

Grant Report

2015 Second Period (July - December)

for

New Jersey - NJ15SA02

A. General Information

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

Organization Information

1. Full Name of Grantee Organization	NJ Department of Human Services, Division of Developmental Disabilities
2. Program's Public Name	NJ Money Follows the Person Demonstration Project
3. Program's Website	www.ichoosehome.nj.gov

Project Director

4. Project Director Name	Terre Lewis
5. Project Director Title	Supervising Community Program Specialist
6. Project Director Phone	(609) 689-0564
7. Project Director Fax	(609) 631-2222
8. Project Director Email	Terre.Lewis@dhs.state.nj.us
9. Project Director Status	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/> New Since Last Report

10. Project Director Status Date: Change date if status is different from last report.

11/22/2010

Grantee Signatory

11. Grantee Signatory Name

Matthew Shaw

12. Grantee Signatory Title

Chief Financial Officer

13. Grantee Signatory Phone

(609) 631-2200

14. Grantee Signatory Fax

(609) 631-2217

15. Grantee Signatory Email

Matthew.Shaw@dhs.state.nj.us

16. Has the Grantee Signatory changed since last report?

Yes

No

Other State Contact

17. Other State Contact Name

Alisa Mead

18. Other State Contact Title

MFP Associate Project Director

19. Other State Contact Phone

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20. Other State Contact Fax

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21. Other State Contact Email

Alisa.Mead@dhs.state.nj.us

Independent State Evaluator

22. Independent State Evaluator Name

NA

23. Independent State Evaluator Title and Organization

NA

24. Independent State Evaluator Phone

(000) 000-0000

25. Independent State Evaluator Fax

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26. Independent State Evaluator Email

NA

Report Preparer

27. Report Preparer Name

Terre Lewis

28. Report Preparer Title

MFP Project Director

29. Report Preparer Phone

(609) 689-0564

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31. Report Preparer Email

Terre.Lewis@dhs.state.nj.us

CMS Project Officer**32. CMS Project Officer Name**

John Sorensen

B. Transitions**Grant Report:** 2015 Second Period (July - December) - NJ15SA02, New Jersey

- All figures are for the current reporting period.

1. Please specify your MFP program's "Other" target population(s) here. Once "Other" population has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "Other" target population is selected as an option. [The report will update after this page is saved.]

NA

2. Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s).

NA

3. Number of people assessed for MFP enrollment. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	151	95	0	160	0	406
Second Period	262	66	0	319	0	647
Total	413	161	0	479	0	1,053

Cumulative Number Assessed	2,010	1,131	0	1,289	0
Transition Targets, all grant years (by population and total)	1,054	1,040	0	537	0
Cumulative Number Assessed as a Percent of Total Transition Target	190.70%	108.75%		240.04%	

Please indicate what constitutes an assessment for MFP versus any other transition program.

[An assessment for the MFP Program consists of a consumer specific review of the MFP eligibility criteria as well as a review of the Informed Consent document. The consumer (if there is no appointed guardian) decides whether or not to enroll in MFP. The IDT, in consultation with the guardian (if applicable) will make a recommendation for enrollment into MFP.]

4. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	20	40	0	44	0	104
Second Period	48	42	0	64	0	154
Total	68	82	0	108	0	258

Annual Transition Target	106	128	0	53	0
% of Annual Transition Target Achieved	64.15%	64.06%		203.77%	

5. The reporting system automatically totals cumulative transitions to date, by tallying the new transition counts entered in each reporting period. If your records show different cumulative transition totals than those in the table below, you can adjust them by checking 'yes' below.

Yes: Please provide an explanation as to why your cumulative transition counts do not match those in the table below.

No

Cumulative number of MFP transitions to date. If you answered 'yes' above, please enter the positive and/or negative adjustment value in the corresponding cell of the table below. For example, if your records show 5 fewer older adult transitions than the table shows, you should enter '-5' in the adjustment value row under "Older Adults". A revised total will then appear in the Adjusted Cumulative Total row. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Adjustment value for cumulative transitions	524	686	0	405	0	1,615
Total	0	0	0	0	0	0
	524	686	0	405	0	1,615

Transition Targets, all grant years (by population and total)	49.72%	65.96%	N/A	75.42%	N/A
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6. Total number of current MFP participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	31	115	0	56	0	202
Second Period	59	81	0	103	0	243

7. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
For less than or equal to 30 days	0	0	0	0	0	0
For more than 30 days	6	0	0	1	0	7
Length of stay as yet unknown	0	0	0	0	0	0
Total						

	6	0	0	1	0	7
Total re-institutionalized for any length of time (total of above)	6	0	0	1	0	
Number of MFP participants re-institutionalized as a percent of all current MFP participants	19.35%	0.00%	0.00%	1.79%	0.00%	
Number of MFP participants re-institutionalized as a percent of cumulative transitions	1.15%	0.00%	N/A	0.25%	N/A	

Please indicate any factors that contributed to re-institutionalization.

Health and mental deterioration.

8. Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	1			1		2
Second Period	1	0	0	0	0	1
Total	2	0	0	1	0	3

9. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report). [Click on Help link for explanation]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	29	110	0	20	0	159
Second Period	13	73	0	14	0	100
Total	42	183	0	34	0	259

Please indicate any factors that contributed to participants not completing the 365-day transition period.

Re-institutionalization, death

10. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.

Yes

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe your difficulties for each target population.

OA: NJ's MFP Program chose to make a concerted effort to focus on transitioning individuals with physical disabilities during this reporting period as resources were available to assist them in moving to a community setting (i.e. NED vouchers). These individuals are the fastest growing population in NJ's nursing facilities. We exceeded our predictions for individuals with physical disabilities by 54. In addition to the 68 older adults that transitioned through MFP, an additional 48 older adults transitioned to an Assistive Living Residence which is not a CMS qualified residence in NJ. DoAS was able to fully staff their MFP Transition Unit during this reporting period but the staff increase did not occur until the end of this reporting period. During the next reporting period, this increase in staff will give us more opportunity to increase transition numbers for the older adults and still focus on transitioning individuals with physical disabilities. IDD: DDD has been actively working with eligible individuals residing in the State's developmental centers to move them to community settings for many years. In order for an individual to be eligible for community placement, the treating professionals must be in agreement or not opposed to a move to the community as well as the guardian of the individual. In February 2013, there were 587 individuals eligible for a move to the community. As of February 2016, that number has decreased to 124 individuals. Of the 124 individuals, 35 are aligned with an agency with a move date expected by June 30 2016; 20 are aligned with an agency with a move date expected by December 31, 2016; and 0 have move dates after December 2016. This leaves 69 individuals remaining in Developmental Centers who are eligible for a move to the community. The Division continues to diligently work to align those individuals with agencies. As would be expected, the individuals remaining who are eligible for placement have more acute needs when compared to the individuals who moved before them. Therefore, even more specialized services are needed in the areas of behavioral, medical and forensic services. As the 69 individuals are aligned with agencies, they will be added to the projected move list provided and to increase that overall number. The Division continues to work with the Community Living Education Project to educate families, guardians and individuals on community placement. Additionally, community placement is discussed with guardians at each individual's annual Service Plan Meeting. Families, guardians and individuals are given the opportunity to visit community agencies and learn more. Newsletters are sent regularly to families and guardians on the topic, and meetings held in various parts of the state where community agencies attend to speak about life in the community. The Division plans to continue these efforts to continue to increase the number of people eligible for community placement in State Developmental Centers. The census of all 5 operating developmental centers in NJ is 1528 as of January 31, 2016.

No

11. Does your state have other nursing home transition programs that currently operate alongside the MFP program?

Yes

Please approximate the number of individuals who transitioned through other transition programs during this reporting period:

104

Please explain how these other transition programs differ from MFP, e.g. eligibility criteria.

The NJ Division of Aging Services (DoAS) operates a nursing home transition program through the Office of Community Choice Options (OCCO). There is no minimum residency requirement in an institution to transition to a community setting. An individual is not required to enroll in a HCBS waiver program in order to receive services in their home. Moreover, individuals may transition to an Assisted Living facility or a TBI CRS home with 5 or more individuals, which are not considered eligible community housing within NJ's MFP Program.

No

12. Does your state have an ICF-IDD transition program that currently operates alongside the MFP program?

Yes

Please approximate the number of individuals who transitioned through other transition programs during this reporting period:

79

Please explain how these other transition programs differ from MFP e.g. eligibility criteria.

The NJ Division of Developmental Disabilities (DDD) transitions individuals from all 5 developmental centers under the Olmstead Initiative. There is neither minimum residency requirement nor ICF/ID eligibility requirement to transition to a community setting. Moreover, individuals may transition to a group home with 5 or more individuals, which are not considered a qualified residence under MFP.

No

13. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?

Yes

No

14. Tribal Initiative Only - Report the number of people enrolled, transitioned and re-institutionalized during the report period by population served, i.e., Older Adults, ID/DD, MI, PD, Other. Reported numbers are a subset of the total numbers reported in questions 3, 4 and 7.

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Enrolled	0	0	0	0	0	0
Transitioned	0	0	0	0	0	0
Re-institutionalized for more than 30 days	0	0	0	0	0	0

Did the Tribal Initiative have any difficulty transitioning the projected number of individuals it proposed in the Operational Protocol during the reporting period?

NJ DOES HAVE A TRIBAL INITIATIVE

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

NONE

C. Qualified HCBS Expenditures

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. Do you require modifying the Actual Level of Spending for last period?

Yes

No

Qualified expenditures are total Medicaid HCBS expenditures (federal and state funds) for all Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs to the extent that HCBS spending can be separated from the total capitated rate.

Qualified HCBS Expenditure

Qualified HCBS Expenditures: Actual level of spending for each Calendar Year (CY) or State Fiscal Year (SFY) (column 4) is the sum of:

- 1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data and
- 2) MFP expenditures -- from MFP Financial Reporting Forms A and B.

Grantees should enter total annual spending once each year. When making updates or corrections to actual spending amounts reported for the previous year, please check the 'yes' box at the top of this page to flag such changes.

Year	Target Level of Spending	% Annual Growth Projected	Total spending for the Calendar Year	% Annual Change (from Previous Year)	% of Target Reached
2006	\$0.00	0.00	\$960,057,912.00	0.00%	
2007	\$991,256,400.00	0.00	\$991,256,400.00	0.00%	
2008	\$1,025,303,660.00	3.43	\$1,029,199,751.00	103.83%	100.38%
2009	\$1,067,586,025.00	4.12	\$1,086,938,850.00	105.61%	101.81%
2010	\$1,098,368,143.00	2.88	\$1,160,782,863.00	106.79%	105.68%
2011	\$1,128,119,524.00	2.71	\$1,154,323,256.00	99.44%	102.32%
2012	\$1,203,551,268.00	4.00	\$961,231,539.00	83.27%	79.87%
2013	\$1,238,268,228.00	3.00	\$2,623,743,619.00	272.96%	211.89%
2014	\$1,274,570,926.00	3.00	\$2,010,522,253.00	76.63%	157.74%
2015	\$1,309,124,519.00	3.00	\$2,815,739,975.00	140.05%	215.09%
2016	\$1,336,939,843.00	2.00	\$0.00	0.00%	0.00%

Please explain your Year End rate of progress:

Source: Home Health and Personal Care Services are from the CMS-64 report and exclude costs for the 1915B and 1115 Personal Preference Waivers. Home and Community Based Services for the 1915 (c) waivers are also from the CMS-64 report (1915c waiver pages). The DDD/CCW amounts are from a Shared Data Warehouse (SDW) query based on claims by date of service instead of the CMS-64 which is based on date of payment. Due to the retrospective reimbursement process for this waiver, the CMS-64, DDD waiver amount may spike when claims are adjusted for the final rates for prior periods. This query is based on claims with category of service = 90 and matchable federal financial participation (FFP) indicators of 0, 2, 3, 4, 5, and 6 for claims paid through 6/22/08.

2. Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?

Yes

No

3. Please specify the period (CY or SFY) and the dates of your SFY here.

SFY: JULY 1 - JUNE 30.

4. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

NONE

D. 1. Additional Benchmarks**Grant Report:** 2015 Second Period (July - December) - NJ15SA02, New Jersey**Benchmark #1**

Increases in an available and trained community workforce (i.e., direct interventions, undertaken by the State, to increase the quality, the quantity and the empowerment of direct care workers).

Measure #1

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] The number of agencies offering continuing education through use of the College of Direct Support will increase by at least 10 agencies per year from 2012 through 2016.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	10.00	11.00	11.00	22.00	110.00%	110.00%	220.00%
2009	25.00	11.00	11.00	22.00	44.00%	44.00%	88.00%
2010	30.00	11.00	57.00	68.00	36.67%	190.00%	226.67%
2011	35.00	10.00	69.00	79.00	28.57%	197.14%	225.71%
2012	60.00	92.00	19.00	111.00	153.33%	31.67%	185.00%
2013	70.00	92.00	74.00	166.00	131.43%	105.71%	237.14%
2014	80.00	102.00	108.00	210.00	127.50%	135.00%	262.50%
2015	90.00	120.00	174.00	294.00	133.33%	193.33%	326.67%
2016	100.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

The College of Direct Support continues to be utilized by the NJ Division of Developmental Disabilities as a mode of training for direct support professionals and other service provider staff across the state. The trainings are used by community providers for purposes of orientation and ongoing staff development. Developmental Center staff have access to the training curriculum in order to prepare themselves for future careers in the community and to provide them with knowledge that can assist them as they help people make transitions into the community. For over a year, provider agencies have been able to utilize select courses in the College of Direct Support in combination with supervisory competency assessments to meet NJ Pre-Service Training Requirements for Preventing Abuse & Neglect, Overview of Developmental Disabilities, and Medications. This fiscal year, the Division re-bundled the online courses used to meet pre-service requirements and added some NJ created trainings to the CDS web platform. Use of these new offerings will become effective for new hires in February 2016. More than 38,000 online lessons were completed by staff employed across 174 service provider agencies and 5 developmental centers between July 2015 and December 2015.

Measure #2

95 percent or more of the community work force attending Olmstead Training Resource Team modules will report "Yes" when asked if they learned something from the training.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	95.00	48.00	52.00	100.00	50.53%	54.74%	105.26%
2016	95.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

On average, 465 individuals attended the Olmstead Resource Team Training modules during this reporting period and 100% indicated they increased their knowledge base by attending the trainings. In an attempt to further increase an available and trained community workforce, New Jersey's MFP Program received approval to add, at 100% administrative match funding, a Training Team within the Division of Developmental Disabilities (DDD) to increase the competence of provider agency staff who will be serving individuals placed in community programs from institutional settings that meet New Jersey's MFP eligibility criteria. Specific skill areas of competence to be enhanced are Physical/Nutritional Management and Behavioral Support with the primary goal of enhancing overall support skill levels and reducing the risks of critical incidents and re-institutionalizations. Behavioral – The Behavioral Training Team created several different trainings that are offered to agencies that serve MFP eligible populations. The topics are varied and based on the needs of the individuals coming out of institutions in New Jersey. Some of the courses are stand-alone modules while others require a sequence in which they are to be taken. The trainings were offered monthly at the Division of Developmental Disabilities Central Office in Hamilton, New Jersey from July through December 2016. Additionally, the trainings were provided on-site at a provider agency when requested for the convenience of agency staff. Physical/Nutritional Management – The base curriculum offered is a two hour presentation entitled Managing Dysphagia in the Community. From this presentation a number of smaller modules can be presented should the need present. The following additional illustrated handouts are available: • Guidelines for Texture Modification and Liquid Consistency; • General Guidelines for Safe Eating; • Signs of Aspiration; and • Diet Textures. The main presentation was offered monthly at the Division of Developmental Disabilities Central Office in Hamilton, New Jersey from July through December 2016. Additionally, the trainings were provided on-site at a provider agency when requested for the convenience of agency staff. A half hour training video was also developed on "Managing Dysphagia" which is intended to be used by provider agencies to train staff. The video addresses the risks related to dysphagia, how to properly prepare altered consistency diets and thickened liquids and guidelines for safe eating. It is provided to agency staff after the Managing Dysphagia in the Community course. The video has also been placed on You Tube for easier access to the provider community (https://www.youtube.com/playlist?list=PLspILS805IyeAX3xxk-02MhigtFetSY_M). Referrals for Training: A trifold brochure describing the goals and services provided by the Olmstead Resource Team has been developed and distributed. The feedback/evaluation forms for the training seminars allow for specific requests for more localized training. Interactions with agencies through Quality Assurance reviews, Transitional Case Managers and the clinical resource teams have also provided referrals for training. Objectives completed since last report: Future Objectives: Continue to create awareness of the Olmstead Resource Teams' services through direct contact with service providers and the development and distribution of informational handouts; complete Webinars on various Resource Team subject matter; expand utilization of Training Team to work with individuals with IDD who are MFP eligible residing in NJ NF's and psychiatric institutions.

Benchmark #2

Improvements in quality management systems (i.e., direct interventions undertaken by the State to ensure the health and welfare of participants is protected while also maintaining consumer choice).

Measure #1

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] Risk assessments will be completed for 100% of MFP Participants. Risk factors will be documented in the Health and Safety Risk Summary. As part of annual service planning, DDD will complete risk assessments on all projected MFP transitions.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	48.00	0.00	8.00	8.00	0.00%	16.67%	16.67%
2009	97.00	31.00	48.00	79.00	31.96%	49.48%	81.44%
2010	97.00	14.00	10.00	24.00	14.43%	10.31%	24.74%
2011	83.00	44.00	24.00	68.00	53.01%	28.92%	81.93%
2012	172.00	30.00	54.00	84.00	17.44%	31.40%	48.84%
2013	229.00	79.00	95.00	174.00	34.50%	41.48%	75.98%
2014	144.00	122.00	76.00	198.00	84.72%	52.78%	137.50%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #2

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] Each year a targeted number of on-site reviews of case management files will be assessed for compliance with quality assurance requirements. MFP cases will be included in audit.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	253.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	299.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	230.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	299.00	214.00	300.00	514.00	71.57%	100.33%	171.91%
2010	376.00	1.00	0.00	1.00	0.27%	0.00%	0.27%
2011	500.00	224.00	258.00	482.00	44.80%	51.60%	96.40%
2012	362.00	130.00	0.00	130.00	35.91%	0.00%	35.91%
2013	363.00	0.00	201.00	201.00	0.00%	55.37%	55.37%
2014	364.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #3

Olmstead review surveys will be completed and submitted for 100% of participants with IDD 100% of the time

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	100.00	47.00	46.60	93.60	47.00%	46.60%	93.60%
2016	100.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

DDD completes an Olmstead Review Survey monthly after discharge on all individuals discharged from the DC's for as long as issues need to be addressed (for a minimum of 3 months post-discharge) that infringe upon the person's adjustment to life in the community. The Olmstead Survey addresses the following core indicators: home satisfaction, home staff satisfaction, day program satisfaction, day program staff satisfaction, making new friends, community participation, contact with friends and family, and identifies issues that need resolving. The ICHNJ Quality Assurance Specialist (QAS) is responsible for tracking the receipt of these surveys by each geographical region and interpreting the data obtained from these surveys. Quarterly reports are developed from the interpretation of the data and presented to DDD executive management and the Olmstead Advisory Council. There are 5 criteria that need to be met to determine when a person has completed the Survey Process. These criteria are: 1: the most recent Survey was held after 10/1/2013; 2: every member of the IDT feels additional follow-up is no longer needed; 3: the IDT has all members in agreement that the individual is "Adjusting well-seems happy" in the Overall Impression Section of the Survey; 4: there are no unresolved items checked in the Issues and Follow-Up Information Section of the Survey; 5: the individual must have their Medicaid HMO Card (and, therefore, be on the CCW). The process was changed to monthly starting with all people discharged 4/1/2015 (all others currently active in the Survey Process were phased-in so that by 7/1/2015 everyone had monthly Surveys) to allow the IDT to keep the issues on track for resolution in order to end the Survey Process sooner for each individual. Previously, the Survey intervals were 30 days, 60 days, 90 days, 180 days, 1 year, 2 years, and 3 years post-move. If an issue arose at 180 days, it may have been resolved sooner, but the IDT had to wait until the 1 year mark to end the process. With monthly Surveys it is now much clearer how long issues are taking to resolve which allows more focus on areas of needed supports. For this reporting period, 75% of the Surveys ended with the 1 Year and another 8% ended with the 13 Month. There were just 11 people who continued to need Surveys (due to unresolved issues) after the 2 Year mark. There were only 5 who needed to continue to the 3 Year Survey. The ICHNJ QAS uses color-coded spreadsheets that are electronically sent back and forth between the Regional Office Point People and the ICHNJ QAS to communicate which surveys have been received by the ICHNJ QAS, as well as which ones are coming due, and notifies the Regional Point Person if there are any overdue. During this reporting period, the survey results indicated that at 30 days, 97% were happy in their new home, at 60 days 96% were happy with their new home, and at 90 days, 100% were happy with their new home. While the percentages fluctuated each month between 90% (at the 13 month Survey Period only) and 100% (at the 5 month and 8 month through 11 month Survey Periods), by the 15 month Survey period, it stabilized at 100% of people happy in their home. The Survey question that asks about the Overall Impression of the individual's adjustment to life in the community is one factor being used to determine the effectiveness of the supports and services being received. The current trend for all individuals who had Surveys shows the vast majority of people is adjusting well and seems to be happy. This trend increases fairly steadily as the Survey Process progresses. As of the 1 year mark the data show that there is just 1 person currently experiencing a difficult transition at the 1 year period. Statistically, this has been the trend over the past several years.

Measure #4

Responses to the issues and concerns noted in the risk review form will be submitted to the MFP QAS from the appropriate staff person within thirty days of the receipt of the risk review form 100 % of the time

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	100.00	48.00	49.10	97.10	48.00%	49.10%	97.10%
2016	100.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Risk Review Forms (RRFs) began being implemented in March, 2013. Their purpose is to identify areas where current supports are either needed or ineffective. Questions were identified in the QoL Survey that if answered in a specific way, would pose a risk to an individual which might lead eventually to re-institutionalization if not addressed immediately. Once an RRF is generated, the MFP QAS e-mails an electronic version to the appropriate staff person (i.e. MCO Liaison, DDD case manager) who is then responsible for resolving the issue(s) and reporting back to the MFP QAS within 30 days of the receipt of the notification. The QAS developed a database to enter the information from the RRFs, along with the resolution, once the issue or issues identified are addressed. Initially, resolution and response was much higher for the DDD staff as compared to the MCOs. When RRFs were not responded to after a period of time, the QAS re-sent them. This proved to not be an effective method of helping the responsible party resolve the RRFs efficiently as many times the RRF had to be re-sent numerous times, and did not consistently receive a response. A directive was added to have the RRFs responded to within 30 days of receipt. In order to facilitate this, the QAS developed spreadsheets of unresolved RRFs for each MCO as well as for each DDD Case Manager or Olmstead Point Person who has not resolved any RRFs received. These are sent bi-weekly to the MCO/staff who have outstanding RRFs. This has helped improve the response time as well as the overall percentages. Currently, the required response time of within 30 days is at a combined average of 96.2% (data for July-December, 2015).

Measure #5

As a result of the implementation of MLTSS by the managed care organizations, 0% of MFP participants will be re-institutionalized within 90 days of discharge from the nursing facility.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.01	0.02	0.03	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

5 individuals out of a total of 176 (.03%) that transitioned during this reporting year were re-institutionalized within 90 days of discharge. NJ MLTSS Program has implemented a Pay for Performance Initiative in which the 5 MCO's rendering MLTSS services can receive monthly incentive payments in the amount of \$20,000 per successful transition if the individual remains in the community for a continuous 120 calendar days after discharge from the NF. The transition must have occurred on or after July 1, 2015 and on or before March 31, 2016 to be eligible for the incentive payment. Transitions eligible for incentive payment must occur within this time period and before the maximum appropriated amount of ten (10) million dollars for this incentive program across all MCOs has been allocated.

Benchmark #3

Interagency and public/private collaboration (i.e., direct interventions undertaken by the State to achieve a higher level of collaboration with the private entities, consumer and advocacy organizations, and the institutional providers needed to achieve a rebalanced long-term care system).

Measure #1

MFP Statewide Housing Coordinator will meet with at least 15 PHAs per year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	15.00	2.00	12.00	14.00	13.33%	80.00%	93.33%
2010	15.00	1.00	1.00	2.00	6.67%	6.67%	13.33%
2011	15.00	0.00	36.00	36.00	0.00%	240.00%	240.00%
2012	15.00	8.00	11.00	19.00	53.33%	73.33%	126.67%
2013	15.00	9.00	11.00	20.00	60.00%	73.33%	133.33%
2014	15.00	9.00	10.00	19.00	60.00%	66.67%	126.67%
2015	15.00	8.00	13.00	21.00	53.33%	86.67%	140.00%
2016	15.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

13 visited from July 1 – December 31, 2015. Parsippany PHA (Morris County) – Educated about ICHNJ. No housing currently available. Middletown Planning Board (Morris County) – Educated about ICHNJ. No housing currently available. Gloucester County PHA (Gloucester County) – Five properties appropriate for ICHNJ participants with waitlists of 2 years or less. Sent this information to ICHNJ staff and will include in updated web resources. Glassboro PHA (Gloucester County) – Senior housing with waitlist from 6 months to 6 years, depending on circumstances/preferences. Cherry Hill (Camden County) – Affordable Rental Housing (ARHAT) – no preferences, but leasing based on income (28,525-45,640) and credit. Gloucester Township (Camden) – 1 year waitlist for residents of Gloucester Township. Information sent to ICHNJ staff and will include in updated web resources. Gloucester City (Camden) – Wait list 3 months to 1 year for GC residents, 5-10 years for all others. West Orange (Essex County) – Not technically a PHA; administers vouchers only and waitlist is closed. Contacted recommended affordable housing complexes in the area, resulting in connections with 3 affordable housing complexes in town, all with long waitlists but suitable for ICHNJ participants. Warren County (Warren County) – Only administers Housing Choice Vouchers. Wait list is currently closed but may re-open Spring of 2016. Contacted privately-operated complexes and one is appropriate for our population. Will include on updated web resources. Elizabeth (Union County) – Wait list for housing was open earlier this year but now closed. Nothing available within reasonable waiting period. Will follow up again soon. Union Township (Union County) – Township does not own or administer any housing and Section 8 office is separate. Waitlist has been closed for many years. Three senior buildings in the area that are privately operated. Will follow up on these. Union has a Housing Rehabilitation Program (as do other municipalities) where homeowners can add accessibility features to their home if it is also in need of other repairs the homeowner can't afford. It is structured as a low-interest loan that only comes due when the property is sold. Will circulate this information to ICHNJ partners. Harrison (Essex County) – Not much available in Harrison for our population. Buildings do not even have elevators. Seniors already in buildings take priority when first-floor units open up so they can avoid nursing home placement. Hamilton (Mercer County) – Visited both HUD offices and Planning Division. Hamilton administers 200 Community Choice Vouchers. Waitlist opened for 1 day in August 2015 and is now closed. Will reach out to privately-owned housing complexes in the area. We have not found PHA meetings to be very productive overall. Most NJ municipalities have long wait lists for vouchers and/or affordable units. Going forward, we will target specific PHAs who may be open to amending their Administrative Plans to include a preference that would encompass our populations (especially younger disabled individuals). We have also revised this benchmark to include other entities and activities that may actually result in more housing creation/availability for MFP and needed visibility for our participants at higher levels. In addition to PHA visits, we also visited NJ MEND, a faith-based, community housing development organization. While there were no opportunities at this time through MEND, this was a good connection with future possibilities. We plan to make more connections with developers/community development non-profits like MEND in the next reporting period.

Measure #2

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] All MFP participants between the ages of 18-64 and any other MFP participant interested in employment/volunteerism will receive an Employment Resource Packet upon discharge from the nursing facility.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Entire Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:**Measure #3**

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] MFP outreach coordinator will visit with every nursing facility in their catchment area at least one time per calendar year providing an in-service (or refresher presentation) to teh social worker and any other appropriate staff, speaking directly with the residents and/or family members, and ensuring that MFP materials are visible in the facility.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	360.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	360.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #4

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] MFP outreach and advocacy coordinator will regularly attend community events directed at I Choose Home populations, including but not limited to elder/disability expos and fairs, senior days, faith-based events, etc. MFP presence/attendance at such events will increase by approximately 10% each year (10% more events attended each year)

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	26.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	29.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #5

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] MFP Ombudsman staff will develop more speaking/presentation opportunities at community and professional events, conferences, and institutions of higher learning (including social work, nursing etc.) The number of speaking engagements should increase by at least 10% each year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	22.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	26.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #6

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] The number of consumer contacts made through the I Choose Home hotline phone number, email inquiries, social media, and website visits should increase at a rate of at least 15% per year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	3,450.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	3,968.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Benchmark #4

Provision of Informational Materials on Community Based Options. [SKIP TO MEASURE #3 BELOW. MEASURES #1 AND #2 ARE INACTIVE]

Measure #1

[THIS MEASURE IS INACTIVE - DO NOT PROVIDE UPDATE - SKIP TO MEASURE #3 BELOW] Number of Nursing Homes receiving information about community choice options.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	185.00	161.00	265.00	426.00	87.03%	143.24%	230.27%
2010	184.00	0.00	184.00	184.00	0.00%	100.00%	100.00%
2011	0.00	202.00	202.00	404.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #2

[THIS MEASURE IS INACTIVE - DO NOT PROVIDE UPDATE] Number of Developmental Centers receiving information about community choice options.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	7.00	7.00	0.00%	0.00%	0.00%
2010	7.00	0.00	7.00	7.00	0.00%	100.00%	100.00%
2011	0.00	7.00	7.00	14.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #3

[MEASURE IS NO LONGER ACTIVE - DO NOT ENTER DATA] DACS/OOIE - Education and marketing materials will be distributed to key stakeholders and the community at large in all NJ counties. As a result of the education and marketing campaign, it is expected that the number of referrals/request for information will increase by a minimum of 25% each year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Entire Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	200.00	21.00	229.00	250.00	10.50%	114.50%	125.00%
2013	250.00	116.00	186.00	302.00	46.40%	74.40%	120.80%
2014	312.00	110.00	206.00	316.00	35.26%	66.03%	101.28%
2015	390.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	488.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #4

[THIS MEASURE IS INACTIVE - DO NOT PROVIDE UPDATE] DDD - Education and marketing materials will be distributed to all key stakeholders and the community at large in all NJ counties.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Entire Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

Measure #5

MFP outreach coordinator will visit with every nursing facility in their catchment area at least one time per calendar year providing an in-service (or refresher presentation) to the social worker and any other appropriate staff, speaking directly with the residents and/or family members, and ensuring that MFP materials are visible in the facility.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	360.00	205.00	173.00	378.00	56.94%	48.06%	105.00%
2016	360.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

In the period July 1 through December 31, 2015, Outreach Coordinators visited a total of one hundred seventy-three (173) nursing homes, providing in-services to staff and information to residents and/or family at each location. There are currently 372 Medicaid-certified nursing homes in the State. Combined with the 205 visits conducted in the prior reporting period, Coordinators visited 378 (more than 100% of) New Jersey's nursing homes in 2015. As discussed with CMS on February 5, we have modified this benchmark going forward to focus on specific nursing homes that still need ICHNJ messaging while still maintaining contact/presence with all nursing homes.

Measure #6

MFP outreach and advocacy coordinator will regularly attend community events directed at I Choose Home populations, including but not limited to elder/disability expos and fairs, senior days, faith-based events, etc. MFP presence/attendance at such events will increase by approximately 10% each year (10% more events attended each year)

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	26.00	13.00	21.00	34.00	50.00%	80.77%	130.77%
2016	29.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

This reporting period included a mix of community events similar to past years, including several caregiver support events, county fairs, state conferences, and numerous other senior and health-related events. The number of events attended increased substantially over the last reporting period and over the same period last year. We also saw an increase in relevant groups and organizations throughout the state inviting us to participate in their events, a sign that the ICH message continues to spread.

Measure #7

MFP Ombudsman staff will develop more speaking/presentation opportunities at community and professional events, conferences, and institutions of higher learning (including social work, nursing etc.) The number of speaking engagements should increase by at least 10% each year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	22.00	16.00	13.00	29.00	72.73%	59.09%	131.82%
2016	26.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

We spoke during this period to a wide range of audiences, including social work and nursing college students, attendees of the national HCBS conference, local rotary members, caregivers, and attendees of the Supportive Housing Association's annual conference. Three of these speaking engagements were radio programs and one was a local television station appearance. Perhaps our most successful event this year was our presentation at the Supportive Housing Association's annual conference, which included testimony from two ICHNJ participants. The audience was very inspired and we attracted at least one application for our Partnership Group from that event. We look forward to strengthening our connections to colleges and universities to provide more classroom education for aspiring nurses and social workers. We also look forward to facilitating more speaking opportunities for our successful ICHNJ participants.

Measure #8

The number of consumer contacts made through the I Choose Home hotline phone number, email inquiries, social media, and website visits should increase at a rate of at least 15% per year.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	3,450.00	6,799.00	14,231.00	21,030.00	197.07%	412.49%	609.57%
2016	3,968.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

We received a total of 14,231 contacts (web visits, emails, and phone contacts) for this reporting period, for an annual total of 21,030. The contacts for this period doubled over the first half of 2015 and more than tripled over the 2014 total. Our NJ Transit bilingual media campaign, which featured large ICHNJ posters on busses, trains, and station platforms throughout the state beginning in April, likely contributed to the large jump. We also advertised on several prominent radio stations and attended the large WXPJ summer music festival held in Camden, NJ. The end of the year saw a large print media buy that generated additional contacts. By collaborating with stakeholders, advertising across multiple platforms in more than one language, focusing more strategically where our target demographic resides, and attending more community events, the program achieved much greater visibility during 2015.

Benchmark #5

Increases in available and accessible supportive services (i.e. progress directed by the state in achieving the full array of health care services for consumers, including the use of "one time" transition services, purchase and adaptation of medical equipment, housing and transportation services beyond those used for MFP transition participants).

Measure #1

100% of all MFP participants between the ages of 18-70 and any other MFP participant interested in employment/volunteerism will receive an Employment Resource Packet from the MFP Employment Specialist. The MFP Employment Specialist will pre-screen the individual to determine their readiness to seek employment.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	75.00	0.00	30.00	30.00	0.00%	40.00%	40.00%
2013	80.00	45.00	44.00	89.00	56.25%	55.00%	111.25%
2014	83.00	23.00	46.00	69.00	27.71%	55.42%	83.13%
2015	100.00	50.00	50.00	100.00	50.00%	50.00%	100.00%

Please explain your Year End rate of progress:

Fifty six individuals have been referred to the Division of Disability Services for employment services during this time period and have been mailed an employment resource packet from the Division of Disability Services. The Employment Resource Packet contains basic reference material and employment supports from the Division of Disability Services, the NJ Department of Labor and Workforce Development and the Social Security Administration. 40% of those have been assessed for employment services by the Employment Specialist. They will continue to receive technical support, outreach and access to the many programs offered by the Division through phone interviews or a returned self-assessment form so that they can proceed to their ultimate goal of employment or volunteer.

Measure #2

Of those MFP participants deemed ready to seek employment (categories A and B), 100% of those individuals will receive comprehensive supported employment services and assigned a peer mentor.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	100.00	50.00	50.00	100.00	50.00%	50.00%	100.00%
2016	100.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

All of the ICHNJ participants who are receiving services and are deemed ready for employment in categories A, B and C, have access to Peer Mentor services. The Peer Mentor is currently working with 25% of the participants in categories A, B and C. The Employment Specialist has counseled 25% of the participants receiving employment services in categories A, B and C. 100% of those individuals in categories B and C received comprehensive employment services, support and technical assistance. Those in category A are already employed or ready for employment.

Measure #3

As a result of comprehensive supported employment services, MFP participants will become employed or obtain a volunteer position

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	4.00	6.00	5.00	11.00	150.00%	125.00%	275.00%
2016	6.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

As a result of comprehensive supported employment services during this period, five ICHNJ participants have been employed. They have secured positions as a dispatcher, a greeter at a historical museum, a customer service representative at Planet Fitness, a home health aide at Marisol's Home Caregiver Services, and someone is working at Its Life Animal Rescue. Three ICHNJ participants are doing volunteer work at the Monmouth Food Bank, The Senior Citizen's Club of Paulsboro and the Salvation Army Afterschool Volunteer Program.

Measure #4

In coordination with the OOIE Education and Advocacy Coordinators, the MFP Employment Specialist will provide in-service presentations to nursing facility residents and staff as well as the community at large about the comprehensive supported employment services available through MFP.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2010	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2011	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2012	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2013	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2015	10.00	0.00	5.00	5.00	0.00%	50.00%	50.00%
2016	10.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

In coordination with OOIE Education and Advocacy Coordinators, the MFP Employment Specialist and Peer Mentor have provided in service presentations and or employment literature at 50% of the activities/events. Employment program presentations were done at Monmouth and Ocean County Center for Independent Living Lunch & Learn and The Bergen County Caregiver's event.

Benchmark #6

[DUPLICATE BENCHMARK - DO NOT ENTER DATA] Increases in available and accessible supportive services (i.e. progress directed by the state in achieving the full array of health care services for consumers, including the use of "one time" transition services, purchase and adaptation of medical equipment, housing and transportation services beyond those used for MFP transition participants).

Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?

Yes

Outreach and Marketing BM as well as the Housing BM.

No

D. 2. Rebalancing Efforts

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of rebalancing funds. MFP Rebalancing Funds refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. The rebalancing fund amount is calculated on your annual Worksheet for Proposed Budget --- see Rebalancing Fund Calculation box in the middle of the Excel Worksheet.

E. 1. Recruitment & Enrollment

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed.

Type or quality of data available for identification

How data are used for identification

Obtaining provider/agency referrals or cooperation

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

MFP/ICHNJ Liaisons continue to utilize the Nursing Home MDS Section Q quarterly report to follow up on potential transitions. The Project Director, Associate Project Director and the Advocacy and Outreach Supervisor met face to face with each MCO liaison and their Care Manager supervisors during the last reporting period to review once again the MFP eligibility criteria and other MFP processes and resources. This helped to increase referrals and cooperation from the MCO's during this reporting period.

Obtaining self referrals

Obtaining family referrals

Assessing needs

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population.

NJ's MFP Program continues to partner with the Ombudsman Office (OOIE) who employs four MFP Education and Advocacy Coordinators responsible for a specific catchment area to educate residents, family members and facility staff about the range of community choice options available in that catchment area; distribute MFP marketing materials to residents and family members via personal contact or through family and resident council meetings; follow up with Section Q referrals; make referrals to the Offices of Community Choice Options; inform and educate nursing facility staff and community groups about MFP; visit nursing facilities in their catchment area at least one time per year and during those visits contact each new admission and make a presentation to staff or resident/family members. These positions ensure that the voices of all individuals residing in nursing homes who wish to move into the community are heard, thus increasing referrals to the MFP Program. Education and outreach by OOIE and DHS has also ensured that facility staff are more aware of the ICHNJ Program and more likely to make referrals for transition. Beginning July 1, 2014, NJ moved towards managed long-term supports and services (MLTSS) for a portion of its nursing home residents and all of its community members receiving long-term care services in the broader community. Since that time, the ICHNJ program has met multiple times with each MCO and has had continuous contact with each plan's designated ICH/MFP Liaison. In addition, at the close of 2015, we began to discuss with the MCOs the need, under the State contract, for the MCOs to designate a Housing Specialist(s) to help seek housing for their Institutionalized members. In this reporting period, ICHNJ Project Director, Associate Project Director, and Advocacy and Outreach Director continued to interact with the MCO Liaisons to review MFP processes and requirements and to clarify any systemic issues or questions regarding MFP transitions.

None

2. What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

Type or quality of data available for identification

Obtaining provider/agency referrals or cooperation

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Nursing facility staff tend to be inconsistent in making referrals for individuals appropriate for transition either through the Section Q process or other modalities.

What are you doing to address the challenges?

OOIE Education and Advocacy Coordinators as well as the ICHNJ Nurse Liaisons are present in the nursing facilities educating residents and staff that the nursing home is not their only option.

Current Issue Status: In Progress

Obtaining self referrals

Obtaining family referrals

Assessing needs

Lack of interest among people targeted or the families

Unwilling to consent to program requirements

Other, specify below

None

3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

Determination of initial eligibility

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

The State of New Jersey has adopted the use of Qualified Income Trusts (QIT). When an individual's monthly income above 300% of the Federal Benefit Rate (FBR) is placed in a QIT, it is not counted when determining Medicaid financial eligibility. Applicants that may consider using a QIT must be in need of an institutional level of care and can be living in a nursing facility, an assisted living facility or in their home. Costs of care vary according to these living arrangements. QITs must meet certain conditions such as: They must contain only income of the individual; They must not contain resources such as income from the sale of real or personal property or money from a savings account; They must be irrevocable; They must have a trustee to manage administration of the Trust and expenditures from the Trust as set forth in federal and state law; New Jersey must be the first beneficiary of all remaining funds up to the amount paid for Medicaid benefits upon the death of the Medicaid recipient; and, Income deposited in the QIT can only be used for the specific Post-eligibility Treatment of Income and to pay for the cost of care. The use of QITs replaces the Medically Needy eligibility program used for nursing facilities. Individuals receiving benefits through the Medically Needy program prior to the QIT effective date will be grandfathered. It is important to note that Medicaid eligibility resource limits are \$2,000 for an individual and \$3,000 for a couple. QITs are usually established for an individual by a lawyer. However, the Division of Medical Assistance and Health Services provides a QIT template and Frequently Asked Questions (FAQs) that may be used by individuals. All QITs established for Medicaid recipients must be initially approved by the eligibility determining agency and will be reviewed annually by the Division of Medical Assistance and Health Services. Any funds remaining, after payments are made under the Post-eligibility Treatment of Income, must stay in the Trust until the beneficiary's time of death. Failing to do so will impact the individual's Medicaid eligibility. Estate recovery rules still apply.

Redetermination of eligibility after a suspension due to reinstitutionalization

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

There is no longer a barrier for individuals with mental illness living in nursing facilities (not psychiatric institutions) who wish to move into the community with managed long-term supports and services (MLTSS). Individuals in this population are not automatically excluded as they were under the Global Options waiver. This has expanded the population of individuals we are able to identify and enroll in the program.

None

4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.

Determining initial eligibility

Reestablishing eligibility after a suspension due to reinstitutionalization

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify below

OA: NJ's MFP Program chose to make a concerted effort to focus on transitioning individuals with physical disabilities during this reporting period as resources were available to assist them in moving to a community setting (i.e. NED vouchers and set aside units for MFP). These individuals are the fastest growing population in NJ's nursing facilities. During the next reporting period, the additional staff will have the opportunity to increase transition numbers for the older adults and still focus on transitioning individuals with physical disabilities. IDD: DDD has been actively working with eligible individuals residing in the State's developmental centers to move them to community settings for many years. In order for an individual to be eligible for community placement, the treating professionals must be in agreement or not opposed to a move to the community as well as the guardian of the individual. In February 2013, there were 587 individuals eligible for a move to the community. As of February 2016, that number has decreased to 124 individuals. Of the 124 individuals, 35 are aligned with an agency with a move date expected by June 30, 2016; 20 are aligned with an agency with a move date expected by December 31, 2016; and 0 have move dates after December 2016. This leaves 69 individuals remaining in Developmental Centers who are eligible for a move to the community. The Division continues to diligently work to align those individuals with agencies. As would be expected, the individuals remaining who are eligible for placement have more acute needs when compared to the individuals who moved before them. Therefore, even more specialized services are needed in the areas of behavioral, medical and forensic services. As the 69 individuals are aligned with agencies, they will be added to the projected move list provided and to increase that overall number.

What are you doing to address the challenges?

OA: During the next reporting period, the increased staff in NJ's MFP Program will have the opportunity to increase transition numbers for the older adults and still focus on transitioning individuals with physical disabilities. Working with NJ's Medicaid Authority, DoAS created a procedure to enroll FFS individuals in the nursing facility into MCO/MLTSS prior to their discharge from the institution. State wide webinars were held for both the OCCO staff and MCO supervisors on nursing facility transitions and the MFP/ICHNJ program. The MFP/ICHNJ staff continues to forge relationships with the MCO staff and further transition goals. The MCO's continue to identify increased numbers of MFP transitions during this reporting period. Once the MCO Care Manager identifies a possible transition, the MFP/ICHNJ Nurse Liaison team is notified. The MFP/ICHNJ Liaison ensures the MFP requirements are met and completes the QOL survey. The MFP/ICHNJ Liaisons participate in the IDT meeting at the nursing facility. In addition to MLTSS training for the MCO's, OCCO Community Choice Counselors received training on the new MLTSS program and processes to transfer NF members into the community. The MFP/ICHNJ Program relies on these Community Choice Counselors to identify MFP participants in the nursing facilities as well. IDD: DDD continues to work with the Community Living Education Project to educate families, guardians and individuals on community placement. Additionally, community placement is discussed with guardians at each individual's annual Service Plan Meeting. Families, guardians and individuals are given the opportunity to visit community agencies and learn more. Newsletters are sent regularly to families and guardians on the topic, and meetings held in various parts of the state where community agencies attend to speak about life in the community. The Division plans to continue these efforts to continue to increase the number of people eligible for community placement in State Developmental Centers. The census of all 5 operating developmental centers in NJ is 1528 as of January 31, 2016. Additionally, DDD is developing a new unit which will focus on nursing facility transitions for the IDD population. The unit is currently being staffed and work has begun to contact these individual and their families to offer a community placement.

Current Issue Status: In Progress

None

5. Total number of MFP candidates assessed in this period, or a prior reporting period, who are currently in the transition planning process, that is "in the pipeline," and expected to enroll in MFP.

Total 46

6. Total number of MFP eligible individuals assessed in this period for whom transition planning began but were unable to transition through MFP.

Total 200

7. How many individuals could not be enrolled in the MFP program for each of the following reasons:

Individual transitioned to the community, but did not enroll in MFP	80
Individual's physical health, mental health, or other service needs or estimated costs were greater than what could be accommodated in the community or through the state's current waiver programs	0
Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences	102
Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution	14
Individual's family member or guardian refused to grant permission, or would not provide back-up support	4
Other, Please Specify	0

. If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program.

8. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	123
2 to 6 months	19
6 to 12 months	11
12 to 18 months	1
18 to 24 months	0
24 months or more	0

. Please indicate the average length of time required from assessment to actual transition.

LESS THAN 2 MONTHS

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	79.87%
2 to 6 months	12.34%
6 to 12 months	7.14%
12 to 18 months	0.65%
18 to 24 months	N/A%
24 months or more	N/A%

9. Total number of individuals who were referred to the MFP program through MDS 3.0 Section Q referrals during the reporting period. Please report an unduplicated count.

Total 203

10. Of the MDS 3.0 Section Q referrals ever received by the MFP program, number of individuals who subsequently enrolled in MFP and transitioned to the community during this reporting period.

Total 24

11. What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded to MFP grantee states to support activities that help to expand the capacity of ADRCs as part of a no wrong door (NWD) system to assist with MFP transition efforts, and partner in utilizing the revised Minimum Data Set (MDS) 3.0 Section Q referrals? Choose from the list below. Check "Not Applicable" if your State did not receive this funding.

- Develop or improve Section Q referral tracking systems—electronic or other
- Education and outreach to nursing facility or other LTC system staff to generate referrals to MFP or other transition programs
- Develop or expand options counseling or transition planning and assistance
- Train current or new ADRC staff to do transition planning in MFP or other transition programs
- Expansion of ADRC program in State
- Other activities – please describe in text box
- Not applicable — state did not receive this grant

12.

Please describe progress in implementing the activities identified in Question # 11 during this past reporting period, and how they have helped your state achieve MFP goals. In addition, describe the results or outcomes of these activities; if you specified numerical targets in your grant proposal, please provide counts during the reporting period.

Question 10: even though there were 203 Section Q referrals and only 24 MFP transitions that resulted, this does not mean the remainder of the individuals did not transition to the community. They did transition, just to a non-qualified MFP residence such as an ALR.

13. Please describe any barriers or challenges in implementing the identified activities and the steps you are taking to resolve them.

NONE

14. Tribal Initiative Only - Changes that made recruitment and/or enrollment easier. Identify challenges that the program had recruiting and/or enrolling individuals during this reporting period.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE

14.

Total number of MFP candidates under the Tribal Initiative assessed in this period, or a prior reporting period, who are currently in the transition planning process and expected to enroll in MFP (a subset of the total in question 5)

0

Total number of MFP eligible individuals under the Tribal Initiative assessed in this period for whom transition planning began but were unable to transition through MFP (a subset of the total in question 6)

0

14. Provide reasons why tribal members in the Tribal Initiative could not enroll in MFP and the average length of time from assessment to actual transition. Identify any barriers or challenges in implementing the activities proposed in your grant application and steps you are taking to resolve them.

NONE

E. 2. Informed Consent & Guardianship

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What changed during the reporting period that made obtaining informed consent easier?

Revised inform consent documents and/or forms

Provided more or enhanced training for transition coordinators

Improved how guardian consent is obtained

Other, specify below

Nothing

2. What changed during the reporting period that improved or enhanced the role of guardians?

The nature by which guardians are involved in transition planning

Communication or frequency of communication with guardians

The nature by which guardians are involved in ongoing care planning

The nature by which guardians are trained and mentored

Other, specify below

Nothing

3. What significant challenges did your program experience in obtaining informed consent?

Ensuring informed consent

Involving guardians in transition planning

Communication or frequency of communication with guardians

Involving guardians in ongoing care planning

Training and mentoring of guardians

Other, specify below

None

E. 3. Outreach, Marketing & Education

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?

Development of print materials**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

With CMS approval, NJ re-branded its MFP Program as "I Choose Home-New Jersey" (ICH-NJ). This necessitated the need to design and produce a wide range of marketing materials such as flyers and fact sheets (in multiple languages), business cards, pens, writing pads, cloth bags, exhibit screens, table skirts, and magnets which we display/distribute at all marketing events. We have also developed a series of info graphics (informational flyers with graphics), for both consumers and policymakers that we have begun distributing to bring more awareness about the successes of our program (#s transitioned and dollars saved) over time. The marketing materials developed during past reporting periods are still being utilized to market the ICHNJ Program. The Olmstead Resource Teams, funded by 100% MFP administrative dollars have created several educational materials for provider agencies and the general public. The Physical/Nutritional Management Team created the following illustrated handouts: • Guidelines for Texture Modification and Liquid Consistency; • General Guidelines for Safe Eating; • Signs of Aspiration; and • Diet Textures. This Team has also created a half hour training video on "Managing Dysphagia" which is intended to be used by provider agencies to train staff. The video addresses the risks related to dysphagia, how to properly prepare mechanically altered diets and thickened liquids and guidelines for safe eating. A two page Prevention Bulletin was developed by the Nursing Team (not funded by MFP) to address Aspiration, Choking, Constipation, Dehydration, Seizures and Urinary Tract Infections. The Prevention Bulletins have been widely distributed and are available on the Department's web site. The bulletins are also provided to receiving agency staff at time of discharge for each individual moving out of a Developmental Center to a community residence. A trifold brochure describing the goals and services provided by the Olmstead Resource Team has been developed and distributed. The feedback/evaluation forms for the training seminars allow for specific requests for more localized training. Interactions with agencies through Quality Assurance reviews, Transitional Case Managers and the clinical resource teams have also provided referrals for training.

 Implementation of localized/targeted media campaign**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ICHNJ continues its partnership with the Ombudsman's Office (OOIE) to implement an education and marketing plan to both current nursing home residents and individuals who wish to remain at home and to avoid nursing home placement. This marketing campaign's primary message is "A Nursing Home May Not Be Your Only Option" and features strategies for facility-based marketing and education as well as focused messaging for local/regional communities. At the local level, we are accomplishing this through visits to every nursing facility in New Jersey, speaking and tabling at dozens of local/community events (senior expos, health fairs, etc.) and targeted advertising in regional media (including regional senior magazines and local radio stations).

 Implementation of statewide media campaign**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Our statewide media campaign continued to grow in the second half of 2015. Our April media buy on the NJ Transit system (buses, light rail, AccessLink) spilled over into this most recent reporting period, as ads continued to circulate and generate consumer contacts. In June, we ran ads on WXPJ, an alternative radio station covering Philadelphia and Southwest Jersey, in advance of our presence at its large (30K+ attendees) outdoor music festival in July. That event was very successful for us, both in terms of contacts and visibility. WXPJ ran another round of our ads around the Thanksgiving holiday. We placed print ads in 10 newspapers throughout New Jersey in December. We again ran ads on WGBO (Newark) and 101.5 (popular statewide news and talkradio), which generated many contacts. We continued to make radio and television appearances. We printed another round of the Housing Search Quick Reference Guide and distributed another 500 copies. The I Choose Home NJ website (www.IChooseHome.nj.gov) received a total of 14,231 visits, more than double that of the past period.

 Involvement of stakeholder state agencies in outreach and marketing**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All Executive Team department Divisions involved ((DDD, DDS and DoAS (of DHS) and OOIE)) work together to ensure a collaborative approach to outreach and marketing. All partners identify possible outreach opportunities through their networks and alert OOIE (outreach/marketing team) of those opportunities, including statewide conferences, professional organizations, facility staff, interested families, etc. The ICHNJ marketing team continues to work with the Department of Human Services Public Affairs office to advance and approve marketing strategy/materials. OOIE is continuing to work closely with the ICHNJ Nurse Liaisons and the Executive Team to identify individuals who have successfully transitioned home to interview for print, video and radio media. The ICHNJ website features video clips from individuals who have successfully transitioned.

 Involvement of discharge staff at facilities**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All discharge staff at nursing facilities and DC's have flyers and fact sheets at their disposal. In addition, all NF discharge coordinators have been trained and re-trained by OOIE about program eligibility criteria as well as OOIE availability to present to residents, resident councils, and at community events regarding the ICHNJ program. Discharge staff now regularly contact our Regional Advocacy Coordinators (OOIE) to alert us to any potentially eligible candidates and/or educational or marketing opportunities. We have also partnered with discharge staff at many to play Residents' Rights Bingo with a focus on self-determination and the right to live where one chooses. DoAS and OOIE staff are constantly revisiting the Section Q process with facility social workers-training them about timeliness and proper procedure. Overall, we are finding facility staff to be receptive and collaborative-we are building positive, more trusting relationships and receiving more referrals of possible candidates from facility staff.

 Involvement of ombudsman**Populations Affected**

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OOIE staff continues to grow the scope and impact of outreach and advocacy for I Choose Home NJ. We continue to be a strong resource for any individual (in or out of NF) who wants information and/or referral to avoid NF placement, even if they do not meet ICH program requirements. During this period, OOIE staff visited 173 nursing homes, including a presentation to the social worker at each facility about ICH-NJ and OOIE's role and a reminder about Section Q compliance and procedure. The Statewide Housing Coordinator role continues to exist in the Ombudsman's office. The most significant housing achievement during this period was the December 15 launch of the Money Follows the Person Housing Partnership Program (MFPHPP) through New Jersey's Housing and Mortgage Finance Agency (HMFA). The program will provide housing developers low-interest capital loans in exchange for designating apartments specifically for ICHNJ participants at 20% AMI. The MFPHPP is the culmination of over two years of work from the former and current Housing Coordinator, among other individuals. The Housing Coordinator will play a fundamental role in collecting data about where the housing need is most acute for ICH eligible individuals and in selecting future housing projects for funding through the MFPHPP. The Housing Coordinator also began to work with the MCO designated Housing Specialists to provide ICHNJ housing resources and to offer information and guidance. That collaboration will strengthen in 2016.

Training of frontline workers on program requirements

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OOIE staff more thoroughly trained all 200+ Ombudsman Volunteer Advocates at Quarterly meetings in May and June to better identify and refer possible candidates as well as to have a better overall background in deinstitutionalization and the changing LTC system in New Jersey. OOIE continued to provide refresher trainings to ADRC employees and facility social workers and nurses, and clinical staff attendees present at any conferences we attended. The ICHNJ Executive Team met again with MCO MFP Liaisons during this period to educate/remind them of their Program responsibilities.

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Living Education Project (CLEP) is part of the implementation of the NJ Olmstead Plan under the direction of the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD). CLEP provides information and support about community transition to families of individuals living in any developmental center in NJ in accordance with the Olmstead Plan. CLEP works closely with individuals who reside in developmental centers and their family members informing them on the supports, services, resources and residential options that are available for a life in the community. CLEP team members provide direct support through phone calls, individual visits with families, and accompanying families on visits to community providers to see existing homes. My Life Now magazine is CLEP's annual magazine that highlights stories of individuals who have transitioned to the community from a Developmental Center. The purpose of the magazine is to show individuals, families, and the public that community living is possible for anyone living with a developmental disability. CLEP also publishes a bi-annual newsletter which features articles pertaining to community transition, latest news updates, CLEP's calendar of project events, and other resources for families. The purpose of the newsletter is to serve as a community outreach tool, educating and engaging the developmental disabilities community on the possibilities that are available in community living. CLEP also features The Community Living Explore the Possibilities Guide Series which is a guide to DDD's person-centered, self-directed community transition process, written for families of individuals living in developmental centers and considering a move to the community. The guide is comprised of information about housing, support staff, activities, quality assurance, emergencies, aging in place, and medical information. The guide is subject to revision as new processes and regulations set forth by the DDD evolve and change. CLEP also features the Mini Updates e-Newsletter which includes CLEP updates, calendar of events, and highlights from recent learning events.

None

2. What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period?

Development of print materials

Implementation of a localized / targeted media campaign

Implementation of a statewide media campaign

Involvement of stakeholder state agencies in outreach and marketing

Involvement of discharge staff at facilities

Involvement of ombudsman

Training of frontline workers on program requirements

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Due to constant staff turnover in Nursing Facilities, re-education is frequently required.

What are you doing to address the challenges?

In addition to the OOIE Education and Outreach Coordinators providing training on program requirements to frontline nursing facility staff, OOIE staff more thoroughly trained all 200+ Ombudsman Volunteer Advocates at Quarterly meetings in May and June to better identify and refer possible candidates as well as to have a better overall background in deinstitutionalization and the changing LTC system in New Jersey. ICH has also become an education module for any Volunteer Advocate trained through the Ombudsman's Office. This is an important part of NJ's sustainability plan for ICHNJ. OOIE continued to provide refresher trainings to facility social workers and nurses, clinical staff present at any conferences we attended, and future social workers and nurses through our college partnerships. In addition, ICHNJ staff continued our strong connections with MCO MFP Liaisons during this period to educate/remind them of Program responsibilities and to work with them on individual cases, especially related to housing.

Current Issue Status: In Progress

Other, specify below

None

3. Tribal Initiative Only - Describe an outreach, marketing and education activities and challenges during this reporting period specific to the Tribal Initiative.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE

E. 4. Stakeholder Involvement

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies?

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
Consumers		X			X	
Families		X			X	
Advocacy Organizations	X			X	X	
HCBS Providers	X					
Institutional Providers						
Labor/Worker Association(s)						
Public Housing Agency (ies)			X		X	
Other State Agencies (except Housing)		X			X	
Non-profit Housing Assn.			X			
MCO	X	X		X	X	

Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies

Consumers and families continue to participate in the ICHNJ Partnership Group. The group is comprised of 3 current MFP participants who have an intellectual/developmental disability; 2 individuals with a physical disability one of which is the co-chair of the stakeholder group and the other is a member of an advocacy group and 3 family caregivers. The group has participated in developing the ICH-NJ Mission statement as well as approving the marketing materials associated with the re-branding of the program name from MFP to I Choose Home NJ. The members have also contributed their input as to how rebalancing fund dollars should be spent within the state. During this reporting period, the group provided input for the required Sustainability Plan. Consumers and families also continue to participate in the Olmstead Advisory Council 4 times per year. Approximately 80% of the Olmstead transitions were eligible for ICH-NJ. Prior to the implementation of the Medicaid Managed Long Term Services and Supports (MLTSS) Program on July 1, 2014, New Jersey created an MLTSS Steering Committee to provide stakeholder input and advice regarding the implementation of the MLTSS Program. The Steering Committee was comprised of members of the Medicaid Long Term Care Funding Advisory Council, consumers, providers, and representatives of the New Jersey Medicaid managed care organizations and the Program of All-Inclusive Care for the Elderly (PACE). The State solicited input from the New Jersey long term care community for consideration during the development and implementation of MLTSS. Following the transition to MLTSS on July 1, 2014, the state has maintained its efforts to ensure that consumers, stakeholders, MCO's, providers and other community-based organizations have learned and are knowledgeable about the move to managed care. The State has depended on its relationships with stakeholder groups to inform consumers about the implementation of MLTSS. In turn, stakeholders have relayed accurate information to consumers. This strategy has continued in the post-implementation phase after July 1st. The MLTSS Steering Committee will continue to meet at least quarterly through June 2017, with representation from stakeholders, consumers, providers, MCO's and state staff members. While each meeting typically provides an update on MLTSS and covers operational items, there is also time on the agenda to secure feedback on trends and issues from the Committee members and hear directly from the MCOs.

Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies.

The ICHNJ Partnership Group also includes pertinent professionals as well. Included are: Director of an Independent Living Center; Director of an ADRC; Executive Director of a Provider Agency; Social Services Administrator from NJ Housing and Mortgage Finance Agency and 3 housing developers (2 of which have a physical disability). All members have participated in developing the ICH-NJ Mission statement as well as approving the marketing materials associated with the re-branding of the program name from MFP to I Choose Home NJ. Since the last reporting period we have added several new members to our Partnership Group. Our ICHNJ Employment Peer Mentor has been able to bring 3 employers to the Partnership Group table. We have also been able to welcome members from three of the five MCO's to the group as well. Our goal is to have all MCO's participate in our ICHNJ Partnership Group. Lastly, a member of the DSNP Unit from the state Medicaid agency has joined as well. The total membership during this reporting period has grown to approximately 35 members excluding ICHNJ executive staff.

2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

Specific Amount

Please Indicate the Amount of Attendance

The one ICHNJ Partnership Group meeting held during this reporting period yielded approximately 15 members present.

Advisory group did not meet during the reporting period

Program does not have an advisory group

3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?

Identifying willing consumers

What are you doing to address the challenges?

OOIE continues their targeted effort to reach out to ICH-NJ participants to invite them to participate in the Partnership Group as they create the video clips and success stories. The ICHNJ website also presents an opportunity to learn more about the program.

Identifying willing families

Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

None

4. Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?

State agency that sets housing policies

State housing finance agency

Please describe

On 12/12/2013, a meeting was held with NJHMFA, ICHNJ Executive Team and senior housing developers to "brainstorm" how these developers and ICHNJ can partner to increase housing stock for older adults and people with physical disabilities. Buying down of units with rebalancing fund dollars was discussed and met with a positive response from the senior developers as well as NJHMFA. As a result of this meeting, the Money Follows the Person Housing Partnership Program was created between the NJHMFA and ICHNJ partner, the Division of Aging Services (DoAS). A Memorandum of Understanding was signed in Fall 2015 making the partnership official. Utilizing MFP Rebalancing dollars, the MFPHP program provides capital subsidies to eligible non-profit and for-profit developers to set aside housing units for qualified individuals transitioning from nursing facilities to community settings. On December 5, 2015 NJHMFA and DoAS launched the MFP Housing Partnership Program (MFPHP) to packed house of about 50 developers. More information regarding this program can be found by logging onto: <http://www.nj.gov/dca/hmfa/developers/needs/mpfphp/index.shtml>. The New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) has partnered with the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Community Affairs (DCA) to create the Special Needs Housing Partnership Loan Program (SNHPLP). NJHMFA and the DCA will provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement. As of June 30, 2015: -36 projects serving 141 individuals completed; -22 projects that will serve 90 individuals are in development; -Program is currently open for new applications -Projects are located in 35 municipalities in 16 counties.

Public housing agency(ies)

Non-profit agencies involved in housing issues

Please describe

NJ's ICH-NJ Program continues to maintain a relationship with the Supportive Housing Association (SHA) of NJ. SHA is a statewide, nonprofit organization whose mission is to promote and maintain a strong supportive housing industry in NJ serving persons with special needs through strengthening the capacity member organizations to provide supportive housing services. The ICH-NJ Statewide Housing Coordinator attends the regularly scheduled SHA meetings to network and develop relationships with experts in the housing field. Two SHA member organizations are part of the ICH-NJ Partnership Group.

Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)

Please describe

The ICH-NJ Statewide Housing Coordinator continues to contact landlords throughout the state to maintain a spreadsheet of available, accessible and affordable rentals in the state of NJ. The spreadsheet is forwarded on a weekly basis to the Education and Advocacy Coordinators and the OCCO ICH-NJ Nurse Liaisons to share with the OCCO Community Choice Counselors who then share it with those individuals wishing to transition to the community from a nursing home setting. The spreadsheet is also available to the general public on our ICHNJ web site under the "Housing" tab.

None

5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?

Yes

Please describe

Dealing with housing authorities at the local level continues to be challenging. The local PHA's have wait lists that are often closed or are years long. Most local housing authorities have preferences already and often question the fairness of adding preference points to individuals leaving DC's and nursing facilities. PHA's have stated that there is already such a great need for housing as evidenced by long wait lists, making it difficult to justify changing preference points.

No

6. Tribal Initiative Only - Describe the nature of the stakeholder efforts within the tribal initiative during this reporting period that include the role of the MFP advisory group in relationship to the initiative; any new advisory groups or efforts specific to this initiative; number of tribal members that are actively involved in an advisory capacity and any challenges that face stakeholder involvement in the initiative.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

E. 5. Benefits & Services

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What progress was made during the reporting period regarding Medicaid programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period?

Increased capacity of HCBS waiver programs to serve MFP participants

Added a self-direction option

Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

Developed or expanded managed LTC programs to serve MFP participants

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

New Jersey's request for a new Medicaid section 1115(a) demonstration, entitled "New Jersey Comprehensive Waiver" was approved by the Centers for Medicare & Medicaid Services (CMS) effective from October 1, 2012 through June 30, 2017. Under this demonstration, New Jersey is operating a statewide health reform effort that expands existing managed care programs to include managed long term services and supports (MLTSS) and expands home and community based services. This demonstration builds upon existing managed acute and primary care programs and established provider networks. The 1115 demonstration also combines, under a single demonstration, authority for several existing 1915(c) Medicaid waivers associated with NJ's ICH-NJ Program. In addition, it establishes a funding pool to promote health delivery system transformation. Effective July 1, 2014, NJ implemented MLTSS by allowing the MCOs to manage HCBS and behavioral health services for enrollees that meet nursing facility level of care. The new demonstration provides additional community support and coordination services for individuals eligible under the state plan over the age of 21 with intellectual disabilities who have completed their educational entitlement and meet the ICF/ID level of care. Under the demonstration the state streamlined eligibility requirements for long term care with a goal of simplifying Medicaid eligibility and enrollment process, while assuring program integrity.

Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants

Legislative or executive authority for more funds or slots or both

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

With the implementation of MLTSS under NJ's Comprehensive Medicaid Waiver, more individuals with traumatic brain injuries are able to receive services. The previous 1915(c) TBI and CRPD waivers were at capacity. In addition, the Global Options waiver did not include services and supports for individuals with the diagnosis of mental illness. Under MLTSS, this is no longer a barrier.

Improved state funding for pre-transition services (such as targeted case management)

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

As a result of the implementation of MLTSS on July 1, 2014, the cap that can be spent on Community Transition Services has increased significantly. Community Transition Services are defined as those services provided to a participant that may aid in the transitioning from institutional settings to his/her own home in the community through coverage of non-recurring, one-time transitional expenses. This service is provided to support the health, safety and welfare of the participant. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: • security deposits that are required to obtain a lease on an apartment or home; • essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; • set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; • services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; • necessary accessibility adaptations to promote safety and independence; and • activities to assess need, arrange for and procure needed resources. In the near future, rental application fees will be covered under Community Transition Services which will lift a great burden off the shoulders of nursing facility residents that wish to transition to the community and must pay that expense out of their minimal monthly PNA allowance. Reaffirming the commitment to individuals with Developmental Disabilities or Mental Health Issues, NJ's FY 2016 budget increases funding by \$106 million of combined State and federal funding for community placements and related services.

None

2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period?

Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

Efforts to add a self-direction option are delayed or disapproved

State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved

Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved

Legislative or executive authority for more funds or slots are delayed or disapproved

State funding for pre-transition services (such as targeted case management) have been delayed or disapproved

Other, specify below

None

Current Issue Status: Resolved

How was it resolved?

3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?

- Increased capacity of HCBS waiver programs to serve more Medicaid enrollees
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings
- Developed or expanded managed LTC programs to serve more Medicaid enrollees
- Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees
- Legislative or executive authority for more funds or slots or both
- Improved state funding for pre-transition services, such as targeted case management

Other, specify below

Populations Affected				
Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

NJ is committed to investing in Managed Community-Based Care to give Seniors excellent care options. The Governor's fiscal year 2016 budget invests the resources required to ensure an estimated 10,000 additional FamilyCare recipients receive care coordination and enhanced community services through the Managed Long Term Services and Supports program. These services will allow seniors to stay in their homes and communities rather than entering an institutional setting.

None

4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?

- Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved
- Legislative or executive authority for more funds or slots are delayed or disapproved
- State funding for pre-transition services have been delayed or disapproved
- Other, specify below

None

Current Issue Status: Resolved

How was it resolved?

5. Tribal Initiative Only - What progress was made during the period toward addressing any programmatic and/or policy issues as well as any specific challenges that might affect the availability of home and community-based services during and after the one-year transition period. Please describe the efforts by populations affected.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE

E. 6. Participant Access to Services

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services?

Increased the number of transition coordinators

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

With the implementation of MLTSS on July 1, 2014, the MCO Care Managers are responsible for transitioning their own members to community living. There are a significant number of care managers for each plan so the anticipated outcome would be an increase in transition numbers. The Division of Developmental Disabilities continues to try and staff their Nursing Facility Transition Unit that is responsible for transitioning individuals with IDD that wish to transition to community living. During this reporting period, the Division of Aging Services became fully staffed by filling the three open ICHNJ Nurse Liaison positions. These Nurse Liaisons function as transition care managers for the older adult and physically disabled populations living in nursing facilities who are residing there on a fee for service basis.

Increased the number of home and community-based service providers contracting with Medicaid

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

With the implementation of MLTSS on July 1, 2014, according to contractual language, the care managers are to work with their Plan's network development team to identify service gaps within the community to ensure that the Plan has an adequate network in place to address care planning needs.

Increased access requirements for managed care LTC providers

Increased payment rates to HCBS providers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The New Jersey Department of Human Services engaged Myers and Stauffer LC (MSLC) and Johnston Villegas-Grubbs & Associates LLC (JVGA) to develop a standard fee schedule for services provided through the new DDD Medicaid-based fee-for-service system that infused fairness and equity in the compensation for HCBS for all providers. JVGA began a comprehensive statewide analysis in January, 2013 and released its Final Report and Rate Schedule on July 18, 2014. These new rates will become effective July 1, 2015. As a result of this rate setting process, some rates to providers will increase.

Increased the supply of direct service workers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The NJ DSP Career Path is available for agencies across New Jersey through statewide availability of the College of Direct Support. Career Paths are recommended by the National Direct Service Workforce Resource Center as a method to increase the retention and skills of direct support professionals across sectors. The availability of a consistent, portable career paths benefits many stakeholders. It benefits individuals with intellectual/developmental disabilities being served by the Division of Developmental Disabilities through an increase of skills in DSPs, consistency of care, and an increase in dependable supporter relationships. Direct Support Professionals receive increased recognition and confidence along with enhanced knowledge and skills. Agencies benefit through increased staff skills leading to a more dedicated and professional workforce that commit fewer incidents and provide higher quality support.

Improved or increased transportation options

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

With the implementation of MLTSS on July 1, 2014, older adults and individuals with physical disabilities are able to gain access to community services, activities and resources specified in their Plan of Care through a service entitled Non-Medical Transportation. This service is offered in addition to medical transportation required under 42 Code of Federal Regulations 431.53 and transportation services under the State plan, defined at 42 Code of Federal Regulations 440.170(a) (if applicable), and will not replace them. Transportation services will be offered in accordance with the individual's Plan of Care. Transportation is a service that enhances the individual's quality of life. An approved provider may transport the participant to locations including but not limited to: shopping; beauty salon; financial institution; or religious services of his or her choice.

Added or expanded managed LTC programs or options

Other, specify below

None

2. What are MFP participants' most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.

Insufficient supply of HCBS providers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

There continues to be a lack of HCBS provider agencies in some counties in the state.

What are you doing to address the challenges?

Beginning July 1, 2014 with the implementation of MLTSS, the Managed Care Organization is required to establish, maintain, and monitor at all times a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under their contract which includes MLTSS. The provider network must consist of traditional providers for primary and specialty care, including primary care physicians, other approved non-physician primary care providers, physician specialists, non-physician practitioners, hospitals (including teaching hospitals), Federally Qualified Health Centers, nursing facilities, residential setting providers for recipients of MLTSS, home and community based services providers and other essential community providers/safety-net providers, and ancillary providers. The MCO care manager must also work with their Plan's network development team to identify service gaps within the community to ensure that the Plan has an adequate network in place to address care planning needs. Bi-weekly conference calls with the state and each MCO ensures an adequate network of providers is consistently being sought. IDD: The New Jersey Division of Developmental Disabilities is shifting from a contract-based system of service reimbursement to a Medicaid-based, fee-for-service (FFS) reimbursement system. With the implementation of the Medicaid-based, Fee-for-Service System in July 2015, the Division will be actively recruiting providers who have the interest and capacity to offer high quality services in the community for New Jersey adults (age 21+) with intellectual and developmental disabilities.

Current Issue Status: In Progress

Insufficient supply of direct service workers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Annual turnover rate among DSP's of 35% to 70% is not unusual across all populations.

What are you doing to address the challenges?

IDD: DDD continues to offer training through the NJ DSP Career Path which is now available for agencies across New Jersey through statewide availability of the College of Direct Support. Career Paths are recommended by the National Direct Service Workforce Resource Center as a method to increase the retention and skills of direct support professionals across sectors. The availability of a consistent, portable career paths benefits many stakeholders. It benefits individuals with intellectual/developmental disabilities being served by the Division of Developmental Disabilities through an increase of skills in DSPs, consistency of care, and an increase in dependable supporter relationships. Direct Support Professionals receive increased recognition and confidence along with enhanced knowledge and skills. Agencies benefit through increased staff skills leading to a more dedicated and professional workforce that commit fewer incidents and provide higher quality support. DDD also supports National Direct Support Professional Recognition Week. During this week DDD takes the time to applaud the dedication, hard work, and achievements of the DSPs that support people with intellectual/developmental disabilities to live meaningful lives in the community. OA/PD: Through the Division of Aging Services (DoAS) and the Division of Disability Services, individuals are continued to be encouraged to hire Participant Employee Providers or participate in the Personal Preference Program. Beginning July 1, 2014 with the implementation of MLTSS, individuals have the opportunity to participate in self-direction through the Personal Preference Program. Individuals who participate in the self-direction of HCBS serve as the employer of record of their workers. As the employer of record the individual or his/her representative is responsible for recruiting, hiring and firing workers; determining workers' duties and developing job descriptions; scheduling workers; supervising workers; evaluating worker performance and addressing any identified deficiencies or concerns; setting the wage to be paid to each worker within the boundaries of the plan of care funds; training workers to provide personalized care based on the individual's needs and preferences; ensuring that workers deliver only those services authorized, and reviewing and approving hours of participant directed workers; reviewing and ensuring proper documentation for services provided; and developing and implementing as needed a Back-up Plan to address instances when a scheduled worker is not available or fails to show up as scheduled.

Current Issue Status: In Progress

Preauthorization requirements

Limits on amount, scope, or duration of HCBS allowed under medicaid state plan or waiver program

Lack of appropriate transportation options or unreliable transportation options

Insufficient availability of home and community-based services (provider capacity does not meet demand)

Other, specify below

None

3. Tribal Initiative Only - What steps did your program take to improve access to home and community-based service during this reporting period? What challenges exist to accessing services and what efforts are underway to address these challenges under the tribal initiative? (see questions 1 and 2 for examples of some activities and challenges)

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

E. 7. Self-Direction

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

Skip this section if your state did not have any self-direction programs in effect during the reporting period.

. Did your state have any self-direction programs in effect during this reporting period?

Yes

No

2. Of those MFP participants in a self-direction program how many:

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Hired or supervised their own personal assistants	2	0	0	10	0	12
Managed their allowance or budget	0	0	0	0	0	0

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Reported being abused by an assistant, job coach, or day program staff	0	0	0	1	0	1
Experienced an accident (such as a fall, burn, medication error)	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

	Older Adults	ID/DD	MI	PD	NA	TOTAL
	0	0	0	0	0	0

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Opted-out	0	0	0	0	0	0
Inappropriate spending	0	0	0	0	0	0
Unable to self-direct	0	0	0	0	0	0
Abused their worker	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0

6. Tribal Initiative Only - As a subset of the numbers reported in questions 1-5, provide the number of tribal members by population that directed their own service, reported abuse or experienced an accident, dis-enrolled in self-directed services during the reporting period.

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Directed their own service	0	0	0	0	0	0
Reported abuse or experienced an accident	0	0	0	0	0	0
Dis-enrolled in self-directed services	0	0	0	0	0	0

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

As of 12/31/2015, NJ had a total of 766 individuals self-directing their Plans of Care through the Personal Preference Program.

E. 8. Quality Management & Improvement

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

- Improved intra/inter departmental coordination
- Implemented/Enhanced data collection instruments
- Implemented/Enhanced information technology applications
- Implemented/Enhanced consumer complaint processes

- Implemented/enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

IDD: DDD has received approval to provide specialized habilitation services for individuals being placed from institutional settings into community residences who meet the MFP eligibility criteria. Utilizing 100% administrative match funding, the Physical/Nutritional Resource Team continues to be instrumental in providing transitional support for agency staff that support individuals being placed in community programs from institutional settings who have experienced significant problems in the areas of physical and/or nutritional management. Through a referral process, this support is designed to be in place for a maximum of 90 days post placement. The referrals require supporting evaluations and related documentation. Generally, the individual's Developmental Center Interdisciplinary Team recommends the referral prior to placement and it is completed by the Transitional Case Manager. Referrals may also be made during the initial 90 days post placement by Quality Assurance or Community Case Managers. During this reporting period there were a total of 15 referrals received and all referrals were accepted. The purpose of the Behavioral Resource Team is to provide consultative support to behavioral staff/consultant(s) at provider agencies receiving individuals from institutional settings who have a documented history of behavioral difficulties that may have the potential to threaten the success of their community placement. This support is designed to be in place for a maximum of 90 days post placement. The Division is utilizing a level of service from a contracted provider to address a portion of the individuals being discharged from institutions with behavioral involvement. Therefore, some behavioral referrals are channeled to the Integrated Service Delivery Team (ISDT) – Affiliated with Trinitas Regional Medical Center. Generally, the Individual's Developmental Center Interdisciplinary Team recommends the referral prior to placement and it is completed by the Transitional Case Manager. Referrals may also be made during the initial 90 days post placement by Quality Assurance or Community Case Managers. During the report period there were 13 referrals were received and all were accepted. During the six month 3 were assigned to ISDT and 10 to the Olmstead Resource Team. Future Objectives: • Continue to create awareness of the Olmstead Resource Teams' services through direct contact with service providers and the development and distribution of informational handouts. • Expand the utilization of this Resource Team to work with Intellectually/Developmentally Disabled individuals who are MFP eligible and residing in Skilled Nursing Facilities and psychiatric institutions in New Jersey. OA/PD: The Quality Management Strategy for MLTSS combines Quality Assurance and Quality Improvement strategies to assure there is a system in place that continuously measures performance, identifies opportunities for improvement and monitors outcomes. Through robust system Discovery, information is gathered and analyzed to determine when there are problems and where the focus of the problem lies. Once appropriate action is taken to remedy the problem, the system of Discovery is used continuously to assure the proposed solution has been successful. Embracing the "participant-centered approach" to service provision, the NJDHS, along with many public and private associations and service provider agencies work collaboratively with Waiver participants with a focus on his or her satisfaction and choice. The MLTSS program is integrated into the Managed Care Organization's Quality Assessment Performance Improvement (QAPI) program pursuant to the standards set forth by the State. The State retains the right to add, delete or revise performance measures.

- Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

Beginning July 1, 2014, the Managed Care Organizations (MCO) were tasked with identifying, tracking, reviewing and analyzing critical incidents to identify and address potential and actual quality of care and/or health and safety issues. The MCO must regularly review the number and types of incidents (including, for example, the number and type of incidents across settings, providers, and provider types) and findings from investigations; identify trends and patterns; identify opportunities for improvement; and develop and implement strategies to reduce the occurrence of incidents and improve the quality of MLTSS delivery.

- Enhanced a risk management process

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

OA/PD: Beginning July 1, 2014, the Managed Care Organization (MCO) must develop and implement a risk assessment protocol which includes use of the NJ Choice assessment system for the identification of risk factors. The Care Manager must advise the Member of the risk assessment process. The risk assessment must be completed with the Member, authorized representative and other caregivers utilizing open-ended questions as well as review of medical and other information, interviews with service providers, and direct observation. The MCO's Care Manager is responsible for conducting a risk assessment on all MLTSS Members residing in the Member's community home on an annual basis. The risk assessment must be conducted at the time of annual level of care re-evaluation. The Risk Management Agreement is a State mandated form which details all items that could potentially affect the Member's health and welfare due to issues associated with living in the community and participating in the MLTSS program. The risk management agreement must include identified risks to the applicant, the consequences of such risks, strategies to mitigate the identified risks and the responsible party for addressing the risk; documentation of the MCO's determination regarding whether the Member's needs can be safely and effectively met in the community; and signature of the Member or authorized representative indicating agreement with the MCO's risk management agreement. IDD: DDD completes a monthly Olmstead Review Survey for all individuals discharged from the DC's for a minimum of 3 months post-discharge. The Olmstead Survey addresses the following core indicators: home satisfaction, home staff satisfaction, day program satisfaction, day program staff satisfaction, making new friends, community participation, contact with friends and family, and identifies issues that need resolving. The ICHNJ Quality Assurance Specialist (QAS) is responsible for tracking the receipt of these surveys by each geographical region and interpreting the data obtained from these surveys. Quarterly reports are developed from the interpretation of the data and presented to DDD executive management and the Olmstead Advisory Council. Beginning April 2015, DDD mandated that the Olmstead Review Surveys be administered monthly to all individuals discharged from the DC's as of 4/1/2015 (with the people still active in the Survey Process being phased-in to monthly Surveys by 7/1/2015) until the person no longer needs to be surveyed. Color-coded electronic spreadsheets are used to remind the Regions of Survey due dates as well as to confirm that Surveys have been received. There are 5 criteria that need to be met to determine when a person has completed the Survey Process. These criteria are: 1: the most recent Survey was held after 10/1/2013; 2: every member of the IDT feels additional follow-up is no longer needed; 3: the IDT has all members in agreement that the individual is "Adjusting well-seems happy" in the Overall Impression Section of the Survey; 4: there are no unresolved items checked in the Issues and Follow-Up Information Section of the Survey; 5: the individual must have their Medicaid HMO Card (and, therefore, be on the CCW). The process was changed to monthly to allow the IDT to keep the issues on track for resolution in order to end the Survey Process sooner for each individual when possible. Previously, the Survey intervals were 30 days, 60 days, 90 days, 180 days, 1 year, 2 years, and 3 years post-move. If an issue arose at 180 days, it may have been resolved sooner, but the IDT had to wait until the 1 year mark to end the process. With monthly Surveys it is now much clearer how long issues are taking to resolve which allows more focus on areas of needed supports.

- Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

IDD: DDD completes a monthly Olmstead Review Survey for all individuals discharged from the DC's for a minimum of 3 months post-discharge. The Olmstead Survey addresses the following core indicators: home satisfaction, home staff satisfaction, day program satisfaction, day program staff satisfaction, making new friends, community participation, contact with friends and family, and identifies issues that need resolving. The ICHNJ Quality Assurance Specialist (QAS) is responsible for tracking the receipt of these surveys by each geographical region and interpreting the data obtained from these surveys. Quarterly reports are developed from the interpretation of the data and presented to DDD executive management and the Olmstead Advisory Council. Beginning April 2015, DDD mandated that the Olmstead Review Surveys be administered monthly to all individuals discharged from the DC's as of 4/1/2015 (with the people still active in the Survey Process being phased-in to monthly Surveys by 7/1/2015) until the person no longer needs to be surveyed. Color-coded electronic spreadsheets are used to remind the Regions of Survey due dates as well as to confirm that Surveys have been received. There are 5 criteria that need to be met to determine when a person has completed the Survey Process. These criteria are: 1: the most recent Survey was held after 10/1/2013; 2: every member of the IDT feels additional follow-up is no longer needed; 3: the IDT has all members in agreement that the individual is "Adjusting well-seems happy" in the Overall Impression Section of the Survey; 4: there are no unresolved items checked in the Issues and Follow-Up Information Section of the Survey; 5: the individual must have their Medicaid HMO Card (and, therefore, be on the CCW). The process was changed to monthly to allow the IDT to keep the issues on track for resolution in order to end the Survey Process sooner for each individual when possible. All MFP populations: A Risk Review Form was developed during the prior reporting period based upon the responses received from the MFP Quality of Life surveys. The Risk Review Form contains questions from the survey if answered in a specific way, would indicate the individual's health and safety may be in jeopardy. The Quality of Life surveyors are required to circle the question and answer on the Risk Review Form that indicates the individual may be at risk and submit the form along with the survey to the ICH-NJ Project Director. The Risk Review Form is given to the ICH-NJ QAS who is responsible for the follow-up with the appropriate staff. All issues, responses and resolutions are documented by the ICH-NJ QAS and a bi-annual report is created from the findings. In addition, if a Risk Form is generated from a 1st or 2nd year follow up survey in which the individual has been re-institutionalized, then the ICH-NJ QAS arranges a face to face visit with the individual to further assess their quality of life in the institution and ascertains if the individual has any interest in returning to the community. If the individual wishes to return to the community once again, the appropriate staff person is notified.

None

2. How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Transportation: to get to medical appointments	1	0	0	2	0	3
Life-support equipment repair/replacement	0	0	0	0	0	0
Critical health services	0	0	0	1	0	1
Direct service/support workers not showing up	0	0	0	1	0	1
Other, Please Specify	0	0	0	0	0	0
Total	1	0	0	4	0	

3. For what number of the calls received were you able to provide the assistance that was needed when it was needed?

Older Adults	ID/DD	MI	PD	NA	TOTAL
1	0	0	4	0	5

4. Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?

Yes

No

5. Did your program experience any challenges in:

Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals

Assessing participants' risk

Developing, implementing or adjusting risk mitigation strategies

Addressing emergent risks in a timely fashion

Delivering all the services and supports specified in the service plan

Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.

Identifying threats to participants' health or welfare

Addressing threats to participants' health or welfare

Other, Please Specify

None

Current Issue Status: Resolved

How was it resolved?

6. Please specify the total number of participant deaths that occurred during the reporting period:

Older Adults	ID/DD	MI	PD	NA	TOTAL
2	0	0	3	0	5

7. Please provide information on the circumstances surrounding the reported deaths:

All reported deaths were from NF discharges. MCO's are not responsible for reporting cause of death.

8. How many critical incidents occurred during the reporting period?

93

9. Please provide information on the circumstances surrounding the reported critical incidents:

NJ's MFP Program recognizes that all individuals have the right to a safe supportive environment. However, even in a supportive environment adverse events may occur. In such occurrences, the State expects all entities that provide services to eligible individuals, to take immediate steps to protect the individual; to ensure prompt medical attention, when needed; and to work to prevent future occurrences. In order to accomplish this, such occurrences must be reported as unusual incidents and be appropriately followed up.

10. Please describe the nature of each critical incident that occurred. Choose from the list below.

Abuse

Please specify the number of times this type of critical incident occurred: 14

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

OA/PD: Abuse by PCA aid. Aid was changed and an agency investigation launched. Abuse by another resident and a referral to APS was made. IDD: 12 incidents of abuse by staff member. Actions taken provider agencies include: staff person transferred, further investigation and review, training and counseling of staff, IDT review, suspension without pay, follow up with medical specialist and training of service recipient.

Current Issue Status: Resolved

Neglect

Please specify the number of times this type of critical incident occurred: 20

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

OA/PD: Neglect by live-in caregiver. Agency services instituted. IDD: 19 incidents. Actions taken by provider agencies include: further investigation and administrative review, follow up with medical specialist, training of staff, suspension without pay, monitoring of service recipient, ER evaluation/treatment, counseling of staff and termination of staff.

Current Issue Status: Resolved

Exploitation

Please specify the number of times this type of critical incident occurred: 4

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

IDD: 4 incidents. Actions taken by provider agencies include: funds reimbursed to service recipient, further investigation, administrative review, law enforcement disposition and staff training.

Current Issue Status: Resolved

Hospitalizations

Please specify the number of times this type of critical incident occurred: 9

Of these hospitalizations, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?:

Four

Emergency Room visits

Please specify the number of times this type of critical incident occurred: 41

Of these emergency room visits, approximately how many occurred within 30 days of discharge from a hospital or other institutional setting?:

OA/PD: 1 emergency room visit within 30 days of discharge for deterioration of medical condition and required rehab stay. IDD: 16 emergency room visit within 30 days of discharge.

Deaths determined to be due to abuse, neglect, or exploitation - During the current reporting period, how many deaths occurring either in the current or previous reporting periods were determined to be due to abuse, neglect or exploitation?

Deaths in which a breakdown in the 24-hour back-up system was a contributing factor - During the current reporting period, for how many deaths occurring either in the current or previous reporting periods did an investigation determine that a breakdown in the 24-hour back-up system was a contributing factor?

Involvement with the criminal justice system

Medication administration errors

Please specify the number of times this type of critical incident occurred: 5

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

IDD: 5 incidents. Actions taken by provider agencies include: follow up with primary doctor/ medical specialist, further investigation, administrative review, and staff training.

Current Issue Status: Resolved

Other, Please Specify

None

11. Tribal Initiative Only - Describe any improvement(s) or challenge(s) related to the quality management within the Tribal Initiative during this reporting period. Include reported critical incidents as a subset of those identified in question 8. Describe the challenges related to the development of adequate service plans, assessing risk implementing or assessing risk mitigation strategies, addressing emergent risks in a timely fashion and delivering services as specified in the plans.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE

12. Tribal Initiative Only – Describe as a subset of the totals reported in questions 6, 7, 8, 9 and 10, the total number of participant deaths, circumstances surrounding the deaths, critical incidents that occurred and nature of the incidents.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE

. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

NONE

E. 9. Housing for Participants

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?

Developed inventory of affordable and accessible housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

The ICH-NJ Statewide Housing Coordinator continues to contact apartment complexes on a regular basis to update and maintain a spreadsheet of available, accessible and affordable rentals in the state of NJ. This spreadsheet is forwarded to the ICH-NJ Nurse Liaisons to share with the nursing facility residents and their Social Worker as well as other OCCO Community Choice Counselors who do ICH-NJ transitions. The apartment spreadsheet is also available on the ICHNJ web site as a resource for the general public.

Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

IDD: IDD: Special Needs Housing Partnership Loan Program: The New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) has partnered with the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Community Affairs (DCA) to create the Special Needs Housing Partnership Loan Program (SNHPLP). NJHMFA and the DCA provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement. As of June 30, 2015: -36 projects serving 141 individuals completed; -22 projects that will serve 90 individuals are in development; -Program is currently open for new applications -Projects are located in 35 municipalities in 16 counties.

OD: The New Jersey Housing and Mortgage Finance Agency (NJHMFA), in partnership with the Division of Aging Services (DoAS) launched the Money Follows the Person Housing Partnership Program (MFPHPP) on December 15, 2015 to a packed house of about 50 developers. The MFPHPP utilizes MFP Rebalancing dollars to provide capital funding to create housing units in new developments that are specifically set aside for MFP eligible individuals transitioning out of nursing facilities to community settings. Housing developers can access this funding through a process that has already been developed for the Sandy Special Needs Housing Fund ("SSNHF") funds. These funds are provided on a first come first serve basis and housing developers must follow the requirements set forth in program guidelines. The program guidelines address the following: eligible applicants, eligible locations, eligible projects, project selection criteria, number of set aside units to be financed and subsidy loan amounts. The specific program guidelines were developed by both DoAS and NJHMFA staff to ensure that the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule. This period saw a ramping up of housing collaboration with the MCOs, as the MCOs began designating Housing Specialists as required in their contract with the State. The Housing Coordinator continued to work with them, providing leads to available units, advice, and light training, as needed. The Statewide Program Director, Associate Program Director, and the Housing Coordinator will all be involved in the next reporting period in securing housing TA for MCO housing staff and starting to coordinate regular calls to encourage collaboration and resource sharing among the plans.

Developed statewide housing registry

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

The NJ Housing Resource Center is a partnership of the NJ Department of Community Affairs, Division of Disability Services and the NJ Housing and Mortgage Finance Agency. NJHRC continues to provide an online tool for finding and listing affordable housing and helping individuals with disabilities find housing options.

Implemented new home ownership initiatives

Improved funding or resources for developing assistive technology related to housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

Assistive technology services are available to all ICH-NJ participants under either the Community Care Waiver for individuals with IDD or under MLTSS for older adults and individuals with physical disabilities. Also, under Self-Directed Services through DDD, a qualification process has been in place since 2004 to qualify providers to render these services. The number of providers increase on a yearly basis.

Improved information systems about affordable and accessible housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

New Jersey Department of Human Services (DHS) has created an Office of Housing within DHS. This office oversees both DDD and Division of Mental Health and Addiction Services (DMHAS) housing and program development staff. The Office of Housing develops and implements housing policy and oversees day-to-day housing coordination activities for both Divisions. Key goals for the Office of Housing for FY15 include ensuring sufficient housing to meet DHS's Olmstead obligations and other needs including housing for individuals who are at risk, in emergent need of housing or on the Community Care Waiting List; development of a plan for compliance with the new CMS Final Rule on Home and Community-Based Settings; and development of a clearinghouse for administration of DHS housing subsidies. NJ MFP/ICH transition and MCO care managers now have access to the Supportive Housing Resource Center which is an online gathering place for agencies and providers working tirelessly to support the complex needs of those needing housing. The newly enhanced version is jam-packed with new resources, informative content and new tools to help share tips and trends among those assisting individuals who wish to transition to the community from an institutional setting.

Increased number of rental vouchers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

NJ has received funding for 206 additional federal rental vouchers for persons of very low income with disabilities. These vouchers are extremely important in the overall fight to house people with special needs. NJ was awarded 100 NED vouchers in 2011 and all are being utilized. We are currently maintaining a waiting list of 8. NJ launched the Sandy Tenant-Based Rental Assistance Program. This program accepted applications through April 6th, 2015. This program provides short-term, temporary tenant-based rental assistance in the form of a voucher to assist eligible low and moderate-income households with their rent in the nine counties most impacted by Superstorm Sandy, which are Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union. The Sandy tenant-based rental assistance is for 12 months with an option to renew for up to an additional 12 months. The program's maximum assistance is 24 months; no extensions beyond 24 months will be granted. Eligible applicants must have lived in one of the nine Sandy-impacted counties at the time of the storm. Our Housing Specialists will be working with NF residents in these targeted counties to take advantage of this opportunity. The NJ Department of Community Affairs (DCA) has conducted a lottery to randomize all Sandy Tenant-Based Rental Assistance Program applications submitted by the deadline and assigned each application a number. The program received more than 3,000 applications. Because more applications were received than there is funding available, the DCA will not be able to assist everyone who applied to the program. The DCA anticipates awarding approximately 1,400 rental assistance vouchers to applicants who meet both the program's income requirements and priorities. On May 1, 2015, the DCA began sending letters and application packets to the first group of applicants selected in the lottery to seek documentation of household income and verification that they meet all the program's eligibility requirements. Letters and application packets will be sent to groups of 400 to 500 applicants at a time throughout the spring and summer. Applicants will be notified by the DCA if their application was not selected in the lottery. The Supportive Housing Connection (SHC) is a partnership of the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Human Services, DHS. The Supportive Housing Connection was created to administer DHS rental subsidies, and will provide the following: • Landlord outreach and training • Rental and other housing assistance • Unit referrals and inspections • Resident inquiry resolution services

Increased supply of affordable and accessible housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

In 2013, the ICHNJ Program wrote a letter of support for Regan Development as they were seeking to submit an application to NJDCA for 10 HCV for the Akabe Village housing development project in Monmouth County. In return for the letter of support, the ICHNJ Program would receive 4 set aside fully accessible units for individuals transitioning from nursing facilities to the community. During this reporting period the project was completed and 4 ICHNJ participants have been accepted to live in this apartment complex. Two of the four moved into their new apartments during this reporting period. The other two will move in after the first of the year. As an added bonus, the developer used the ICHNJ logo in their marketing materials for this project.

Increased supply of residences that provide or arrange for long term services and/or supports

Increased supply of small group homes

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

Special Needs Housing Partnership Loan Program: The New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) has partnered with the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Community Affairs (DCA) to create the Special Needs Housing Partnership Loan Program (SNHPLP). NJHMFA and the DCA provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement. As of June 30, 2015: -36 projects serving 141 individuals completed; -22 projects that will serve 90 individuals are in development; -Program is currently open for new applications -Projects are located in 35 municipalities in 16 counties.

Increased/Improved funding for home modifications

Other, specify below

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

We are forming professional relationships with Disability Rights New Jersey, Legal Services of NJ and Legal Services of Northwest New Jersey to able to refer residents with housing related issues for legal representation when warranted. New Jersey has been selected to participate in the Supporting Housing Tenancy track of IAP's Community Integration-Long-term Services and Supports program area. The Supportive Housing Tenancy track will

focus on providing states with innovative strategies that are being used, or which could be used by states to support housing tenancy services for community-based LTSS Medicaid beneficiaries. Selected states will work closely with CMCS and IAP faculty as part of a three month web-based learning series that begins in February 2016. The content of program support will be refined based on the selected states' needs and include: webinars with experts to advise on housing tenancy issues; sharing of housing tenancy best practices, including support with incorporating improvement theory principles; and understanding which housing-related activities and services are covered by Medicaid.

None

2. What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community.

Lack of information about affordable and accessible housing

Insufficient supply of affordable and accessible housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

Although NJ exhibits a successful effort in creating housing opportunities for individuals with IDD and mental health issues, there seems to be a lack of effort in creating housing opportunities for older adults and individuals with physical disabilities.

What are you doing to address the challenges?

The New Jersey Housing and Mortgage Finance Agency (NJHMFA), in partnership with the Division of Aging Services (DoAS) launched the Money Follows the Person Housing Partnership Program (MFPHPP) on December 15, 2015 to a packed house of about 50 developers. The MFPHPP utilizes MFP Rebalancing dollars to provide capital funding to create housing units in new developments that are specifically set aside for MFP eligible individuals transitioning out of nursing facilities to community settings. Housing developers can access this funding through a process that has already been developed for the Sandy Special Needs Housing Fund ("SSNH") funds. These funds are provided on a first come first serve basis and housing developers must follow the requirements set forth in program guidelines. The program guidelines address the following: eligible applicants, eligible locations, eligible projects, project selection criteria, number of set aside units to be financed and subsidy loan amounts. The specific program guidelines were developed by both DoAS and NJHMFA staff to ensure that the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule.

Current Issue Status: In Progress

Lack of affordable and accessible housing that is safe

Insufficient supply of rental vouchers

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

With the opening of the NED voucher program, the MFP liaisons quickly identified individuals that have been waiting for housing. The MFP/ICHNJ Liaisons assist these individuals with housing searches, while working closely with the ICHNJ housing specialists. Unfortunately, locating affordable housing, even with the NED voucher has been a challenge. In keeping with person centered planning, NJ residents choose the desired county of residence. Some areas of the state lack affordable, appropriate housing.

What are you doing to address the challenges?

NJ's MFP/ICH Program is continuing to explore ways to utilize rebalancing dollars for bridge subsidies while continuing to work to maintain old PHA relationships as well as trying to create new relationships and partnerships.

Current Issue Status: In Progress

Lack of new home ownership programs

Lack of small group homes

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the challenges

There are still individuals who remain in Developmental Centers who are eligible for a move to the community. DDD continues to diligently work to align those individuals with agencies. As would be expected, the individuals remaining who are eligible for placement have more acute needs when compared to the individuals who moved before them. Therefore, even more specialized services are needed in the areas of behavioral, medical and forensic services.

What are you doing to address the challenges?

The New Jersey Division of Developmental Disabilities is shifting from a contract-based system of service reimbursement to a Medicaid-based, fee-for-service (FFS) reimbursement system. With the implementation of the Medicaid-based, Fee-for-Service System in July 2015, the Division is actively recruiting providers who have the interest and capacity to offer high quality services in the community for New Jersey adults (age 21+) with intellectual and developmental disabilities.

Current Issue Status: In Progress

Lack of residences that provide or arrange for long term services and/or supports

Insufficient funding for home modifications

Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives

Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing

Other, specify below

None

3. How many MFP participants who transitioned to the community during the reporting period moved to each type of qualified residence? The sum total reported below should equal the number of individuals who transitioned to the community this period, reported in Question #4 (Transitions). [This question is required.]

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Home (owned or leased by individual or family)	22	0	0	31	0	53
Apartment (Individual lease, lockable access, etc.)	26	0	0	30	0	56
Group home or other residence in which 4 or fewer unrelated individuals live	0	45	0	0	0	45
Apartment in qualified assisted living	0	0	0	0	0	0

4. Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.

202 funds

CDBG funds

Funds for assistive technology as it relates to housing

Funds for home modifications

HOME dollars

Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)

Populations Affected				
Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

5. Tribal Initiative Only - As a subset of the totals in question 3, report by population where tribal members transitioned to as a result of the program.

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Home (owned or leased by individual or family)						0
Apartment (Individual lease, lockable access, etc.)						0
Group home or other residence in which 4 or fewer unrelated individuals live						0
Apartment in qualified assisted living						0

6. Describe specific housing efforts associated with this initiative and housing challenges during this reporting period.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.

NONE

E.10 Employment Supports and Services

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. What types of ongoing employment supports are provided through your MFP program to help participants find or maintain employment?

Job coaching or ongoing support planning

Populations Affected				
Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by
Qualified HCBS, Other

Please describe by target population

IDDD: Activities include but are not limited to: on-site consultation, re-assessing employment situations; establishing interventions for new tasks as assigned; career advancement; problem solving. PD: provided by the Division of Rehabilitation Services, Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing for anyone that has a physical or mental impairment that is a substantial impediment to employment.

How is this service or support funded?

<input checked="" type="checkbox"/> Job training or re-training					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS, Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
IDD: activities are typically characterized by 1:1 job coaching provided to an individual at the work site which are designed to help facilitate the acquirement of the physical, intellectual, emotional and social skills needed to maintain employment. PD: provided by the Division of Rehabilitation Services, Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing for anyone that has a physical or mental impairment that is a substantial impediment to employment.					
How is this service or support funded?					
<input checked="" type="checkbox"/> Peer to peer consultation and support					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
IDD: natural supports can come from supervisors and co-workers to assist employees with disabilities to perform their jobs, including supports already provided by the employer for all employees. These natural supports may be both formal and informal and can include mentoring, supervision, training (learning a new job skill with a co-worker) and co-workers socializing with employees with disabilities at breaks or after work. The use of natural supports increases the integration and acceptance of an employee with a disability within the workplace.					
How is this service or support funded?					
<input checked="" type="checkbox"/> Employment monitoring or mediation with employer/employees to resolve barriers to work					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS, Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
IDD: these services are provided by a job coach on an ongoing basis to support, maintain and strengthen a person in competitive employment. Activities include but are not limited to: on-site consultation; re-assessing employment situations; establishing interventions for new tasks as assigned; career advancement; problem solving. PD: provided by the Division of Rehabilitation Services, Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing for anyone that has a physical or mental impairment that is a substantial impediment to employment.					
How is this service or support funded?					
<input checked="" type="checkbox"/> Mediation with family/friends to secure their support for individuals' work-related needs					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
Family/friend interventions can occur during the Follow Along Phase of Supported Employment within DDD under heading "Individual/Community Support". These are skills or resource interventions that occur off the job site, designed to address the individual's living, learning, recreation and social spheres.					
How is this service or support funded?					
<input checked="" type="checkbox"/> Assistance with transportation to and from work					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
IDD: travel training occurs during the Intensive Phase of Supported employment within DDD. It is training conducted by an employment specialist/job coach designed to enable the individuals to travel as independently as possible to and from an employment site. Travel training includes but is not limited to: learning to use public transportation; developing carpooling arrangements; developing other transportation arrangements specific to the needs of the individual. PD: Under MLTSS, transportation is offered to enable individuals to gain access to community services, activities and resources specified in their plan of care. This service is offered in addition to medical transportation and transportation services under the State Plan and will not replace them.					
How is this service or support funded?					
<input checked="" type="checkbox"/> Assistance with budgeting					
Populations Affected					Service or Support Funded by
Older Adults	ID/DD	MI	PD	NA	Qualified HCBS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please describe by target population					
IDD: Individual/Community Supports offered through DDD are skills or resources or interventions occurring off the job site which are designed to address the individual's living, learning, recreating and social spheres that affect the individual's ability to continue working; including but not limited to transportation, money management, time management, personal hygiene and health, communication and socialization. These interventions can be provided by a variety of qualified individuals such as employment specialists/job coaches, co-workers, neighbors and family members.					
How is this service or support funded?					

Assistance developing interpersonal or employment skills

Populations Affected

Older Adults	ID/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by
Qualified HCBS, Other

Please describe by target population

IDD: during the Pre-Placement Phase of Supported Employment within DDD, individuals are afforded the opportunity to participate in Situational Assessments in an integrated competitive work environment to determine their interests, preferences, employment skills, knowledge, strengths, support needs etc. Other activities during the Pre-Placement Phase that allows for interpersonal and employment skill development include: career development and exploration, job touring, job shadowing. PD: provided by the Division of Rehabilitation Services, Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing for anyone that has a physical or mental impairment that is a substantial impediment to employment.

How is this service or support funded?

Other, Please Specify

None

2. What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?

Hired employment specialists to help MFP participants achieve employment goals

Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff

Incorporated information about disability- and employment-related agencies and services into outreach materials

Activity Funded by
MFP 100% Administrative Funding

Financed services or supports (such as adaptive equipment, transportation, personal assistance services) to help address barriers to employment

Activity Funded by
Other

Leveraged Medicaid Infrastructure Grant program resources or funds (via supplemental grants or no-cost extension of previous grants) to support employment of participants with disabilities

Other, Please Specify

None

3. What progress was made during the reporting period to establish collaborative relationships with your state employment agencies (i.e., state departments of labor, vocational rehabilitation, workforce development, or commissions for the blind)?

Participated in cross-agency awareness training

Participated in multi-agency working groups that address employment for individuals with disabilities

Participated in state or local Workforce Investment Boards

Shared enrollment information to determine eligibility for services

Shared the costs of direct services for shared clients

Shared a database that allows the agencies to access one another's intake and client information

Other, Please Specify

None

4. Were there any other developments or progress this period toward increasing the availability of employment services and supports for MFP participants?

ICHNJ Program continues to utilize Peer Mentors to provide informal supports to ICHNJ participants who meet the criteria for employment services. The Peer Mentors serve as Para-professionals to the employment team and, in that capacity provide feedback regarding their outreach efforts. They can work up to 20 hours a week. Currently there is only 1 Peer Mentor assisting individuals to seek and obtain employment. Additional services will be provided to those in categories B & C (explained in Benchmark 5) with the use of Peer Mentor Services and a more focused customized follow up support system. The ICHNJ Program recently received approval to utilize rebalancing dollars to fund a Career Training and Employment Program (CTEP) to be rendered by our ICHNJ partner, the Division of Disability Services. This program will provide employment support services to ICHNJ employment candidates (Categories B and C) who require additional skill sets to facilitate their job searches. Since many of the rated "employable" candidates lack current skill sets, online courses specifically designed to assist career minded individuals with disabilities, seeking employment access to gain or regain important skills to perform basic computer, customer service, management and other typical job requirements in today's work environment will be offered. Our collective goal is to assist persons with disabilities in New Jersey to reach and maintain gainful employment as well as develop a positive self-image as they seek to remain independent, productive, self-relying members of the community. Currently, there are six participants in the first wave of the CTEP Program and four of the six are employed already. The first class of CTEP currently has one graduate thus far. Participants are expected to keep up with the modules in a timely manner; however, they are mostly working at their own pace.

5. Tribal Initiative Only - Describe specific employment efforts associated with this initiative and employment challenges during this reporting period.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

F. Organization & Administration

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?

Yes

No

2. What interagency issues were addressed during this reporting period?

Common screening/assessment tools or criteria

Which agencies were involved?

DOAS, OOIE

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

Which agencies were involved?

DDD, DDS

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

Which agencies were involved?

DOAS, MCO

Other, specify below

None

3. Did your program have any notable achievements in interagency communication and coordination during the reporting period?

Yes

What were the achievements in?

The ICHNJ Project Director and Associate Project Director began discussions with the 5 MCO's regarding contractual language which states each MCO must hire an individual with expertise in the area of housing. So far 2 of the 5 MCO's have hired actual housing specialists while a 3rd is utilizing 3 patient advocates in that role. The other 2 MCO's are relying on their MFP liaisons to fill the housing specialist role. The plan is to meet with each MCO after the first of the year to discuss how the ICHNJ Program can assist them in developing their housing specialist role and to discuss how resources can be shared among all 5 MCO's. We would also like to establish a monthly call with each MCO housing specialist to ascertain their needs and provide resources and/or training if available. Another goal would be to have a regularly scheduled call for all 5 Plans to discuss housing needs and sharing of resources.

No

4. What significant challenges did your program experience in interagency communication and coordination during the reporting period?

Interagency relations

Privacy requirements that prevent the sharing of data

Technology issues that prevent the sharing of data

Transitions in key Medicaid staff

Transitions in key staff in other agency

Other, specify below

None

Current Issue Status: Resolved

How was it resolved?

5. Tribal Initiative Only - Describe specific changes in organization or administration associated with this initiative and any interagency challenges during this period.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

G. Challenges & Developments

Grant Report: 2015 Second Period (July - December) - N315SA02, New Jersey

1. What types of overall challenges have affected almost all aspects of the program?

Downturn in the state economy

Worsening state budget

Transition of key position(s) in Medicaid agency

Transition of key position(s) in other state agencies

Please describe

With the implementation of MLTSS effective July 1, 2014, the recruitment and enrollment of nursing facility residents into the ICHNJ Program changed. In addition to nursing facility transitions being handled by the Office of Community Choice Options, the MCO's are now responsible to transition their own members to the community according to ICHNJ policy and procedure. The MFP Nurse Liaisons continued to transition any Nursing Facility resident that remained fee for service in the facility and as stated above, the MCO's were responsible for transitioning their members that met the MFP eligibility criteria. Since most of the MCO's had no prior experience with MLTSS and had to learn NJ's community transition process, it has been a challenge for both the MCO's and the ICHNJ Program to complete as many transitions as had been planned. Continued training and coaching by the ICHNJ Nurse Liaisons is required to assist the MCO's in learning the process.

Executive shift in policy

Other, specify below

None

2. What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?

Institutional closure/downsizing initiative

Please describe

DDD has been actively working with eligible individuals residing in the State's developmental centers to move them to community settings for many years. In order for an individual to be eligible for community placement, the treating professionals must be in agreement or not opposed to a move to the community as well as the guardian of the individual. In February 2013, there were 587 individuals eligible for a move to the community. As of July 2015, that number has decreased to 163 individuals. Of the 163 individuals, 62 are aligned with an agency with a move date expected by December 31, 2015; 4 are aligned with an agency with a move date expected by June 30, 2016; and 5 have move dates after July 2016. This leaves 92 individuals remaining in Developmental Centers who are eligible for a move to the community. The Division continues to diligently work to align those individuals with agencies. As would be expected, the individuals remaining who are eligible for placement have more acute needs when compared to the individuals who moved before them. Therefore, even more specialized services are needed in the areas of behavioral, medical and forensic services. As the 92 individuals are aligned with agencies, they will be added to the projected move list provided and to increase that overall number.

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

Expanded single point-of-entry/ADRC system

New or expanded HCBS waiver capacity

New Medicaid State Plan options (DRA or other)

New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC

Other, specify below

Please describe

Consistent with the Governor's commitment to advancing community programs and services for individuals with intellectual and developmental disabilities, DDD will see \$96.5 million in overall growth in FY16. Under the Christie Administration, a total of \$411 million has been invested in the community. During the same timeframe, appropriations for the state's developmental centers have decreased by \$129.7 million reflecting a clear and unwavering focus on community. DDD's Overall Proposed Budget for FY '17 In FY'17 community spending is proposed to increase by \$79.2 million, broken down as follows: • \$10 million to fund community-based services for individuals currently on the Community Care Waiver Waiting List • \$13.2 million to fund community-based residential placements for 165 individuals currently living in one of the Division's five developmental centers, consistent with the U.S. Supreme Court's Olmstead decision • \$10 million to fund costs associated with the transition to a fee-for-service system • \$5 million to fund 500 new housing vouchers • \$41 million to fund general Division growth (e.g., young adults turning 21 and aging out of special education services, emergencies, self-direction, annualized cost from prior year placements, etc.) This current administration is re-defining the way in which New Jersey supports individuals with intellectual and developmental disabilities through investment.

None

3. Tribal Initiative Only - If not previously discussed, describe specific developments that you want to highlight for this program including any challenges.

NJ DOES NOT PARTICIPATE IN THE TRIBAL INITIATIVE.

H. Independent Evaluation

Grant Report: 2015 Second Period (July - December) - NJ15SA02, New Jersey

1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?

Yes

No

2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?

Yes

No**I. State-Specific Technical Assistance****Grant Report:** 2015 Second Period (July - December) - NJ15SA02, New Jersey**List of Technical Assistance Events for this Reporting Period**

<p>Date: 1/1/2015 12:00:00 AM Type: Other Programmatic Delivery Method: Individual by Phone Describe the focus of the TA you received: Regularly scheduled TA call with TA lead and CMS PO. Usefulness: Useful If useful, describe what changed as a result - if not useful, explain why: Updated TA lead and PO on current and future program activities</p>
<p>Date: 7/21/2015 12:00:00 AM Type: Other Programmatic Delivery Method: Individual by Phone Describe the focus of the TA you received: Regularly scheduled TA call with TA lead and CMS PO. Usefulness: Useful If useful, describe what changed as a result - if not useful, explain why: Discussed sup budget request for 2015, Sustainability Plan, MFP tag adjustment due to MLTSS, employment and housing developments</p>
<p>Date: 11/16/2015 12:00:00 AM Type: Quality Delivery Method: Individual by Phone Describe the focus of the TA you received: Regularly scheduled TA call with TA lead and CMS PO Usefulness: Very Useful If useful, describe what changed as a result - if not useful, explain why: Discussed sitting MFP housing specialists at NJ HMFA.</p>

J. Overall Lessons & MFP-related LTC System Change**Grant Report:** 2015 Second Period (July - December) - NJ15SA02, New Jersey

. Are there any other comments you would like to make regarding this report or your program during this reporting period?

New Jersey is committed to the success of the ICH-NJ Program through its committed partners; Division of Developmental Disabilities; Division of Aging Services; Division of Disability Services and the Office of the Ombudsman for the Institutionalized Elderly. This commitment is emphasized by the increase in transition numbers from 2008 to present. Between 7/1/2008 and 12/31/2010, NJ only transitioned a total of 158 individuals. At present, NJ has transitioned 1609 individuals and saved over \$18 million dollars. Hiring of dedicated staff in the Fall of 2010 enabled NJ to finally execute the primary objectives of the MFP Demonstration Project as defined by CMS.