to return to the community.
- DPW, PDA, and OHCR shall aggressively work with DOH to craft a **letter to nursing facility administrators about regulation amendments** and their responsibilities under the new licensure.
- **Redesign the Preadmission Screening Resident Review (PASRR) process** to broaden the scope of “targeted” individuals who otherwise would not be referred to community providers.
- **Evaluate efficacy of the existing PASRR process** and one of its goals to trigger notification and subsequent community service coordination for individuals with developmental disabilities who enter a nursing facility or any other institutional setting.
- Using data collected from pilot projects, changes in nursing facility licensure, and redesign of PASRR process, ensure achievement and/or consistent progress toward the ongoing goal to **increase the availability of affordable, accessible community options**.
- **Form a collaborative entity** composed of essential program staff working on individuals transitioning from nursing facilities to the community (i.e. ITI, CSPPPD, Aging), that will meet regularly to ensure coordinated, collaborative, and cooperative transition of nursing facility residents to the community.

- 5) Develop housing options, solutions and timelines for proposed recommendations.

Next Steps

- Implement short- and long-term recommendations and expected timelines as outlined below. Many of these recommendations are also reflected in the Stakeholders Planning Team (SPT) "Recommendation to the Rendell Administration," dated December 12, 2002.

Short-Term Recommendations

1. Make an annual allocation of **\$10 million to provide "deep" subsidies for 10% of all new state-funded rental housing** or approximately 250 units per year.

RESPONSIBLE PARTY: PA Housing Finance Agency (PHFA)/PA Department of Community & Economic Development (DCED)

DEADLINE: July 1, 2004

2. Appoint a state agency or entity to serve as a **statewide administering agency for Section 8 Mainstream or other Housing Voucher Programs** that will work in conjunction with all programs transitioning individuals from nursing facilities to the community.

RESPONSIBLE PARTY: Governor's Office

DEADLINE: January 31, 2004

3. Identify and allocate **\$5,000,000 in addition to Temporary Assistance to Needy Families (TANF) funds for the DCED Access Grant Program** that are from sources that will not restrict assistance to families.

RESPONSIBLE PARTY: DCED

DEADLINE: July 1, 2004

4. Require that all **communities receiving DCED funds for both home modification and home improvements coordinate the use of those funds for people with disabilities**, and organize efforts in conjunction with all programs transitioning individuals from nursing facilities. DCED should clarify and modify their regulations to ensure that the PA Access Program will provide assistance that includes all the modifications that may be needed by the full spectrum of people with disabilities and encourage full collaboration with other agencies controlling funds for home modification and home repair.

RESPONSIBLE PARTY: DCED

DEADLINE: July 1, 2004

5. Adopt a **definition of “assisted living” that is separate from personal care homes** and allows assisted living money to be utilized in the consumer’s choice of home, in the community, per the recommendations of the PDA Intergovernmental Council on Long-Term Care Assisted Living Workgroup.

RESPONSIBLE PARTY: DCED

DEADLINE: July 1, 2004

6. Evaluate the **Personal Care Homes Demonstration Project** in Philadelphia and expand it to include existing home and community-based services (HCBS) providers in other parts of the state.

RESPONSIBLE PARTY: DPW and PDA

DEADLINE: July 1, 2004

7. Educate builders and developers on the benefits of VisitAbility and provide **financial incentive for the development of VisitAble single-family units.**

RESPONSIBLE PARTY: PHFA

DEADLINE: March 31, 2004

8. Develop and test a statewide training and **technical assistance program on affordable accessible housing** options.

RESPONSIBLE PARTY: DCED

DEADLINE: July 1, 2004

9. Take advantage of **federal financial participation for transition services** for persons moving from an institutional setting to the community.

RESPONSIBLE PARTY: DPW and PDA

DEADLINE: Apply by June 30, 2004 for July 1, 2005

Long-Term Recommendations

1. Allocate **additional state resources to provide higher down-payment and closing cost assistance** for people with disabilities and to create a statewide mechanism to ensure that homeowners subject to Supplemental Security Income (SSI) asset limits can responsibly provide for major home repairs.

RESPONSIBLE PARTY: DPW, DCED, and PHFA

DEADLINE: July 1, 2005

2. **Expand state resources for elderly homeowners** to repair and modify their homes, including the use of health care resources to ensure a healthy environment in the home.

RESPONSIBLE PARTY: DPW and PDA

DEADLINE: July 1, 2005

3. Study the **impact of federal lead-based paint requirements on home repair and home modification programs** and recommend ways of addressing negative impacts.

RESPONSIBLE PARTY: DCED and DPW

DEADLINE: January 1, 2006

4. Incorporate **VisitAbility standards** into all new or substantially rehabilitated single-family homes receiving state funds.

RESPONSIBLE PARTY: PHFA and DCED

DEADLINE: December 31, 2006

5. Develop a strategy to educate the housing industry about **Fair Housing Laws** and to foster aggressive enforcement on behalf of people with disabilities.

RESPONSIBLE PARTY: PA Human Relations Commission
(PHRC) and DCED

DEADLINE: January 1, 2005

6. Provide a **state-funded supplemental payment for housing** in the community, similar to the Personal Care Home Supplement, for consumers at risk of institutionalization due to inability to afford housing.

RESPONSIBLE PARTY: DPW

DEADLINE: June 1, 2005

- 6) Incorporate recommendations, best practices, and effective policies from all pilot projects related to the transition of nursing facility residents to the community.

Next Steps

- OSP, OMAP, under DPW and PDA, shall notify, educate, and monitor the effectiveness of all changes, modifications, or redesigns occurring throughout the **administration and implementation of the Real Choices Systems Change Grants** and any resulting activities. Where applicable, policy and program changes shall be incorporated and monitored through licensing practices. All Real Choice System Change Grant activities and resulting policy changes, system redesigns, and/or outcomes should be congruent with the CLAC's recommendations.
- **Implementation and ongoing quality assurance** shall be maintained through a contract with an independent consumer-controlled (at least 51% people with disabilities and family members) advocacy group or organization.
- All contractors shall demonstrate **evidence of effective modifications to policies and practices as well as data collection** reflecting scope of service provision, and provide **ongoing accountability and communication** with the independent entity mentioned above.
- All key personnel involved in the transition of individuals from nursing facilities to the community shall **meet monthly to evaluate and streamline** ongoing efforts.
- This provider entity, through a representative(s) of the group, shall **provide ongoing feedback to the independent consumer-controlled monitoring entity** mentioned above.

- 7) Expand financial eligibility for Medicaid through disregards and other changes to asset and income limits as allowed in CMS directives and provide state-funded parallel programs for those who still do not qualify.

Next Steps

- DPW should **coordinate amendment of all policies in financial eligibility determinations** to maximize federal participation working with relevant entities (i.e., PATH – PA Transition to Home) to ensure coordination of service through the continuum of service provision.
- Providers and Contractors must be knowledgeable about **Special Needs Trust** and demonstrate an effective method of sharing this information with consumers or potential consumers who request such information.
- Create **parallel programs to serve individuals not eligible for federally funded programs.**

GAPS IN SERVICES

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Gaps in Service

ISSUE

Gaps in service provision create myriad barriers to independent living and complete integration of persons with disabilities in our Commonwealth.

IDENTIFIED GAPS & STRATEGIES TO CLOSE THEM

Age limits create inconsistencies and barriers in Personal Assistance Services programs. **Remove upper and lower age limits** and create policy around the strategy to provide broadly defined services with various funding sources. These funding sources should not exclude participation but tend to complement other financial resources.

Example: One personal assistance services program with multiple funding sources woven together to cover all individuals with functional need for the service.

- 1) Income restrictions for home and community-based services (HCBS) are inconsistent with those of institutional-based services. **Use identical income restrictions for HCBS that currently exist for Institutional-Based Services through adoption of "Medically Needy Only" (MNO) standards permitted in Federal Medical Assistance Regulations.**
 - a) **Include MNO spend-down in waivers for eligibility** to enable people with incomes or other financial resources above the existing PA waiver income limits to qualify (using 1902(r)(2) income and asset disregards) that were left out of the existing waivers as submitted by Pennsylvania.

- b) **OSP should conduct cost analysis** to examine:
- Incomes of people currently on Act 150 to determine how many could qualify for waivers through MNO.
 - Number of individuals recently liberated from nursing facilities by centers for independent living, OBRA waiver (under the Omnibus Budget Reconciliation Act, also known as CSPPD – Community Services Program for Persons with Disabilities), and the PA Transition to Home (PATH) project showing cost savings of HCBS.
 - **Establish Bridge Programs** for persons in need of HCBS but who are currently financially ineligible due to assets and require a plan for eventual spend-down in order to qualify.

2) Multiple waivers exist with eligibility based on medical diagnosis. Also, personal assistance services are not available to individuals with sensory disabilities unless they qualify secondarily by age, other disability, employment status, and/or intellectual capacity. **Consolidate all OSP waivers into one with eligibility based on functional need (including sensory disabilities) rather than specific diagnosis or limitation.**

a) Ensure completion of a **feasibility study on implementing an Independence Plus Demonstration Project** (required in DPW's 2002 Real Choice Systems Change Grant).

b) Submit an Independent Plus Demonstration Project to the Centers for Medicare & Medicaid Services (CMS) at earliest opportunity.

NOTE: The Independent Plus Demonstration Project allows for cross-disability, consumer control, eligibility based on functional need, a federal match for services, and a co-pay component. It is available to persons regardless of their age or disability and avoids requirements of institutional level of care.

- 3) Barriers to services inhibit independent living within the community. **Demonstrate and implement barrier removal** including initiation of presumptive eligibility and prioritizing an individual's need over that of the system. Consumers should not be locked into the agency/service with which they start; they must be able to change at any time. Providers should be required to show evidence that consumers were informed of their options and given choices (e.g., sign-off stating they provided a list of options to each consumer).
- 4) Hospital and nursing personnel are not familiar with HCBS. The Department of Health (DOH) should assign an **applicable representative to assist in all financial and policy changes** occurring as a result of these system changes while the PA Department of Public Welfare (DPW) and PA Department of Aging (PDA) should initiate **"training" and/or educational workshops** for existing community placement staff on HCBS.
- 5) Consumers as well as the general public are unfamiliar with HCBS. The Office of Social Programs (OSP) should take the lead in the **coordination of state agencies with responsibilities related to long-term care services to produce training and outreach materials** to educate potential consumers and the public about the availability of services and opportunities provided by HCBS for community integration. The agencies will collaborate to ensure that outreach will be given the same priority as other health emergencies, such as infectious diseases or drug abuse, etc.
- 6) State monies are currently institutionally biased with 80% going to institutional care and only 20% going to HCBS. **DPW should focus on "Money Follows the Person"** policy and program design.

- 7) Consumers who are hospitalized risk losing their personal assistants because there is no payment during that time under the consumer-directed model. OSP should **use the opportunity under the New Freedom Initiative that permits payment to personal assistants under the consumer-directed model when a consumer is hospitalized** so the consumer can maintain her/his employee during those periods.
- 8) OSP insists that consumers remain in the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) until age 21 (due to federal reimbursement to the state), which effectively denies related services that a consumer may need at the age of 18. Modify OSP policy to **permit consumers receiving personal assistance services under EPSDT to choose waiver services upon reaching age 18** (despite continued EPDST eligibility until age 21).
- 9) HCBS are biased against people with cognitive and mental health disabilities. **Make policy revisions to specifically include an explanation of the language in Act 150** that requires consumers to be qualified by status of "mentally alert" and include people with cognitive issues who can share responsibility for management of their own services with a person that they select to assist them. This also applies to persons who may have dual diagnosis with mental health or mental retardation.
- 10) There is a lack of coordination between HCBS providers and state agencies. The Governor should **mandate the coordination of HCBS for people with multiple disabilities and the cooperation among state agencies responsible** for providing them. DPW should ensure cooperation between OSP, the Office of Mental Retardation (OMR), and the Office of Mental Health and Substance Abuse Services (OMHSAS), so those with physical,

cognitive and/or mental health disabilities can receive the services they need.

- 11) Consumers often cannot afford HCBS unless they qualify for medical assistance. DPW will **develop a state-funded program for people who are not eligible for medical assistance** so they can afford HCBS through cost-sharing.
- 12) Enforcement of contracts and consumer complaints are not well addressed. DPW will partner with consumer advocates to ensure compliance.

RECOMMENDATIONS AND NEXT STEPS

Change OSP Policy and delay efforts toward legislative amendments.

- a) **Actively involve consumers in review and rewrite of policy** and conduct the process quickly and efficiently.
- b) **Participate in Elimination of Barriers Demonstration** such as "presumptive eligibility" initiatives.
- c) **Rewrite current personal assistance services contracts** implementing "Money Follows the Person" principles.
- d) Review and **rewrite institutional / facility-based contracts** to require staff training on HCBS and include monitoring.
- e) **Rewrite policy within each waiver and personal assistance services program** to emphasize "inclusiveness," RESPITE, and family support.
- f) **Use the New Freedom Initiative offered by CMS** to improve services, such as the opportunity for wage payments to consumer-employer personal assistants during hospitalizations of consumers.

- g) **Submit a personal assistance services program update** on all revised policy to ensure compliance by contractors.
- h) Put specific information related to procedures, policies, contracts, and **personal assistance services updates on the DPW website** for ready access by contractors, consumers, and the public.
- i) **Amend waivers** to include all possible services and to be more similar to each other as a method to reduce fragmentation and facilitate later merger of the waivers.
- j) **Monitor ongoing implementation.**

1) **Conduct Outreach.**

- a) **Expand outreach requirements for personal assistance services contractors** to train nursing facilities staff on HCBS.
- b) **Develop a training plan** for nursing facility and hospital staff.
- c) **Develop a training program and published materials to ensure consumers are educated** regarding what is available.
- d) Meet with representatives from the Office of Medical Assistance Programs (OMAP) and PDA to discuss the **administrative transfer of funding and responsibilities for individuals who want a consumer-directed personal assistance model** and other areas to eliminate barriers.

2) **Conduct Research.**

- a) **Support DDC in their implementation of DPW's 2002 Real Choice System Change Grant to study the feasibility of an Independence Plus Demonstration Project**, which includes investigating "best practices."
- b) **Conduct cost analysis of using the Medically Needy Only category of eligibility** for HCBS to divert people from nursing facility placement.

No WRONG DOOR

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No Wrong Door

PRINCIPLES

“No Wrong Door” comprises the following principles:

- A wide **variety of social service agencies** (locally based) **as the entry point** for services, with a **universal application** (e.g., distribution of voters registration application).
 - Application should include the OSP 1-800 number that consumers can call to be referred to an advocate in their local community who can answer questions and assist with completing the necessary paperwork. (800 number should appear on front page.)
 - Application will be sent to “point person” that the PA Department of Public Welfare (DPW) and PA Department of Aging (PDA) identify within each department as also being responsible for the transitioning of nursing facility residents. These individuals will trouble-shoot and facilitate effective communication across departmental lines.
- Easy/Fast access to services – a **streamlined application process**
- **Consumer-driven** and consumer-focused
- **Consumer choice** at all levels
 - Consumers are not locked into an agency/service with which they start and are able to change at any time; Money Follows the Person.
 - Consumers should be able to take their service plan to any provider.
- **Presumptive eligibility**
- **Consumer is the expert** on own life and can make choices with full disclosure and information
- Services **based on functional need** (including sensory disabilities)
- **Individual’s needs preempt those of the systems**

DEFINITION

No Wrong Door – A system-wide mechanism that ensures expeditious access to consumer-driven services with the most informed choice, regardless of income or severity of disability.

COMPONENTS

Based on the principles and definition, “No Wrong Door” comprises the following components:

- **Peer support / advocate** available at all times
- **Eligibility for services is based on the definition of a person with a disability found in the Rehabilitation Act** of 1973, as amended (This promotes cross-disability and functional need based system philosophies.)
- **Access to services is available regardless of income** level (does not exclude co-pay)
- **Flexibility and individualization**
- State **consumer monitoring** board and appeals process
- **Consumer education** and outreach
- **Community education**, outreach, and advocacy
- **Risks clearly explained** to both consumers and providers
- **Four distinct components** – Intake/Assessment; Service Provision; Quality Assurance; and Monitoring
 - Intake/Assessment and Service Provision may be done by the same agency (i.e., administrative entity) as long as effective Quality Assurance and Monitoring are implemented and maintained.

- Statewide Independent Monitoring for Quality Project (IM4Q) of the mental retardation system serves as a model for the consumer monitoring and quality assurance process and addresses conflict of interest.
- Increased conflict exists within the agency model when the provider employs its own assistants. Advocacy and monitoring must remain separate to minimize conflict.

RECOMMENDATIONS

- **Accept this definition** of No Wrong Door.
- **Accept the principles and components.**
- **Create a universal structure based on functional need.**
- **Call on committee members to assist with implementation** of these recommendations.