

# **Grant Report**

**2014 Second Period (July - December)**

**for**

**New Jersey - NJ14SA02**

**A. General Information****Grant Report:** 2014 Second Period (July - December) - NJ14SA02, 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** Full Time Acting Vacant New Since Last Report**10. Project Director Status Date: Change date if status is different from last report.**

11/22/2010

**11. Grantee Signatory Name**

**Grantee Signatory**

Jonathan Seifried

**12. Grantee Signatory Title**

Director of Community Transitions

**13. Grantee Signatory Phone**

(609) 789-8911

**14. Grantee Signatory Fax**

(609) 631-2217

**15. Grantee Signatory Email**

Jonathan.Seifried@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**

(609) 588-7267

**20. Other State Contact Fax**

(609) 588-3330

**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**

**24. Independent State Evaluator Phone****25. Independent State Evaluator Fax****26. Independent State Evaluator Email****Report Preparer****27. Report Preparer Name****28. Report Preparer Title****29. Report Preparer Phone****30. Report Preparer Fax****31. Report Preparer Email****CMS Project Officer****32. CMS Project Officer Name****B. Transitions****Grant Report:** 2014 Second Period (July - December) - NJ14SA02, 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.]

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	146	169	0	140	0	455
Second Period	124	151	0	101	0	376
Total	270	320	0	241	0	831

Cumulative Number Assessed	1,597	970	0	810	0
Transition Targets, all grant years (by population and total)	960	812	0	495	0
Cumulative Number Assessed as a Percent of Total Transition Target	166.35%	119.46%		163.64%	

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	39	122	0	23	0	184
Second Period	18	76	0	19	0	113
Total	57	198	0	42	0	297

Annual Transition Target	167	180	0	85	0
% of Annual Transition Target Achieved	34.13%	110.00%		49.41%	

**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	456	604	0	297	0	1,357
	0	0	0	0	0	0
Total	456	604	0	297	0	1,357

Transition Targets, all grant years (by population and total)	47.50%	74.38%	N/A	60.00%	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	89	212	0	61	0	362
Second Period	47	191	0	39	0	277

- 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	3	6	0	3	0	12
Length of stay as yet unknown	0	0	0	0	0	0
Total	3	6	0	3	0	12

Total re-institutionalized for any length of time (total of above)	3	6	0	3	0
Number of MFP participants re-institutionalized as a percent of all current MFP participants	3.37%	2.83%	0.00%	4.92%	0.00%
Number of MFP participants re-institutionalized as a percent of cumulative transitions	0.66%	0.99%	N/A	1.01%	N/A

Please indicate any factors that contributed to re-institutionalization.

Deterioration in health, cognitive function and community services not sufficient to meet the need.

- 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	0	2	0	0	0	2
Second Period	1	0	0	0	0	1
Total	1	2	0	0	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	55	75	0	36	0	166
Second Period	43	88	0	34	0	165
Total	98	163	0	70	0	331

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

Re-institutionalization, moved out of state, Medicaid suspended eligibility, died.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe your difficulties for each target population.**

With the delayed implementation of Managed Long Term Services and Supports (MLTSS) from January 1, 2014 until July 1, 2014, the Division of Aging (DOAS) continued to redirect its resources to ensure the rollout's success during this MFP reporting period. The last six months has been a period of tremendous change for DOAS. During this period over 13,000 current waiver beneficiaries (older adults and people with physical disabilities) were automatically enrolled into MLTSS. MCO care managers were tasked with visiting each member, assessing their needs, developing a member-centric plan of care and completing a NJ Choice Assessment that required review by OCCO staff. This implementation changed many policies and procedures and required much coordination with multiple MCO providers and other state departments involved in MLTSS. The MCO's received extensive education prior to the rollout primarily aimed at the Master Trainers. These included options counseling, risk assessment, transition planning and MFP/ICHNJ. After the implementation, this training continued and included both Master trainers and MCO supervisors. Policies and procedures were evaluated and modified to meet the new requirements of MLTSS. Bi weekly phone calls between DOAS, DMAHS, and MCO's were initiated to identify and resolve issues related to implementation of MLTSS. Webinars were held for both state and MCO staff to educate on MLTSS procedures, including but not limited to transitions and MFP/ICHNJ. The process to enroll Fee for Service Nursing Facility individuals into MCO/MLTSS prior to the transition was solidified by DMAHS/Medicaid and DOAS once the MFP Liaison or OCCO representative identified individuals that want to transition to the community.

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:**

57

**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 or 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:**

27

**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 6 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

**Please explain the proposed changes to your transition benchmarks.**

Transitions numbers will be adjusted based upon the Sustainability Plan.

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 not participate in the 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:** 2014 Second Period (July - December) - NJ14SA02, New Jersey

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

Yes

No

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.

Calendar year

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

### D. 1. Additional Benchmarks

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#### 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).

**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	\$991,302,449.00	103.13%	80.06%
2014	\$1,274,570,926.00	3.00	\$2,010,522,253.00	202.82%	157.74%
2015	\$1,309,124,519.00	3.00	\$0.00	0.00%	0.00%
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. MFP expenditures were calculated by totaling service dollars only as indicated on the MFP Budget worksheet provided by CMS contained in the budget section of this document.

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

Yes

Benchmark 3 in OP: add Measure 2 to include a measure associated with the Olmstead Training Team. Revise current Measure 2 to reflect the implementation of MLTSS.  
Benchmark 5 in OP will be revised. Benchmark 6 in OP will be revised.

**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**

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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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. Since January 2013, 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 and Overview of Developmental Disabilities. Beginning on July 1, 2014, providers were able to use the CDS as an option to meet requirements for Medication training in combination with an on the job practicum and competency assessment. Between July 1st and December 31st, 2014, the College of Direct Support was utilized across 108 provider agencies, community care residences across the state, and in five developmental centers. More than 17,000 College of Direct Support Lessons were completed. This is an increase in more than 7,000 lesson completions since the last bi-annual report. Lessons completed with the greatest frequency are included in the following courses: - Maltreatment: Prevention and Response - Introduction to Medication Supports - Introduction to Developmental Disabilities (NJ Specific Bundle of Lessons) - Individual Rights and Choice - Direct Support Professionalism 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: During this reporting period, the Behavioral Training Team devised several different trainings that were offered to agencies that serve MFP eligible populations. The topics were varied and based on the needs of the individuals coming out of institutions in New Jersey. Some of the courses were stand-alone modules while others required a sequence in which they were to be taken. The trainings were offered monthly at the Division of Developmental Disabilities Central

**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**

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	198.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	40.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

An individual cannot transition to the community without an Adaptive Behavior Summary/Health Safety, Risk (ABS/HSRS) assessment being completed. An ABS/HSRS was completed for 100% of the individuals that transitioned to the community from a DC during this reporting period. Risk assessments for nursing facility transitions are done at the IDT meeting where the health and safety of the participant is addressed. The Plan of Care, developed by the care manager, has risks identified as well as a back-up plan for the participant.

**Measure #2**

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	365.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	366.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

With the implementation of MLTSS on July 1, 2014, this Measure became non-applicable. A new Measure will be created to better reflect the improvement of quality management systems associated with the implementation of MLTSS by the five Managed Care Organizations. The new Measure will be ready for tracking by 1/1/2015.

No

**D. 2. Rebalancing Efforts****Grant Report: 2014 Second Period (July - December) - NJ14SA02, 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: 2014 Second Period (July - December) - NJ14SA02, 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

**Please describe by target population.**

**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	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	15.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

From 7/1/2014-12/31/2014, the MFP Statewide Housing Coordinator visited the following PHA's: Middletown, Cherry Hill, Camden, Clementon, Collingswood, Haddon Twp., Pennsauken, Burlington County and Newark. Middletown HA: The HCV program is closed. Their public housing has a preference in one building for Middletown residents with a WL of 1.5 years. The other building has a WL of about 1 year. Both buildings are for elderly/62+ or disabled. The Housing Authority gives a preference for individuals paying over 30% of their income for housing. Cherry Hill HA: No longer has vouchers or public housing, but does run a program for moderate income housing. City of Camden: Has an ALP program in 2 of their senior/disabled towers. The housing authority is very interested in developing an MOA with MFP/ICHNJ. The HA is in the process of developing their 5 year plan & would agree to giving applicants a preference point for leaving nursing facilities if they qualify for the ALP program. Collingswood HA: Has housing for 62+ and disabled individuals receiving SSI, but WL is 2-3 years. Haddon Twp HA: Very small, but WL is about 8 month-1.5 years for seniors 62+. It was stressed that individuals must be independent. Pennsauken HA: only has a Section 8 program and this program is currently closed. Burlington HA: Understaffed and vouchers are going unused because there is no funding attached. They are very open to having MFP/ICHNJ as a partnering agency. Newark HA: Listed MFP/ICHNJ as a partnering agency. An applicant from a partnering agency could receive preference over another applicant because the individual from the partnering agency will have HCBS. At this time the senior/disabled wait list is open but the wait list can be up to 3 years. An individual does get preference points for being senior/disabled.

**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:**

**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"/>

MFP/ICHNJ Liaisons utilize the Nursing Home MDS Section Q quarterly report to follow up on potential transitions.

How data are used for identification

Obtaining provider/agency referrals or cooperation

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.**



**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**

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:**

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. We have also created several video testimonials which are posted on our Website and the OOIE and NJDHS Facebook pages. Our statewide media push saw much success in first half of 2014. The NJ Department of Treasury activated our website - [www.IChooseHome.NJ.Gov](http://www.IChooseHome.NJ.Gov) – received 2,000 hits between January and July 2014, a ten-fold increase over the last half of 2013. As a result of the education and marketing campaign, OOIE made 40 referrals to DHS and distributed 5,000 copies of a new ICHNJ tri-fold brochure. The number of referrals has declined from the previous year primarily due to the fact that many of the first year referrals from OOIE involved individuals who were admitted to the facility with a primary diagnosis of mental illness. These individuals were not eligible for MFP services under the state's Global Options waiver. OOIE still works with these individuals and has developed service referral pathways for these individuals. Our statewide media push saw continued success in the second half of 2014. The ICHNJ website ([www.IChooseHome.Nj.gov](http://www.IChooseHome.Nj.gov)) received 3,719 hits during this period, a 185% increase over the first half of 2014. As a result of the education and marketing campaign, OOIE made 56 referrals to DHS and managed care organizations (MCOs) (up from 40 for the previous period) and distributed thousands of informational/marketing materials at nursing homes and professional and community events. The number of referrals has declined since 2013 due to the fact that more recent referrals are more targeted and appropriate. Additional training about eligibility criteria has resulted in a higher percentage of OOIE referrals resulting in actual transitions. We saw a spike in requests for information at the end of the year when we ran radio and print ads that targeted Northern New Jersey. We also see a steady increase in referrals and requests for information from facility social workers, as we continue to strengthen those relationships.

**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:**

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. 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. July 1, 2014 Managed Long Term Supports and Services managed by Managed Care Organizations was implemented. Each MCO established an I Choose Home/MFP Liaison within their organization to act as a conduit between the MCO and the ICHNJ Program to transition eligible individuals out of nursing homes, to ensure that these individuals are flagged as I Choose Home/MFP participants, and to make sure they receive excellent care and services in the community. In order to assist the MCO's in meeting the above objectives, the ICHNJ Project Director and the Director of Education and Advocacy met with all 5 MCO MFP Liaisons during the last reporting period to discuss shared goals; assist them in gaining an understanding of our current/ongoing outreach and advocacy efforts within the nursing homes and in the broader community; how the OOIE role will overlap with MCO staff (especially that of the MFP Liaison/s); how we can share resources and information to advance the shared goal of providing long-term supports and services in the least restrictive and most cost effective environments possible. We will be meeting with the MCO's one again in early 2015 to further strengthen the collaborative efforts and relationships.

None

**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**

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. The Employment Specialist will meet 1:1 with all individuals expressing a desire for employment/volunteerism to provide technical assistance and supports both directly to MFP participants and to community agencies who work with these participants.

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	88.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

**Please explain your Year End rate of progress:**

NJ's ICHNJ Employment Specialist was hired in September 2012 and provides technical assistance and supports both directly to ICHNJ participants and to community agencies who work with participants who are transitioning to the community or who have successfully transitioned and are now seeking employment as a second phase of integration. The ICHNJ Employment Specialist is employed by the ICHNJ partner, the Division of Disability Services (DDS). To date, 175 individuals have referred to DDS for employment services. 49% of the individuals that have received Employment Packets have had no desire to work. Currently, 5% of the individuals referred for employment services are employed; 1% are volunteering; 15% are receiving DVRS services; 20% are receiving follow up employment services from the ICHNJ Program; and 10% are either un-reachable or non-responsive. Of the ICHNJ participants interested in employment, they have applied at the following companies: St Peters University Disability Assistance Unit, Kramer Beverage Co, Myers Parts LLC, Staf Smith Transport, Wiley Christian Adult Day Services, Build a Bear, and MTSTARS Internet Based Transcription Services. In addition to the individual working as an advocate for BCBS, 2 other individuals have obtained employment at Goodwill Thrift Store in Elmwood Park and Red, White and Blue Thrift Store in Paterson. ICHNJ participants receive Employment Resource Packets soon after discharge from the nursing facility. The resource packet includes contact information for the ICHNJ Employment Specialist, a current NJ Resources Directory, a current Social Security Red Book, which is a summary guide to employment supports for individuals on SSI and SSDI, information on NJ's Medicaid Buy In Program, NJ WorkAbility, information from the NJ Department of Labor Division of Vocational Rehabilitation and current web links to career resources for individuals with disabilities. Once the individual expresses a desire to work, the MFP Employment Specialist pre-screens the individuals to determine their readiness to seek employment. Once an initial pre-screening has been completed, all individuals in categories A and B will receive comprehensive supported employment services before starting work. The Employment Specialist will address the issues of transportation, child care, appropriate wardrobe, accessibility, accommodations and the need for healthcare, medical benefits, and the New Jersey WorkAbility Medicaid Buy-In Program. Individuals falling into category C will receive an initial evaluation and follow up services as needed such as job readiness, interviewing skills and job searching techniques. Individuals falling into category D will

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. With the implementation of MLTSS on July 1, 2014, the transitioning individual is enrolled in MLTSS on the first of the month prior to discharge. Nursing facilities are reluctant to have these individuals enrolled in MLTSS prior to discharge due to billing issues.

**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. Each Social Worker in every nursing facility in NJ received a letter from the Ombudsman's office reminding them of their responsibility regarding discharge planning in effort to bring awareness to the above issue.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please describe by target population**

There is no longer a barrier for individuals with mental illness who wish to move into the community with managed long-term supports and services (MLTSS). People 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.

Redetermination of eligibility after a suspension due to reinstitutionalization

Other, specify below

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other, please specify below**

With the rollout of MLTSS, DOAS continued to redirect its resources to ensure the MLTSS rollout's success during this MFP reporting period. However, implementation of MLTSS represents an enormous opportunity for the MFP program. Slots are no longer limited with MLTSS. A new MFP Assistant Director was appointed in July from another Division. One MFP liaison transferred to another Division and another transferred to a Quality position. These positions were replaced by two OCCO nurses. With the closure of the two Developmental Centers and the subsequent reduction in force, DOAS was unable to hire nurses to fill the three remaining open positions.

**What are you doing to address the challenges?**

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 MCO's have begun to identify 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. Each MCO is required to designate an MFP liaison. As the MCO's hired/designated MFP liaisons, a face-to-face meeting was held to review the MFP/ICHNJ program and philosophy and to help build relationships with the MCO. Transition services are included as a benefit in MLTSS and are provided by the MCO. The MCO's were required to identify providers for these transition services in order to provide security deposit payments, and household goods like food and furniture. The MFP/ICHNJ nurse liaisons are working with front line MCO care managers during the IDT's at the nursing facility as mentors and subject matter experts. Their expertise in community services are easily shared with the care managers.

**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** 70

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

**Total** 108

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** 22

**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** 80

2



**Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution**

**Individual's family member or guardian refused to grant permission, or would not provide back-up support** 2

**Expired during process** 2

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

N/A

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

<b>less than 2 months</b>	60
<b>2 to 6 months</b>	38
<b>6 to 12 months</b>	9
<b>12 to 18 months</b>	6
<b>18 to 24 months</b>	0
<b>24 months or more</b>	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:

<b>less than 2 months</b>	53.10%
<b>2 to 6 months</b>	33.63%
<b>6 to 12 months</b>	7.96%
<b>12 to 18 months</b>	5.31%
<b>18 to 24 months</b>	N/A%
<b>24 months or more</b>	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** 89

- 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** 8

- 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.

N/A

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

N/A

- 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.

N/A

- 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.

N/A

## E. 2. Informed Consent & Guardianship

**Grant Report:** 2014 Second Period (July - December) - NJ14SA02, New Jersey

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

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

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:** 2014 Second Period (July - December) - NJ14SA02, 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).

**[x]** 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 grew in the second half of 2014. The I Choose Home NJ website ([www.IChooseHome.nj.gov](http://www.IChooseHome.nj.gov)) received 3,719 visits with individuals spending at least 5 minutes on the web site, a 185% increase over the first half of the year. We ran 30-second radio ads on WBGO (Newark) and WHYI (Philadelphia) and bought ad space in several local Northern New Jersey newspapers, including Spanish language platforms (El Especialito). This large media buy occurred at the end of the reporting period (December 2014) and resulted in many calls and requests for information before the holidays and generated many more inquiries after January 1, 2015 (to be reported next cycle).

**[x]** 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.

**[x]** 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.

**[x]** 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 continue 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 a 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 143 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 slight reduction in visits is due to the continued vacancy of one Outreach Coordinator position and the transition of one of our Outreach Coordinators to fill the Statewide Housing Coordinator vacancy which occurred in November of 2014. OOIE events for this period included (but were not limited to): Warren County Fair- Senior Citizen and Disability Awareness Day; Bilingual Caregiving Issues Forum; United Way Caregiver Conference; Bergen County Annual Senior Picnic; NJ Disability Pride Parade; NJ Long-term Care Leader's Coalition Conference; NJ Supportive Housing Association Annual Conference; and NJ Black Issues Convention. OOIE continues to develop and implement the ICHNJ marketing strategy (described above) and to build bridges with state and community partners to spread the message that "A Nursing Home May Not be the Only Option." We continued to partner with institutions of higher education and present to students of nursing, social work, and gerontology at Rutgers, Seton Hall, and Berkeley College.

**[x]** 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 continue to attend all Volunteer Ombudsman Quarterly meetings and to provide support and answer questions at those meetings regarding I Choose Home and its interaction with the Volunteer Advocate Program. An OOIE representative has presented at nearly all trainings for incoming Volunteer Advocates so that they are familiar with I Choose Home and their duties related to the program from day one. OOIE continued to provide refresher trainings to ADRC employees, SCOPE clinicians, facility social workers and nurses, and clinical staff attendees present at any conferences we attended. The ICHNJ Executive Team continued to work with MCO MFP Liaisons during this period to constantly 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 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 will incorporate the need for their volunteers to be knowledgeable of program requirements as well as checking for posters, notifying Education and Outreach Coordinators of Nursing Facility staff turnover, etc so that re-training can occur if necessary. OOIE will make this a regular, systemic process. OOIE will also send email blasts at a pre-determined intervals to volunteers asking them routinely if there have been any management/social work changes in recent weeks that ICHNJ needs to address. In addition, on each visit to their assigned Nursing Facilities, the OCCO MFP Nurse Liaisons take the opportunity to train frontline staff on program requirements.

**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.**

N/A

#### E. 4. Stakeholder Involvement

**Grant Report:** 2014 Second Period (July - December) - NJ14SA02, New Jersey

**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



**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)
<b>Consumers</b>		X		X	X	
<b>Families</b>		X		X	X	
<b>Advocacy Organizations</b>	X	X			X	
<b>HCBS Providers</b>	X	X		X	X	
<b>Institutional Providers</b>						
<b>Labor/Worker Association (s)</b>						
<b>Public Housing Agency(ies)</b>			X			
<b>Other State Agencies (except Housing)</b>		X			X	
<b>Non-profit Housing Assn.</b>			X		X	
<b>MCO's</b>	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 Stakeholder Group is always seeking to add current and former MFP participants to the group. An application to join the group can be obtained by contacting the ICHNJ Project Director. 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. In the next reporting period, the group will be providing input for the required Sustainability Plan. Consumers and families also continue to participate in the Olmstead Advisory Council 4 times per year. In state FY 2013 and during this reporting period, 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,

**Please Indicate the Amount of Attendance**

On average, three consumers/families/consumer advocates attend the meetings. On average, a total of eleven members attend each meeting. The ICH-NJ Partnership Group has an open application process. Anyone can join at any time. The ICH-NJ consistently seeks additional consumers to be become part of the group.

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

**What are you doing to address the challenges?**

Through the Real Life Choices Systems Change Grant, ICH-NJ has been offered the opportunity to utilize this funding, for any consumer advocate with IDD participating in the Partnership Group, to prepare them to attend the meetings so that they can participate in the discussions in a meaningful way. A transportation allowance is also available.

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

**Please describe**

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 December 2014: -36 projects completed; -1 project with 4 beds has closed and is in construction; -10 projects have received commitments and are in closing; -7 projects are in the application/pre-application phase; -Projects are located in 35 municipalities in 16 counties.

**[x]** State housing finance agency

**Please describe**

The Sandy Special Needs Housing Fund (SSNHF) is dedicated to the development of quality, permanent, supportive housing located in the nine most impacted counties by the Sandy Storm and is administered by the New Jersey Housing and Mortgage Finance Agency (HMFA). SSNHF can be used to fund permanent supportive rental housing or community residences in which some or all of the units are affordable to low- and moderate-income special needs residents. Special needs populations include individuals with mental, physical, or developmental disabilities, and other at-risk populations identified by the State. The program provides loans to developers of projects which combine rental housing and support services. Developers may apply for stand-alone financing or for program funding in conjunction with the Low Income Housing Tax Credit Program, tax-exempt bonds, and/or Fund for Restoration of Multifamily Housing. The State has dedicated \$25,000,000 in CDBG-DR funds to this program. Eligible applicants are private for profit and nonprofit housing developers and public housing authorities capable of developing and managing the housing projects and providing supportive services directly or indirectly with the service provider to the targeted special needs populations. Total maximum per unit cap is \$100,000 with a maximum per project cap of \$2,500,000. The maximum total development cost per unit is \$275,000. SSNHF funding is available for hard and soft costs related to acquisition, rehabilitation, and construction. One of NJ's ICH-NJ partners, DDD, continues to maintain a relationship with the NJ Housing and Mortgage Finance Agency. Since DDD has provided housing for individuals with IDD for a long period of time, NJHMFA continues to be instrumental in assisting DDD with creating the funding needed to provide housing for individuals transitioning from DC's to the community. 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). Both entities will engage in a cooperative and collaborative effort to establish and create more affordable, service-enriched and accessible housing opportunities for nursing facility residents who are able to transition to community living under the Money Follows the Person program. NJHMFA and DoAS are currently in the process of creating an MOU to facilitate the operationalization of this new loan program.

**[x]** Public housing agency(ies)

**Please describe**

The ICH-NJ Statewide Housing Coordinator has been visiting, on average, at least eight Public Housing Authorities every six months. As a result of these visits, relationships are being formed and a few have contacted the Coordinator when an opportunity arose in their PHA.

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. The ICHNJ Statewide Housing Coordinator visited developments in Atlantic, and Camden counties during this reporting period and provided viable housing leads to the Transition staff.

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:** 2014 Second Period (July - December) - NJ14SA02, 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 will operate a statewide health reform effort that will expand existing managed care programs to include managed long term services and supports (MLTSS) and expand 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. The following existing 1915(c) Home and Community Based Services fee-for-service waivers will be transitioned to managed care: 1. Global Options (GO) (which serves Medicaid beneficiaries over the age of 21 who meet the nursing facility level of care for physical disabilities in the community); 2. Community Resources for People with Disabilities (CRPD) (which serves Medicaid beneficiaries of all ages who may require a nursing facility level of care and cannot complete at least 3 activities of daily living (ADL)); 3. Traumatic Brain Injury (TBI) (which serves Medicaid beneficiaries ages 21 to 64 with traumatic brain injury who require assistance with at least 3 ADLs in the community); Effective July 1, 2014, NJ implemented MLTSS by allowing the MCOs to manage HCBS and behavioral health services for enrollees in all of these programs. 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 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 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.

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

**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 by target population**

Under the Medicaid reforms made possible by the Comprehensive Medicaid Waiver, adults with developmental disabilities who are living independently or with family are eligible for substantially increased in-home support services for which the State will receive a federal match.

Added a self-direction option

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

**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 by target population**

The Division of Developmental Disabilities' (an ICH-NJ partner) 1915(c) Community Care Waiver (CCW) expired on 9/30/2013. The waiver renewal was submitted to CMS in July 2013 to be effective 10/1/2013. The renewal included several needed updates and are as follows: -Licensing of group homes and supported apartments for a 2 year cycle rather than a 1 year cycle; -Clarify monthly case management requirement by October 2014; - Addition of NJ Workability as an approved Medicaid eligibility group for CCW; -Mandated by the Comprehensive Medicaid Waiver, DDD is developing a single assessment tool, namely, the NJ Comprehensive Assessment Tool (NJCAT); -New services to comport with the new Supports Program such as behavioral supports, habilitative physical therapy, occupational therapy and speech therapies, prevocational training and career planning. - Revisions to definitions/limitations of existing services include increasing day habilitation from 25 hours per week to 30 hours per week, separating Supported Employment into Individual Employment Support and Small Group Employment Support, transportation to waiver and non-waiver services, and revisions to some qualified provider criteria.

Developed or expanded managed LTC programs to serve more Medicaid enrollees

**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**

NJ has received approval from the federal government to move forward with bold and innovative Medicaid reform that will result in more compassionate and effective care to the most vulnerable New Jerseyans, while at the same time reducing long-term costs to the state. These reforms, contained in the Comprehensive Medicaid Waiver are in line with the policies and goals of NJ's Governor to positively and sensibly change the way government programs and services support those who need them the most. Now with the federal government's approval, NJ will continue to move forward with broad-based reforms to deliver smarter, more effective services with a strong focus on transitioning from institutionalized settings to home and community-based care. Among the most significant reforms approved were NJ's proposals to deliver better care, efficiency and coordination of services with a strong focus on providing community-based and in-home services rather than institutionalization. This is being accomplished through three key reform elements: expanding existing managed care programs to include managed long-term services and supports for older adults and individuals with disabilities; simplifying eligibility for long-term care services; and implementing programs for children and adults with intellectual/developmental disabilities.

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

**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**



In line with the Christie Administration's efforts to meet the unique needs of individuals with developmental disabilities and their families, New Jersey has successfully transitioned hundreds of developmental center residents into community settings, and has not had to unnecessarily institutionalize anyone in a developmental center in over a year. This effectively advances the Christie Administration's goal to provide comparable programs and services where people with disabilities and their families want them: at home and in the community. The fiscal year 2015 budget for the Department of Human Services totals \$6.639 billion, an increase of \$153.3 million or 2.4% over the fiscal 2014 adjusted appropriation of \$6.486 billion. This increase is partly attributable to the continued commitment of the State towards community placements and services for individuals with an intellectual/developmental disability, mental illness or substance abuse disorder, the implementation of the Managed Long Term Supports and Services system for seniors, and federal fees associated with the Affordable Care Act (ACA). The fiscal 2015 budget continues to demonstrate the Division of Developmental Disabilities' (DDD) commitment to expanding community--based options for individuals with intellectual/developmental disabilities. The budget provides \$49.7 million of combined State and federal funding for new residential and day program placements, including placements for individuals requiring emergency housing and for others who have completed their education within their local school districts and require day program services. In addition, consistent with the U.S. Supreme Court's Olmstead decision, the budget increases the State's investment in integrating individuals who currently reside in developmental centers by \$31.4 million in combined State and federal funds, which will enable DDD to transition 381 individuals to community residential settings in fiscal 2014 and 2015.

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

Other, specify below

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:** 2014 Second Period (July - December) - NJ14SA02, 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.

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 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

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 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. Between July 1st and December 31st, 2014, the College of Direct Support was utilized across 108 provider agencies, community care residences across the state, and in five developmental centers. More than 17,000 College of Direct Support Lessons were completed. This is an increase in more than 7,000 lesson completions since the last bi-annual report. Lessons completed with the greatest frequency are included in the following courses: - Maltreatment: Prevention and Response - Introduction to Medication Supports - Introduction to Developmental Disabilities (NJ Specific Bundle of Lessons) - Individual Rights and Choice - Direct Support Professionalism

Improved or increased transportation options

**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 Division of Developmental Disabilities' (an ICH-NJ partner) 1915(c) Community Care Waiver (CCW) expired on 9/30/2013. The waiver renewal was submitted to CMS in July 2013 with an effective date of 10/1/2013. The renewal included several needed revisions to definitions/limitations of existing services. One of the revisions was related to transportation. In the current CCW, transportation could only be obtained to and from a waiver service. In the renewal, transportation can now be obtained to waiver and non-waiver services. 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

**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"/>

NJ has received approval from the federal government to move forward with bold and innovative Medicaid reform that will result in more compassionate and effective care to the most vulnerable New Jerseyans, while at the same time reducing long-term costs to the state. These reforms, contained in the Comprehensive Medicaid Waiver are in line with the policies and goals of NJ's Governor to positively and sensibly change the way government programs and services support those who need them the most. Now with the federal government's approval, NJ will continue to move forward with broad-based reforms to deliver smarter, more effective services with a strong focus on transitioning from institutionalized settings to home and community-based care. Among the most significant reforms approved were NJ's proposals to deliver better care, efficiency and coordination of services with a strong focus on providing community-based and in-home services rather than institutionalization. This is being accomplished through three key reform elements: expanding existing managed care programs to include managed long-term services and supports for older adults and individuals with disabilities; simplifying eligibility for long-term care services; and implementing programs for children and adults with intellectual/developmental disabilities.

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. IDD: DDD continues to have an ongoing opportunity to become a qualified provider through the following initiatives: Individualized Community Supports and Services RFQ and the Self-Directed Initiative. DDD has approximately 1900 qualified providers and programs authorized to render HCBS to those individuals eligible for DDD waiver services.

**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?**

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. IDD: DDD continues to have an ongoing opportunity to become a qualified provider through the following initiatives: Individualized Community Supports and Services RFQ and the Self-Directed Initiative. DDD has approximately 1900 qualified providers and programs authorized to render HCBS to those individuals eligible for DDD waiver services.

**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?**

**E. 7. Self-Direction****Grant Report:** 2014 Second Period (July - December) - NJ14SA02, 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**1.** If YES is selected in the previous question, how many MFP participants were in a self-direction program as of the last day of the reporting period?

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

**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		0	0		0	0
Managed their allowance or budget		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	0
Experienced an accident (such as a fall, burn, medication error)		0	0		0	0
Other, Please Specify		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

**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
Inappropriate spending		0	0		0	0
Unable to self-direct		0	0		0	0
Abused their worker		0	0		0	0
Other, Please Specify		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
Reported abuse or experienced an accident		0	0		0	0
Dis-enrolled in self-directed services		0	0		0	0

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

NONE

## E. 8. Quality Management & Improvement

**Grant Report:** 2014 Second Period (July - December) - NJ14SA02, 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe by target population



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 77 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 24 referrals were received and all were accepted. During the six month 14 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 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. A Quality of Life survey must be implemented by the Managed Care Organizations on or after January 1, 2015.

- [X]** 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
[X]	[ ]	[ ]	[X]	[ ]

**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 an Olmstead Review Survey every 30, 60, 90 and 180 days (when warranted) after discharge on all individuals discharged from the DC's. 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. During this reporting period, the survey results indicated that at 30 days, 100% were happy with their home, at 60 days 99% were happy with their home and at 90 days, 99% were happy with their home and by 3 years after transition, 100% were happy with their home. The Survey question that asks about the Overall Impression is one factor being used to determine the effectiveness of the supports and services being received. For the individuals who the surveys were completed for, the trend shows the majority of the individuals appear to be adjusting well and seem to be happy. 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.

Other, specify below

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	0	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0	0
Critical health services	0	0	0	0	0	0
Direct service/support workers not showing up	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0
Total	0	0	0	0	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
	0	0	0	0	0	0

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
3	4	0	0	0	7

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

IDD: stroke, cardiac arrest, difficulty breathing OA: secondary neoplasm to brain/spine; Hospice care; cardiac arrest.

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

79

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. All circumstances surrounding the reported incidents will be explained in Question 10.

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

Abuse

Neglect

**Please specify the number of times this type of critical incident occurred:** 17

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

Incidents required further investigation, administrative review, training of staff and IDT review. On 3 occasions, staff resigned; on 2 occasions staff received written warnings; and on 1 occasion staff was suspended with pay. MCO: Self -neglect issue that resulted in a hospital admission within 30 days of discharge with referral to APS.

**Current Issue Status: Resolved**

Exploitation

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

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

Exploitation by HHA. Provider was changed and was reported to fraud and Horizon's HNJK special unit investigation.

**Current Issue Status: Resolved**

Hospitalizations

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

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

Two

Emergency Room visits

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

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

Danielle's Law

(<http://www.state.nj.us/humanservices/ddd/resources/info/danielleslaw2.html>) requires all provider agency staff to call 911 for any situation in which the individual's health and/or safety may be in jeopardy. ER visits within the IDD system are as Danielle's Law medical or behavioral emergency. MCO: ER admission within 30 days of discharge related to a fall without significant injury. The plan of care was adjusted and hours of home care increased.

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:

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

Incident required further investigation and IDT review.

**Current Issue Status: Resolved**

Other, Please Specify

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

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

Sexual Misconduct: 1 (service recipient)- Counseling of service recipient was completed.  
Walk Away: 1-ER treatment/evaluation and counseling of service recipient was completed.  
Accidental Injury: 2- ER treatment/evaluation and counseling of service recipient was completed. Willful destruction/damage of property over \$500 by service recipient: 1- follow up with mental health provider and medical doctor; ER treatment/evaluation required.

**Current Issue Status: Resolved**

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.

N/A

## E. 9. Housing for Participants

**Grant Report: 2014 Second Period (July - December) - NJ14SA02, 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
[x]	[x]	[ ]	[x]	[ ]

#### Please describe the achievements

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 December 2014: -36 projects completed; -1 project with 4 beds has closed and is in construction; -10 projects have received commitments and are in closing; -7 projects are in the application/pre-application phase; -Projects are located in 35 municipalities in 16 counties.

OD: The New Jersey Housing and Mortgage Finance Agency (NJHMFA) is working with the New Jersey Department of Human Services' Division of Aging Services (DoAS) on a partnership currently in the preliminary stage in which DoAS will utilize 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 will 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 will 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 will be 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.

IDD: The Supportive Housing Connection(SHC)is a partnership of the New Jersey Housing and Mortgage Finance Agency (HMFA)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 Please note: HMFA does not distribute new rental subsidies and does not make the determination of who is eligible to receive them. There are no new rental subsidies available at this time.

[x] Developed statewide housing registry

#### Populations Affected

Older Adults	ID/DD	MI	PD	NA
[x]	[x]	[ ]	[x]	[ ]

#### 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

Increased number of rental 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"/>

**Please describe the achievements**

NJ received 100 NED vouchers in 2011. On October 3, 2013 the NJDCA notified the ICHNJ Statewide Housing Coordinator that any individuals who received a voucher but were not leased, were having their voucher rescinded due to the government shutdown & sequestration. On a positive note, in August 2014 the NJ DCA re-opened the NED Voucher Program. As of 12/31/2014, NJ has 80 leased and 20 in process for a total of 100 vouchers. The ICHNJ Statewide Housing Coordinator worked diligently to keep the lines of communication open with NJDCA in effort to re-open the NED Voucher Program. NJ just launched the Sandy Tenant-Based Rental Assistance Program. This program will be accepting applications through March 4th, 2015, at 5 PM. 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.

Increased supply 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**

IDD: DDD received approval to utilize rebalancing funds for capital costs (acquisition and/or rehabilitation) for new development of homes to serve individuals leaving developmental centers. These funds were allocated through a competitive process among qualified DDD providers, and were targeted to provide housing for individuals leaving developmental centers with significant challenges as identified by DDD. Up to \$250,000 per 4-bedroom home was made available through this process, while providers leveraged other resources for the remaining development costs (average total development cost for 4-bedroom group home in NJ is \$400-\$500,000). Providers were expected to place homes in service within six to nine months of date of award of funds. DDD secured these funds with a lien or deed restriction to ensure the use of the facility for individuals with developmental disabilities. Twelve homes were developed under this opportunity. 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) which is described above. As of December 2014: -36 projects completed; -1 project with 4 beds has closed and is in construction; -10 projects have received commitments and are in closing; -7 projects are in the application/pre-application phase; -Projects are located in 35 municipalities in 16 counties. OA/PD: The New Jersey Housing and Mortgage Finance Agency (NJHMFA) is working with the New Jersey Department of Human Services' Division of Aging Services (DoAS) on a partnership currently in the preliminary stage in which DoAS will utilize 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 will 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 will 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 will be developed by both DoAS and NJHMFA staff to ensure the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule. 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 would receive 4 set aside units for individuals transitioning from nursing facilities to the community. The project is finally nearing completion and apartments will be ready for renting sometime in 2015. The developer will be using the ICHNJ logo in their marketing materials for this project. During this reporting period, the ICHNJ Project Director along with DHS' Director of Housing had several conversations with United Health Group to discuss investment opportunities for them in the state of NJ to create low income, accessible and affordable housing for older adults and individuals with physical disabilities. As a result of these conversations and in discussion with the ICHNJ Partnership Group, a Housing Sub-Committee was created to further discuss and develop ideas as to how United Health Group could invest in NJ in a way that meets our transition needs. The first meeting of the sub-committee will be held in February.

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**

Since July 2009, DDD has offered a process by which providers can become qualified to provide housing and residential supports for individuals transitioning from a DC to a community setting through a Request for Qualification (RFQ) process entitled "Individualized Community Supports and Services" RFQ. This continues to be an ongoing opportunity within DDD. DDD received approval to utilize rebalancing funds for capital costs (acquisition and/or rehabilitation) for new development of homes to serve individuals leaving developmental centers. These funds will be allocated through a competitive process among qualified DDD providers, and will be targeted to provide housing for individuals leaving developmental centers with significant challenges as identified by DDD. Up to \$250,000 per 4-bedroom home will be made available through this process, while providers will leverage other resources for the remaining development costs (average total development cost for 4-bedroom group home in NJ is \$400-\$500,000). Providers will be expected to place homes in service within six to nine months of date of award of funds. DDD will secure these funds with a lien or deed restriction to ensure the use of the facility for individuals with developmental disabilities. Twelve homes have been developed under this opportunity. NJDCA has set aside \$25 million for the Sandy Special Needs Housing Fund to help develop permanent supportive affordable housing for special needs populations. This funding would be added to the \$25 million provided to the program in the first allocation. To date, funding has been committed to 15 projects to create affordable housing opportunities for more than 190 residents with special needs.

Increased/Improved funding for home modifications

Other, specify below

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 ICHNJ Program has made progress in engaging the United Healthcare Group in discussions around investing in affordable and accessible housing in NJ for the members they serve; older adults and individuals with physical disabilities. Although both entities agree that tax credit projects are valuable in creating affordable and accessible housing, the ICHNJ Program would like to explore other possibilities with the United Healthcare Group. A Housing Sub-Committee has been formed consisting of the Director of the DHS Office of Housing, pertinent members of the ICHNJ Executive Team as well 4 members of the ICHNJ Partnership Group (NJHMFA representative, 2 housing developers and a representative from SHA). This sub-committee will brainstorm ideas and conceptualize a plan to present to United Healthcare Group in early 2015.

**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**

Another challenge in transitioning NF members is the lack of affordable housing in NJ. 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, NF residents choose the desired county of residence. Some areas of the state lack affordable, appropriate housing.

**What are you doing to address the challenges?**

DOAS is finalizing the MOU with HMFA to utilize its rebalancing fund to provide housing developers with funding in return for housing units that are specifically set aside for MFP eligible individuals transitioning out of nursing facilities to community settings.

**Current Issue Status: In Progress**

Lack of new home ownership programs

Lack of small group homes

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)	5	0	0	10	0	15
Apartment (individual lease, lockable access, etc.)	12	0	0	9	0	21
Group home or other residence in which 4 or fewer unrelated individuals live	0	77	0	0	0	77
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	0	0	0	0	0
Apartment (individual lease, lockable access, etc.)	0	0	0	0	0	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	0	0	0	0	0
Apartment in qualified assisted living	0	0	0	0	0	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: 2014 Second Period (July - December) - NJ14SA02, 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					Service or Support Funded by
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

ID: 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?

Job training or re-training

Populations Affected					Service or Support Funded by
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

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?**

Peer to peer consultation and support

Populations Affected					Service or Support Funded by
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**

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. OA/PD: Under NJ's ICHNJ/MFP Employment Program, 3 Peer Mentors will be hired from each of the MFP target populations and will serve to provide mentorship to the 40% of interested individuals as they transition and seek employment. They will also serve as a guide as New Jersey moves forward with its "Employment First" effort. The Peer Mentors will provide each interested MFP participant with an informal support mechanism to lessen any anxiety around issues of transition and employment and serve as a facilitator between the participant and the professional staff. Peer Mentors will be individuals who through their own self advocacy, have successfully transitioned from an institution or facility with support or avoided placement in an institution or facility and have become successful in the community and in the workforce.

**How is this service or support funded?**

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	
<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?**

Mediation with family/friends to secure their support for individuals' work-related needs

**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"/>

Service or Support Funded by [REDACTED]

**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?**

Assistance with transportation to and from work

**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 [REDACTED]

**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: Effective July 1, 2014, 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?**

Assistance with budgeting

**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"/>

Service or Support Funded by [REDACTED]

**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 type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**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

Activity Funded by [REDACTED]

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

Activity Funded by [REDACTED]

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

Activity Funded by [REDACTED]

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

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 are 2 Peer Mentors 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 Planning Program 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. Beginning in 2015 and 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 the MFP Program.

**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:** 2014 Second Period (July - December) - NJ14SA02, 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

**Please describe the changes.**

The ICHNJ Associate Project Director, employed by the Division of Aging Services retired at the end of 2013. An interim Associate Project Director was assigned and as of May 2014 was no longer functioning in that capacity. With the implementation of MLTSS on July 1, 2014 and the subsequent re-organization of DHS staff, the ICHNJ Program was able to obtain a dedicated Associate Project Director at the Division of Aging Services. 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 Offices of Community Choice Options, the MCO's are now responsible to transition their own members to the community according to ICHNJ policy and procedure. With the retirement of the ICHNJ Statewide Housing Coordinator in December 2014 and the creation of the DHS Office of Housing in July 2014, the ICHNJ Program opted to change the Statewide Housing Coordinator to a Housing Specialist position. Therefore, the ICHNJ Program now has 2 Housing Specialists to work 1:1 with those individuals wishing to transition to the community and need assistance to find suitable housing. The Statewide Housing Coordinator role will be handled by the Director of Housing and will not be funded by MFP administrative dollars. Any ICHNJ Program's housing initiatives must be coordinated with the DHS Office of Housing.

No

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

Common screening/assessment tools or criteria

**Which agencies were involved?**

DOAS, OOIE AND MCO'S

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

**Which agencies were involved?**

DDD, DOAS, DDS AND OOIE

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

**Which agencies were involved?**

DOAS, OOIE AND MCO'S

 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?**

As a result of the implementation of MLTSS effective July 1, 2014, the MCO's are now responsible for the transitioning of their own members according to ICHNJ policy and procedure. The Associate Project Director has been very instrumental in keeping the lines of communication open between the MCO's and the ICHNJ Program. During the last reporting period, members of the ICH-NJ executive team conducted a training for MCO staff and their master trainers on April 7, 2014. In addition to this training, the ICH-NJ Director of Outreach and Advocacy along with the ICH-NJ Project Director, met with all 5 MCO's to further explain the ICH-NJ Program and how the ICH-NJ staff and the MCO staff could collaborate on mutual goals. As a result of this training and communication, the MCO's have been very cooperative in meeting their responsibilities with regard to the ICHNJ Program.

 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**Please describe the challenges. What agencies were involved?**

With 100% administrative dollars, NJ's ICHNJ Program employs an Associate Project Director and 7 ICHNJ Nurse Liaisons through DoAS. The 7 Nurse Liaisons act as transition coordinators and are responsible for transitioning older adults and individuals with physical disabilities from the nursing facilities to the community. In the previous reporting period, 1 nurse liaison retired and 2 transferred to another Division within the state. The Associate Project Director also retired 12/31/2013.

**What are you doing to address the challenges?**

With the re-organization of staff due to the implementation of MLTSS on July 1, 2014, the ICHNJ Program was able to obtain from another Division, a new Associate Project Director effective July 1, 2014. The hiring freeze within the Department of Human Services will be lifted in January 2015 and we expect the ICHNJ Program will be able to fill the 3 vacant Nurse Liaison positions. During the last reporting period, 2 Employment Peer Mentors assigned to the ICH-NJ Employment Program resigned. However, we were able to hire another Employment Peer Mentor during this reporting period. The ICHNJ Program now has 2 Peer Mentors once again.

**Current Issue Status: In Progress**

Other, specify below

None

**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:** 2014 Second Period (July - December) - NJ14SA02, 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 Offices 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. The following trainings have already been offered to the MCO's: 8/6/14: Cost Effectiveness IDTs 8/7/14: Key Areas of NJ Choice 9/18/14: General Care Management issues 10/2/14: Narratives 10/16/14: SCNF LOC Need 10/30/14: Cost Effectiveness processes 11/5/14: Meeting to discuss Care Management issues 11/12/14: Trends in RFIs, NF LOC overview 12/5/14: Transitions/MFP Individual Plan Care Management Calls (as needed): 7/24, 7/31, 8/14, 8/21, 10/2, 10/30 The ICHNJ Project Director, Associate Project Director and the Outreach and Advocacy Supervisor will be visiting with each MCO in the early part of 2015 to discuss issues, challenges and successes with the MCO MFP Liaisons and Care Management Supervisors.

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**

The Olmstead lawsuit filed by Disability Rights NJ against the State of NJ-Department of Human Services was settled. The agreement states that DDD must provide placements for at least 600 individuals residing in developmental centers between FY 2013 and FY 2017. North Jersey Developmental Center closed on June 30, 2014 and Woodbridge Developmental Center closed on December 31, 2014.

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

**Please describe**

DDD is in the beginning phases of creating a new unit to address the placement needs of individuals under DDD services who are in Skilled Nursing Facilities who have the desire to transition to community living. Any nursing facility placement attempted by DDD regional staff will need the approval from this unit. The goal is to support individuals in a community setting as opposed to an institutional setting.

Expanded single point-of-entry/ADRC system

**Please describe**

Over the past year, NJDHS had advocated and was finally approved by ACL to implement an innovative approach that allows NJ to establish a "money follows the person" concept whereby county match can be "flexible" and either be used to match OAA services or drawdown FFP for ADRC Medicaid related functions. The State and its county ADRC partners must develop a valid claiming methodology that identifies eligible activities and includes procedures to identify, document, report and allocate costs of those activities. Only those costs directly related to Medicaid are allowable and states must allocate those costs according to accepted cost principles. In addition, under the BIP initiative and as a part of the NJ's ADRC model design expansion as a single/no wrong door system, New Jersey is integrating resources and information from Divisions of Aging Services (DoAS), Disability Services (DDS), Developmental Disabilities, Medical Assistance and Health Services (DMAHS), and Mental Health and Addiction Services (DMHAS) onto the state ADRC website - [www.adrcnj.gov](http://www.adrcnj.gov). This task is about 70 percent completed and is comprised of approximately 3400 service providers inclusive of the various populations. The Department of Human Services is integrating all toll-free numbers from each of the above Divisions. The Division of Disability Services has assumed the lead with this effort. Each division was asked to produce a phone tree/workflow. While the Division of Family Development (DFD) is not directly involved in the BIP initiative, it does provide leadership and supervision to the public and private agencies that deliver financial aid and support services to individuals and families. As a result, the DFD will have a place in the single 1-800 number for information about community LTSS since its support services play a role in the safety net. The number of languages and dialects identified in the Department's contract with Language Line is up to 700. The project team is actively exploring the usage of a new technology to gain the ability to route cell phones to the correct county for assistance with Managed Long Term Services and Supports (MLTSS). The Division of Disability Services is working with the Department's IT Office to re-purpose an existing technology that is already owned by the Department. Written protocols and phone scripts are to be developed. The portion of the ADRC/NWD grant which focuses on (1) modifying the ADRC Level 1 Screen for Community Services to include functional questions pertinent to the MI/DD populations and (2) exploring with DDD and DMHAS the feasibility of utilizing the interRAI suite of tools to develop a core standardized assessment for each of the target populations is in progress with the assistance from the University of Michigan.

**[x]** New or expanded HCBS waiver capacity**Please describe**

New Jersey's request for a new Medicaid section 1115(a) demonstration, entitled "New Jersey Comprehensive Waiver" (MCW) was approved by the Centers for Medicare & Medicaid Services (CMS) effective from October 1, 2012 through June 30, 2017. This demonstration 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. The following existing 1915 (c) Home and Community Based Services fee-for-service waivers will be transitioned to managed care: 1. Global Options (GO) (which serves Medicaid beneficiaries over the age of 21 who meet the nursing facility level of care for physical disabilities in the community); 2. Community Resources for People with Disabilities (CRPD) (which serves Medicaid beneficiaries of all ages who may require a nursing facility level of care and cannot complete at least 3 activities of daily living (ADL)); 3. Traumatic Brain Injury (TBI) (which serves Medicaid beneficiaries ages 21 to 64 with traumatic brain injury who require assistance with at least 3 ADLs in the community); Prior to July 1, 2014, both the CRPD and TBI waivers were closed due to maximum capacity. With the implementation of the CMW and MLTSS effective July 1, 2014, waiver capacity will no longer be an issue.

**[x]** New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC

New Medicaid State Plan options (DRA or other)

**Please describe**

In October 2012, New Jersey received approval from CMS for a new Medicaid section 1115 (a) five-year demonstration, entitled "New Jersey Comprehensive Waiver". Under this demonstration, New Jersey will operate a statewide health reform effort that will expand existing managed care programs to include managed long term services and supports (MLTSS) and expand 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, the state implemented MLTSS by allowing the MCOs to manage HCBS and behavioral health services for enrollees in all of these programs. 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. This move to managed care is motivated by a desire to contain costs and reduce inefficiencies in the LTC system. NJ has a 20-year plus commitment to creating a LTSS system that emphasizes HCBS and relies less on institutionalization.

Other, specify below

**Please describe**



In accordance with national trends and best practices in separating housing and services, and in promoting cross-disability housing, the New Jersey Department of Human Services (DHS) established the DHS Office of Housing (OH), effective July 1, 2014. In collaboration with the divisions of DHS, the OH will develop and implement housing policy for DHS. The responsibilities of the OH include: • identifying housing priorities, models and innovations for people served by DHS; • developing and growing partnerships with state agencies including the state housing agency – the Department of Community Affairs, and the state housing finance agency – the Housing & Mortgage Finance Agency, as well as other public and private partners and all stakeholders; • ensuring a pipeline of affordable housing to meet DHS's Olmstead obligations and other needs; • education and outreach on supportive and affordable housing for older adults and people with disabilities. In FY15, in addition to the ongoing crucial responsibility of ensuring sufficient housing to meet DHS's Olmstead obligations and other needs, the OH will pursue two key goals: • Development of a plan for compliance with the new CMS Final Rule on HCBS settings; New Jersey is in the process of developing its HCBS Transition Plan and expects to have a draft ready for stakeholder review and public comment in early 2015. • Development of a clearinghouse for administration of DHS housing subsidies. The following resources will also be launched in the coming months: • A Housing web page on the Division's website; • A dedicated DHS Housing Help Desk at DHS.Housing@dhs.state.nj.us. • The Supportive Housing Education Project, which will offer extensive educational and technical assistance resources to individuals and families on mainstream affordable housing resources and ways to pair those resources with services available through its Medicaid waivers to create new housing options. With the creation of the Office of Housing coupled with the retirement of the ICHNJ Statewide Housing Coordinator on 12/31/2014, NJ's ICH Program will work collaboratively with the Director of Housing to create accessible and affordable housing for all populations supported by the NJ Department of Human Services. With that being said, The MFP funded Statewide Housing Coordinator position is no longer needed as that role will be filled by the DHS Director of Housing who will not be funded by MFP administrative funds. Therefore, the ICHNJ Program will be utilizing that funding to add another Housing Specialist position making 2 Housing Specialists available to support individuals transitioning from the nursing facilities to the community. These Housing positions have also been moved from DDD and DDS to the Ombudsman's Office where they have already been filled. The New Jersey Division of Developmental Disabilities is moving from a contracted system of care reimbursement to a Medicaid-based, fee-for-service (FFS) system. The Division of Developmental Disabilities, in collaboration with The Boggs Center on Developmental Disabilities, is holding a series of focus groups to learn more about what stakeholders would like to have addressed in DDD's overall plan to ensure quality services and supports in the new system. People with disabilities, family members, providers, and other stakeholders are invited to share their ideas.

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:** 2014 Second Period (July - December) - NJ14SA02, 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:** 2014 Second Period (July - December) - NJ14SA02, New Jersey

### List of Technical Assistance Events for this Reporting Period

<p><b>Date:</b> 10/10/2014 12:00:00 AM  <b>Type:</b> Other Programmatic  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> TA lead from Lewin Group and CMS PO. Provided update on NJ's flip to MLTSS.  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b> Exchange of ideas</p>
<p><b>Date:</b> 10/22/2014 12:00:00 AM  <b>Type:</b> Quality  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> Discussed proposal to utilize rebalancing dollars to create an online Career Planning Program.  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b> Proposal was approved.</p>
<p><b>Date:</b> 12/5/2014 12:00:00 AM  <b>Type:</b> Other Programmatic  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> TA needs assessment  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b></p>

## J. Overall Lessons & MFP-related LTC System Change

**Grant Report:** 2014 Second Period (July - December) - NJ14SA02, 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 1357 individuals and saved over \$12 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.