

2023

# Nevada's No Wrong Door System

FINAL REPORT AND MAP

DIANE THORKILDSON, RANDALL OWEN, & LAUREN BROWN (NEVADA CENTER FOR EXCELLENCE IN DISABILITIES)

NEVADA AGING AND DISABILITY SERVICES DIVISION IN COLLABORATION WITH THE NEVADA CENTER FOR EXCELLENCE IN DISABILITIES |

## Acknowledgements

The authors would like to acknowledge that this report would have not been possible without the willingness of Nevadans with disabilities, older Nevadans, service providers, and caregivers to share their experiences related to navigating Nevada’s current system of care. We would like to extend our gratitude to all the interview participants and survey respondents. Additionally, we want to recognize the people who made significant contributions to this report:

**Maria Barber**

Family Advocate  
Nevada Center for Excellence in Disabilities

**Rachel Blinn**

Disability Advocate  
Nevada Center for Excellence in Disabilities

**Cheyenne Pasquale**

Planning Chief  
Aging and Disability Services Division

Guidance on Nevada’s final NWD map and the development of strategic priorities was provided by member of Nevada’s NWD Steering Committee, including:

**Jeff Duncan**, Aging and Disability Services Division

**Bart London**, Division of Welfare and Supportive Services

**Dawn Lyons**, Statewide Independent Living Council

**Catherine Nielsen**, Governor’s Council on Developmental Disabilities

**Julia Peek**, Division of Public and Behavioral Health

**Dena Schmidt**, Aging and Disability Services Division

**Malinda Southard**, Division of Healthcare Finance and Policy

**Cindy Swanson**, Disability Advocate

**Tracy Reuck**, Division of Child and Family Services

**Melanie Young**, Division of Child and Family Services

## Summary

During the fall of 2023, the Nevada Center for Excellence in Disabilities (NCED) collected data regarding the experiences of various stakeholders with the No Wrong Door system in Nevada. Primary data collection included individual interviews with service users, their families, and providers; an original No Wrong Door Survey that was completed by service users, families, providers, and stakeholders; and input solicited from Nevada's No Wrong Door Steering Committee. NCED also used data from a survey conducted in the previous summer about experiences with the state's Olmstead services and reviewed published reports about the services provided by various state agencies. The final product of such data collection efforts was a map of Nevada's current LTSS system, including current challenges, successes, and planning priorities.

### NWD Challenges

Due to the current bifurcated structure of Nevada Medicaid, access to LTSS is limited to MCO Medicaid eligible Nevadans living in either Washoe or Clark Counties or to Nevadans found eligible for Waiver services. Nevadans living in the state's remaining 15 counties who are not Waiver eligible must use Fee-for-Service Medicaid, which does not provide LTSS coverage.

Nevada does not have a universally agreed upon definition of LTSS. As well, Nevada's lack of a robust LTSS system has resulted in the creation of a difficult-to-navigate maze of possible paths to accessing LTSS. Respondents described a system staffed by under-trained personnel and plagued by high turnover rates. These two barriers, along with lengthy waiting lists and a lack of money to pay for services, represent the top barriers cited by respondents. Additionally, respondents report significant inequities related to access depending on the strength of one's case manager.

### NWD Successes

Through Nevada Care Connection, the state has three community based ADRCs which serve the entire state. According to administrative data, the number of people served by agencies has doubled over the last three years.

With the leadership of the Division of Welfare and Supportive Services (DWSS), the state is working to improve its digital application process by collapsing and streamlining eligibility for numerous services into one on-line application.

Aging and Disability Services Division leadership is committed to making substantial and sustainable improvement to Nevada's LTSS network.

Contents

Acknowledgements..... i

Summary .....ii

    NWD Challenges.....ii

Stakeholder Data Collection..... 1

    Data Sources and Methodology ..... 1

        Individual Interviews ..... 1

        No Wrong Door Survey..... 1

        Olmstead Survey..... 1

        Analytical Approach..... 2

Findings ..... 2

    Individual Interviews..... 2

        Themes..... 4

        Barriers to LTSS..... 4

        Facilitators..... 7

    NWD Survey ..... 8

        Barriers to LTSS..... 9

        Feedback and Person-Centered Planning ..... 11

        Providers in the State of Nevada..... 12

    Olmstead Survey..... 12

Nevada’s LTSS Map..... 14

    Summary ..... 14

    Figure 1. Nevada’s NWD Map ..... 15

    NWD Successes ..... 16

    NWD Challenges..... 16

    Priorities ..... 17

Appendix A – Interview Script and Questions ..... 18

Appendix B – Survey Email and Survey Link ..... 20

## Stakeholder Data Collection

In preparation for mapping Nevada's LTSS system, the Nevada Center for Excellence in Disabilities (NCED) collected data regarding the experiences of various stakeholders with the No Wrong Door system in Nevada. Primary data collection included individual interviews with service users and their families and providers; an original No Wrong Door Survey that was completed by service users, families, providers, and stakeholders; and input solicited from Nevada's No Wrong Door Steering Committee. NCED also used data from a survey conducted in the previous summer about experiences with the state's Olmstead services and reviewed published reports about the services provided by various state agencies. These data sources are described in the sections that follow.

### Data Sources and Methodology

#### Individual Interviews

Over the fall of 2023, two interviewers associated with the NCED conducted 33 total interviews. It is one of the interviewers was a parent of a child with a disability and the other was a person with a disability. They primarily used the snowball sampling techniques by connecting with stakeholders known to them. We also solicited individuals for interviews through a question on the No Wrong Door Survey (see next section). Each interview lasted for between 20 and 40 minutes. These were conducted over the phone and the interviewer took notes throughout the session. 32 interviews were conducted overall. Table 1 summarizes the interview participants.

#### No Wrong Door Survey

Concurrent with the individual interviews, the NCED developed a survey to get input from a larger sample of stakeholders. The survey was conducted electronically and was distributed via numerous listservs, including the NCED and state agencies. Providers and agencies were also asked to post a flyer with a QR code for people who visit their offices to maximize the number of people who knew about the survey. A total of 173 people engaged with the survey, 148 of whom actually completed the survey.

#### Steering Committee Input

The meetings of the Steering Committee were also available sources of data. The NCED facilitator took notes during these meetings and the data collected functions much the same as Individual Interviews. As described later in the report, members of the Steering Committee were also asked to draw Nevada's LTSS system from their own points of view. These individual maps form the basis of several components of the system maps contained in this report.

#### Olmstead Survey

In the summer of 2022, the Nevada Center for Excellence in Disabilities (NCED) conducted a survey regarding Nevada's Aging and Disability Services Division's Olmstead Plan and its programs and services. 300 respondents completed the survey. 170 people with lived experience (people with disabilities, older adults, and their family members) and 130 professionals. Although not conducted specifically to support the No Wrong Door efforts, the

Olmstead Survey asked many relevant questions, and the authors of this report did not feel that it was in the best interest of survey takers to complete a similar survey again, after only one year. Rather, the Olmstead Survey data was used to supplement questions asked in the No Wrong Door Survey. This allowed the authors to keep the No Wrong Door Survey to a minimal length. Results from the Olmstead Survey are identified in this report as “Olmstead Survey”.

### Analytical Approach

Individual interviews were analyzed around core themes that emerged from the data. The authors developed the themes and then checked with the interviewers to ensure that all parties felt that the themes identified very consistent with what the interviewers heard during the interviews. This survey data was analyzed based around frequencies and percentages. Statistical significance was not possible for analyses of survey data. Throughout this report, the NCED attempted to triangulate data sources to increase the reliability of results made in this report. Typically, this means combining the perspectives of multiple types of stakeholders. It can also mean commanding multiple sources of data for one stakeholder group (e.g., considering both individual interview data along with No Wrong Door Survey data.) All results and conclusions presented in this report are based on the data sources identified previously.

## Findings

### Individual Interviews

Thirty-two (32) individual interviews were conducted from August - September of 2023. These interviews were all conducted over the phone or via zoom. Those interviewed were primarily: service users (persons with disabilities or older adults), parents/caregivers of persons with disabilities or older adults, and providers who work with persons with disabilities and/or older adults. See Table 1 for a summary of participants’ involvement in Nevada’s NWD system.

All interviews were conducted by two facilitators, who are both parents of a person with a disability and/or a person with a disability. Potential interviewees were identified through:

- The NCED’s Family Navigation Network;
- Parent groups on social media;
- Email and phone contacts of the interviewers.

**Table 1**

*Participant’s NWD Involvement for Individual Interviews*

NWD Involvement	# of Interviews
Service user (Person with a disability or older adult)	10
Parent of a person with a disability or older adult	18
Caregiver for a person with a disability and/or older adult	1
Provider	3
<b>Total participants:</b>	<b>32</b>

Once interviewees agreed to participate, the facilitators set up interview days/times. The facilitators were given a script and questions to ask each interviewee. A copy of this script is

provided in Appendix A. All interviewees were read the script and asked if they had any questions prior to starting. Each interviewee was first asked: “what is your current role in the NWD system?”. This question then filtered each interviewee into one of two groups of questions. The first group of questions was formatted for service users (persons with disabilities or older adults), family members of service users, or caregivers of service users. The questions this group were:

- How did you get connected with services? If there was a different process for different services, how was the process different?
- Do your providers provide referrals to other providers if needed?
- What barriers do you currently experience with providers?
- Where did you get information about the services that were available?
- What do you think works well in the current system?
- What would you like to see change in the system?
- Have you been asked about your experiences previously?
  - If so, has anything been done about the feedback you provided?

The second group of questions were formatted for providers working with service users. The questions for this group were:

- How do you think that service users find out about the services that are available?
- If somebody uses your services and they need to access another provider or agency, how does that currently happen?
- What do you think are the primary barriers that people face when trying to access services?
- Which other organizations do you most closely partner with?
  - Are there any other organizations that you want to partner with but have not been able to (and why)?
- When you think about the system of services available in Nevada, would what do you think are its strengths?
- What do you think are its weaknesses?
  - How would you like to see those improved?
- If the system is unable to achieve the “ideal,” what would be the next best thing?
  - How far do you think Nevada get? Where is the momentum?
- How do you see your organization’s role changing in the future?
  - Are there different roles for your organization in the future?

Facilitators wrote out participants’ responses to each question and uploaded all completed interviews into a folder shared by the research team. The research team used qualitative methods and content analysis to code, analyze, and graph the responses. The data was first distributed into one of five main questions (how they learned about services, facilitators, challenges, changes to be made, and feedback) and then coded for themes. Data was then analyzed to determine the most frequent themes amongst interviewees. Themes that emerged from these interviews are presented in the next section.

Data regarding how interviewees reported learning about the services available in Nevada is presented in Table 2. It should be noted that this question was open-ended and interviewees could indicate any number of sources that provided them with service information. **The most common way in which interviewees reported learning about services in Nevada was through word of mouth**, as indicated by 69% (22 of 32) interviewees. Almost 20% of interviewees indicated both Therapists/Doctors and Regional Centers provided them with service information, with Early Intervention Services making up 13% of these referral sources. Websites, Parent or Caregiver of the individual with a disability or an older adult, Hospital Staff, social media, Schools or Teachers, and Nevada’s University Center of Excellence in Developmental Disabilities (Nevada Center for Excellence in Disabilities) each made up 9% of referral sources. Other referral sources mentioned by a single interviewee, each, were: Social workers, Food pantry, TV ads/billboards, ASD, Emailed Communication, Indian Clinics, Lawyers, Domestic Violence Agencies, WIC, Insurance, Coaches (Sports), Down Syndrome Network, Advocacy Organizations, and Vocational Rehabilitation.

**Table 2**  
*How Interviewees Reported Learning About Services in Nevada*

Referral Sources	# Endorsed	% of Interviewees
Word of Mouth	22	69%
Therapists/Doctors	6	19%
Regional Centers	6	19%
Early Intervention Services	4	13%
Websites	3	9%
Parent/Caregiver	3	9%
Hospital Staff	3	9%
Social Media	3	9%
Teachers/Schools	3	9%
Nevada’s UCEDD (NCED)	3	9%

*Note.* N = 32.

### Themes

#### Barriers to LTSS

There were 5 themes that emerged when interviewees were asked to share their experiences and perspectives on barriers that hindered successful engagement with services in Nevada. Those were barriers with: 1) Workforce Development, 2) Process, 3) Lack of Choice, 4) Lack of Accessible Information/Service Options, and 5) Fear or Lack of Trust in the System. Table 3 depicts these 5 themes and the reported issues with each.



**Table 3***Themes: Barriers*

Barriers	# Endorsed	% of Interviewees
<b>Theme 1: Workforce Development</b>		
Staff turnover, service inconsistencies and lack of continuity	16	50%
Poorly trained staff or providers	10	31%
Not enough staff	9	28%
Poor communication	7	22%
No responses or lack of follow-up from providers	6	19%
Caseloads too large	2	6%
Need supervisor involvement to get desired services	2	6%
Lack of enthusiasm to support PWD and older adults	2	6%
<b>Theme 2: Process</b>		
Long wait lists	11	34%
Duplicative paperwork/reapplication	11	34%
Long response times	10	31%
Difficulty understanding the process/paperwork	9	28%
Difficulty completing applications	6	19%
Need other documents to complete applications	3	9%
Too much paperwork	7	22%
Many steps to follow	3	9%
Restrictions limit eligibility	6	19%
No support at points of major transition (e.g., adulthood)	6	19%
<b>Theme 3: Lack of Choice</b>		
Providers not sharing all resources available	16	50%
Lack of transition services	6	19%
Limited or no choice in providers	6	19%
Resources that families used previously no longer available	4	13%
Not enough affordable housing or transportation options	3	9%
Lack of individualization in services (not person-centered)	3	9%
Availability/number of people to help navigate resources	2	6%
<b>Theme 4: Lack of Accessible Information</b>		
Have to find resources on one's own	7	22%
Limited or no ability to use technology	3	9%
Resources/providers not easy to find	3	9%
System isn't user-friendly	2	6%
Websites difficult to navigate/not updated	2	6%
<b>Theme 5: Fear/lack of trust in the system</b>		
Difficulty asking for services or help	5	16%
Families chose private pay (bureaucratic burden too high)	4	13%

### *Workforce Development*

The most common barrier discussed across interviewees related to workforce development, or issues with staffing, training, and capacity. Half (16) of the interviewees reported issues with staff turnover and lack of consistency between staff. Additionally, 31% (10) interviewees identified that providers were poorly trained and 28% (9) indicated that there were not enough staff in general. Issues with communication were also mentioned (22%, or 7 interviewees). Lack of responses or follow up from providers (19%, or 5 interviewees) was also indicated as a barrier. 2 interviewees (or 6%) each mentioned the following barriers as well: that staff caseloads are too large, supervisors would have to get involved if desired services were to happen, and that staff/providers seemed unenthusiastic about working with persons with disabilities or older adults.

### *Process*

Barriers that referred to issues with operating procedures and systems were termed process barriers. Both long wait lists and duplicative paperwork or reapplication processes were reported as the largest process barriers (11 interviewees each, or 34%), with long response times (10, 31%) being identified second. Additionally, interviewees reported a number of difficulties with understanding the process or paperwork (9, 28%), difficulty completing applications (6, 19%), too much paperwork (7, 22%), needing other documents or paperwork in order to complete applications (3, 9%), and there being too many steps to follow (3, 9%). Lastly, they also reported process barriers of restrictions being in place that limit eligibility (6, 19%) and that there is no support at points of major transitions (6, 19%), such as when an individual starts school, enters adulthood, or enters retirement.

### *Lack of Choice*

The third barrier theme, lack of choice, refers to there being a limited number of services or providers or system users not having the ability to pick from an array of service options. The highest reported way in which lack of choice served as a barrier was seen when 50% (or 16 interviewees) indicated that providers often didn't share all of the resources available. Second, lack of transition services and limited or no choice in providers were both reported by 6 interviewees (19%). Other lack of choice barriers indicated were: resources that families used were no longer available (4, 13%), there were not enough affordable housing or transportation options (3, 9%), there is a lack of individualization in services or that services are not person-centered (3, 9%), and there is limited availability/number of people to help navigate resource options (2, 6%).

### *Lack of Accessible Information/Service Options*

The fourth barrier that emerged was lack of accessible information/service options. Interviewees reported a barrier of having to find resources on their own (7, 22%), limited or no ability to use technology (3, 9%), that resources and/or providers are not easy to find (3, 9%), as well as systems not being user-friendly (2, 6%), and websites being difficult to navigate or not being updated (2, 6%).

### *Fear/Lack of Trust in the System*

The final barrier, fear or a lack of trust in the system, was indicated by interviewees stating that they had experienced difficulty in asking for services or help in general (5, 16%) and when a number of families indicated they chose the private pay options over Medicaid because the bureaucratic burden was too high or they were unsure they or their loved one would be covered (4, 13%).

### *Facilitators*

It should be noted that only some of the interviewees responded to the question regarding “what works?” within the current Nevada LTSS. Thus, only 11 interviewees formally responded to the question.

With respect to themes that emerged regarding successes interviewees had in navigating services (i.e., facilitators), **the primary theme that emerged was that there were very few successful ways in which people were able to access supports. The second theme that emerged was that interviewees relied heavily on family and consumer advocate networks/word of mouth to learn about and access necessary services.**

**Table 4**

*Themes: Facilitators*

Facilitators	# Endorsed	% of Interviewees
<b>Theme 1: Few examples of success</b>		
Nothing works	2	18%
Certain providers offer helpful services	5	45%
Care managers and social workers (hospital)	2	18%
Domestic violence agency	1	9%
Chewy (pet supports)	1	9%
NEIS	1	9%
<b>Theme 2: Reliance on family/advocacy networks and friends</b>		
Family and friends provide resources	2	18%

*Note.* N = 11.

### *Few Examples of Success*

The primary theme that emerged was that there were very few successful ways in which people were able to access supports. Some indicated that “nothing works” (2, 18%), while others called out one or two providers that they thought had a good system in place (3, 21%).

### *Heavy Reliance on Family/Consumer Networks*

The second theme that emerged was that interviewees relied heavily on family and consumer advocate networks/word of mouth to learn about and access necessary services. 2 interviewees (18%) noted that this channel was how they learned about all resource options. Additionally, as was seen in Table 1, word of mouth was the most common way in which people learned about

resources, so family and consumer networks/advocates appear strong resources in the state of Nevada.

### NWD Survey

In order to supplement the interviews and reach more LTSS users and providers across the state of Nevada, an online survey was created to gather further information. The survey was created in Qualtrics and distributed via emailed communication and newsletters. Appendix B shows a copy of the emailed communication which describes the purpose of the survey and provides people with multiple ways of accessing the survey (i.e., link, QR code, and email). This email was distributed through:

- The NWD Governance Committee members;
- The NCED newsletter; and
- The NCED listserv.

The survey was designed to capture responses from service users (i.e., persons with disabilities or older adults), providers of services to persons with disabilities and/or older adults, and family members, caregivers, parents, or advocates for persons with disabilities and/or older adults. The type of respondents that completed the survey are listed in Table 5. We had 172 responses in total, of which 150 were complete. Therefore, data in Table 5 reflect data from 150 respondents.

**Table 5**  
*Survey respondents' relationship to NWD*

Relationship to NWD System	# of respondents	% of respondents
Parent/guardian of a person with a disability	57	38%
Service provider/agency	29	19%
State or county employee	18	12%
Person with a disability	15	10%
Advocate or ally for people with disabilities	10	7%
Advocate or ally for older adults	7	5%
Caregiver/personal support worker	5	3%
Educator or school district representative	5	3%
Family member of older adult	3	2%
Older adult	1	1%
Family member of a person with a disability	0	0%
Policymaker or legislator	0	0%

*Note.* N = 150

Respondents were asked up to 29 questions (for providers and family/caregivers/advocates) and up to 43 questions (for service users), most of which were multiple choice (select one or multiple answers) and few of which were text entry (type in response). The survey was arranged to filter questions depending on how they identified their relationship to the NWD system.

Respondents who indicated they were a person with a disability or older adult were filtered questions specifically designed for “LTSS users”. Respondents who indicated they were a parent/guardian of a person with a disability, family member of a person with a disability, family member of an older adult, or caregiver/personal support worker were filtered into questions for “family members/caregivers of LTSS users”. Lastly, respondents who indicated they were a service provider/agency, state or county employee, advocate or ally for people with disabilities, advocate or ally for older adults, educator or school district representative, or policymaker or legislator were filtered into questions for “providers of LTSS”. Only one response option could be selected, so respondents were asked to choose which option best described their relationship to the Nevada NWD system.

We also asked which counties respondents lived in/provided services in. Data indicated that the two most populous counties, Clark County and Washoe County, had the highest number of responses, which was not surprising. The minimum number of respondents who either lived in or provided services in each county was 5, so all 17 of Nevada’s counties were reached in some capacity through the survey.

#### Barriers to LTSS

Table 6 depicts barriers to LTSS as identified by three different groups: 1) LTSS users, 2) their parents, family members, and caregivers, and 3) providers of LTSS. A total of 124 people responded to this question (10 LTSS users, 53 family members/caregivers, and 61 providers). Survey respondents were given the choice to choose as many of the listed barriers as were relevant to their own experiences. Barriers were ranked from the most to least number of LTSS users identifying each barrier.

**Table 6**

*Barriers to LTSS, as indicated by LTSS users, Family Members/Caregivers, and Providers*

Barriers	LTSS users		Family/caregivers		Providers	
	Total #	%	Total #	%	Total #	%
Lack of money to pay for services	6	60%	19	36%	37	62%
Long wait times for services	5	50%	32	60%	45	75%
Users don’t qualify for some services	5	50%	19	36%	27	43%
Difficult to apply for some services	5	50%	15	28%	36	58%
Some services don’t accept Medicaid	4	40%	24	45%	-	-
Services not available in user’s area	4	40%	22	42%	33	53%
Users don’t know what services are available	3	30%	26	49%	47	77%
Services are not available at convenient times	2	20%	19	36%	24	40%
Lack of accessible technology	2	20%	2	4%	24	40%
Lack of accessible transportation	1	10%	15	28%	43	72%
Medicaid reimbursement rates are too low	1	10%	20	38%	32	52%
Users don’t have people around to help them	1	10%	13	25%	30	50%
Providers not respectful of the user’s culture	1	10%	1	2%	14	23%
Immigration status	0	0%	0	0%	13	21%

Services not available in preferred language	0	0%	1	2%	16	27%
<b>Total Respondents</b>	<b>10</b>		<b>53</b>		<b>61</b>	

Note. Total N = 124.

#### *LTSS users*

LTSS users (i.e., persons with disabilities and older adults) were asked to indicate what barriers they faced in navigating LTSS. Table 6 shows all of the responses from LTSS users for each of 15 barriers listed in the survey. The most relevant barriers faced by LTSS users were: lack of money to pay for services (60%), long wait times for services (50%), do not qualify for some programs/services (50%), difficult application processes for some programs/services (50%), lack of services in their area (40%), and some programs/services do not accept Medicaid (40%).

#### *Parents, family members, and caregivers of LTSS users*

Barriers indicated by parents, family members, and caregivers of LTSS users are also depicted in Table 6. Although a number of barriers identified by LTSS users were also barriers ranked by family members/caregivers, such as long wait times for services (60%), lack of services in their area (42%), and some programs/services do not accept Medicaid (45%). However, family members/caregivers identified users not knowing what services are available (49%) as the second most problematic barrier behind long wait times, and indicated the following barriers as more problematic than LTSS users: Medicaid reimbursement rates are too low (38%), lack of accessible transportation (28%), and users don't have people around to help them (25%).

Barriers which family members/caregivers indicated were less problematic than LTSS users were: lack of money to pay for services (36%), do not qualify for some programs/services (36%), difficult application process for some services (28%), and lack of accessible technology (4%).

#### *Providers of LTSS*

Providers were also asked similar questions regarding barriers to LTSS. This data is also depicted in Table 6. The most problematic barriers for providers were: Service users don't know what services are available (77%), long wait times for services (75%), lack of accessible transportation (72%), lack of money to pay for services (62%), and difficult/complicated application processes (58%). Although a number of barriers were identified by similar percentages of LTSS users and providers, providers indicated the following barriers seemed more problematic than LTSS users and family members/caregivers had identified: lack of accessible transportation (72%), Medicaid reimbursement rates are too low (52%), user don't have people to help them (50%), services are not available in the user's preferred language (27%), some providers might not be respectful of the user's culture (23%), and immigration status (21%).

Providers were also asked which, if any, barriers they encountered when working with other providers. This data is presented in Table 7. The top three barriers providers indicated were: lengthy waitlists (78%), lack of returned communication (67%), and differences in eligibility criteria (47%). Other barriers commonly indicated by providers: concerns about quality services (45%), inconsistent values between organizations (40%).

*Barriers faced by providers in working with other providers*

Barriers	# of respondents	% of respondents
Lengthy waitlists	47	78%
Lack of returned communication	40	67%
Differences in eligibility criteria	28	47%
Concerns about quality services	27	45%
Inconsistent values between organizations	24	40%
Other	13	22%
Incompatible IT Systems	10	17%
Competition	5	8%

Note. N = 61.

Feedback and Person-Centered Planning

Both LTSS users and family members/caregivers of LTSS users were asked if they had ever had the opportunity to provide feedback on services in the state of Nevada. Table 8 depicts their responses. **Most users and family members/caregivers (56% of each group) indicated they had not been asked to provide feedback.**

**Table 8**

*Feedback on Nevada LTSS*

Have you ever been asked to provide feedback on services in Nevada?	LTSS users	Family members/caregivers
No	56%	56%
Yes	22%	31%
I don't remember	22%	13%
<b>Total Respondents</b>	<b>9</b>	<b>45</b>

Note. Total N = 54.

Additionally, both groups were asked if they had a person-centered plan and if so, if it was updated as often as they wanted it to be. Table 9 depicts their responses. **Roughly one-third of respondents in both groups indicated they had a person-centered plan and that it was updated as often as they wanted it to be; however, most LTSS users and over one-third of family members/caregivers indicated that they or their family member did not have a person-centered plan at all.**

**Table 9**

*Person-centered planning*

Do you have a person centered plan and it is updated as often as you would like?	LTSS users	Family members/caregivers
I/they do not have a person-centered plan	67%	34%

I/they have a plan but it has never been updated	0%	7%
I/they have a plan and it has been updated, but not as often as I/they would like it to be	0%	20%
I/they have a plan and it has been updated as often as I/they have wanted it to be	33%	39%
<b>Total Respondents</b>	<b>9</b>	<b>44</b>

Note. Total N = 53.

Providers in the State of Nevada

LTSS users and family members/caregivers of LTSS users were also asked if there were enough providers for various services in the state of Nevada. Table 10 depicts their responses.

**Overwhelmingly, respondents in each group (51 of 53) indicated that there are not enough providers in the state of Nevada.**

**Table 10**

*Opinions on number of providers in the state of Nevada*

In your opinion, are there enough providers?	LTSS users	Family members/ caregivers
No	100%	95%
Yes	0%	5%
<b>Total Respondents</b>	<b>9</b>	<b>44</b>

Note. Total N = 53.

Those respondents that answered “no” to the question of whether there were enough providers or not were also asked in an open-ended question format which providers they thought were missing. Many indicated either “all of them” or “many categories/providers” as missing, while others listed out providers that were missing, such as dental providers, ABA providers, OT/SLP providers, providers with disabilities, etc. One LTSS user noted that the “Nevada system is too hard to understand. I talk to people and they don’t know the answers. They don’t know when they will have answers”.

Olmstead Survey

The NCED used the data collected as part of the Olmstead Survey to develop seven recommendations. These are reproduced below; not all of them directly relate to No Wrong Door, but it is relevant information as they relate to ADSD services.

In the summer of 2022, the Nevada Center for Excellence in Disabilities (NCED) conducted a survey regarding Nevada’s Aging and Disability Services Division’s Olmstead Plan and its programs and services. 300 respondents completed the survey. 170 people with lived experience (people with disabilities, older adults, and their family members) and 130 professionals. The results of that survey are presented in this report. Throughout the report, comparisons of data from people with lived experience with data from professionals are presented, where possible. NCED recommendations are interspersed throughout the document. The recommendations are listed below, and they highlight the major finding from this survey:



- Recommendation 1: With nearly one in four people feeling that they are not living in an appropriate setting, Nevada should invest additional resources into gaining greater understanding of the barriers which are preventing people with lived experience from accessing appropriate housing. Once the barriers are identified, additional policies need to be enacted to ensure that people with disabilities can choose to live in appropriate community-based settings.
- Recommendation 2: Given the low levels of awareness of Nevada's Olmstead Plan, it is important that ADSD plan to engage in a public awareness campaign when the new plan is initiated. A simple strategy may be sharing information routinely with stakeholders on ADSD listservs. Public awareness of the plan is essential for stakeholders so that they can provide appropriate feedback in a timely fashion.
- Recommendation 3: Data indicates that there is a high degree of agreement that the existing Olmstead goals represent the preferences of people with lived experience, a low awareness of the Olmstead Plan, and a low perception that the state is achieving the goals. As a result, additional resources need to be put into the actual activities that support goal achievement rather than directing efforts toward developing new goals. Although the data collected in this report makes it difficult to suggest that the answer is more resources, perhaps the answer is a better utilization of existing resources and establishing higher expectations for the providers of services.
- Recommendation 4: ADSD should consider conducting qualitative interviews or focus groups with people with disabilities to better understand the services that are most important to them. This will provide insight into differences in the perceptions of what services are the most important for people with disabilities and older adults in Nevada.
- Recommendation 5: As mentioned in the first recommendation, additional qualitative data needs to be collected regarding the barriers to service experienced by people with disabilities. The data collected in this report highlights a stark contrast between the service barriers perceived by professionals and the actual barriers experienced by people with lived experience. Addressing this contrast requires that ADSD increase efforts to incorporate people who personally experience those barriers into any planning efforts.
- Recommendation 6: Except for programs for older adults, survey respondents were less than satisfied with the other programs and services offered in Nevada. This suggests that more data needs to be collected about those programs and services and how they can be more effective. Simply stated, Olmstead goals are not achievable if the necessary services, resources, and supports are unavailable.
- Recommendation 7: The qualitative comments about the lack of consumer understanding of available services are supported by the quantitative data/assessments of programs and services. Data indicates a lack of knowledge about what services are available in Nevada. ADSD should develop mechanisms to ensure that eligible individuals (and family members) are aware of the programming available in Nevada, and how to access those programs and services.

## Nevada's LTSS Map

### Summary

Currently, Nevada has two doors to LTSS—the Division of Welfare and Supportive Services, which serves as the arbitrator of financial eligibility and Aging and Disabilities Services Division which determines waiver eligibility. In order to gain access to LTSS in Nevada, a service seeker must:

- Be eligible for Medicaid **and** be living in either Washoe or Clark counties, or
- Be eligible for waiver services, or
- Have private insurance which covers LTSS.

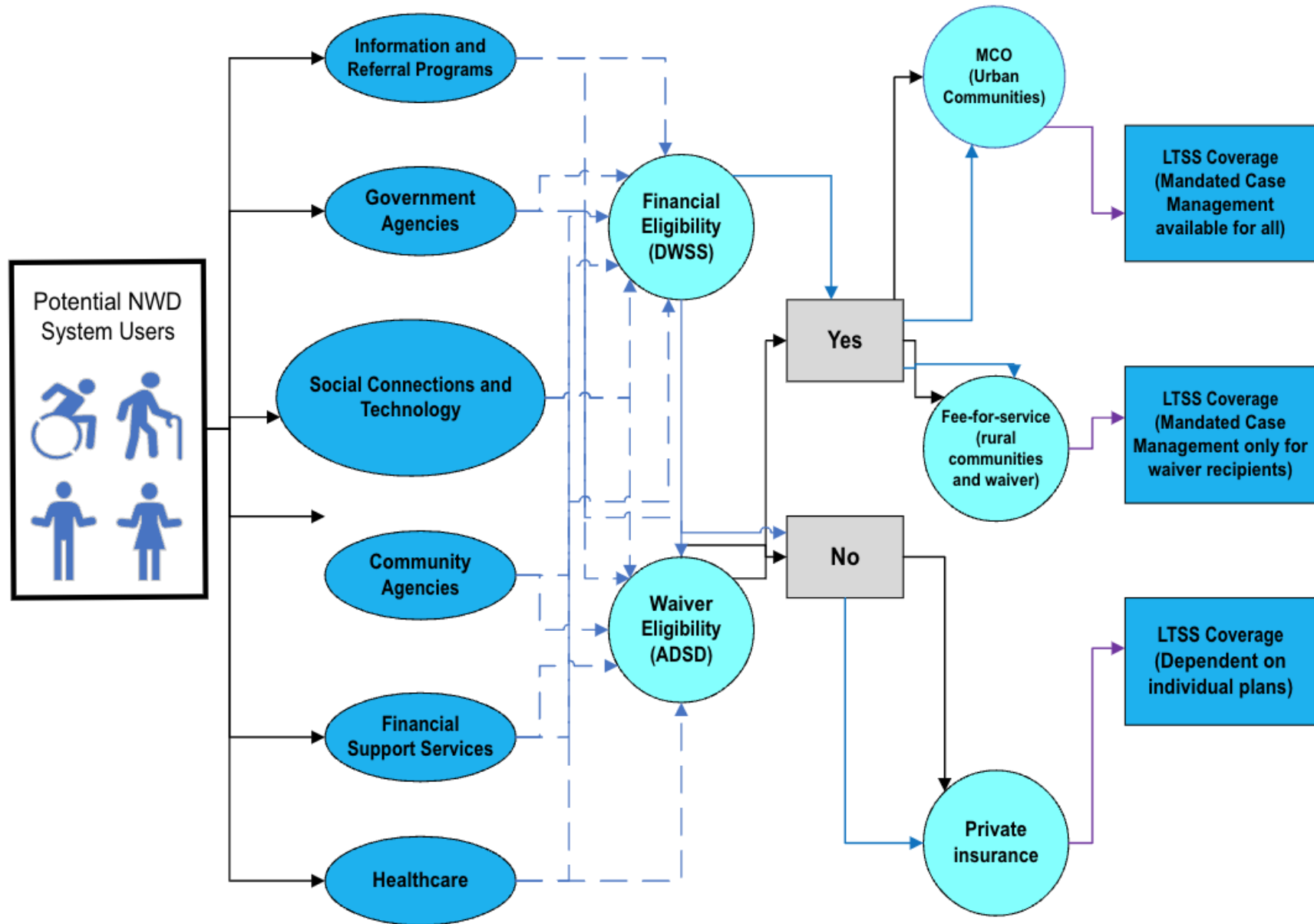
LTSS is provided through Nevada Medicaid's Managed Care options, which are only available to residents of Washoe and Clark counties. Fee-for-Service Medicaid covers the remaining 15 rural counties; however, FFS Medicaid does not provide LTSS coverage. As a result, rural Nevadans can only access LTSS coverage if they are determined to be eligible for waiver services.

Successfully gaining access to Nevada's nascent LTSS system is heavily reliant on the informal social networks of service seekers which places the burden to find and locate services on the consumer. A majority of respondents (69%) reported that they learned about LTSS services through "word of mouth," other social connections, and/or internet searches. Nevada Care Connection's three providers (Access to Health Care Network, Lyon County Social Services, and Jewish Family Services Agency) represent Nevada's only officially recognized ADRCs. Access to Nevada Care Connection providers is available statewide, and most of the services provided by the agencies focus on the aging population.

Figure 1 depicts Nevada's current NWD Map. Additionally, Table 11 highlights the most commonly cited sources of initial information about LTSS or how people learned about possible LTSS services (Paths).

Figure 1. Nevada's NWD Map

## Nevada's No Wrong Door Map



**Table 11**  
*Paths to LTSS*

Paths to LTSS		
Information and Referral Programs	Government Agencies	Social Connections and Technology
Nevada 211 Nevada 988	Early Intervention Services Regional Centers Senior Centers Libraries School Districts Juvenile Justice	Word of mouth Social media Support groups Internet search
Community Agencies	Financial Support Services	Healthcare
Access to Healthcare Network Lyon County Social Services Jewish Family Services Agency Family Resource Centers Care Chest NATRC	Division of Welfare and Supportive Services	Acute care hospitals FQHCs VA Indian Health Services Private practitioners

*Note.* “Social Connections and Technology” is the most common/prominent path to LTSS in Nevada per the NWD interviews and survey.

#### NWD Successes

Through Nevada Care Connection, the state has three community-based ADRCs which serve the entire state. According to administrative data, the number of people served by agencies has doubled over the last three years.

With the leadership of the Division of Welfare and Supportive Services, the state is working to improve its digital application process by collapsing and streamlining eligibility for numerous services into one on-line application.

Aging and Disability Services Division leadership is committed to making substantial and sustainable improvement to Nevada’s LTSS network.

#### NWD Challenges

Unless they are eligible for waiver services or have private insurance, residents living in 15 of Nevada’s 17 counties do not have access to LTSS. Rural residents who do qualify for waiver services are often placed on lengthy waiting lists which prevent timely access to LTSS.

Nevada does not have a central agreed upon definition of LTSS. Currently, the state focuses almost exclusively on a medical definition of LTSS and only minimal support is given for myriad other services that promote independence and community inclusion.

Nevada’s lack of a robust LTSS system has resulted in the creation of a difficult-to-navigate maze of possible paths to accessing LTSS. Respondents described a system staffed by under-trained

personnel and plagued by high turnover rates. These two barriers, along with lengthy waiting lists and a lack of money to pay for services, represent the top barriers cited by respondents. Additionally, respondents report significant inequities related to access depending on the strength of one's case manager. For instance, many respondents to the NWD survey (especially providers and family members/caregivers) noted that "they do not know what services are available to them." Data and anecdotal information indicate that LTSS-related personnel do not receive consistent training and are often unaware of what resources exist. Access to services is often influenced by a case manager's personal relationships with other providers, with only the most seasoned personnel being able to provide adequate assistance with full system navigation.

### Priorities

1. Partner with DWSS to improve on-line eligibility process;
2. Develop and promote a statewide definition of LTSS which incorporates a variety of services that promote choice, independence, and inclusion;
3. Using the new LTSS definition, complete a NWD strategic plan which uses the four NWD principles as the foundation for expanding Nevada's LTSS network.

## Appendix A – Interview Script and Questions

**Introduction:** Thank you for taking the time to talk with me. I am working with the Nevada Center for Excellence in Disabilities on a project working with the Aging and Disability Services Division on a project intended to transform how people get to various services. The idea is to create a “No Wrong Door” system where people can connect to different services regardless of the first system that they work with, or try to work with. In order to get started with changing the current system, we are trying to better understand the experiences that various stakeholders have, especially about how they get connected with services and share information with others about accessing services. This particular project is less focused on primarily medical services. Instead we are focusing on Long-Term Services and Supports, or LTSS: A broad range of supportive services needed by people who have limitations in their ability to perform daily activities because of a physical, cognitive, or mental disability or condition. Typically, these are provided at home or in the community and address activities of daily living<sup>1</sup>. These services are also available to older adults who may or may not identify with a disability.

1. What is your current role in the NWD system? Are you a service user, family member of a service user, provider, etc.?

**For service users and family members:**

2. How did you get connected with services? If there was a different process for different services, how was the process different?

3. Do your providers provide referrals to other providers if needed? [Specifics would help]

4. What barriers do you currently experience with providers?

5. Where did you get information about the services that were available?

6. What do you think works well in the current system?

7. What would you like to see change in the system?

8. Have you been asked about your experiences previously? If so, has anything been done about the feedback you provided?

**For providers and agencies:**

9. How do you think that service users find out about the services that are available?

10. If somebody uses your services and they need to access another provider or agency, how does that currently happen?

11. What do you think are the primary barriers that people face when trying to access

Services?

12. Which other organizations do you most closely partner with? Are there any other organizations that you want to partner with but have not been able to (and why)?

13. When you think about the system of services available in Nevada, would what do you think are its strengths?

14. What do you think are its weaknesses? How would you like to see those improved?

15. If the system is unable to achieve the “ideal,” what would be the next best thing? How far can Nevada get? Where is the momentum?

16. How do you see your organization’s role changing in the future? Are there different roles for your organization in the future?

<sup>1</sup> this definition may also help:

- Care provided in the home, in community-based settings, or in facilities, such as nursing homes
- Care for older adults and people with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their abilities to care for themselves
- A wide range of services to help people live more independently by assisting with personal and healthcare needs and activities of daily living, such as: Eating, Taking baths, Managing medication, Grooming, Walking, Getting up and down from a seated position, Using the toilet, Cooking, Driving, Getting dressed, Managing money.

## Appendix B – Survey Email and Survey Link

The Nevada Center for Excellence in Disabilities (NCED) and the Aging and Disability Services Division are working on a project intended to transform how people get to various services. The idea is to create a “No Wrong Door” system where people can connect to different services, regardless of the first system they work with or try to work with. To get started with changing the current system, we are trying to better understand the experiences of various stakeholders, especially about how they get connected with services and share information with others about accessing services.

This project is focused on Long-Term Services and Supports (LTSS), which is a broad range of supportive services needed by people who have limitations in their ability to perform daily activities because of a physical, cognitive, or mental disability or condition. Typically, these are provided at home or in the community and address activities of daily living. These services are also available to older adults who may or may not identify with a disability.

We have created a survey to gather information on individual experiences with LTSS in Nevada. Anyone who is involved with LTSS is invited to participate in the survey, whether you are accessing services yourself, have a family member or person you care for that is accessing services, or if you are a provider of services. Your participation will help us to learn more about how individuals are accessing services, as well as any successes or barriers you may have faced. Your responses to the questions on the survey are confidential and anonymous; nobody will know whether you responded to the survey.

We thank you for your time and participation!

You can access the survey at:

<https://bit.ly/3PZZySD>

OR



[https://unr.az1.qualtrics.com/jfe/form/SV\\_0cbQDVS2XmwjUsS](https://unr.az1.qualtrics.com/jfe/form/SV_0cbQDVS2XmwjUsS)