

Date of Hearing: April 23, 2019

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Adrin Nazarian, Chair

AB 1287 (Nazarian) – As Amended April 1, 2019

**SUBJECT:** Universal assessments: No Wrong Door system.

**SUMMARY:** Requires the development of a plan and strategy for phased statewide implementation of the No Wrong Door system and requires the development of a universal tool and process to streamline access to services through a coordinated assessment process.

Specifically, **this bill:**

- 1) Requires the California Department of Aging (CDA) to, by July 1, 2020, as part of the Master Plan on Aging, and in partnership with the Departments of Rehabilitation (DOR), Health Care Services (DHCS), and Social Services (CDSS), develop a plan and strategy for a phased statewide implementation of the No Wrong Door system described in federal law.
- 2) Requires the plan regarding the No Wrong Door system to be submitted to the relevant policy and fiscal committees of the Legislature.
- 3) Requires the consultation of specified stakeholders in the development of the No Wrong Door system.
- 4) Requires the purpose of the No Wrong Door System to be to assist older adults, people with disabilities, and caregivers in obtaining accurate information and timely referrals to appropriate community services and supports through all of the following: a universal assessment process; information and referral services; counseling options concerning available Long Term Services and Supports (LTSS) program and public and private benefits programs; short-term service coordination; and, transition services from hospitals to home and from skilled nursing facilities to the community.
- 5) Requires the California Health and Human Services Agency (CHHSA) to, in consultation with stakeholders, and with CDA, CDSS, DOR, and DHCS, develop a universal tool and process to streamline access to services through a coordinated assessment process.
- 6) Requires the assessment tool and process to be developed to assess individual need and determine initial eligibility for programs and services available in the LTSS delivery network.
- 7) Prohibits the assessment tool and process from being limited in application to individuals eligible for Medi-Cal, and encourages the tool to be used to determine need and eligibility for LTSS regardless of income level.
- 8) Requires CHHSA to, by July 1, 2021, and as a part of the Master Plan on Aging, submit a report, to the Legislature regarding development and implementation of a universal assessment tool, process, and a timeline for implementation of the tool and process, and, further, makes the requirement for submitting a report pursuant to the provisions of this bill inoperative.

**EXISTING LAW:**

- 1) Reauthorizes the Older Americans Act of 1965 to, among other things, protect vulnerable seniors and promote the delivery of evidence-based programs. (Public Law [PL] 114-144)
- 2) Establishes the Mello-Granlund Older Californians Act to reflect the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth California's commitment to its older population and other populations served by programs administered by CDA.
- 3) Establishes the Aging and Disability Resource Connection (ADRC) program to provide information to consumers and their families regarding available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing local LTSS programs, and sets forth requirements related to the administration and responsibilities of an ADRC program.
- 4) Describes, within the federal Patient Protection and Affordable Care Act, the "No Wrong Door – Single Entry Point System" as the development of a statewide system to enable consumers to access all LTSS through an agency, organization, coordinated network, or portal, in accordance with state-established standards, that provides information regarding the availability of such services, how to apply for such services, referral for services and supports otherwise available in the community, and determinations of financial and functional eligibility for such services and supports, or assistance with assessment processes for financial and functional eligibility.

**FISCAL EFFECT:** This bill has not yet been analyzed by a fiscal committee.

**COMMENTS:**

**Author's Statement:** "Many older adults, people with disabilities and their families face difficulty in accessing the services and supports they need to live on their own terms and in the least restrictive environment. They often don't know where to turn for help or to find the services they need. The problem is multifaceted and stem from a number of factors. For example, at the state level, departments operate in a fragmented fashion, often with little data sharing and policy development across programs. This fragmentation impacts the ability to deliver services to our seniors and people with disability. The growth of the aging population will only worsen these challenges. By developing a no wrong door system ensures that our seniors, people with disabilities and their families will receive the services they so desperately need."

**Aging and Disability Resource Connection (ADRC):** The ADRC is a collaboration between the federal Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS) that brings together various federal agencies in an initiative aimed at streamlining access to LTSS for older adults, people with disabilities, family caregivers, veterans, and providers of LTSS. According to CDA, "In many communities, multiple agencies administer long-term support services and have complex, fragmented and often duplicative intake, assessment and eligibility functions. ADRCs build on the strength of existing community agencies, such as Area Agencies on Aging and Centers for Independent Living, to provide a single, more coordinated system of information and access for all persons seeking long-term support to minimize confusion, enhance individual choice, and supporting informed decision-

making.” Fifty-two states and territories are operating, or in the process of implementing, the core elements of an ADRC. According to the author’s office, the ADRC program is currently available in eight of California’s counties.

**No Wrong Door:** The No Wrong Door system initiative is an effort of the federal ACL, CMS, and Veterans Health Administration that builds upon the ADRC program, along with another CMS program, aimed at simplifying access to LTSS. According to the ACL, “Finding the right services can be daunting for individuals and their family members. The current LTSS system involves numerous funding streams, and is administered by multiple federal, state, and local agencies. These agencies use complex, fragmented, and often duplicative intake, assessment, and eligibility processes. There are growing options for services and supports in home, residential, and institutional settings. Individuals trying to access new LTSS frequently find themselves confronted with a maze of agencies, organizations, and bureaucratic requirements at a time when they may be vulnerable or in crisis. These issues frequently lead to the use of the most expensive forms of care, including institutional care such as nursing homes or extended hospitalization, and can cause a person to quickly exhaust their resources. [No Wrong Door] systems provide information and assistance not only to individuals needing either public or private resources, but also to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. [No Wrong Door] systems also serve as the entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act, Veterans Health Administration, and state revenue programs.”

**Universal assessment:** According to a 2013 report supported by The SCAN Foundation regarding assessment approaches, “Universal assessments can be associated with a variety of approaches, uses, and definitions. On one hand it can be defined as ‘a common assessment tool and process to assess an individual’s functional capacity and needs that is used across programs and services to guide care planning and resource utilization.’ This definition implies that the same tool or instrument is used for evaluation across defined populations (such as applicants, recipients, or persons considered at risk) and is collected through a standardized approach at a defined interval (such as program entry, annually, with a change in status, or other specified period). Using a less stringent definition, uniform can be more narrowly interpreted to mean that the same items are used across multiple assessment or screening instruments in various programs. Thus commonality may refer to the use of a single tool or instrument across multiple programs, or it may allow for a hybrid instrument where there may be variations in the breadth and scope of the instruments and data elements, but that the same measures are used for core items.”

The following bills are from the current session, and are all pieces of the “Aging Master Plan” package this year.

- **SB 228 (Jackson)** Establishes the parameters of the Master Plan for Aging. Outlines goals of the master plan.
- **SB 611 (Caballero)** Focuses on the need for affordable, accessible housing for older adults as part of the Master Plan for Aging.
- **AB 1136 (Nazarian)** Addresses the issue of system fragmentation and the need for state level administrative reorganization of aging and disability services.

- **AB 1287 (Nazarian)** Addresses the issue of access to a coordinated system of information and supports. This is the No Wrong Door tool.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Alzheimer's Association  
California Association of Area Agencies on Aging (C4A)  
California Association of Health Facilities (CAHF)  
Congress of California Seniors  
County of Santa Clara

**Opposition**

None on file.

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