

A. General Information**Grant Report:** 2014 First Period (January - June) - NJ14SA01, 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) 631-2217

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

Grantee Signatory

11. Grantee Signatory Name

Jonathan Seifried

12. Grantee Signatory Title

Director of 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

none

18. Other State Contact Title

none

19. Other State Contact Phone

(000) 000-0000

20. Other State Contact Fax

() -

21. Other State Contact Email

Independent State Evaluator**22. Independent State Evaluator Name**

NA

23. Independent State Evaluator Title and Organization

NA

24. Independent State Evaluator Phone

(000) 000-0000

25. Independent State Evaluator Fax

(000) 000-0000

26. Independent State Evaluator Email

NA

Report Preparer**27. Report Preparer Name**

Terre Lewis

28. Report Preparer Title

MFP Project Director

29. Report Preparer Phone

(609) 689-0564

30. Report Preparer Fax

(609) 631-2222

31. Report Preparer Email

Terre.Lewis@dhs.state.nj.us

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

John Sorensen

- All figures are for the current reporting period.

B. Transitions**Grant Report:** 2014 First Period (January - June) - NJ14SA01, New Jersey

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

NA

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

NA

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

	Older Adults	ID/DD	MI	PD	NA	TOTAL
First Period	146	169	0	140	0	455
Second Period						0
Total	146	169	0	140	0	455

Cumulative Number Assessed	1,473	819	0	709	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	153.44%	100.86%		143.23%	

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						0
Total	39	122	0	23	0	184

Annual Transition Target	167	180	0	85	0
% of Annual Transition Target Achieved	23.35%	67.78%		27.06%	

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
	438	528	0	278	0	1,244
Adjustment value for cumulative transitions	0	0	0	0	0	0
Total	438	528	0	278	0	1,244

Transition Targets, all grant years (by population and total)	45.63%	65.02%	N/A	56.16%	N/A
---	--------	--------	-----	--------	-----

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						0

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	7	2	0	4	0	13
Length of stay as yet unknown	0	0	0	0	0	0
Total	7	2	0	4	0	13

Total re-institutionalized for any length of time (total of above)	7	2	0	4	0
Number of MFP participants re-institutionalized as a percent of all current MFP participants	7.87%	0.94%	0.00%	6.56%	0.00%

Number of MFP participants re-institutionalized as a percent of cumulative transitions	1.60%	0.38%	N/A	1.44%	N/A
--	-------	-------	-----	-------	-----

Please indicate any factors that contributed to re-institutionalization.

Hospitalized for dehydration and G tube inserted while in hospital. Transferred to NF from hospital. Will be discharged back to group home when stable. Deterioration in health.

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						0
Total	0	2	0	0	0	2

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						0
Total	55	75	0	36	0	166

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

Re-institutionalization due to deterioration in health; moved out of state; suspended Medicaid/waiver eligibility.

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 Support (MLTSS) from January 1, 2014 until July 1, 2014, the Division of Aging Services (DoAS) redirected its resources to ensure the rollout's success during this MFP reporting period. The delay, to ensure MCO, state and provider readiness, was in the best interest of the approximately 13,000 current Waiver beneficiaries (older adults and people with physical disabilities) who were automatically enrolled in MLTSS. With MLTSS' emphasis on home and community-based services, it will furthermore guarantee that new enrollees, including those on MFP,

are able to successfully transition to the community with the necessary services and supports. The MCOs, who are now responsible for care management under MLTSS, received extensive education on aging and disability-related topics, and have assumed the MFP function in cooperation with the State. The DoAS directed its education efforts to MCO master trainers. Topics, which were videotaped and posted on the DHS website, ranged as follows: from Assisted Living to the NJ Choice Assessment and Chronic Disease Self-Management – and MFP. The MFP training session can be seen at www.youtube.com/watch?v=UkjuswU1htk&index=9&list=PLspiLS805IycXbGOjiIbK-nQlgCNjeAVv

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:

61

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, which is 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:

36

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 7 developmental centers under the Olmstead Initiative. There is neither minimum residency requirement nor ICF/ID eligibility requirement to transition to a community setting. Moreover, individuals may transition to a group home with 5 or more individuals, which are not considered a qualified residence under MFP.

No

13.

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

Yes

No

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

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

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

n/a

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 First Period (January - June) - NJ14SA01, New Jersey

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

Yes

No

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

Qualified HCBS Expenditure

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

1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data

and

2) MFP expenditures -- from MFP Financial Reporting Forms A and B.

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

Year	Target Level of Spending	% Annual Growth Projected	Total spending for the Calendar Year	% Annual Change (from Previous Year)	% of Target Reached
2006	\$0.00	0.00	\$960,057,912.00	0.00%	
2007	\$991,256,400.00	0.00	\$991,256,400.00	0.00%	
2008	\$1,025,303,660.00	3.43	\$1,029,199,751.00	103.83%	100.38%
2009	\$1,067,586,025.00	4.12	\$1,086,938,850.00	105.61%	101.81%
2010	\$1,098,368,143.00	2.88	\$1,160,782,863.00	106.79%	105.68%
2011	\$1,128,119,524.00	2.71	\$1,154,323,256.00	99.44%	102.32%
2012	\$1,203,551,268.00	4.00	\$961,231,539.00	83.27%	79.87%
2013	\$1,238,268,228.00	3.00	\$991,302,449.00	103.13%	80.06%
2014	\$1,274,570,926.00	3.00	\$0.00	0.00%	0.00%
2015	\$1,309,124,519.00	3.00	\$0.00	0.00%	0.00%

Please explain your Year End rate of progress:

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.

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

D. 1. Additional Benchmarks

Grant Report: 2014 First Period (January - June) - NJ14SA01, New Jersey

Benchmark #1

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

Measure #1

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	0.00	102.00	127.50%	0.00%	127.50%
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. This year a process was designed to make this an option for Medication training too. This opportunity will be rolled out on July 1, 2014. Between 1/1/2014 and 6/30/2014, the College of Direct Support was utilized across 102 provider agencies, community care residences across the state, and in six developmental centers. Nearly 10,000 College of Direct Support Lessons were completed. Lessons completed with the greatest frequency are included in the following courses: Maltreatment: Prevention and Response; Direct Support Professionalism; Safety; Introduction to Developmental Disabilities; Individual Rights and Choice. In an attempt to further increase an available and trained community workforce, New Jersey's MFP Program received approval to add, at 100% administrative match funding, a Training Team within the Division of Developmental Disabilities (DDD) to increase the competence of provider agency staff who will be serving individuals placed in community programs from institutional settings that meet New Jersey's MFP eligibility criteria. Specific skill areas of competence to be enhanced are Physical/Nutritional Management and Behavioral Support with the primary goal of enhancing overall support skill levels and reducing the risks of critical incidents and re-institutionalizations. Behavioral: The main prerequisite curriculum was revised and titled, "Basic Principles of Applied Behavior Analysis for Direct Support Staff". The previously developed "Understanding Pica from a Behavioral Perspective: Managing the Environment for Prevention" continued to be offered. These are half day presentations. Other specific training topics that have been developed and presented include: Developing Positive Interactions; Functions of Behavior; Understanding Functional Behavioral Assessments and Behavior Support Plans; Data Collection and Interpretation; Teaching Functional Skills; Training Behavior Support Plans. These training topics have been presented on a monthly rotating basis from March through June 2014. Physical/Nutritional Management: The base curriculum developed is a half day presentation entitled "Managing Dysphagia for Community

Providers". From this presentation a number of smaller modules can be presented. The following illustrated handouts were also developed: Guidelines for Texture Modification and Liquid Consistency; General Guidelines for Safe Eating; What is a Swallowing Study?; How Not To Feed/How To Feed; Signs of Aspiration; Diet Textures. The main presentation has been offered monthly. A half hour training video was also developed on "Managing Dysphagia" which is intended to be used by provider agencies to train staff. The video addresses the risks related to dysphagia, how to properly prepare mechanically altered diets and thickened liquids and guidelines for safe eating. 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. Future Objective: Develop a module on Managing Dysphagia for the College of Direct Supports; Develop and schedule Webinars;

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	147.00	79.00	95.00	174.00	53.74%	64.63%	118.37%
2014	136.00	123.00	0.00	123.00	90.44%	0.00%	90.44%
2015	128.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	81.00	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:

A round of QA visits consists of all care management sites in the 21 counties in NJ. A round takes approximately 18 months to complete. A percentage of the files are audited according to the number of participants being supported by that particular care management site. Round 4 ended in April 2012. From January 2012 to April 2012, 130 files were audited. Round 5 began during this reporting period and 201 files were audited. Round 5 was on hold for a period of time due to the uncertainty as to who the care management sites would be as a result of the implementation of MLTSS on January 1, 2014. MLTSS is to be managed by the Managed Care Organizations (MCO). The MCO's were slated to take over care management on January 1, 2014 so no case file audits were scheduled during this reporting period. The implementation date was pushed back to July 1, 2014 but still no case file audit dates were scheduled. However, beginning July 1, 2014, the MCO's are contractually required to implement an MLTSS monitoring program to include, but not be limited to, quarterly case file audits and quarterly reviews of the consistency of Member assessments/service authorizations (inter-rater reliability). The MCO is required to compile reports of these monitoring activities to include an analysis of the data and a description of the continuous improvement strategies the MCO has taken to resolve identified issues. This information must be submitted to the State on a quarterly basis, 60 days after the close of each quarter, and within timeframes established in the Quality Management Strategy (QMS) for current monthly and quarterly MLTSS reporting. This Benchmark will need to be revised based upon the implementation of MLTSS.

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	0.00	9.00	60.00%	0.00%	60.00%
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:

The MFP Statewide Housing Coordinator visited 9 Housing Authorities from 1/1/14 to 6/30/14. The Housing Authorities visited were Freehold/Summit HA on 1/15/14, Pleasantville HA on 1/24/2014, Atlantic City HA on 4/4/2014, Penns Grove HA on 4/9/2014, Salem HA on 4/29/2014, Wildwood HA on 5/5/2014 Gloucester City HA on 6/11/2014, Monmouth County Housing Authority, Community Enterprises Corp and Collaborative Services Program of NJ on 6/26/2014. The MFP Statewide Housing Coordinator spoke to the Atlantic City HA and learned that they would consider giving NJ's ICHNJ Program a set number of set aside units if the Program could guarantee the residents will pay their rent fully and in a timely manner. NJ's MFP Program could not make that guarantee. Atlantic City HA also has NED vouchers that may be used by MFP participants if and when they become available again.

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:

n/a

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:

INACTIVE

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:

INACTIVE

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	0.00	110.00	35.26%	0.00%	35.26%
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 – 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.

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:

INACTIVE

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	0.00	23.00	27.71%	0.00%	27.71%
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, 125 individuals were referred to DDS for employment services. 4 are employed; 8 are volunteering; 16 are working with NJDVRs; 22 are receiving follow-up employment services; 16 are non-responsive; and 59 have no desire to work. Of the ICHNJ participants interested in employment, they have applied at the following companies: Advancing Opportunities; Arnold E Commerce; Family Resource Network; Caregivers of NJ; NJ Out and About Volunteers; Paulsboro Senior Citizen's Companionship Program; Content Management Services Document Scanning; Atlantic County Government; Enable Inc.; Warren Hospital; United Way of Union county; Dress for Success of Madison; CGI Technologies; Goodwill Industries; State of NJ; Horizon BC/BS and Community Access Unlimited. One individual has secured employment with Horizon BC/BS as a consumer advocate. The Employment Specialist has participated in the following Job Fairs: Jersey City; Essex County; Monmouth County; Bergen County and Salem County. 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. Initial assessments are completed on all ICHNJ participants referred to DDS. The purpose of the assessment is to focus on the employment needs of individuals who have expressed an interest in employment and to see how they are coping or not coping economically, physically and mentally. Skills and education levels are also part of the evaluation.

Benchmark #6

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

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

Yes

Changes are planned to revise Benchmark 4; Benchmark 5; Benchmark 6; and Benchmark 7. BM 4: Measure 1 has been met. Adding 3 new measures pertaining to health and safety and improving service delivery. BM 5: possibly revising Measure 1 as a result of the creation of a Department-wide Office of Housing. BM 6: Revision of Measure 1 and addition of Measures 2-4 as a result of a more robust outreach and marketing plan. BM 7: Measure being revised at the request of Project Officer to include more specific employment goals.

No

D. 2. Rebalancing Efforts

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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.

Rebalancing Initiative #1

Name of Initiative: College of Direct Support

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description):

There is an effort to provide Direct Support Professionals (DSP) with continuing education and training opportunities that will foster an increase in the quality of services delivered, reduce turnover and improve the professionalism of DSPs by the utilization of the College of Direct Support. The College of Direct Support is an advanced internet-based educational program for professionals providing direct care to people receiving HCBS through DDD. This online learning system combines a cutting edge curriculum with testing and suggestions for on-the-job competency development. It allows for the ability of anyone connected to a service recipient to take the courses. Its use expands knowledge and skills on all levels of the service delivery system.

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 1,499,729.00

Rebalancing Initiative #2

Name of Initiative: Capital Funding for IDD Housing

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description):

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.

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 0.00

Rebalancing Initiative #3

Name of Initiative: Gap Funding for Senior Projects

Brief Description of the Initiative (If the grantee only has one large initiative, please list all sub-initiatives or components within this description):

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 that the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule.

Total Actual Expenditures for this initiative (that is, cumulative spending from start of MFP grant program through end of last calendar year) 0.00

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

E. 1. Recruitment & Enrollment

Grant Report: 2014 First Period (January - June) - NJ14SA01, New Jersey

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

Type or quality of data available for identification

How data are used for identification

Obtaining provider/agency referrals or cooperation

Obtaining self referrals

Obtaining family referrals

Assessing needs

Other, specify below

Populations Affected

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

Please describe by target population.

NJ's MFP Program continues to partner with the Ombudsman Office (OOIE) who employs four MFP Education and Advocacy Coordinators (one vacancy) responsible 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. Beginning July 1, 2014, NJ is moving toward managed long term supports and services managed by Managed Care Organizations. Each MCO must establish 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. With that being said, the ICHNJ Project Director and the Director of Education and Advocacy met with all 5 MCO MFP Liaisons during this 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.

None

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

Type or quality of data available for identification

Obtaining provider/agency referrals or cooperation

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

Current Issue Status: Resolved

How was it resolved?

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

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

Delayed implementation of MLTSS.

What are you doing to address the challenges?

With the delayed implementation of Managed Long Term Services and Support (MLTSS) from January 1, 2014 until July 1, 2014, the Division of Aging Services (DoAS) redirected its resources to ensure the rollout's success during this MFP reporting period. The DoAS MFP Associate Project Director also retired, which was another factor affecting MFP enrollment and in July a new MFP Associate Project Director was hired. However, the implementation of MLTSS represents an enormous opportunity for the MFP program. Through the approval of the Comprehensive Medicaid Waiver (CMW), New Jersey was able to launch MLTSS effective July 1, 2014 to provide holistic care to as many people as possible with HCBS. The CMW has enabled New Jersey to consolidate multiple waivers across state government, advance New Jersey's efforts to redirect care for seniors and individuals with disabilities to the community, rather than to institutions and create additional HCBS for certain Medicaid eligible populations.

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 16

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

Total 129

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 13

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 111

Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution 1

Individual's family member or guardian refused to grant permission, or would not provide back-up support 0

Other, 4

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

87: Residence that does not meet MFP definition of qualified residence (either ALR or 5 or more person group home); 24: IDD individuals who have been assessed but did not move yet because they are waiting for their housing to be completed; 4: individuals who were either transitioned with just State Plan services or Waiver services were not needed.

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

less than 2 months 99

2 to 6 months 47

6 to 12 months

26

12 to 18 months 8**18 to 24 months** 4**24 months or more** 0

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

2-6 months is the average length of time.

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

less than 2 months	53.80%
2 to 6 months	25.54%
6 to 12 months	14.13%
12 to 18 months	4.35%
18 to 24 months	2.17%
24 months or more	N/A%

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

Total 152

- 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 13

- 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.

In NJ, the ADRC is a joint initiative between the Department of Human Services and the county Area Agencies on Aging - in partnership with other state and local governmental and nonprofit agencies. New Jersey was one of 12 states in 2003 to receive a grant (\$798,041) from the U.S. Department of Health and Human Services to design and test the ADRC initiative in two counties, Atlantic and Warren. A second round of federal grant funding in 2008 (\$400,000) allowed the State to refine its model and work with other counties to rollout the initiative statewide. In May 2012, the ADRC became operational in each of the state's 21 counties. In September 2012, the ADRC was awarded \$118,000 by the U.S. Department of Health and Human Services. This funding will standardize 'options counseling' to ensure that consumers get the guidance they need in selecting appropriate programs or services. The ADRC is a key component of the State's plan to transform its overall long-term care system to one that encourages community-based services and consumer direction. Traditionally, services for senior citizens have been administered separately from those for persons with disabilities, even though these groups share many of the same needs and face many of the same barriers to care. The ADRC's now create a single point of access in every county for aging residents and individuals with disabilities to get information or referrals, submit applications and receive certain services. This type of one-stop resource and convenience is invaluable, especially for people with mobility and transportation challenges. Services available at local ADRCs include outreach and educational activities to ensure individuals know about the array of long term services and supports available to delay or eliminate the need for institutional care. Using computerized tools specifically designed for the ADRC, county staff screens individuals regardless of income to determine their level of need and potential financial eligibility for government-funded services. Staff also conducts an enhanced intake survey that allows for counseling at all stages in the process and quickly identifies individuals in need of immediate interventions to maintain their independence. As part of this effort, the State enhanced its ADRC website – www.adrcnj.org by adding thousands of national, state and local resources, several new search options, and other consumer-friendly tools including Google translation and mapping features. The site is Section 508 compliant for improved access to individuals with vision impairments.

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

NONE

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

N/A

- 14.**

Total number of MFP candidates under the Tribal Initiative assessed in this period, or a prior reporting period, who are currently

0

in the transition planning process and expected to enroll in MFP (a subset of the total in question 5)

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

0

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

N/A

E. 2. Informed Consent & Guardianship

Grant Report: 2014 First Period (January - June) - NJ14SA01, New Jersey

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

Revised inform consent documents and/or forms

Provided more or enhanced training for transition coordinators

Improved how guardian consent is obtained

Other, specify below

Nothing

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

The nature by which guardians are involved in transition planning

Communication or frequency of communication with guardians

The nature by which guardians are involved in ongoing care planning

The nature by which guardians are trained and mentored

Other, specify below

Nothing

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

Ensuring informed consent

Involving guardians in transition planning

Communication or frequency of communication with guardians

Involving guardians in ongoing care planning

Training and mentoring of guardians

Other, specify below

None

E. 3. Outreach, Marketing & Education

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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.

Implementation of localized/targeted media campaign

Populations Affected

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

ICHNJ continues its partnership with the Ombudsman's Office (OOIE) to implement an education and marketing plan to both current nursing home residents and individuals who wish to remain at home and to avoid nursing home placement. This marketing campaign's primary message is "A Nursing Home May Not Be Your Only Option" and features strategies for facility-based marketing and education as well as focused messaging for local/regional communities. At the local level, we are accomplishing this through visits to

every nursing facility in New Jersey, speaking and tabling at dozens of local/community events (senior expos, health fairs, etc.) and targeted advertising in regional media (including regional senior magazines and local radio stations).

Implementation of statewide media campaign

Populations Affected

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

Similar to our local/targeted media effort, our statewide media push saw much success in the second half of 2013 that spilled over into the first half of 2014. The NJ Department of Treasury activated our website - www.IChooseHome.NJ.Gov – received 2,000 hits between January and July 2014, a ten-fold increase over the last half of 2013. In 2013 we contracted and paid for radio ads which ran on NJ101.5 (a state-wide station focusing on NJ politics and issues) and WOBN (NJ shore area). These ads spilled over into early 2014 and contributed to the increase in website hits and to 34 online requests for service and 36 calls to the hotline. The roll-out of our statewide marketing campaign continues in early 2014 to include additional radio appearances, letters to the editor, print news articles, and a legislative outreach strategy.

Involvement of stakeholder state agencies in outreach and marketing

Populations Affected

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

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

Involvement of discharge staff at facilities

Populations Affected

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

OOIE's involvement expanded greatly in both scope and impact during this period. In addition to the growing ICHNJ outreach and marketing effort outlined above, OOIE staff has become a resource for any individual (in or out of NF) who wants information about avoiding NF placement, even if they do not meet MFP program requirements. Many of these individuals have no other advocacy at their disposal. During this reporting period, OOIE staff visited 165 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 procedure/compliance. The reduction of nursing home visits in the first half of this year is due to the resignation of one outreach coordinator. OOIE is working to fill this vacancy by the end of the year. OOIE ICH staff visit with any resident who has expressed an interest in returning to the community, distribute/hung materials where appropriate, and make follow-up appointments at targeted facilities to present Resident's Rights Bingo with a focus on ICH/NJ. OOIE events include: Bridgewater Senior Health Fair on March 20, 2014; Ocean County College 2014 Senior Living Expo on March 26, 2014; TREC Nat'l Health Care Decisions Day on April 10, 2014; 6th Annual Senior Health and Information Fair on May 2, 2014; 2014 ABILITIES EXPO on May 2-4, 2014; Gloucester County Senior Health Fair on May 13, 2014; Burlington County Senior Expo on May 21, 2014; Older American's Day (Branchville) on May 23, 2014; Warren Cty Caregiver Coalition Meeting on June 16, 2014; Essex County ADRC consortium on June 18, 2014; Health Awareness Day at Calvary Missionary Baptist Church on June 21, 2014. Facility events include: Pemberton Senior Center Presentation on March 14, 2014 and Residents' Rights Bingo on April 4, 2014. Media events include: Comcast Newsmakers TV interview on May 14, 2014 (will air for 2 months). Conferences and conventions include: HCANJ 20-Hour Symposium on April 1, 2014; NJDONA Convention on April 8, 2014; Care Giver Conference on April 24, 2014; Alzheimer Research Convention on April 25, 2014; NASWNJ Annual Conference on May 4, 2014; Leading Age Convention on May 29-30, 2014. 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 throughout NJ that "A Nursing Home May Not Be the Only Option." In the last year, OOIE has expanded its outreach and advocacy efforts to three of the state's institutions of higher education, with a particular emphasis on colleges and universities with nursing or social work programs. Members of the OOIE ICHNJ team have been invited as guest speakers into the classrooms of Rutgers University, Seton Hall University and Berkeley College to speak with students about the role and mission of the Office of the Ombudsman and I Choose Home NJ. Through this higher education outreach program, students seeking to enter a profession in health care, social work, and gerontology have the opportunity to explore their interest in protecting the rights, safety and dignity of those vulnerable individuals living in institutions and developmental centers. These presentations cover the role of the Ombudsman to investigate allegations of abuse, neglect and exploitation and to provide advocacy for residents of a wide variety of long-term care facilities; the role of the OOIE volunteer

advocate and advanced care planning programs; the importance of advocacy and self-direction; the difference between acting in a consumer's "best interest" and/or engaging in consumer-focused and directed advocacy; the move both nationally and in New Jersey toward home and community-based services and away from institutional care; common ethical dilemmas that occur in long-term care environments including, but not limited to, lack of cooperation from family members or a nursing facility to facilitate an individual's explicit desire to return home; The health care delivery systems that support long-term care in NJ.

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"/>

OOIE staff trained approximately 200 of their OOIE Volunteer Advocates (placed in nursing facilities throughout the state) to help identify possible candidates for ICH-NJ. In addition, OOIE staff trained important state partners (e.g. Aging and Disability Resource Centers, State Clinical Outreach Program for the Elderly [SCOPE]) to help identify possible candidates for transition. OOIE has also trained many incoming Community Choice Counselors (DHS employees responsible for community Medicaid assessments and options counseling in nursing facilities) and will continue to do so. In preparation for the implementation of Managed Long Terms Supports and Services on July 1, 2014, the ICHNJ Project Director, Associate Project and Director of Education and Advocacy provided training on the program requirements for the Managed Care Organization's care managers on April 7, 2014.

Other, specify below

Populations Affected

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

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

Other, specify below

None

Current Issue Status: Resolved

How was it resolved?

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 First Period (January - June) - NJ14SA01, New Jersey

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

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

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

The ICHNJ Partnership Group also includes pertinent professionals as well. Included are: Director of an Independent Living Center; Director of an ADRC; Executive Director of a Provider Agency; Social Services Administrator from NJ Housing and Mortgage Finance Agency and 3 housing developers (2 of which have a physical disability). All members have participated in developing the ICH-NJ Mission statement which was created during the last reporting period as well as approving the marketing materials associated with the re-branding

of the program name from MFP to I Choose Home NJ. We have added a new member to our Partnership Group. This individual is the Project Director for Mercer County Legal Services for older adults. She is an attorney working with Seniors on elder law issues. She will be attending our Partnership Group meeting in September. At the October meeting, the Partnership Group decided to decrease the number of meetings from one time per month to one time per quarter. Due to the severe weather during the first quarter of 2014, a Partnership Group meeting was not held. A meeting was held in May and our CMS partners were present due to a Site Visit occurring at that time. The ICH-NJ Partnership Group does not meet in July, August or November. Therefore, the next Partnership Group will be held in September.

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

Specific Amount

Please Indicate the Amount of Attendance

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 is now live and 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 ID/DD 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 June 2014: • 32 projects have been completed; • 3 projects have closed on funding and are in construction; • 6 projects have received loan commitments and are in the process of closing; • 13 projects are in application/pre-application status; • For a total number of 54 projects that will provide housing for 215 individuals; • The projects are located in 35 municipalities in 16 counties in the state of New Jersey. In addition, HMFA and DDD will be funding an additional 10 projects that will provide housing for 40 individuals specifically located in Bergen-Passaic County through the SNHPLP. These projects will serve Olmstead individuals leaving North Jersey Developmental Center which is slated for closure on June 30, 2014. ICHNJ continues its partnership with the NJDCA through the NED /voucher Project.

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. NJHMFA is currently creating an MOU between them and our ICHNJ partner, the Division of Aging Services (DoAS). NJHMFA looks forward to working with ICHNJ and DoAS. In collaboration with NJHMFA, DDD and Division of Mental Health and Addiction Services, NJ submitted a HUD 811 application.

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. Phillipsburg, Summit, Passaic and Vineland HA's opened their waiting lists during this reporting period. Vineland HA personally notified the MFP Housing Coordinator that their list was opening.

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. In June, the MFP Housing Coordinator met with the Camden County Senior Citizens United Community Services (SCUCS) organization regarding their Home Sharing Program and their Adult Family Care Program.

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 ICHNJ Statewide Housing Coordinator visited developments in Atlantic, Burlington, Camden, and Salem counties during this reporting period and provided viable housing leads and applications 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. The Sandy Storm is still effecting the state's available housing inventory.

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.

N/A

E. 5. Benefits & Services

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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 will implement MLTSS by allowing the MCOs to manage HCBS and behavioral health services for enrollees in all of these programs. The new demonstration will also provide 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 will streamline eligibility requirements for long term 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 will be able to receive services. The current 1915 (c) TBI and CRPD waivers are at capacity.

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

Other, specify below

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 will soon be 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

n/a

E. 6. Participant Access to Services

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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

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

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 1/1/2014 and

6/30/2014, the College of Direct Support was utilized across 102 provider agencies, community care residences across the state, and in six developmental centers. Nearly 10,000 College of Direct Support Lessons were completed. Lessons completed with the greatest frequency are included in the following courses: Maltreatment: Prevention and Response; Direct Support Professionalism; Safety; Introduction to Developmental Disabilities; Individual Rights and Choice.

Improved or increased transportation 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"/>

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 will be 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. 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?

IDD: DDD continues to offer training through the NJ DSP Career Path which is now available for agencies across New Jersey through statewide availability of the College of Direct Support. Career Paths are recommended by the National Direct Service Workforce

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

Current Issue Status: In Progress

Preauthorization requirements

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

Lack of appropriate transportation options or unreliable transportation options

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

Other, specify below

None

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

n/a

E. 7. Self-Direction

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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
	1	0	0	0		1

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	1	0	0	0		1
Managed their allowance or budget	1	0	0	0		1

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		0
Experienced an accident (such as a fall, burn, medication error)	0	0	0	0		0
Other, Please Specify	0	0	0	0		0

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

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

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

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Opted-out	0	0	0	0		0
Inappropriate spending	0	0	0	0		0
Unable to self-direct	0	0	0	0		0

Abused their worker	0	0	0	0		0
Other, Please Specify	0	0	0	0		0

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

	Older Adults	ID/DD	MI	PD	NA	TOTAL
Directed their own service					0	0
Reported abuse or experienced an accident					0	0
Dis-enrolled in self-directed services					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 First Period (January - June) - NJ14SA01, 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, a Physical/Nutritional Resource Team was developed. The purpose of this team is to provide 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 31 referrals of which five were not accepted. The reasons for non-acceptance were that they were inappropriate for the P/NM Team's purpose (e.g. Referred for general training) or for discipline's not covered by the P/NM Team (e.g. Dietician). The following is a breakdown on referrals by area of specialization; Occupational Therapy – 2, Medical/Nursing – 14 and Speech/Dysphagia – 19. A total of 8 actually requested both Nursing and Speech/Dysphagia. The Speech/Dysphagia Specialist has developed and assisted with the development of the handouts and dysphagia video noted in the Training Team section. The Nurse has developed the training program noted in the Training Team section and the five aforementioned DDD Bulletins. Future Objectives include: Continue to create awareness of the Olmstead Resource Teams' services through direct contact with service providers and the development and distribution of informational handouts; and continue to collaborate in the development of training aides such as Fact Sheets, future videos and other informational handouts. 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. A Board Certified Behavior Analyst was hired in February 2014. This was done following the Behavioral Team being placed under Administrative funding as opposed to being a Demonstration Project. At about the same time we were soliciting for the Associate Behavior Analyst, a hiring freeze was instituted and no further hires for this team were possible. The current referral form was revised during this reporting period. The referrals also 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 53 referrals received and 50 were accepted, three were rejected. Since the Behavioral Resource Team is not fully staffed and due to the high number of referrals, 33 cases had to be assigned to two contracted behavioral support providers. 17 cases were assigned to the Olmstead Resource Team. Future Objectives include: Fully staff the Olmstead Behavioral Resource Team when hiring is possible and develop procedures and capacity expectations; fully implement the monthly report system and track trends and outcomes; determine overall capacity and support needed from contracted agencies and adjust as indicated.

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

Populations Affected

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

Please describe by target population

Beginning July 1, 2014, the Managed Care Organizations (MCO) will identify, track, review and analyze critical incidents to identify and address potential and actual quality of care and/or health and safety issues. The MCO will 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) will 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 will advise the Member of the risk assessment process. The risk assessment will 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 will 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 will 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 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, 98% were happy with their home, at 60 days 99% were happy with their home and at 90 days, 98.5% 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 semi-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	29	0	0	0	29
Direct service/support workers not showing up	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0
Total	0	29	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	29	0	0	0	29

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
20	4	0	0	0	24

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

IDD: individual was hospitalized for a bowel obstruction and subsequently died after an emergency surgery; one individual died of natural causes in her sleep; individual was hospitalized for pneumonia, appeared to be getting better and then relapsed. Died in hospital; one individual died of a choking incident while in the community; individual was hospitalized for pneumonia, UTI and sepsis which led to multi-organ failure. Individual died at hospital. OA: Details surrounding the deaths of these individuals is not available due to the fact that the Division of Aging Services (DoAS) tracks critical incidents by aggregate numbers. There are no names attached to the critical incident reports; just the incident with a randomly selected, computer generated ID number. In order to obtain this information, the DoAS Quality Management Unit would have to contact each care management site separately and inquire as to whether they submitted a critical incident report during this reporting period. If so, the names would have to be obtained and cross referenced with the ICH-NJ participants that transitioned during this reporting period. The ICH-NJ team has been working with Mercer consulting in writing contract language for the MCO's when they begin to render MLTSS. The contract language will include the capturing of this information for ICH-NJ participants.

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

259

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

IDD: DDD recognizes that all individuals with intellectual/developmental disabilities have the right to a safe supportive environment. However, the Division also recognizes that even in a supportive environment adverse events may occur. In such occurrences, the Division expects all Division personnel, as well as staff of provider agencies under contract with the Division and/or regulated by the Department and that provide services to Division 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

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?

6 critical incidents required further investigation by the provider agency, or the state's Special Response Unit; on 3 occasions the staff was found liable and was suspended without pay; on 1 occasion the staff responsible was terminated; on 1 occasion monitoring of the individual was required; and on 1 occasion the individual required ER treatment.

Current Issue Status: Resolved

Neglect

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?

On 28 occasions further investigation was required by the provider agency, state's Special Response Unit, DDD case manager or DDD regional nurse, on 3 occasions responsible staff were suspended without pay, on 5 occasions staff needed additional training, on 4 occasions the individual required follow up with their medical professional, on 5 occasions the individual required ER treatment, on 2 occasions the individual required monitoring by the staff, on 3 occasions the staff received disciplinary action; and 4 incidents required no action at all. The remaining 5 incidents were handled with an IDT review, policy and procedure change for the provider agency, staff being terminated, referred to Employee Relations or terminated.

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?

All 6 incidents required further investigation by the provider agency, state's Office of Investigations or state's Special Response Unit.

Current Issue Status: In Progress

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?:

29 incidents required ER treatment/evaluation, 9 incidents required follow-up with medical professional, 4 incidents required monitoring of the individual, 2 incidents required the individual to be treated onsite and 2 incidents required transfer of the individual from the provider agency. 17 hospitalizations occurred within 30 days of discharge.

Emergency Room visits

Please specify the number of times this type of critical incident occurred: 87

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

All incidents required ER treatment and/or evaluation.

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

Please specify the number of times this type of critical incident occurred: 6

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

1 incident is pending legal enforcement disposition, 2 incidents require further investigation, 2 staff were suspended without pay, 1 incident was unsubstantiated and no further action was necessary.

Current Issue Status: Resolved

Medication administration errors

Please specify the number of times this type of critical incident occurred: 25

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

11 incidents required follow up with a medical professional, 5 incidents required further investigation by the provider agency, 3 incidents required staff disciplinary action, 3 incidents required further training of staff, 2 incidents required ER treatment/evaluation and 1 incident required the monitoring of the individual. In an ongoing effort to improve service quality, DDD is implementing changes to the pre-service training requirements for Direct Support Professionals. DDD is committed to safe and effective medication administration practices in all settings, and has established new pre-service training guidelines regarding these practices. The Division recognizes that regardless of format – whether classroom or online – the training component alone does not build the necessary skills for the safe administration of medication in community-based settings. Therefore, an on-site competency assessment will be required across the system for all agency staff that are required to administer medications, as follows: • Effective July 1, 2014 Agencies have the option to either (a) send staff Medication Administration Module classroom training, or (b) complete the Medication Administration module online through the College of Direct

Support (CDS). On-site Competency Assessment is mandatory following the completion of CDS online training before agency staff can independently administer medications. • Effective October 1, 2014 On-site Competency Assessment is mandatory following the completion of classroom training before agency staff can independently administer medications. • By June 30, 2015 On-site Competency Assessment is mandatory and must be completed for ALL existing agency staff required to administer medications.

Current Issue Status: Resolved

Other, Please Specify

Please specify the number of times this type of critical incident occurred: 16

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

Remaining incidents include: Assault where ER treatment/evaluation was required and follow up with medical professional. Injury where ER treatment/evaluation was required, follow up with medical professional, further investigation. Sexual misconduct where staff training was required, further investigation, monitoring and counseling of individual, treatment plan change was required for one individual. Operational breakdown where maintenance and repairs were 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.

n/a

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.

n/a

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

Critical incident information is not available for the elderly and physically disabled populations as the Division of Aging Services (DoAS) tracks critical incidents by aggregate numbers. There are no names attached to the critical incident reports; just the incident with a randomly selected, computer generated ID number. In order to obtain this information, the DoAS Quality Management Unit would have to contact each care management site separately and inquire as to whether they submitted a critical incident report during this reporting period. If so, the names would have to be obtained and cross referenced with the ICH-NJ participants that transitioned during this reporting period. The ICH-NJ team has been working with Mercer consulting in writing contract language for the MCO's when they begin to render MLTSS. The contract language includes the capturing of this information for ICH-NJ participants.

E. 9. Housing for Participants

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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 Coordinator has also developed a Housing Packet which is full of resources for individuals who need to do a housing search on their own. The ICH-NJ web site includes a Housing Resource page that can be accessed by professionals as well as the community. The Housing Resource page includes the link to the inventory of affordable and accessible housing spreadsheet developed and maintained by the ICH-NJ Housing Coordinator. DDD Program Developers maintain an inventory of available housing and work closely with the Olmstead Unit to find suitable housing for those individuals transitioning out of a developmental center based upon the individual's choice of residential location.

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

Populations Affected

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

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 will provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement. As of June 2014: • 32 projects have been completed; • 3 projects have closed on funding and are in construction; • 6 projects have received loan commitments and are in the process of closing; • 13 projects are in application/pre-application status; • For a total number of 54 projects that will provide housing for 215 individuals; • The projects are located in 35 municipalities in 16 counties in the state of New Jersey. In addition, HMFA and DDD will be funding an

additional 10 projects that will provide housing for 40 individuals specifically located in Bergen-Passaic County through the SNHPLP. These projects will serve Olmstead individuals leaving North Jersey Developmental Center which is slated for closure on June 30, 2014. 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 ("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 that the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule.

Developed statewide housing registry

Populations Affected

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

Please describe the achievements

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

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 each waiver associated with the program. 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

Increased supply of affordable and accessible housing

Populations Affected

Older Adults	ID/DD	MI	PD	NA
--------------	-------	----	----	----

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 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. The New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) has partnered with the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Community Affairs (DCA) to create the Special Needs Housing Partnership Loan Program (SNHPLP). NJHMFA and the DCA will provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement. As of June 2014: • 32 projects have been completed; • 3 projects have closed on funding and are in construction; • 6 projects have received loan commitments and are in the process of closing; • 13 projects are in application/pre-application status; • For a total number of 54 projects that will provide housing for 215 individuals; • The projects are located in 35 municipalities in 16 counties in the state of New Jersey. In addition, HMFA and DDD will be funding an additional 10 projects that will provide housing for 40 individuals specifically located in Bergen-Passaic County through the SNHPLP. These projects will serve Olmstead individuals leaving North Jersey Developmental Center which is slated for closure on June 30, 2014. 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 ("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 the program meets the needs of individuals as well as the CMS HCBS Setting Final Rule.

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

Populations Affected

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

Please describe the achievements

A Partnership Group member who is a housing developer opened a new project in conjunction with the Bergen Housing Authority and an ICHNJ participant was able obtain a voucher from the HA and move into the new project. The ICHNJ Housing Coordinator met with another developer who is willing to set aside units for ICH participants.

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

Lack of affordable and accessible housing that is safe

Insufficient supply 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 challenges

NJ received 100 NED vouchers. 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.

What are you doing to address the challenges?

The ICHNJ Statewide Housing Coordinator worked with NJDCA to lease 6 of those individuals that had found housing, but had not completed all the paperwork, to be considered "locked in" by NJDCA. NJDCA also agreed to allow the individuals who were issued a voucher, but had it rescinded, to restart housing search when the voucher program reopens. As of 12/31/2013, NJ has 87 leased, 11 vouchers being held, and 2 applications needed to total 100 vouchers. NJDCA has stated they will not re-evaluate the NED 2 voucher program any sooner than the second quarter of 2014. The ICHNJ Statewide Housing Coordinator followed up with NJDCA during the Second quarter of 2014 and the vouchers are still on hold. The ICHNJ Housing Coordinator will continue to follow up the NJDCA.

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

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

NJ's administrative budget includes a Housing Specialist position that has never been filled. This 1:1 housing assistance is imperative to assist individuals in finding accessible and affordable housing.

What are you doing to address the challenges?

During this reporting period, the ICHNJ Housing Coordinator functioned part time as a Housing Specialist to fill this void by working directly with the individual to assess their housing needs, assist them in locating housing, providing assistance with the housing application process, working in collaboration with the NF Social Worker in obtaining the

required documents to apply for housing and following up with the Housing Authorities once the applications were submitted.

Current Issue Status: In Progress

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)	20	0	0	11	0	31
Apartment (individual lease, lockable access, etc.)	19	0	0	12	0	31
Group home or other residence in which 4 or fewer unrelated individuals live	0	122	0	0	0	122
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)

Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

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

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

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

n/a

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 First Period (January - June) - NJ14SA01, 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

IDD: 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

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

Please describe by target population

IDD: natural supports can come from supervisors and co-workers to assist employees with disabilities to perform their jobs, including supports already provided by the employer for all employees. These natural supports may be both formal and informal and can include mentoring, supervision, training (learning a new job skill with a co-worker) and co-workers socializing with employees with disabilities at breaks or after work. The use of natural supports increases the integration and acceptance of an employee with a disability within the workplace.

How is this service or support funded?

Employment monitoring or mediation with employer/employees to resolve barriers to 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

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

Please describe by target population

Service

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"/>

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

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 will be 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 shall 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

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

Qualifie
CBS

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

Please describe by target population

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

How is this service or support funded? Other, Please Specify None**2. What activities or progress was made this period to utilize MFP resources to support the goals of MFP participants?** Hired employment specialists to help MFP participants achieve employment goals Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff Incorporated information about disability- and employment-related agencies and services into outreach materials

Activity Funded by

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

Activity Funded by

 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

Activity Funded by

 Hired Peer Mentors

Activity Funded by

None

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

Participated in cross-agency awareness training

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

Participated in state or local Workforce Investment Boards

Shared enrollment information to determine eligibility for services

Shared the costs of direct services for shared clients

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

Other, Please Specify

None

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

ICHNJ Program continues to utilize Peer Mentors to provide informal supports to ICHNJ participants who meet the criteria for employment services. The Peer Mentors serve as Para-professionals to the employment team and, in that capacity provide feedback regarding their outreach efforts. They can work up to 20 hours a week. Currently there is only 1 active Peer Mentor.

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

n/a

F. Organization & Administration

Grant Report: 2014 First Period (January - June) - NJ14SA01, New Jersey

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

Yes

No

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

Common screening/assessment tools or criteria

Which agencies were involved?

DOAS, OOIE AND MCO'S

Common system to track MFP enrollment across agencies

Which agencies were involved?

DOAS, MCO'S

Timely collection and reporting of MFP service or financial data

Which agencies were involved?

DOAS, MCO'S

Common service definitions

Which agencies were involved?

DOAS, MCO'S

Common provider qualification requirements

Financial management issues

Quality assurance

Which agencies were involved?

DOAS, 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?

With the implementation of MLTSS managed by the Managed Care Organizations (MCO) on July 1, 2014, 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.

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. Due to a hiring freeze within the Department of Human Services, the 3 vacant Nurse Liaison positions could not be filled. During this reporting period, 2 peer mentors assigned to the ICH-NJ Employment Program resigned. 1 peer mentor is currently employed.

What are you doing to address the challenges?

The Community Choice Counselors within the regional OCCO offices were required to do the ICHNJ transitions in addition to their other job duties. 1 ICHNJ Nurse Liaison was replaced and an acting Associate Project Director was appointed but relinquished the position on May 23, 2014. On July 1, 2014, a new Associate Project Director was appointed. Due to the current hiring freeze within the Department of Human Services, these positions still remain a challenge.

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.

n/a

G. Challenges & Developments

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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 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 the elderly and individuals with physical disabilities from the nursing facilities to the community. During 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. A new Associate Project Director was appointed January 1, 2014 but resigned the position on May 23, 2014. A new Associate Project Director was appointed July 1, 2014. Due to a hiring freeze within the Department of Human Services as a result of the closure of a developmental center on June 30, 2014 and another expected closure of a developmental center on December 31, 2014, it has been and will be difficult to fill the 3 remaining Nurse Liaison positions in the near future.

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 Centers is slated for closure 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. On the contrary, any nursing facility placement 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

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.

New Medicaid State Plan options (DRA or other)

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

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 will implement MLTSS by allowing the MCOs to manage HCBS and behavioral health services for enrollees in all of these programs. The new demonstration will also provide 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 will streamline eligibility requirements for long term 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

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. Many individuals, families and providers have expressed concern about accessing housing in the Division's new fee-for-service Medicaid model. In that model, the Division plays a major role in facilitating community-based housing by funding, through its Medicaid waivers, the

Medicaid-eligible services that are necessary to support individuals in the community. 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) will establish 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, as well as oversee the day to day housing activities of the Division of Mental Health and Addiction Services and the Division of Developmental Disabilities. In addition, the responsibilities of the Office of Housing, will 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 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 (including supporting the closure of the Woodbridge Developmental Center), the OH will pursue two key goals: • Development of a plan for compliance with the new CMS Final Rule on HCBS settings • 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 DDD's services available through its Medicaid waivers to create new housing options.

None

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

n/a

H. Independent Evaluation

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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 First Period (January - June) - NJ14SA01, New Jersey

List of Technical Assistance Events for this Reporting Period

<p>Date: 1/1/2014 12:00:00 AM Type: Other Programmatic Delivery Method: Group Teleconference Describe the focus of the TA you received: Conference call with Darlene Forest of Lewin Group and CMS Project Officer regarding Employment Benchmark. Usefulness: Useful If useful, describe what changed as a result - if not useful, explain why: Employment Specialist role became more defined and focused.</p>
<p>Date: 1/1/2014 12:00:00 AM Type: Housing Delivery Method: Group Teleconference Describe the focus of the TA you received: Conference call to explain NJ's request to utilize rebalancing dollars to offer gap funding to senior developers through a loan program facilitated by NJHMFA. In return for the loan, the developer would set aside units for individuals transitioning out of nursing facilities under the ICHNJ Program. Usefulness: Useful If useful, describe what changed as a result - if not useful, explain why: Request was approved.</p>
<p>Date: 1/1/2014 12:00:00 AM Type: Other Programmatic Delivery Method: Group in Person Describe the focus of the TA you received: CMS site visit from May 21st-May23rd. Usefulness: Very Useful If useful, describe what changed as a result - if not useful, explain why: Implementing the recommendations of the CMS team will make NJ's program stronger and better able to impact those that we support.</p>

J. Overall Lessons & MFP-related LTC System Change

Grant Report: 2014 First Period (January - June) - NJ14SA01, 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. Between 1/1/2011 and 12/31/2012, NJ transitioned 468

individuals. 75% of NJ's transitions occurred during this time frame. 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.