

**A. General Information****Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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

Terre Lewis

**12.** Grantee Signatory Title

MFP Project Director

**13.** Grantee Signatory Phone

(609) 689-0564

**14.** Grantee Signatory Fax

(609) 631-2217

**15.** Grantee Signatory Email

Terre.Lewis@dhs.state.nj.us

**16.** Has the Grantee Signatory changed since last report?

Yes

No

**Other State Contact**

**17.** Other State Contact Name

Cheryl Hogan

**18.** Other State Contact Title

MFP Associate Project Director

**19.** Other State Contact Phone

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(609) 588-3330

**21.** Other State Contact Email

Cheryl.Hogan@dhs.state.nj.us

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

NA

**23. Independent State Evaluator Title and Organization**

NA

**24. Independent State Evaluator Phone**

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**25. Independent State Evaluator Fax**

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**26. Independent State Evaluator Email**

NA

**Report Preparer****27. Report Preparer Name**

Terre Lewis

**28. Report Preparer Title**

MFP Project Director

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

John Sorenson

- All figures are for the current reporting period.

**B. Transitions****Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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]

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	181	115	0	72	0	368
Second Period	401	165	0	160	0	726
Total	582	280	0	232	0	1,094

Cumulative Number Assessed	1,327	650	0	569	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	138.23%	80.05%		114.95%	

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]

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	92	79	0	45	0	216
Second Period	73	95	0	49	0	217
Total	165	174	0	94	0	433

Annual Transition Target	160	147	0	80	0
% of Annual Transition Target Achieved	103.13%	118.37%		117.50%	

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.

MFP packet received after last report was submitted.

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 elderly transitions than the table shows, you should enter '-5' in the adjustment value row under elderly. A revised total will then appear in the Adjusted Cumulative Total row. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	NA	TOTAL
Adjustment value for cumulative transitions	0	1	0	0	0	1
Total	399	406	0	255	0	1,060

Transition Targets, all grant years (by population and total)	41.56%	50.00%	N/A	51.52%	N/A
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**6.** Total number of current MFP participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. [Click on Help link for explanation]

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	144	120	0	78	0	342
Second Period	154	172	0	90	0	416

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

	Elderly	MR/DD	MI	PD	NA	TOTAL
For less than or equal to 30 days	0	0	0	0	0	0
For more than 30 days	4	3	0	3	0	10
Length of stay as yet unknown	0	0	0	0	0	0
Total	4	3	0	3	0	10

Total re-institutionalized for any length of time (total of above)	4	3	0	3	0
Number of MFP participants re-institutionalized as a percent of all current MFP participants	2.78%	2.50%	0.00%	3.85%	0.00%

Number of MFP participants re-institutionalized as a percent of cumulative transitions	1.00%	0.74%	N/A	1.18%	N/A
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Please indicate any factors that contributed to re-institutionalization.

Deterioration of 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]

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	1	1	0	0	0	2
Second Period	1	0	0	1	0	2
Total	2	1	0	1	0	4

**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]

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	20	28	0	15	0	63
Second Period	49	52	0	35	0	136
Total	69	80	0	50	0	199

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

Death, moved out of state, no longer needed services, suspended Medicaid eligibility, re-institutionalization.

**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

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:**

79

**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-MR 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:**

23

**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

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

QUESTION 9: INCORRECT TOTALS REPORTED FOR PERIOD 1/1/2013-6/30/2013. CORRECT TOTALS ARE AS FOLLOWS: TOTAL-92 ID/DD-29 PD-28 ELD-35

## C. Qualified HCBS Expenditures

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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%
2016	\$1,336,939,843.00	2.00	\$0.00	0.00%	0.00%

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

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

**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.

MFP: Calendar year 1/1/2013-12/31/2013. State Fiscal Year: 7/1/2013-6/30/2014

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

## D. 1. Additional Benchmarks

### Grant Report: 2013 Second Period (July - December) - NJ13SA02, 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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:

As a result of work done by the NJ DSP Workforce Development Coalition and the dedication of stakeholders to improving the human services workforce, the Division of Developmental Disabilities (DDD) purchased the College of Direct Support (CDS) for use statewide. As a result, agencies that provide licensed day and residential services to individuals receiving services funded through DDD's Community Care Waiver (CCW) have access to the innovative online education system. These agencies are required to use the College of Direct Support's Learner Management system to track the completion of mandatory Pre-Service Training and receive the added benefit of access to more than 30 cutting edge courses focused around core competencies of direct support professionals and frontline supervisors. The NJ DSP Career Path is available for agencies across New Jersey through statewide availability of the College of Direct Support. Career Paths are recommended by the National Direct Service Workforce Resource Center as a method to increase the retention and skills of direct support professionals across sectors.

The availability of a consistent, portable career paths benefits many stakeholders. It benefits individuals with 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 7/1/2013-12/31/2013, staff employed by 74 agencies completed lessons assigned through the College of Direct Support. In addition, staff working in 4 DDD Developmental Centers completed courses through the CDS in effort to assist people using supports transition to the community and to prepare themselves for jobs in the community. The College of Direct Support was also used by the DDD Community Care Residence providers to meet advanced training requirements and by DDD regions for the purposes of training state staff. 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. The Speech Pathologist and Behavior Analyst were hired during this period. However, the Training Technician has accepted the position but as of yet is unable to start due to the fact that this title is not exempt from the state's hiring freeze. An exemption for this position has been pending through this report period. Training Provided: One day of large seminars was provided on October 29, 2013 with the following half day presentations; "Managing Dysphagia for Community Providers" and "Introduction to Applied Behavior Analysis". In November more localized training was provided for two agencies totaling about 51 participants. Future Objectives: • Increase outreach to agencies (resend survey, direct contact with agencies, development and distribution of an informational pamphlet). • Develop a rolling schedule for the large seminars and coordinate the Behavioral workshops with the other agencies providing related training. • Provide access to power points and informational handouts through the Division's web site. • 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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 Medicaid in NJ, including the 1915(c) waivers, being managed by the Managed Care Organizations (MCO). The MCO's were slated to take over care management on January 1, 2014 but the start date has been pushed back to July 1, 2014. Therefore, the current care management sites were audited during this reporting period.

**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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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 11 Housing Authorities from 7/1/13 to 12/31/13. The Housing Authorities visited were Clifton HA on 7/16/13, City of Passaic HA on 7/16/13, Passaic County HA on 7/18/13, Paterson HA and Paterson DCD HA on 7/18/13, Sayreville HA on 8/6/13, Ocean City HA on 8/14/13, Cape May HA on 9/10/13, Franklin Township HA and Franklin HA on 10/16/13 and Bayonne HA on 10/30/13. The MFP Statewide Housing Coordinator spoke to the Bergen County HA on 11/12/13 regarding an upcoming project with Regan Developers in Montvale, and again with the Bergen County Housing Authority Director of Development for an upcoming project in Franklin Lake with Monarch Housing.

**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:**

#### Benchmark #4

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

##### Measure #1

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

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

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

##### Measure #2

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

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

2016 0.00 0.00 0.00 0.00 0.00% 0.00% 0.00%

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

### Measure #3

DACS/OOIE – Education and marketing materials will be distributed to key stakeholders and the community at large in all NJ counties. As a result of the education and marketing campaign, it is expected that the number or 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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. Our statewide media push saw much success in the second half of 2013 as well. The NJ Department of Treasury activated our website - [www.IChooseHome.NJ.Gov](http://www.IChooseHome.NJ.Gov) - in October 2013 and the site was viewed approximately 200 times by year's end. As a result of the education and marketing campaign, OOIE received 186 referrals and/or requests for information regarding NJ's ICH Program during this reporting period.

### 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:**

### 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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, 100 Individuals were referred to DDS for employment services. 45 individuals were not interested in employment at the present time. Of the ICHNJ participants interested in employment, they have applied at the following companies: Staples, Wal-Mart, Community Access Unlimited, KPMG, LLP, Cloud 10 Web Services, Avon Products, ABT SRBI, Inc., BCS New Jersey, YMCA, McDonald's, NJ Turnpike Authority, Catholic Charities, Goodwill Industries, Advancing Opportunities and

21 Plus. 6 individuals are actively seeking either full time or part time employment. 2 individuals are on the verge of obtaining employment and are in the final stages of their interview process. ICHNJ participants receive Employment Resource Packets prior to discharge and once again after transition if requested. 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. Some of the challenges to finding employment are: • Depressed Labor Market - Unemployment is elevated. Despite 42 consecutive months of gains in private sector employment, the unemployment rate is at 7.3 percent or 11.3 million Americans out of work. In December 2007 it was only 4.6 percent so labor force participation is depressed (Labor Market Information from the Heldrich Center for Workforce Development at Rutgers University). • Gaps in Employment – Work skills are acquired through formal education and training, previous volunteer or paid jobs, and community service. The ICHNJ Employment Specialist recognizes the need to address the issue of the individuals who want to work, but have little to no experience, due to living in a nursing facility for a long period of time. A good portion of our ICHNJ participants have little or no work experience. • Transportation – Individuals who don't have transportation are given information about Access Link which transports people who are not able to use the public busses. Individuals are also referred to [www.njfindaride.org](http://www.njfindaride.org) an online directory of public and accessible transportation options for those who do not own a car. • Individuals not interested in working – several individuals simply don't want to work. They have expressed that employment is not attainable due to their health, mobility, cognitive, social and transportation issues that they face.

#### 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

No

## D. 2. Rebalancing Efforts

### Grant Report: 2013 Second Period (July - December) - NJ13SA02, New Jersey

• All MFP grantees are required to complete this section during this period to report on the cumulative amount spent to date and use of rebalancing funds. MFP Rebalancing Funds refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS



services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. The rebalancing fund amount is calculated on your annual Worksheet for Proposed Budget --- see Rebalancing Fund Calculation box in the middle of the Excel Worksheet.

## E. 1. Recruitment & Enrollment

### Grant Report: 2013 Second Period (July - December) - NJ13SA02, 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

Elderly	MR/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 now is fully staffed and employs four MFP Education and Advocacy Coordinators responsible for a specific catchment area to educate residents, family members and facility staff about the range of community choice options available in that catchment area; distribute MFP marketing materials to residents and family members via personal contact or through family and resident council meetings; follow up with Section Q referrals; make referrals to the Offices of Community Choice Options; inform and educate nursing facility staff and community groups about MFP; visit nursing facilities in their catchment area at least twice 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.

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.

<input type="checkbox"/> Type or quality of data available for identification
<input type="checkbox"/> Obtaining provider/agency referrals or cooperation
<input type="checkbox"/> Obtaining self referrals
<input type="checkbox"/> Obtaining family referrals
<input type="checkbox"/> Assessing needs
<input type="checkbox"/> Lack of interest among people targeted or the families
<input type="checkbox"/> Unwilling to consent to program requirements
<input type="checkbox"/> Other, specify below
<input checked="" type="checkbox"/> None
<input type="text"/>
<b>Current Issue Status: Resolved</b>
<b>How was it resolved?</b>
<input type="text"/>

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.

<input type="checkbox"/> Determination of initial eligibility
<input type="checkbox"/> Redetermination of eligibility after a suspension due to reinstitutionalization
<input type="checkbox"/> Other, specify below
<input checked="" type="checkbox"/> 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.

<input type="checkbox"/> Determining initial eligibility
<input type="checkbox"/>

Reestablishing eligibility after a suspension due to reinstitutionalization

Other, specify below

None

**Current Issue Status: Resolved**

**How was it resolved?**

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** 71

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

**Total** 220

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** 79

**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** 44

**Individual could not find affordable, accessible housing, or chose a type of residence that does not meet the definition of MFP qualified residences** 56

**Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution** 9

**Individual's family member or guardian refused to grant permission, or would not provide back-up support** 12

**Other, Please Specify** 20

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

ID/DD: 23 individuals transitioned to a group home with more than 4 individuals. PD/ELD: 33 individuals transitioned to an Assisted Living Facility.

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

<b>less than 2 months</b>	143
<b>2 to 6 months</b>	44
<b>6 to 12 months</b>	16
<b>12 to 18 months</b>	9
<b>18 to 24 months</b>	3
<b>24 months or more</b>	2

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

Less than 2 months

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

<b>less than 2 months</b>	65.90%
<b>2 to 6 months</b>	20.28%
<b>6 to 12 months</b>	7.37%
<b>12 to 18 months</b>	4.15%
<b>18 to 24 months</b>	1.38%
<b>24 months or more</b>	0.92%

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** 291

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** 20

11. What types of activities were supported by ADRC/MFP Supplemental Funding Opportunity C grant funds during this reporting period, awarded in 2010 to 25 MFP grantee states to support activities that help to expand the capacity of ADRCs 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 grant.

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](http://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 activities proposed in your grant application and the steps you are taking to resolve them.

None

## E. 2. Informed Consent & Guardianship

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, New Jersey

### E. 3. Outreach, Marketing & Education

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

Development of print materials

#### Populations Affected

Elderly	MR/DD	MI	PD	NA
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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#### 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 infographics (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

Elderly	MR/DD	MI	PD	NA
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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

Elderly	MR/DD	MI	PD	NA
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Similar to our local/targeted media effort, our statewide media push saw much success in the second half of 2013. The NJ Department of Treasury activated our website - [www.IChooseHome.NJ.Gov](http://www.IChooseHome.NJ.Gov) - in October 2013 and the site was viewed approximately 200 times by year's end, generating many inquiries for information and presentations. In 2013 we contracted and paid for radio ads which are currently running on NJ101.5 (a state-wide

station focusing on NJ politics and issues) and WOBN (NJ shore area). We took out a full-page ad with Today's Senior Magazine (large distribution in South Jersey) to run December 2013 through February 2014. 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**

Elderly	MR/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**

Elderly	MR/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 facilities to play Residents' Rights Bingo with a focus on self-determination and the right to live where one chooses. Finally, DOAS and OOIE staff are constantly revisiting the Section Q process with facility social workers - training them about timeliness and proper procedure. Overall, we are finding facility staff to be receptive and collaborative - we are building positive, more trusting relationships and receiving more referrals of possible candidates from facility staff.

Involvement of ombudsman

**Populations Affected**

Elderly	MR/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 last period, OOIE staff visited over 200 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. OOIE ICH staff visited with any resident who expressed an interest in returning to the community, distributed/hung materials where appropriate, and made follow-up appointments at targeted facilities to present Resident's Rights Bingo with a focus on ICH/NJ. OOIE exhibited at 11 state-wide conventions held by relevant professional associations/groups (e.g. AARP Consumer Resource Fair and Issues Forum; Atlantic City Chamber of Commerce Senior Expo; New Jersey Black Issues Convention; 2013 Caregiver Expo, etc.). In addition, OOIE staff exhibited at 16 (sixteen) high-attendance annual senior community events (e.g. Warren County Senior Citizen and Disability Awareness Day; Seabrook Village Health Fair; Bergen County Caregiver Conference, etc.). Staff distributed over 5,000 ICH-NJ flyers and thousands of other marketing products to social workers, nursing home residents, and interested community members. OOIE referred 121 potential candidates to the Division of Aging Services at the Department of Human Services for their follow-up/assessment. Finally, OOIE continues to develop and implement the ICHNJ marketing strategy (described above) and to build bridges with targeted state and community partners to spread the message throughout NJ that "A Nursing Home May Not Be the Only Option."

Training of frontline workers on program requirements

**Populations Affected**

Elderly	MR/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.

Other, specify below

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Living Education Project (CLEP) is part of the implementation of the NJ Olmstead Plan under the direction of the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD). CLEP provides information and support about community transition to families of individuals living in any developmental center in NJ in accordance with the Olmstead Plan. CLEP works closely with individuals who reside in developmental centers and their family members informing them on the supports, services, resources and residential options that are available for a life in the community. CLEP team members provide direct support through phone calls, individual visits with families, and

accompanying families on visits to community providers to see existing homes. My Life Now magazine is CLEP's annual magazine that highlights stories of individuals who have transitioned to the community from a Developmental Center. The purpose of the magazine is to show individuals, families, and the public that community living is possible for anyone living with a developmental disability. CLEP also publishes a bi-annual newsletter which features articles pertaining to community transition, latest news updates, CLEP's calendar of project events, and other resources for families. The purpose of the newsletter is to serve as a community outreach tool, educating and engaging the developmental disabilities community on the possibilities that are available in community living. CLEP also features The Community Living Explore the Possibilities Guide Series which is a guide to DDD's person-centered, self-directed community transition process, written for families of individuals living in developmental centers and considering a move to the community. The guide is comprised of information about housing, support staff, activities, quality assurance, emergencies, aging in place, and medical information. The guide is subject to revision as new processes and regulations set forth by the DDD evolve and change. CLEP also features the Mini Updates e-Newsletter which includes CLEP updates, calendar of events, and highlights from recent learning events.

None

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

Development of print materials

Implementation of a localized / targeted media campaign

Implementation of a statewide media campaign

Involvement of stakeholder state agencies in outreach and marketing

Involvement of discharge staff at facilities

Involvement of ombudsman

Training of frontline workers on program requirements

Other, specify below

None

**Current Issue Status: Resolved**

**How was it resolved?**

#### E. 4. Stakeholder Involvement

**Grant Report: 2013 Second Period (July - December) - NJ13SA02, 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)
<b>Consumers</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>Families</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>Advocacy Organizations</b>		<b>X</b>			<b>X</b>	
<b>HCBS Providers</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>Institutional Providers</b>						
<b>Labor/Worker Association (s)</b>						
<b>Public Housing Agency(ies)</b>			<b>X</b>			
<b>Other State Agencies (except Housing)</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>Non-profit Housing Assn.</b>			<b>X</b>		<b>X</b>	

**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. The ICH-NJ Partnership Group does not meet in July, August or November. Therefore, there was only one meeting this reporting period which was held in October. The primary focus of the meeting was to discuss the use of rebalancing fund dollars to create more housing opportunities for the elderly and people with physical disabilities.

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**

ICHNJ continues its partnership with the NJDCA through the NED Voucher Project and the Sandy Special Needs Housing Fund. NJDCA has set aside \$25 million for the Sandy Special Needs Housing Fund to help develop permanent supportive affordable housing for special needs populations. The funding is being added to the \$25 million provided the program in the first allocation. To date, funding has been committed to 11 projects to create affordable housing opportunities for more than 150 residents with special needs.

State housing finance agency

**Please describe**

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 ID/DD 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 the elderly 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. Also at this meeting, changing the definition of "homelessness" to include individuals in nursing facilities was discussed. Although it met with a favorable response from NJHMFA, ICHNJ and the senior developers, NJDHS declined the opportunity to include nursing facility residents in the definition of "homeless" citing this population was never included prior and it would decrease the housing resources for those individuals who are truly homeless. At the suggestion of some of the members of the ICHNJ Partnership Group, the Executive Team will pursue the correction of a Tax Credit competition points imbalance. Much state support for affordable housing is directed through the allocation of 9% low income housing tax credits. It is a highly competitive process where many projects compete for scarce amounts of tax credits. At present, there is an imbalance in the competitive scoring for projects that include "homeless" and projects that include those "who are leaving institutions under the Olmstead Decision". Projects with "homeless" receive 3 points and those under the Olmstead Decision receive only 2 points. Often this one point difference is the difference between a successful tax credit application and one that does not get financed. Correcting this imbalance would cause more projects to be built for Olmstead and ICHNJ populations as long as those leaving nursing facilities would be recognized under the Olmstead Decision in NJ.

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. The Housing Authorities have also encouraged ICH-NJ participants to apply to their open programs.

Non-profit agencies involved in housing issues

**Please describe**

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

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

**Please describe**

The ICH-NJ Statewide Housing Coordinator continues to contact landlords throughout the state to maintain a spreadsheet of available, accessible and affordable rentals in the state of NJ. The spreadsheet is forwarded on a weekly basis to the 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, Cape May, Cumberland, Gloucester, Hudson, Mercer, Middlesex, Passaic, and Somerset Counties during this reporting period (11 of 21 counties). Conifer Development invited her to attend the ribbon cutting of their new affordable, 55 & older community in Gloucester County which has led to a key leasing agent contact for ICHNJ within the Conifer Development Group. The ICHNJ Statewide Housing Coordinator also visited the USDA Rural office in Vineland that serves Atlantic, Cape May & Cumberland Counties and was provided with information on rural housing developments and contacts in the southern region of the state. The ICHNJ Statewide Housing Coordinator also visited local town halls and county offices to inquire about their programs and development plans for affordable and senior/disabled housing.

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. With the settlement of the Olmstead Lawsuit, funding for

housing is only geared toward individuals leaving developmental centers and psychiatric institutions. Funding is also available for the "homeless" with tax credit projects and set asides. This creates a challenging scenario in which to try and develop low income, affordable and accessible housing opportunities for the elderly and individuals with physical disabilities.

No

## E. 5. Benefits & Services

### Grant Report: 2013 Second Period (July - December) - NJ13SA02, 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

Elderly	MR/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, or a date thereafter (depending on readiness), 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.

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**

Elderly	MR/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 waiver is 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**

Elderly	MR/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**

Elderly	MR/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. The renewed CCW went into effect 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**

Elderly	MR/DD	MI	PD	NA
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**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 senior and individuals with disabilities; simplifying eligibility for long-term care services; and implementing programs for children and adults with 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**

Elderly	MR/DD	MI	PD	NA
---------	-------	----	----	----

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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 Christie Administration will continue to expand its initiatives for community housing and programs. Governor Christie's fiscal year 2014 budget proposes to provide \$41.8 million of new State and federal funding to develop additional community placements and services, for a projected 788 individuals. This funding also supports individuals who turn 21 and no longer are eligible for education entitlements. An additional \$21.3 million is proposed to pay for placements that occurred during fiscal year 2013. Funding covers costs of the community placement and associated costs including housing, day programs and staffing. In addition, a total of \$19.7 million new State and federal funding will support the Division of Developmental Disabilities' Olmstead initiatives.

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?**

**E. 6. Participant Access to Services**

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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**

Elderly	MR/DD	MI	PD	NA
---------	-------	----	----	----

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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 7/1/2013-12/31/2013, staff employed by 74 agencies completed lessons assigned through the College of Direct Support. In addition, staff working in 4 DDD Developmental Centers completed courses through the CDS in effort to assist people using supports transition to the community and prepare themselves for jobs in the community.

Improved or increased transportation options

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
---------	-------	----	----	----

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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. The renewed CCW went into effect 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.

Added or expanded managed LTC programs or options

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
---------	-------	----	----	----

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 senior and individuals with disabilities; simplifying eligibility for long-term care services; and implementing programs for children and adults with 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**

Elderly	MR/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?**

ELD/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 as well as HCBS providers. DoAS has an ongoing opportunity for providers to apply to become an approved HCBS provider. ID/DD: 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**

Elderly	MR/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% are not unusual across all populations.

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

ID/DD: 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 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 disabilities to live meaningful lives in the community.

ELD/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.

**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

## E. 7. Self-Direction

**Grant Report: 2013 Second Period (July - December) - NJ13SA02, 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 previous question, how many MFP participants were in a self-direction program during the reporting period?

	Elderly	MR/DD	MI	PD	NA	TOTAL
	1	0	0	0	0	1

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

	Elderly	MR/DD	MI	PD	NA	TOTAL
Hired or supervised their own personal assistants	1	0	0	0	0	1
Managed their allowance or budget	0	0	0	0	0	0

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

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

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

	Elderly	MR/DD	MI	PD	NA	TOTAL
	0	0	0	0	0	0

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

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

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

## E. 8. Quality Management & Improvement

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Please describe by target population**

ICHNJ is currently working with the NJ Institute of Technology to analyze the data obtained from the MFP Quality of Life surveys specific to NJ residents in an effort to improve service delivery.

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**

Elderly	MR/DD	MI	PD	NA
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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. This support is designed to be in place for a maximum of 90 days post placement. During this reporting period, all three positions on this team were filled. However, primarily due to a lack of referrals, the Occupational Therapist returned to their previous position following about two months with the Team. Also, the Registered Nurse was added to the team after the proposal was approved through CMS. Therefore, the Nurse's position is supported through state dollars and not MFP. The current referral form was finalized in mid-September. 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 a total of 22 referrals of which four were not accepted. The reasons for non-acceptance were that they were inappropriate for this Team's purpose. The following is a breakdown on referrals by area of specialization; Occupational Therapy – 2, Medical/Nursing – 10 and Speech/Dysphagia – 14. A total of 8 actually requested both Nursing and Speech/Dysphagia. The Nursing cases were for concerns such as GI and constipation



issues, hydration, wound management and feeding tube issues. The Speech/Dysphagia cases were generally related to a history of choking or aspiration pneumonia, modified diet textures and feeding techniques. Six of the cases were closed and the remaining eleven remained open, typically awaiting placement and post placement training of group home and day program staff. 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; continue to collaborate in the development of training aides such as Fact Sheets and other informational handouts. DDD has also received approval to utilize 100% administrative funding to add a Behavioral Support Services Team 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. None of the three staff for this Team were hired during this reporting period. This was the result of recruitment difficulties and problems with the funding structure. The funding structure issue was resolved and interviews for the Behavior Analyst position were held in December and the top candidate accepted the position. Future Objectives include: fully staff the Olmstead Behavioral Resource Team over the next six months and develop procedures and capacity expectations; fully implement the monthly report system and track trends and outcomes; determine overall needed 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.

Enhanced a risk management process

#### Populations Affected

Elderly	MR/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

ID/DD: DDD completes an Olmstead Review Survey every 30, 60, 90 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 ICH-NJ 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, 60 days and 1 year after transition, 98% of the individuals surveyed, liked their new home; at 90 days after transition, 97% liked their new home and 2 years after transition, 96% liked their new home. The surveys also showed that at 30 Days, the number one area of need was Health/Medical. This dropped to be the second most frequent area of need for the 60 Day and the third most frequent area of need by 90 Days. At 30 Days, the second most common area of support needed was Behavioral. This area was the third most common at 60 Days and was again the second most common at 90 Days. The third most frequent area of reported issues was for Medical Provider/Insurance. This became the number one issue noted for both the 60 and 90 Day Survey periods. Waiting to be placed on the CCW waiver was the noted area of need by a significant margin. 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 MFP 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 OCCO office 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.)

	Elderly	MR/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	2	0	0	0	2
Direct service/support workers not showing up	0	0	0	0	0	0
Other, Please Specify	0	0	0	0	0	0
Total	0	2	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?

	Elderly	MR/DD	MI	PD	NA	TOTAL
	0	2	0	0	0	2

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:**

	Elderly	MR/DD	MI	PD	NA	TOTAL
	14	1	0	3	0	18

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

ID/DD: Individual collapsed in her group home from cardiac arrest; never gained consciousness and was put on life support. After discussion with her guardian and assurance there was no chance of recovery, life support was removed and individual passed away within the hour. That 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 will include the capturing of this information for ICH-NJ participants.

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

87

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

Danielle's Law; medication errors; sexual conduct SR to staff; unplanned hospitalizations; exploitation, neglect-no injury; abuse/verbal; operational: staff shortage which resulted in threat to safety of SR.

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: 5

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

Some incidents required further investigation; staff disciplinary action was taken where warranted; monitoring of the MFP participant where warranted; transferred staff person allegedly accused of abuse; trained staff where appropriate; terminated staff when appropriate and suspended staff without pay where appropriate.

Current Issue Status: Resolved

Neglect

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

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

Some incidents required further investigation; staff disciplinary action was taken where warranted; trained staff where appropriate; follow up with MFP participant's primary care physician where warranted.

Current Issue Status: Resolved

Exploitation

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

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

Further investigation by provider agency was required; in one instance, the MFP participant's funds were reimbursed; incident resulted in provider agency change in policy/procedure.

Current Issue Status: Resolved

Hospitalizations

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

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

Incidents either required follow up with medical or mental health professional or ER treatment/evaluation. 8 occurred within 30 days of discharge from institutional setting.

Emergency Room visits

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

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

These are all classified as Danielle's Law life threatening emergencies where 911 was called for a medical or behavioral emergency.

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:**

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

Further investigation by provider agency was required; in one instance, the MFP participant's funds were reimbursed; incident resulted in provider agency change in policy/procedure; one incident is pending law enforcement disposition.

**Current Issue Status: Resolved**

Medication administration errors

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

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

Close staff supervision and staff training was required.

**Current Issue Status: Resolved**

Other, Please Specify

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

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

Injury: 8 incidents occurred which resulted in further investigation, monitoring of the MFP participant, ER treatment/evaluation or follow up with primary physician. Sexual Conduct: 2 incidents which resulted in ER treatment/evaluation, training of staff and counseling of the MFP participant. The misconduct was from the MFP participant to the staff person. Assault: 1 incident which resulted in ER treatment/evaluation of staff person. Operational: 2

incidents where there was a staff shortage which resulted in threat to life safety/operation. Suspension without pay and termination of staff involved was the outcome.

**Current Issue Status: Resolved**

None

- 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 will include the capturing of this information for ICH-NJ participants.

## E. 9. Housing for Participants

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, New Jersey

- 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

Elderly	MR/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. 55% of the total transitions in 2013 for the elderly and physically disabled populations chose an apartment as their choice of residence. In addition to the spreadsheet of available, accessible and affordable rentals in the state of NJ, the ICHNJ Statewide Housing Coordinator has developed a Housing Packet which is given to each individual wishing to transition to the community who requires housing assistance to do so. The Housing Packet includes numerous housing resources and apartment applications for the individual to utilize. As a result of the ICHNJ Partnership Group, a relationship was created with a building developer who created affordable housing in Hudson county. As a result of this partnership, the developer set aside 6 units in this complex for ICHNJ participants. 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**

Elderly	MR/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**

The New Jersey Department of Community Affairs, the New Jersey Housing and Mortgage Finance Agency and the New Jersey Department of Human Services, Division of Developmental Disabilities have launched the Special Needs Housing Partnership Loan Program (SNHPLP) aimed at creating affordable, supportive housing for people with developmental disabilities. This initiative aligns with the State of New Jersey's goal to help integrate people with special needs into the community. As part of this initiative, the SNHPLP will help municipalities utilize the monies in municipal Affordable Housing Trust Fund (AHTF) accounts to create housing for people with developmental disabilities. The SNHPLP will also assist municipalities to leverage the monies in their AHTF accounts by matching a municipal commitment of funds with financing available through the NJHMFA and DCA. The SNHPLP provides 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. For the SNHPLP, as of December 2013: 27 projects w/105 beds completed 5 projects w/20 beds have closed on funding and are in construction 6 projects w/24 beds have received loan commitments and are in the process of closing 7 projects w/28 beds are in application/pre-application For a total of 45 projects w/177 beds Projects are located in 30 municipalities in 13 counties. In addition, NJHMFA and DDD will be funding an additional 10 projects w/40 beds specifically located in Bergen-Passaic County through the SNHPLP. These beds will serve Olmstead individuals leaving NJDC. As the notice just went out, these projects are not yet in pipeline. On 12/12/13, the Division of Aging Services (DoAS), ICHNJ Project Director and Statewide Housing Coordinator and Senior Developers met with NJHMFA to discuss a partnership between NJHMFA and DoAS for the purpose of increasing affordable housing opportunities for the elderly and individuals with physical disabilities. NJHMFA and DoAS will develop an MOU to forge the partnership to use ICHNJ rebalancing funds for housing and NJHMFA will set up training for developers to discuss how they can provide housing for the elderly and physically disabled. This seems like a very promising partnership.

- Developed statewide housing registry

**Populations Affected**

Elderly	MR/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**

Elderly	MR/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**

Elderly	MR/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**

ICHNJ was approached by a housing developer for a letter of support for a 32 unit affordable housing complex that was proposed for the tax credit round / rental assistance voucher round in Spring 2013 . The project is 32 total units with 16 units set aside for special needs. There will be 4 apartments that have enhanced accessibility features (automatic door openers, slide out kitchen shelving, fully accessible kitchens and baths, special refrigerator/freezers, etc.) that are perfect for individuals participating in the ICHNJ Program. The developer would make 4 apartments (at least) available to the ICHNJ program participants. If more ICHNJ program participants are available, then the developer would have accessible units as well. The letter of support was written by the ICHNJ Project Director. The developer also applied for tax credits / Sandy Special Needs funding for this project as well as 10 project based vouchers under the NJ DCA's Housing Choice Voucher competition. This developer was awarded the 10 project rental assistance vouchers. This developer has also developed a project in which he partnered with the Bergen Housing Authority. The ICHNJ Program was given applications for the random selection process.

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

Increased supply of small group homes

**Populations Affected**

Elderly	MR/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. In January 2013, DDD solicited Letters of Interest from qualified providers for the development of 4 person, barrier-free group homes for individuals with developmental/intellectual disabilities transitioning out of an institutional setting. ICHNJ rebalancing funds are being utilized for capital costs (acquisition and/or rehabilitation) for these barrier-free homes. The funds were allocated through a competitive process among qualified DDD providers, and were targeted to provide housing for individuals leaving developmental centers with significant challenges as identified by DDD. Up to \$250,000 per 4-bedroom home is being made available through this process, while providers will leverage other resources for the remaining development costs. Providers are expected to place homes in service within six months of date of award of funds. DDD will secure these funds with a lien or deed restriction to ensure the use of the home for individuals with developmental/intellectual disabilities. It is anticipated that 12 homes serving 48 individuals will be developed. As of 12/31/2013, 3 homes have been purchased 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. The funding is being added to the \$25 million provided the program in the first allocation. To date, funding has been committed to 11 projects to create affordable housing opportunities for more than 150 residents with special needs.

Increased/Improved funding for home modifications

Other, specify below

**Populations Affected**

Elderly	MR/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**

The New Jersey Chapter of the National Association of Housing and Redevelopment Officials (NJNAHRO) is the premier housing advocacy organization representing New Jersey Housing and Redevelopment Authorities. NJNAHRO represents more than 90 housing agencies in New Jersey. Its membership provides housing assistance to nearly 110,000 low and moderate income families throughout the state. The chapter reinforces its members' goal of ensuring that every New Jerseyite has a decent, safe and sanitary unit. It provides professional development opportunities for its members in an effort to ensure that all members' public dollars are expended in an economical and efficient manner. The Chapter is committed to working with all groups of similar interest in the exchange of knowledge and experience to make New Jersey a better state. ICHNJ Program was invited to speak at a break out session at the NJNAHRO annual conference in Atlantic City in November.

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**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" 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 before the second quarter of 2014. The ICHNJ Statewide Housing Coordinator will follow up with NJDCA during the second quarter of 2014.

**Current Issue Status: In Progress**

Lack of new home ownership programs

Lack of small group homes

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

Insufficient funding for home modifications

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

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

Other, specify below

None

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

	Elderly	MR/DD	MI	PD	NA	TOTAL
Home (owned or leased by individual or family)	29	0	0	25	0	54

Apartment (individual lease, lockable access, etc.)	43	0	0	24	0	67
Group home or other residence in which 4 or fewer unrelated individuals live	1	95	0	0	0	96
Apartment in qualified assisted living	0	0	0	0	0	0

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

202 funds

CDBG funds

Funds for assistive technology as it relates to housing

Funds for home modifications

HOME dollars

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

**Populations Affected**

**Elderly MR/DD MI PD NA**

Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

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

## E.10 Employment Supports and Services

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**Please describe by target population**

ID/DD: 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**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**Please describe by target population**

ID/DD: 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**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**Please describe by target population**

ID/DD: 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**

Elderly MR/DD MI PD NA

[] [x] [] [x] []

Service or Support Funded by

**Please describe by target population**

ID/DD: these services are provided by a job coach on an ongoing basis to support, maintain and strengthen a person in competitive employment. Activities include but are not limited to: on-site consultation; re-assessing employment situations; establishing interventions for new tasks as assigned; career advancement; problem solving. PD: provided by the Division of Rehabilitation Services, Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing for anyone that has a physical or mental impairment that is a substantial impediment to employment.

**How is this service or support funded?** Mediation with family/friends to secure their support for individuals' work-related needs**Populations Affected**

Elderly MR/DD MI PD NA

[] [x] [] [] []

Service or Support Funded by

**Please describe by target population**

Family/friend interventions can occur during the Follow Along Phase of Supported Employment within DDD under heading "Individual/Community Support". These are skills or resource interventions that occur off the job site, designed to address the individual's living, learning, recreation and social spheres.

**How is this service or support funded?** Assistance with transportation to and from work**Populations Affected**

Elderly MR/DD MI PD NA

[] [x] [] [x] []

Service or Support Funded by

**Please describe by target population**

ID/DD: 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: 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?**

Assistance with budgeting

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**Please describe by target population**

ID/DD: Individual/Community Supports offered through DDD are skills or resources or interventions occurring off the job site which are designed to address the individual's living, learning, recreating and social spheres that affect the individual's ability to continue working; including but not limited to transportation, money management, time management, personal hygiene and health, communication and socialization. these interventions can be provided by a variety of qualified individuals such as employment specialists/job coaches, co-workers, neighbors and family members.

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

Assistance developing interpersonal or employment skills

**Populations Affected**

Elderly	MR/DD	MI	PD	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service or Support Funded by [REDACTED]

**Please describe by target population**

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

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

Other, Please Specify

None

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

Hired employment specialists to help MFP participants achieve employment goals

Activity Funded by [REDACTED]

<input type="checkbox"/>	Produced training resources or delivered employment training to MFP staff, transition coordinators, or waiver staff
<input checked="" type="checkbox"/>	Incorporated information about disability- and employment-related agencies and services into outreach materials
Activity Funded by [REDACTED]	
<input checked="" type="checkbox"/>	Financed services or supports (such as adaptive equipment, transportation, personal assistance services) to help address barriers to employment
Activity Funded by [REDACTED]	
<input checked="" type="checkbox"/>	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 [REDACTED]	
<input checked="" type="checkbox"/>	Hired Peer Mentors
Activity Funded by [REDACTED]	
<input type="checkbox"/>	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)?**

<input checked="" type="checkbox"/>	Participated in cross-agency awareness training
<input checked="" type="checkbox"/>	Participated in multi-agency working groups that address employment for individuals with disabilities
<input checked="" type="checkbox"/>	Participated in state or local Workforce Investment Boards
<input type="checkbox"/>	Shared enrollment information to determine eligibility for services
<input type="checkbox"/>	Shared the costs of direct services for shared clients
<input type="checkbox"/>	Shared a database that allows the agencies to access one another's intake and client information
<input type="checkbox"/>	Other, Please Specify
<input type="checkbox"/>	None

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

Three Peer Mentors were hired in August 2013 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.

## F. Organization & Administration

### Grant Report: 2013 Second Period (July - December) - NJ13SA02, New Jersey

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

Yes

**Please describe the changes.**

As of July 1, 2013, ICHNJ partner, the Division of Aging Services was transferred from the Department of Health to the Department of Human Services. This created a single point of access for seniors and people with disabilities and their caregivers regardless of Medicaid eligibility and allows for a continuum of coordinated and integrated disability and long-term supports and services which will improve health outcomes, deliver appropriate care in appropriate settings and create the opportunity and the ability for aging adults to remain at home for as long as possible, with proper community-based supports.

No

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

Common screening/assessment tools or criteria

**Which agencies were involved?**

DOAS, OOIE

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

**Which agencies were involved?**

DDD, DOAS



Other, specify below

 None

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

 Yes

 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 the elderly and individuals with physical disabilities from the nursing facilities to the community. During this reporting period, 1 nurse liaison retired and 2 transferred to another Division within the state. The Associate Project Director also retired 12/31/2013.

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

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. Going forward, 2 of the remaining 3 Nurse Liaison vacancies will be filled in 2014.

**Current Issue Status: In Progress**

 Other, specify below

 None

## G. Challenges & Developments

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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 this reporting period, 1 nurse liaison retired and 2 transferred to another Division within the state. The Associate Project Director also retired 12/31/2013.

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 and Woodbridge Developmental Centers are still slated for closure.

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

Expanded single point-of-entry/ADRC system

New or expanded HCBS waiver capacity

New Medicaid State Plan options (DRA or other)

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

**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, or a date thereafter (depending on readiness), 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

None

## H. Independent Evaluation

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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:** 2013 Second Period (July - December) - NJ13SA02, New Jersey

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

<p><b>Date:</b> 7/15/2013 12:00:00 AM  <b>Type:</b> Housing  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> Conference call with Stephaine Mensh, Martha Egan and Lisa Sloane regarding an upcoming webinar for the 7 ICHNJ Nurse Liaisons regarding the importance of housing data.  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b></p>
<p><b>Date:</b> 7/16/2013 12:00:00 AM  <b>Type:</b> Quality  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> Conference call with Jason Rachel of Truven to discuss TA close-out  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b> Final TA call enabled closure on several topics.</p>
<p><b>Date:</b> 8/26/2013 12:00:00 AM  <b>Type:</b> Housing  <b>Delivery Method:</b> Group in Person  <b>Describe the focus of the TA you received:</b> Housing training for ICHNJ Nurse Liaisons and OOIE Education and Advocacy Coordinators. Stephanie Mesh and Lisa Sloane provided training via teleconference and Martha Egan provided the training in person.  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b> The importance of housing data was made clear to the group as a result of the webinar.</p>
<p><b>Date:</b> 10/22/2013 12:00:00 AM  <b>Type:</b> Quality  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> TA Needs Assessment review with Kathryn duPree and John Sorenson  <b>Usefulness:</b> Useful  <b>If useful, describe what changed as a result - if not useful, explain why:</b> Plans were made to receive the TA requested.</p>
<p><b>Date:</b> 11/25/2013 12:00:00 AM  <b>Type:</b> Quality  <b>Delivery Method:</b> Group Teleconference  <b>Describe the focus of the TA you received:</b> TA call with Kathryn duPree and John Sorenson to review TA plan. Discussed areas of TA to focus on first such as Guardianship and Employment.  <b>Usefulness:</b> Useful</p>

**If useful, describe what changed as a result - if not useful, explain why:** Guardianship materials received from other states and next TA call around Employment was set up for the end of January.

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

**Grant Report:** 2013 Second Period (July - December) - NJ13SA02, 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. Transition numbers continue to increase due to the hard work of these dedicated staff. For 2013, total transitions numbers exceeded 100% for each population.