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Rhode Island's No Wrong Door System Three Phase Strategy Plan AND Implementation of Person-Centered Options Counseling

December 2020

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Expectations from Stakeholders:

EOHHS requests your feedback on Phase I implementation activities and any recommendations you may have for improvement.

Rhode Island's No Wrong Door System Three Phase Strategy Plan AND
Implementation of Person-Centered Options Counseling:

DEVELOPMENT AND FRAMEWORK OF RHODE ISLAND'S NWD SYSTEM THREE PHASE STRATEGIC PLAN

Introduction

- EOHHS interagency effort to redesign long-term services and supports (LTSS) system in accordance with the principles of the No Wrong Door (NWD) concept.
- Important ways current initiative differs from past attempts at LTSS reform:
  - At Governor's direction, EOHHS established LTSS Steering Committee to serve as an interagency governance structure with the authority to make decisions that has support from the top.
  - LTSS Steering Committee approved three-phase strategic plan that systematically reforms core critical NWD pre-eligibility functions in year one and moves on to eligibility functions in year two and post-eligibility functions in year three.
  - $1.2M funds invested upfront using MFP funds to show a commitment to the concept of NWD and reform goals and lay the foundation for making sustainable changes.

What is NWD?

Definition: NWD is a framework or concept advanced by the Administration for Community Living (ACL) to create a single, statewide system that supports consumers who need or may at some point need LTSS.

Goals:

- ✓ Raise visibility about the full range of available options;
- ✓ Provide objective information, advice, counseling and assistance to people with all levels of income;
- ✓ Empower people to make informed decisions about their long-term services and supports through person-centered options counseling; and
- ✓ Help people access public and private programs.

Administration for Community Living (ACL), *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*, available at: https://nwd.acl.gov/pdf/NWD-National-Elements.pdf

Rhode Island's LTSS Resiliency and Rebalancing Vision

The State of Rhode Island invests >$297M annually to provide long-term care to approximately 11,000 beneficiaries over aged 65. Currently, 80% of those services are provided through high-cost nursing facilities. Our vision for the LTSS system is to foster a more balanced, sustainable and responsive continuum of long-term services and supports that delivers the right support, at the right time, and the right cost, while promoting choice, community & quality of life for R.I.s elders & disabled.

The following principles guide our efforts:

- **Access**: we promote choice + options + information + workforce capacity.
- **Choice**: we ensure that services are person-centered + conflict-free.
- **Sustainability**: we control costs by shifting investments toward home & community-based services.
- **Quality**: we are committed to improving consumer experience + quality of life.
- **Accountability**: we use data-driven management + clear governance to improve internal ops & drive continuous improvement.

Key Concepts and Definitions

Long-term services and supports (LTSS) defined*

Definition: LTSS encompasses a broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability. LTSS includes activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping).

Stages of consumer eligibility for LTSS

01 **Pre-Eligibility** — The process of providing information, direction, awareness, and choice to consumers before they apply for a state or federally funded program.

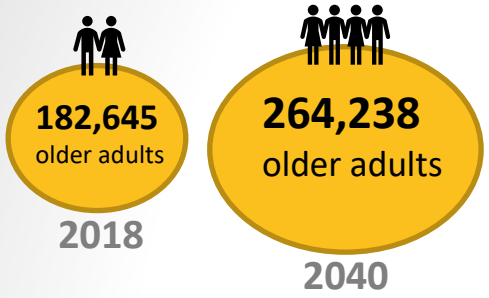
02 **Eligibility** — The process of supporting consumers apply for and access required services.

03 **Post Eligibility** — Refers to the activities that happen after someone becomes eligible for a program. This includes service delivery, transition support, and measuring health outcomes.

*Kaiser Family Foundation, *Medicaid and Long-Term Services and Supports: A Primer*, available at https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/#:~:text=%E2%80%9CLong-term%20services%20and%20supports,%2C%20chronic%20illness%2C%20or%20disability

LTSS in Rhode Island

RI Population

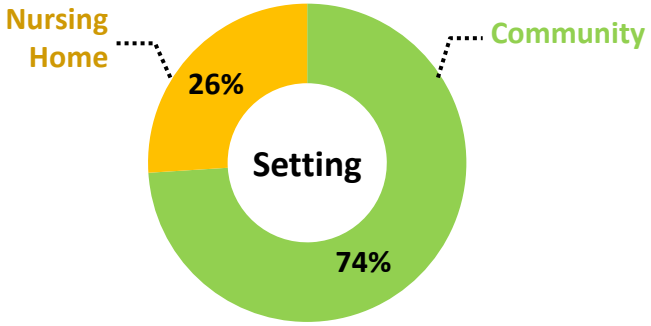


45%↑
Increase in Aged 65+ from 2018 to 2040

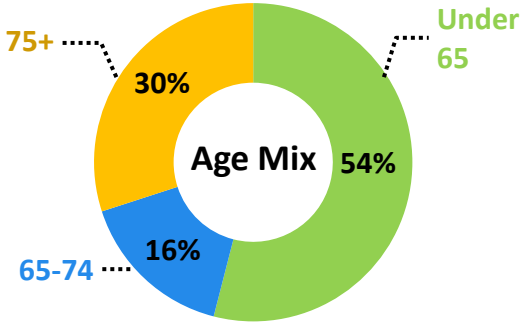
+3,500
Newly Authorized Medicaid or Medicare LTSS Consumers Each Month

Current LTSS Consumers

30,500
Rhode Islanders (2.9% of population) Currently Require LTSS Services



58%
Funded by Medicaid



State Agency Roles in LTSS

- **Executive Office of Health and Human Services (EOHHS):** Designated as the Medicaid Single State Agency and administers HCBS programs (PACE, Habilitation, etc.), the Katie Beckett program, and LTSS managed care arrangements.
- **Department of Human Services (DHS):** Provides application assistance and conducts Medicaid LTSS eligibility determinations and renewals.
- **Office of Healthy Aging (OHA):** Responsible for the development of community-based services and programs that encourage independence and preserve the dignity of seniors and adults with disabilities. OHA is Rhode Island's designated State Unit on Aging.
- **Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH):** Administers State programs for adults with intellectual and developmental disabilities as well mental illness and substance abuse education, prevention and treatment.

Key Challenges in Rhode Island

1. Demand for LTSS is Expected to Increase Dramatically

The number of Rhode Islanders that may need LTSS is expected to grow by 26%, from approximately 67,200 in 2018 to 84,800 in 2030.

2. LTSS Options are Not-well-known

- Access points for available LTSS options are not-well-known by potential service participants and the general public.
- Consumers have limited access to formalized options counseling resulting in inconsistent communication and referral of LTSS services.
- It is unclear where consumers should go for LTSS assistance.

3. Rebalancing is Needed

In FY 2019, nursing facilities accounted for 63% of the total Medicaid LTSS spend for consumers 65+. As part of Rhode Island's LTSS resiliency and rebalancing vision, EOHHS is targeting a 50/50 balance between long-term care and home- and community-based services.

4. Absence of an Information Technology (IT) Solution:

- Rhode Island does not have an integrated IT solution that supports consumer referrals, person-centered options counseling, person-centered planning/case management.
- Individuals often have to repeat their stories multiple times to multiple agencies because consumer information is collected in separate systems or on paper.

5. Divergent Views on Person-Centered Options Counseling

Participants in the stakeholder sessions differed in their interpretation of what person-centered options counseling entails and how it differs from regular options counseling, information and referral, and 211 services.

Development and Framework for the NWD System Three Phase Strategic Plan

Rhode Island's NWD System Three Phase Strategic Plan

Jun. 2019 | Jun. 2020 | Dec. 2020 | Jun. 2021 | Dec. 2021 | Dec. 2022

Phase I: Pre-Eligibility and Entry

Goal: Improve access to services by engaging in person-centered decision-support and providing unbiased, responsive and comprehensive information about and referrals for LTSS.

Workstreams:

1. **Marketing and Outreach**: Enhance marketing and outreach efforts for Rhode Island NWD offerings.
2. **Person-Centered Options Counseling (PCOC):** Offer PCOC services to all LTSS consumers to better support decision-making.
3. **Application Assistance (Materials)**: Develop an application manual/guide for providers and community partners.
4. **The POINT Enhancement**: Evaluate opportunities for Medicaid claims for NWD functions and assess requirements for updating the POINT provider directory.

Phase II: Eligibility and Access

Goal: Support consumers in applying and accessing required services by establishing an eligibility process that is consumer-need and preference driven and easy to navigate and understand.

Workstreams:

1. **Application Assistance (Navigation):** Expand navigation opportunities as part of application assistance.
2. **Eligibility Determinations**:
   a. Standardize the functional assessment instrument for HCBS for elders and adults with disabilities (EAD).
   b. Centralize responsibilities for administering functional assessments
3. **Person-Centered Planning (PCP)/Conflict-Free Case Management (CFCM) (Roadmap):** Develop a roadmap for implementing PCP and CFCM for all Medicaid LTSS beneficiaries.

Phase III: Post Eligibility and Quality

Goal: Ensure LTSS beneficiaries receive person-centered planning and coordinated services that meet their goals and ensure quality outcomes.

Workstreams:

1. **Person-Centered Planning (PCP)/Conflict-Free Case Management (CFCM) (Implementation)** Implement PCP and CFCM for all Medicaid LTSS beneficiaries.
2. **Enrollment and Service Delivery**: Develop standardized information on enrollment and service delivery options and improve business and system processes to simplify and expedite coverage.
3. **Healthcare Coordination**: Develop options to ensure every Medicaid LTSS beneficiary has access to healthcare coordination.
4. **Reassessments and Eligibility Renewals**: Modernize existing business practices related to reassessments and eligibility renewals.
5. **Quality Assurance**: Implement continuous quality improvement across each NWD phase.

Rhode Island's No Wrong Door System Three Phase Strategy Plan AND Implementation of Person-Centered Options Counseling:

PHASE I IMPLEMENTATION

Phase I Activities – Marketing and Outreach

1 Marketing & Outreach: *Enhance marketing and outreach efforts for Rhode Island NWD offerings.*

Goals and Objectives

1. Increase consumer and caregiver consideration of living at home or in a community-based setting as a realistic option.
2. Increase awareness of specific long-term services and supports.
3. Direct consumers and caregivers to resources for information, referral and, possibly, options counseling.
4. Create a consistent, clear, person-centered voice and common language for all LTSS communications and content.
5. Establish a sustainable process for updates to LTSS content.

Achievements to Date

- ✓ Formative research
- ✓ Creative development and testing
- ✓ Branding options in trademark clearance
- ✓ Draft communication plan and media placement options

Key Activities in 2021

- Share the LTSS marketing and outreach strategy with stakeholders – **Early 2021**
- Create an LTSS landing page to provide basic information and direct consumers to PCOC – **Early 2021**
- Begin marketing efforts according to the marketing and outreach strategy plan – **Early 2021**

Phase I Activities - PCOC

2 **PCOC:** *Offer PCOC services to all LTSS consumers to better support decision-making.*

Goals and Objectives

1. Every Rhode Island consumer has access to the high-quality information and PCOC required to understand their LTSS preferences and choices.
2. Key starting points for PCOC are clear and easily understood by NWD partners and consumers.
3. Each State agency administering LTSS programs is responsible for ensuring populations they serve have access to uniformly trained and certified PCOC Counselors.
4. Identify individuals that are at risk of entering an institution with the goal of providing them with information and counseling that will allow them to make informed choices about LTSS.
5. Maximize State resources by matching needs and preferences of individuals to the most cost-effective setting.

Achievements to Date

- ✓ Stakeholder engagement to assess current approach to PCOC delivery
- ✓ Other state research regarding PCOC design and materials
- ✓ PCOC design and structure
- ✓ PCOC operational manual
- ✓ PCOC performance measures
- ✓ PCOC consumer survey
- ✓ PCOC intake and follow-up tool
- ✓ IT vendor selected (WellSky) to support PCOC and other NWD functions

Key Activities in 2021

- **PCOC Pilot Program**: Offer PCOC to a limited number of LTSS consumers. PCOC will be provided by select staff within DHS, EOHHS, BHDDH, and The POINT. – **Start by Feb. 2021**
- **PCOC Full Launch**: Offer PCOC to all LTSS consumers – **July 1, 2021**

Phase I Activities - Application Assistance (Materials)

3 **Application Assistance (Materials):** *Develop an application manual/guide for providers and community partners.*

Goals and Objectives

1. Make the LTSS application process easier to understand for consumers and providers.

Achievements to Date

- ✓ Updated application manual/guide
- ✓ New application forms
- ✓ Drafted training modules

Key Activities in 2021

- Share the application manual/guide with stakeholders – **Date TBD** (pending CMS approval)
- Provide training to providers and community members regarding new processes and materials – **Date TBD** (pending CMS approval)

Phase I Activities - The POINT Enhancement

4 **The POINT Enhancement:** *Evaluate opportunities for Medicaid claims for NWD functions and assess requirements for updating the POINT provider directory.*

Goals and Objectives

1. Maximize Federal funding opportunities to support NWD sustainability.
2. Improve the POINT's resource directory by making it user-friendly, comprehensive, current and accurate.

Achievements to Date

- ✓ New brand developed
- ✓ PCG working with POINT network to assess NWD claiming opportunities

Key Activities in 2021

- OHA to develop a reporting system and dashboard – **Date TBD** (date impacted by COVID-19)
- Implement Medicaid administrative claiming for NWD activities – **By June 2021**

Summary of Phase I Activities in 2021

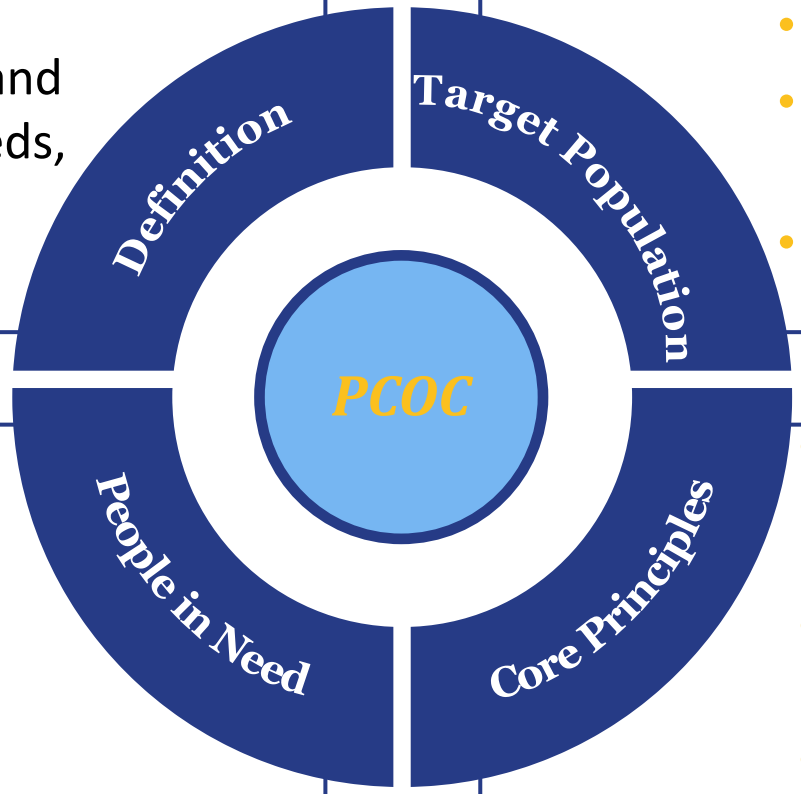
	Workstream	Key Action Items	2021						
			Jan	Feb	Mar	Apr	May	Jun	Jul Forward
1	Marketing & Outreach	Share the LTSS marketing and outreach strategy with stakeholders							
		Create an LTSS landing page to provide basic information and direct consumers to PCOC							
		Begin marketing efforts according to the marketing and outreach strategy plan							
2	PCOC	PCOC Pilot Program: Offer PCOC to a limited number of LTSS consumers. PCOC will be provided by select staff within DHS, EOHHS, BHDDH, and The POINT.							
		PCOC Full Launch: Offer PCOC to all LTSS consumers.							
3	Application Assistance (Materials)	Share the application manual/guide with stakeholders – Date TBD (pending CMS approval)							
		Provide training to providers and community members regarding new processes and materials – Date TBD (pending CMS approval)							
4	The POINT Enhancement	OHA to develop a reporting system and dashboard – Date TBD (date impacted by COVID-19)							
		Implement Medicaid administrative claiming for NWD activities							

Rhode Island's No Wrong Door System Three Phase Strategy Plan AND
Implementation of Person-Centered Options Counseling:

PERSON-CENTERED OPTIONS COUNSELING (PCOC)

Introduction

PCOC is an interactive decision-support process that helps people assess and understand their LTSS needs, goals and preferences.



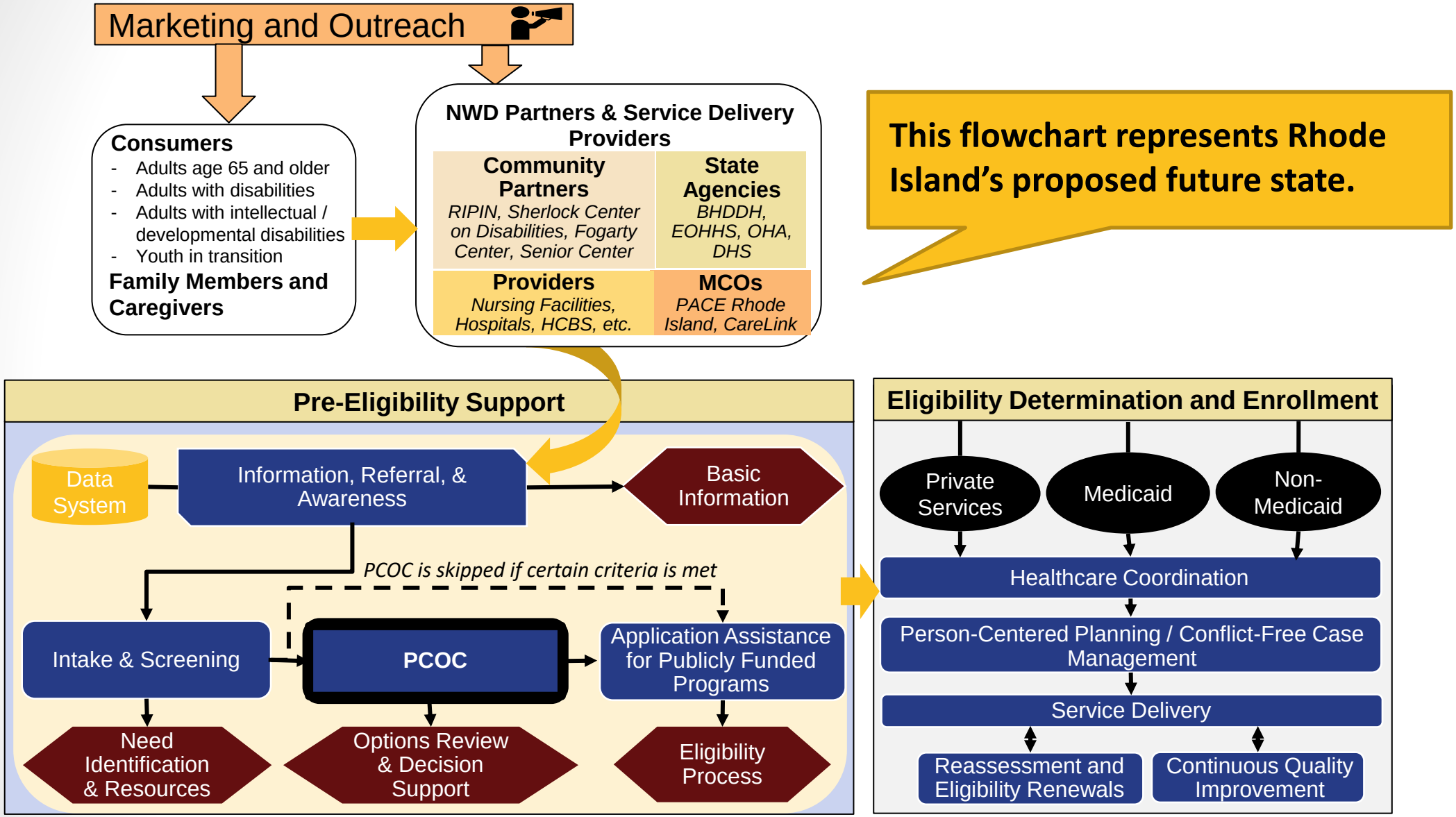
- Adults age 65 and older
- Adults with disabilities
- Adults with intellectual / developmental disabilities
- Youth in transition

- People to looking to maintain status quo
- People in transition
- People at risk
- People who are unaware

- Focuses on the individual--not on the caregiver, not on the agency or what the agency provides, and not on the staff.
- Respecting the right of individuals to control and make choices about their own lives.
- Relationship building and establishing trust are essential to understanding individuals' preferences and needs.
- Interactive process, not an event.

Administration for Community Living (ACL), *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*, available at: https://nwd.acl.gov/pdf/NWD-National-Elements.pdf

PCOC and Other NWD Activities



Key Differences in Select NWD Functions

Category	Information, Referral & Awareness	Intake & Screening	Person-Centered Options Counseling	Person-Centered Planning (PCP) / Conflict-Free Case Management (CFCM)
Service Definition	Provides basic LTSS information to consumers who need immediate/short-term assistance.	The goal of intake and screening is to assess if LTSS is appropriate and to assess private v. public options.	Interactive counseling and decision-support process that helps consumers seeking or planning LTSS understand their strengths, needs, preferences and unique circumstances and weigh the pros and cons of available alternatives.	• Provided to consumers that are deemed eligible for Medicaid LTSS. • PCP is an extension of PCOC or an independent activity if a person by passes these steps. • The goal of PCP is to transform a set of authorized services into a care plan that meets the needs, preferences and health goals of a beneficiary.
Service Provider	NWD partners & service delivery providers	NWD partners + State agency staff	State agency staff (pilot) State agency staff + selected existing vendors (full launch)	Case managers
Eligibility Phase	Pre-eligibility	Pre-eligibility	Pre-eligibility	Eligibility and Post-eligibility
# of Contacts	One	One	Multiple over a limited time period.	Ongoing
Outcome	Basic information and referral	Service options and referral	Goals and action plan	Person-centered service plan

These activities will be further defined/differentiated as EOHHS implements a web-based solution to support its NWD system.

PCOC is Not

1. **Information, Referral & Awareness,**
2. **Intake & Screening**
3. **Person-Centered Planning (PCP) / Conflict-Free Case Management (CFCM)**
4. **Assessing** *(but it can lead to an assessment for eligibility)*
5. **Developing a service or support plan** *(but it can involve a referral for service plan development)*
6. **Simply providing information** *(but it involves this!)*
7. **Simply making a referral** *(but it certainly can involve this!)*

Current Pre-Eligibility Functions in Rhode Island

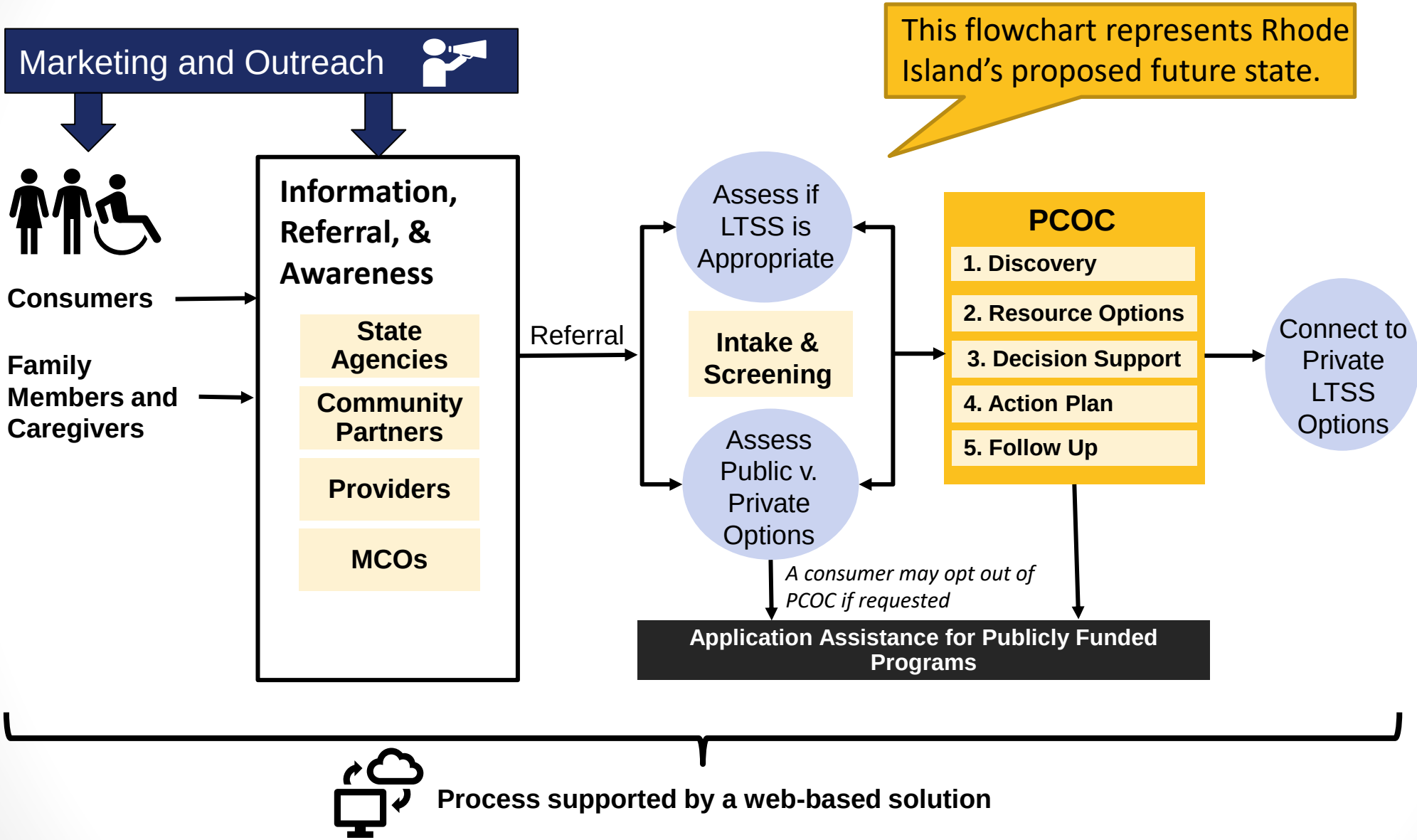
#	Entity	Populations Served	Pre-Eligibility Functions			
			I&R	Application Assistance	OC	PCOC
1	Community Action Agencies contracted with Office of Healthy Aging (OHA) (formerly Division of Elderly Affairs (DEA))	Older adults	Yes	Yes	Yes	No
2	The POINT	Older adults and older adults with disabilities (limited)	Yes	Yes (Limited)	Yes	No
3	Department of Human Services (DHS) Social Case Worker (SCWs)	All populations	Yes	Yes	No	No
4	Rhode Island Parent Information Network (RIPIN)	Families of people with developmental disabilities (expanding to other populations)	Yes	Yes	Yes	No
5	Ocean State Center for Independent Living (OSCIL)	People with physical disabilities under the age of 65	Yes	No	Yes	No

I&R = Intake and Referral
OC = Options Counseling
PCOC = Person-Centered Options Counseling

Future State PCOC in Rhode Island – Pilot v. Full Launch

	Pilot (By February 2021)	Full Launch (By July 1, 2021)
PCOC Delivery	✓ PCOC is provided by select staff within DHS, EOHHS, BHDDH, and The POINT ✓ PCOC is available to a subset of LTSS consumers	✓ PCOC is provided by State agency staff + selected existing vendors ✓ PCOC is available to all LTSS consumers
Training	✓ Provide basic training to PCOC counselors on person-centered thinking concepts	✓ Expand training options to PCOC counselors and other NWD partners ✓ Provide Rhode Island specific PCOC training ✓ Use a web-based platform to deliver trainings
PCOC Counselor Requirements	✓ Conflict of interest ✓ Skills/abilities ✓ Credentials ✓ Training ✓ Monitoring ✓ Staffing ratios	
Other	✓ Use separate telephone #s specific to the populations served ✓ Implement IT solution to support intake and screening and PCOC	✓ Use a single telephone # with routing options to support all populations ✓ Expand IT solution to support other NWD functions (e.g., consumer satisfaction survey, case management, etc.) ✓ PCOC is required before an applicant can apply for Medicaid LTSS

Future State PCOC in Rhode Island – Process



Future State PCOC in Rhode Island – Required for Medicaid LTSS

- It is encouraged that all consumers at risk for or in-need of LTSS receive PCOC.
- As part of EOHHS's full-launch of the PCOC program, EOHHS is proposing to make PCOC a requirement before a consumer can apply for Medicaid LTSS; however, there are several scenarios in which the consumer may skip PCOC.

Possible Criteria to Skip PCOC

1) Consumer has already received PCOC.
2) Consumer is already receiving LTSS and needs to be assessed for HCBS and/or for a publicly funded program. This may include a consumer who is in an institutional setting but wants back in the community or a consumer that ran out of money and needs to switch to a publicly funded program.
3) Consumer is already living in a nursing home and alternative care is not an option given his or her health status.

Future State PCOC in Rhode Island – PCOC Timeframes

PCOC referral received

PCOC Counselor initiates consumer contact to acknowledge referral
(within 5 business days of referral)

Initial PCOC Session
(within 10 business days of referral acknowledgment)

Check-in Session
(within 10 business days of the initial PCOC session)

Final Check-In
(In 45-90 business days after final PCOC session)
*Make 2 attempts on 2 different days for contact. If unable to reach consumer after 2nd unsuccessful attempt, send Closing Letter.

PCOC case closed and survey sent with consumer's consent

- Consumer is contacted within 5 business day of the initial referral;
- Check-in occurs after 10 business days of the initial PCOC session;
- Final check-in session is conducted 45-90 business days after final PCOC session;
- 2 attempts on 2 different days are made to reach consumers before a case is closed.

Future State PCOC in Rhode Island – Program Performance & Evaluation

EOHHS will collect, aggregate, and analyze various performance measures to evaluate the PCOC program.

Example Performance Metrics
Number of consumers receiving services by: • Type of support (e.g., I&R, PCOC, application assistance, etc.) • Type of need • Consumer profile (e.g., age, sex, race, etc.) • Referral source • PCOC Counselor
Follow-up: • Number receiving follow-up • Percent in which follow-up was complete
Number of cases opened, follow-up completed, pending follow-up, and closed
Response time following receipt of referral
Total number of transitions to the community: • From the hospital • From a nursing facility
Consumer survey ***(See next slides)***

Future State PCOC in Rhode Island – Consumer Survey

1

Identification of Person Completing this Survey

Please check what applies to you:

- ☐ Person for whom the plan was made
- ☐ Legal Representative
- ☐ Family Member
- ☐ Caregiver
- ☐ Agency Representative
- ☐ Other: (note)

2

1. Where are you (or the person you called for) located now?

- ☐ At home (including in an assisted living, a group residential setting, congregate housing, or other home-like setting)
- ☐ In a hospital
- ☐ In a rehabilitation setting
- ☐ In a nursing home

3

2. Where were you (or the person you called for) located when you first spoke with the counselor?

- ☐ At home (including in an assisted living, a group residential setting, congregate housing, or other home-like setting)
- ☐ In a hospital
- ☐ In a rehabilitation setting
- ☐ In a nursing home

4

8. If you are not currently in the long-term care setting of your choice, indicate the types of barriers you faced or are continuing to face. (Check all that apply.)

- ☐ Services are being arranged
- ☐ On waitlist for services
- ☐ Could not afford services
- ☐ Services not available
- ☐ Not eligible for services
- ☐ No barriers; I am in the long-term care setting of my choice
- ☐ Unable to contact suggested agencies
- ☐ Limited or no informal caregiver
- ☐ Housing not available
- ☐ Home not accessible
- ☐ Other (specify) _____

5

1) Overall, how would you rate your satisfaction with the Person-Centered Options Counseling that you received?

- ○ Very Satisfied
- ○ Somewhat Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat dissatisfied
- ○ Very Dissatisfied

6

2) Was the Person-Centered Options Counselor able to give you the information that you needed?

- ○ Yes
- ○ No
- ○ Don't Know

7

3) Did the Person-Centered Options Counselor consider your opinions, likes and dislikes before recommending programs or supports?

- ○ Yes
- ○ No
- ○ Don't Know

8

8) Did the information that you received during Person-Centered Options Counseling help you to find the services and/or supports that you needed?

- ○ Yes
- ○ No
- ○ Don't Know

9

9) Would you recommend Person-Centered Options Counseling to a friend?

- ○ Yes
- ○ No
- ○ Don't Know

10

10) Did the Person-Centered Options Counselor follow-up with you?

- ○ Yes
- ○ No
- ○ Don't Know

11

11) How quickly were you able to talk with someone?

- ○ > 5 minutes
- ○ 5-10 minutes
- ○ 10+ minutes

Future State PCOC in Rhode Island – Consumer Survey *(Continued)*

12

In regard to my contact with the PCOC counselors, I feel that:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am better informed about options for services and supports.					
2. I was given objective, accurate, and complete information.					
3. I was actively involved in developing my Action Plan.					
4. My Action Plan reflects what is important to me.					
5. Before I contracted The POINT or PCOC Counselor, I considered going into a nursing facility or other institution.					
6. My Action Plan will help me stay in my home or community setting.					

13

Please share comments regarding your PCOC counselor experience or any other suggestions for improvement.

Future State PCOC in Rhode Island – Key Components of PCOC Intake and Follow-up

Category	Example Questions/Fields
Consumer Information: Basic information regarding the consumer receiving PCOC.	1. Consumer information and demographic information 2. Name(s) of individuals involved in the PCOC process
Consumer Preferences: Information about the consumer that includes what is important to them, strengths, and their ideal future state.	3. Consumer background/preferences 4. What is your ideal living situation? 5. What do you want now and in the future related to: home, recreation, community involvement, work/volunteer activities 6. What do you do well?
Goals and Action Items: Each goal will include a set of action statements that describe how each goal will be achieved. Each action will specifically describe what will be done, where it will happen, when it will happen, who will provide supports, and potential funding sources and service options.	7. Goals, action steps 8. Action steps 9. Funding sources 10. Potential service options
Challenges: Highlights any challenges that the consumer may face in pursuing his or her goals.	11. Risks/challenges 12. Risk mitigation steps
Resources: Opportunities and resources and supports that are available in all the communities in which the consumer spends time.	13. Resources available to support goals
Counselor Information/Signatures: PCOC counselor name and a wet or electronic signature from the consumer and/or legal representative.	14. Signature line
Follow-up and Closeout: A plan for reviewing progress and revising consumer's goals as needed.	15. Date of follow-up and closure 16. Next steps after initial follow-up 17. Summary of outcome(s)

Next Steps and Additional Resources

Immediate Next Steps

1. EOHHS requests your feedback on Phase I implementation activities and any recommendations you may have for improvement.
   - **Stakeholder Survey**: EOHHS will issue a consumer survey to all interested parties on December 17, 2020. Feedback is due by December 28, 2020.
   - **Email**: Please send any other feedback to OHHS.LTSSNWD@ohhs.ri.gov by December 28, 2020.
2. Summarize and post stakeholder survey results and feedback by Feb. 2021.
3. Implement IT system to support PCOC by early 2021.
4. Finalize the PCOC process and materials by early 2021.

Available Resources Online: http://www.eohhs.ri.gov/Initiatives/LTSSNoWrongDoor.aspx

- Stakeholder Webinar Presentation
- Rhode Island's No Wrong Door System Three Phase Strategic Plan
- PCOC Operational Manual
- Fact Sheets

Questions and Answers