

A. General Information**Grant Report:** 2012 Second Period (July - December) - NJ12SA02, 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
http://www.nj.gov/ddd/mfp

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

Catherine Dailey

18. Other State Contact Title

MFP Associate Project Director

19. Other State Contact Phone

(609) 943-3357

20. Other State Contact Fax

(609) 943-5271

21. Other State Contact Email

Caherine.Dailey@doh.state.nj.us

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

NA

23. Independent State Evaluator Title and Organization

NA

24. Independent State Evaluator Phone

(000) 000-0000

25. Independent State Evaluator Fax

(000) 000-0000

26. Independent State Evaluator Email

NA

Report Preparer**27. Report Preparer Name**

Terre Lewis

28. Report Preparer Title

MFP Project Director

29. Report Preparer Phone

(609) 689-0564

30. Report Preparer Fax

(609) 631-2217

31. Report Preparer Email

Terre.Lewis@dhs.state.nj.us

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

John Sorenson

B. Transitions

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

- All figures are for the current reporting period.

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

NA

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

NA

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

	Populations Affected					
	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	74	60	0	37	0	<u>171</u>
Second Period	386	92	0	208	0	<u>686</u>
TOTAL	460	152	0	245	0	857

Cumulative Number Assessed	745	370	0	337	0
Transition Targets, all grant years (by population and total)	960	931	0	495	0
Cumulative Number Assessed as a Percent of Total Transition Target	77.60%	39.74%		68.08%	

3. 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]

	Populations Affected					
	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	48	30	0	33	0	<u>111</u>
Second Period	68	54	0	42	0	<u>164</u>
TOTAL	116	84	0	75	0	275

Annual Transition Target	150	172	0	75	0
% of Annual Transition Target Achieved	32.00%	17.44%		44.00%	

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.

1 individual in database was counted as MFP eligible and was not. 3 individuals were listed twice in database due to different spelling of last name. In reviewing Finders File, realized 6 transitions were missed. MFP paperwork was not received by Project Director.

No

6. 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]

Populations Affected

	Elderly	MR/DD	MI	PD	NA	TOTAL
	231	236	0	157	0	<u>624</u>
Adjustment value for cumulative transitions	2	-4	0	4	0	<u>2</u>
TOTAL	233	232	0	161	0	626

Transition Targets, all grant years (by population and total)

24.27% 24.92% N/A 32.53% N/A

6. Total number of current MFP participants. Current MFP participants excludes individuals whose enrollment in the MFP demonstration ended because they completed their 365 days of MFP eligibility, died before they exhausted their 365 days of eligibility, or were institutionalized for 30 days or more and did not subsequently re-enroll in the MFP program. [Click on Help link for explanation]

Populations Affected

	Elderly	MR/DD	MI	PD	NA	TOTAL
First Period	85	53	0	62	0	<u>200</u>
Second Period						

104	79	0	67	0	250
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7. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	NA	
For less than or equal to 30 days	0	0	0	0	0	0
For more than 30 days	3	1	0	1	0	5
Length of stay as yet unknown	0	0	0	0	0	0
TOTAL	3	1	0	1	0	5

Total re-institutionalized for any length of time (total of above)

3	1	0	1	0
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Number of MFP participants re-institutionalized as a percent of all current MFP participants

3.53%	1.89%	0.00%	1.61%	0.00%
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Number of MFP participants re-institutionalized as a percent of cumulative transitions

1.29%	0.43%	N/A	0.62%	N/A
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Please indicate any factors that contributed to re-institutionalization.

Deterioration in health; request of guardian/participant

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]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	NA	
First Period	1	0	0	0	0	1
Second Period	1	1	0	1	0	3
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]

	Populations Affected					TOTAL
	Elderly	MR/DD	MI	PD	NA	
First Period	18	45	0	14	0	<u>77</u>
Second Period	13	14	0	11	0	<u>38</u>
TOTAL	31	59	0	25	0	115

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

death, moved out of state, reinstitutionalized, no longer needed services, at the request of the guardian/participant

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

Yes

Populations Affected

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 your difficulties for each target population.

ID/DD: projected transition numbers were based on the closure of Vineland DC. Due to the opposition of the closure, on August 25, 2011, the Governor of NJ issued a bill to establish a Task Force on the Closure of State Developmental Centers. Pending the Task Force's formation and report, staff at Vineland Developmental Center continued to work with families of these residents to move them from the institutional setting to a community placement as appropriate. As a result of the creation of the Closure Task Force, some families chose to not move forward with their transition plans. The Task Force evaluated the number of developmental centers that should be subject to closure and the timeframe for closure. Among the factors discussed was the system-wide declining census, the number of residents in each center whose Inter-disciplinary teams have recommended a move to community, and the readiness of provider agencies in each region to expand the community-based residential infrastructure to support residents leaving developmental centers. Recognizing that the Department of Human Services had previously identified the closure of Vineland Developmental Center, the Task Force expressed concern that the provider infrastructure in that region was not as robust as in the northern part of the state and that closing Vineland

may have a significant adverse impact on the local economy in Cumberland County, where the unemployment rate is already the highest in the State. Following this deliberative process, on July 23, 2012, by a majority vote of 4-0-1, the Task Force recommended the closure of North Jersey Developmental Center followed by Woodbridge Developmental Center within the next five years. The Department of Human Services is now tasked by law with executing these recommendations as soon as practicable, in accordance with a schedule that considers, first, the residents of the developmental centers identified for closure and, then, any appropriate operational concerns of the developmental centers and the community services system. With the change in closure from Vineland DC to 2 other DC's in the northern part of the state, change in the transition case manager infrastructure was required; decreasing the number of transition case managers at Vineland and adding new transition case managers at North Jersey and Woodbridge DC's. Of the 2318 individuals currently residing in NJ's 7 developmental centers, 707 individuals and/or their families are in agreement to transition to a community setting. ELD/PD: During the first half of the year, the MFP Nurse Liaisons spent a majority of their time in the field providing in-services to nursing facilities (over 300), county welfare agencies and the ADRC's in all 21 counties in the state. During this reporting period, the MFP Nurse Liaisons were able to fully focus on transitions but due to the overall lack of affordable and accessible housing, transition numbers for the elderly were difficult to meet. Secondly, due to MCO contracting issues with the current care management sites, some sites are no longer accepting new cases until the MCO's decide if they will be contracting with the already existing care management sites. Individuals cannot be transitioned without an assigned care manager. Thirdly, one care management site was closed due to legal issues. On a positive note, NJ was able to transition 803 individuals from institutions to community settings in CY 2012. 275 of those individuals met the MFP eligibility criteria.

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

338

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 the 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**

41

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 no minimum residency requirement nor ICF/MR eligibility requirement to transition to a community setting. Moreover, individuals may transition to a group home with 5 or more individuals which is not considered a qualified residence under MFP. Of the 65 transitions that occurred this reporting period, 54 were eligible for MFP.

 No**13. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?** Yes**Please explain the proposed changes to your transition benchmarks.**

ID/DD: As a result of the change in the closure of the developmental centers, DDD must reduce its transition numbers from 229-147 for CY 2013 due to the pace and cost of the development of housing in the northern part of the state. NJ's MFP Program is utilizing rebalancing fund dollars for capital costs for the acquisition of or rehab of 4 person group home for individuals that meet the MFP eligibility criteria in an effort to increase housing stock in the that part of the state. The Community Living Education Project (CLEP) continue to work with families who have family members in the DC's to educate them on the benefits of community living. Seeking Ways Out Together (SWOT) also continues to work with the DC residents to educate and encourage them on transitioning to the community.

 No

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

C. Qualified HCBS Expenditures**Grant Report:** 2012 Second Period (July - December) - NJ12SA02, New Jersey**1. Do you require modifying the Actual Level of Spending for last period?** Yes**Please describe why the changes were necessary.**

The reports necessary to determine the actual level of spending for the last period were not received until after the Semi-Annual report needed to be submitted.

[] 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	\$0.00	0.00%	0.00%
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. Under NJ's newly approved Comprehensive Medicaid Waiver, NJ will further amend its existing managed care organization (MCO) contracts to require management of all long-term care (LTC) services including Home and Community Based Services and Nursing Facility services for seniors and individuals with physical disabilities. This move to managed care is motivated by a desire to contain costs and reduce inefficiencies in the LTC system.

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.**

NJ's MFP Program is based upon calendar year. NJ's state fiscal year is from July 1st to June 30th.

4. Use this box to explain missing, incomplete, or other qualifications to the data reported on this page.**D. 1. Additional Benchmarks****Grant Report:** 2012 Second Period (July - December) - NJ12SA02, 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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:

The New Jersey Division of Developmental Disabilities has been making great progress with expanding workforce development efforts. The College of Direct Support has been an available DSP training option for provider agencies supporting individuals through the Community Care Waiver (CCW), NJ's Home and Community Based Services Waiver (HCBS) since January 2011. The CDS was piloted from 2008 - 2010. In the last quarter (July - September 2012) nearly 60 providers actively used the online training system to educate its staff with more than 20,000 lessons assigned. The Elizabeth M. Boggs Center on Developmental Disabilities continues to provide workshops to agencies on how to develop effective organization training plans that emphasizes the role of classroom and

online training, mentoring, and career paths. Over the past several months the NJ Statewide Training and Advisory Committee developed a plan to make the CDS an available option for provider organizations to use in meeting employee Pre-Service Training requirements. The committee selected College of Direct Support Lessons, developed an online NJ Specific Lesson, and created a method of face-to-face follow-up discussion to be used by agencies to meet Overview of DD and Preventing Abuse & Neglect training mandates. The Division announced that effective January 1, 2013 provider agencies across the state would be able to use the CDS combined with face-to-face competency-based discussion in lieu of the existing Pre-Service classroom training. This summer Thomas Edison State College conducted an Academic Program Review of the NJ Career Path for Direct Support Professionals, and approved it for up to 7 credits toward a bachelor's degree in Human Services, Social Sciences, or Psychology. Thomas Edison is currently in the process of developing a webpage to advertise this opportunity and provide information on enrollment, financial aid, transferring credit, and other tips to prospective students. Implementation of the College of Direct Support online training curriculum has also been very successful at the Developmental Centers. Training through the CDS was made available to DC staff to help develop competency and skills needed to support people with disabilities to successfully transition into the community and to prepare staff for future jobs in community-based settings. There are currently 391 staff assigned modules in the CDS. These staff have the option to take individual modules of interest or pursue the NJ Career Path which can lead to college credit. To further promote the CDS the DCs have developed posters to be placed around campus to inform staff of the training opportunities. In addition to the training of frontline workers and supervisors, DDD has started to implement use of the CDS College of Frontline Supervision and Management in the training of Case Manager Supervisors. A model combining online learning with group discussion during supervisor meetings was piloted with great success. It is anticipated that this will be rolled out across the state in the coming year.

Benchmark #2

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

Measure #1

Risk assessments will be completed for 100% of MFP Participants. Risk factors will be documented in the Health and Safety Risk Summary. As part of annual service planning, DDD will complete risk assessments on all projected MFP transitions.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	48.00	0.00	8.00	8.00	0.00%	16.67%	16.67%
2009	97.00	31.00	48.00	79.00	31.96%	49.48%	81.44%
2010	97.00	14.00	10.00	24.00	14.43%	10.31%	24.74%
2011	83.00	44.00	24.00	68.00	53.01%	28.92%	81.93%
2012	172.00	30.00	54.00	84.00	17.44%	31.40%	48.84%
2013	229.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2014	144.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

2015	198.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2016	40.00	0.00	0.00	0.00	0.00%	0.00%	0.00%

Please explain your Year End rate of progress:

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

Measure #2

Each year a targeted number of on-site reviews of case management files will be assessed for compliance with quality assurance requirements. MFP cases will be included in audit.

Year	Measure: Target	Measure: First Period	Measure: Second Period	Measure: Entire Year	% Achieved: First Period	% Achieved: Second Period	% Achieved: Entire Year
2006	253.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2007	299.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2008	230.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
2009	299.00	214.00	300.00	514.00	71.57%	100.33%	171.91%
2010	376.00	1.00	0.00	1.00	0.27%	0.00%	0.27%
2011	500.00	224.00	258.00	482.00	44.80%	51.60%	96.40%
2012	362.00	130.00	0.00	130.00	35.91%	0.00%	35.91%
2013	363.00	0.00	0.00	0.00	0.00%	0.00%	0.00%
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 remains on hold until it can be determined who the care management sites will be as Medicaid in NJ, including the 1915c waivers, will be managed by Managed Care Organizations. Face to face interviews were not done with the participants in the latest QA visits as CMS felt that they are not valid as the participant may feel uncomfortable with a State official and the care manager present. The Division of Aging QA unit has found that the satisfaction survey sent to the participant is an accurate way to determine consumer satisfaction with the delivery of services.

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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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 the following PHA's during this reporting period: Brick HA -7/10/12 Elizabeth HA-7/18/12 Lakewood HA-7/24/12 Lakewood RAP-7/24/12 Long Branch HA-8/21/12 Neptune (Belmar) HA-8/21/12 Neptune City HA-8/21/12 Hunterdon County HA-9/4/12 Perth Amboy (Highlands, Keansburg) HA-9/6/12 Red Bank HA-10/11/12 Berkley HA-10/23/12 Along with meeting with the PHA's, the SW Housing Coordinator discusses MFP and the need for affordable, accessible housing, especially for someone coming out of a nursing home with just SSI. The SW Housing Coordinator stresses the benefits of MFP as the individual has services and contacts in the social services field. The SW Housing Coordinator distributes a packet to each PHA which includes a one page sheet highlighting the services in the PHA's county & the MFP Question & Answers for Public Housing Authorities.

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.

Measure #1

[THIS MEASURE IS INACTIVE - DO NOT PROVIDE UPDATE] 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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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:

OOIE has been including MFP in their newsletters and public events. OOIE continues to train their volunteers and OOIE staff have made presentations at provider conferences. MFP flyers have been given out at the following venues: NASW Conference ; the NJ Directors of Nursing Association Conference; the Hospice and Palliative Care Organizations annual meeting; four regional AARP Senior Expos; the HCANJ and Leading Age provider conference; and several senior citizens events throughout the state. OOIE staff have spoken to more than 250 people individually about NJ's MFP Program. ELD/PD: The MFP Nurse Liaisons continued to provide education regarding NJ's MFP Program in the nursing facilities as well as the county welfare agencies.

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	0.00	0.00	0.00	0.00%	0.00%	0.00%
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 MFP Employment Specialist was hired in September 2012. Upon hire she immediately began to work on developing the Employment Resource Packets and had them completed by November 2012. In each Employment Packet is an Employment Survey that is designed as an initial assessment to help determine the best way to approach the employment concerns of each individual. Prior to the development of the Employment Resource Packets, the MFP Employment Specialist contacted any individual that expressed an interest in work/volunteerism via questions 31 and 32 of their Quality of Life survey. At present, there are 30 individuals that expressed an interest in work/volunteerism and all 30 individuals have now received an Employment Resource Packet as well as an Employment Questionnaire. Beginning in 2013, the MFP Employment Specialist will meet with individuals expressing an interest in work/volunteerism in the nursing facility prior to discharge to discuss their employment options. Peer mentors will be utilized to also assist in encouraging transitioning individuals to explore the world of work/volunteerism by working one day per week in a specified nursing facility; one in the northern part of the state and one in the southern part of the state. As an "Employment First" state, NJ believes competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability. "Employment First" creates an expectation that people with disabilities, like everyone else, will have to "opt out" of employment rather than "opt in"; it presumes that all people with disabilities

can and should work in their communities and the benefits are the safety net that supplements employment, not the other way around.

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: 2012 Second Period (July - December) - NJ12SA02, 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: 2012 Second Period (July - December) - NJ12SA02, 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) to train Volunteer Advocates to identify and refer individuals in nursing facilities who might be interested and eligible for participation in MFP. During this reporting period, OOIE got approval from the NJ Department of Treasury to hire their MFP staff who will be 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 will ensure that the voice of all individuals residing in nursing homes who wish to move into the community are heard, thus increasing referrals to the local contact agencies.

None

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

- Type or quality of data available for identification
- Obtaining provider/agency referrals or cooperation
- Obtaining self referrals
- Obtaining family referrals
- Assessing needs
- Lack of interest among people targeted or the families
- Unwilling to consent to program requirements
- Other, specify below
- None

Current Issue Status: Resolved

How was it resolved?

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

- Determination of initial eligibility
- Redetermination of eligibility after a suspension due to reinstitutionalization
- Other, specify below
- None

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

- Determining initial eligibility
- Reestablishing eligibility after a suspension due to reinstitutionalization
- Other, specify below

Populations Affected

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

Other, please specify below

ID/DD: projected number of transitions were based on the closure of Vineland DC. Due to public opposition to the closure of this DC, the Governor of NJ issued a conditional veto and a bill to establish a Task force to investigate the closure of state developmental centers. As a result of the development of this Task Force, some families chose not to move forward with their plans to transition their family members until the final report from the Task force was issued. Due to the opposition of the closure, on August 25, 2011, the Governor of NJ issued a bill to establish a Task Force on the Closure of State Developmental Centers. The Task Force evaluated the number of developmental centers that should be subject to closure and the timeframe for closure. Among the factors discussed was the system-wide declining census, the number of residents in each center whose Inter-disciplinary teams have recommended a move to community, and the readiness of provider agencies in each region to expand the community-based residential infrastructure to support residents leaving developmental centers. Recognizing that the Department of Human Services had previously identified the closure of Vineland Developmental Center, the Task Force expressed concern that the provider infrastructure in that region was not as robust as in the northern part of the state and that closing Vineland may have a significant adverse impact on the local economy in Cumberland County, where the unemployment rate is already the highest in the State. Following this deliberative process, on July 23, 2012, by a majority vote of 4-0-1, the Task Force recommended the closure of North Jersey Developmental Center followed by Woodbridge Developmental Center within the next five years. The Department of Human Services is now tasked by law with executing these recommendations as soon as practicable, in accordance with a schedule that considers, first, the residents of the developmental centers identified for closure and, then, any appropriate operational concerns of the developmental centers and the community services system. ELD/PD: Due to the overall lack of affordable and accessible housing, transition numbers for the elderly were difficult to meet. Secondly, due to MCO contracting issues with the current care management sites, some sites are no longer accepting new cases until the MCO's decide if they will be

contracting with the already existing care management sites. Individuals cannot be transitioned without an assigned care manager. Thirdly, one care management site was closed due to legal issues.

What are you doing to address the challenges?

Family challenges: DDD continues to partner with the Community Living Education Project (CLEP) to educate families about the benefits of community living and highlighting transition success stories. DDD also continues to partner with Seeking Ways Out Together (SWOT), a peer group that educates and encourages DC residents to transition to the community based upon peer experiences and knowledge. Housing Challenges: DDD is soliciting Letters of Interest from qualified providers for the development of housing for individuals with developmental disabilities. Letters will be accepted from private not-for-profit or for-profit qualified provider agencies, for the development of barrier-free group homes. Each housing unit will have a maximum level of service of four (4) individuals. Up to \$250,000 may be awarded through this RLI towards capital costs for development of each group home. Care Management Challenges: Division of Aging is working with the current care management sites and the MCO's to resolve this issue.

Current Issue Status: In Progress

None

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

Total 39

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

Total 444

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

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

Individual could not find affordable, accessible housing, or chose a type of residence

2

0

436

that does not meet the definition of MFP qualified residences

Individual changed his/her mind about transitioning, did not cooperate in the planning process, had unrealistic expectations, or preferred to remain in the institution 0

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

see below 6

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

ID/DD: 4 individuals were court ordered from a minimum security unit (MSU) to a community setting. 2 individuals went home for a visit and never returned to the DC in order for transitions activities to be implemented thus voluntarily discharging themselves from DDD services. 41 individuals transitioned to a group home with more than 4 residents. ELD/PD: these individuals were either discharged with no services required, state plan services only or chose an assisted living facility or PACE Program to meet their community based needs.

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

less than 2 months	124
2 to 6 months	33
6 to 12 months	3
12 to 18 months	1
18 to 24 months	0
24 months or more	3

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

less than 2 months

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

less than 2 months	75.61%
2 to 6 months	20.12%
6 to 12 months	1.83%
12 to 18 months	0.61%
18 to 24 months	N/A%
24 months or more	1.83%

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 315

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 9

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 responsibility of transitioning individuals from nursing facilities to community settings is the sole function of the Division of Aging Services within the Office of Community Choice Options (OCCO). ADRC's are not the local contact

agency. The NJ MFP team has partnered with the ADRC's and work closely with the I&A staff to better serve the individuals who have transitioned to the community through the MFP Program in an effort to prevent reinstitutionalization. New Jersey's ADRC has been awarded \$118,000 by the U.S. Department of Health and Human Services. The funding will standardize 'options counseling' to ensure that consumers get the guidance they need in selecting appropriate programs or services. The federal funding will be used to instruct counselors in the ADRCs who help individuals and their caregivers identify and access long term services and supports. Staff will undergo training that meets national performance standards to achieve certification requirements. The ADRC in NJ 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. This past May, the ADRC became operational in each of the state's 21 counties, which created a ready-resource for aging residents and individuals with disabilities to seek information or referrals and inquire about services, such as personal care, home delivered meals and prescription assistance. The ADRCs provide consumers with immediate access to community programs such as meals-on-wheels, housekeeping, specialized transportation, assisted living and nursing home care. It also connects seniors and adults with disabilities with work and volunteer opportunities, insurance program options, financial services, health promotion and disease prevention programs, housing, crisis intervention, and other home and community-based programs. The ADRC website - www.adrcnj.org - has thousands of national, state and local resources, 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.

ID/DD: As a result of the change in the closure of the developmental centers, DDD must reduce its transition numbers from 229-147 for CY 2013 due to the pace and cost of the development of housing in the northern part of the state. NJ's MFP Program is utilizing rebalancing fund dollars for capital costs for the aquisition of or rehab of 4 person group home for individuals that meet the MFP eligibility criteria in an effort to increase housing stock in that part of the state. The Community Living Education Project (CLEP) continue to work with families who have family memebers in the DC's to educate them on the benefits of community living. Seeking Ways Out Together (SWOT) also continues to work with the DC residents to educate and encourage them on transitioning to the community.

E. 2. Informed Consent & Guardianship

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

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

- Revised inform consent documents and/or forms
- Provided more or enhanced training for transition coordinators
- Improved how guardian consent is obtained
- Other, specify below
- Nothing

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

- The nature by which guardians are involved in transition planning
- Communication or frequency of communication with guardians
- The nature by which guardians are involved in ongoing care planning
- The nature by which guardians are trained and mentored
- Other, specify below
- Nothing

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

- Ensuring informed consent
- Involving guardians in transition planning
- Communication or frequency of communication with guardians
- Involving guardians in ongoing care planning
- Training and mentoring of guardians
- Other, specify below
- None

E. 3. Outreach, Marketing & Education**Grant Report:** 2012 Second Period (July - December) - NJ12SA02, New Jersey**1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?**

- Development of print materials

Populations Affected

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 Community Living Education Project continues to publish a quarterly newsletter that features "Spotlights on Success"; stories about individuals who have successfully transitioned to the community.

- Implementation of localized/targeted media campaign

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"/>

NJ's MFP Program continues its partnership with the Ombudsman Office (OOIE) to implement an education and marketing plan for current nursing home residents and their families. This marketing campaign will focus on "A Nursing Home is not Your Only Option". This will be accomplished by implementing a comprehensive, multi-layered marketing and outreach plan that features strategies for facility-based marketing and education as well as focused messaging for the larger community. This will be accomplished in the first half of 2013.

- Implementation of statewide media campaign

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"/>

In NJ's MFP budget, funding has been set aside for web and publication design costs to develop an interactive web page to support the MFP Program such as a bulletin board/discussion forum for MFP participants and their families. Funding is also set aside for a video production of a PSA. Newspaper and radio advertising are also being considered. The statewide media campaign will begin in earnest beginning in 2013.

- Involvement of stakeholder state agencies in outreach and marketing

- 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 the current printed MFP Fact Sheet for professionals and families. OOIE volunteers continue to distribute the MFP flyers and posters to nursing facilities throughout the state of NJ.

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 has been including MFP in their newsletters and public events. OOIE continues to train their volunteers and staff have made presentations at provider conferences. MFP flyers have been given out at the following venues: NASW Conference ; the NJ Directors of Nursing Association Conference; the Hospice and Palliative Care Organizations annual meeting; four regional AARP Senior Expos; the HCANJ and Leading Age provider conference; and several senior citizens events throughout the state. OOIE staff have spoken to more than 250 people individually about NJ's MFP Program.

Training of frontline workers on program requirements

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"/>

The MFP Executive Team provided training on program requirements for DDD case managers in all regional offices between September and November. The MFP Project Director and Associate Project Director met with and provided an overview of MFP to the executives from the MCO's. The MFP Nurse Liaisons provide in-services to the nursing facility staff as needed and on a monthly basis.

Other, specify below

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"/>

MFP Project Director and Associate Project Director provided an in-service for 2 administrators with the NJ Health Care Association.

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

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

OOIE received permission to hire their MFP staff during this reporting period. Now that staff have been hired, the statewide media campaign can begin to be developed and implemented.

What are you doing to address the challenges?

OOIE has received permission to hire the needed staff to work on implementing the statewide media campaign.

Current Issue Status: Resolved

How was it resolved?

Permission granted by the Department of Treasury to hire OOIE staff.

Involvement of stakeholder state agencies in outreach and marketing

Involvement of discharge staff at facilities

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

ELD/PD: At times nursing facility staff are not receptive to residents receiving information about community choice options. ID/DD: At times staff at the DC's are not totally onboard with individuals transitioning to the community due to their health and safety needs. They become very attached to the individuals they have supported and known for years.

What are you doing to address the challenges?

ELD/PD: NJ's MFP Program continues to partner with OOIE to ensure information about community choice options is made available to all nursing facility residents. ID/DD: DDD continues to partner with and fund the Community Living Education Project (CLEP). Since 1991 CLEP has educated hundreds of individuals with developmental disabilities, families, and staff about community living.

Current Issue Status: In Progress

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"/>

Please describe by target population

The greatest challenges expressed by volunteers engaged in this work involve maintaining collegial relationships with facility staff where they volunteer and treading a fine line between providing residents with information and offering hope to people who may not be eligible for MFP. Some OOIE Volunteers expressed concern that this work would put them more at odds with administrators and social workers in the buildings where they volunteer. There is some fear that administrators will resist this move to remove people from their buildings and that they will react negatively and blame Volunteers for their involvement. This fear does not seem to be widespread, but several Volunteers expressed this concern. Several volunteers have also expressed a fear that they will get peoples' hopes up and that those individuals will not be able to transition home, leaving them even more frustrated and isolated in their current situation. Again, this does not seem to be a widespread sentiment, but one that some volunteers have voiced.

What are you doing to address the challenges?

OOIE volunteers still require more training, and OOIE MFP staff will do this at the Quarterly Meetings starting in March. Facility staff also still need more outreach/education, and OOIE MFP staff will be scheduling a series of meetings between OOIE MFP Regional Outreach staff and certain targeted facility staff starting 2/7/13.

Current Issue Status: In Progress

- Training of frontline workers on program requirements
- Other, specify below
- None

E. 4. Stakeholder Involvement

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

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

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
Consumers		X			X	
Families		X			X	
Advocacy Organizations		X			X	

HCBS Providers		X			X
Institutional Providers					
Labor/Worker Association (s)					
Public Housing Agency(ies)			X		
Other State Agencies (except Housing)		X		X	X
Non-profit Housing Assn.			X		X

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

Consumers and families continue to participant in the Olmstead Advisory Council 4 times per year. Approximaely 95% of the Olmstead transitsons are eligible for MFP. The Seeking Ways Out Together (SWOT) team, formed in 1994, continues to provide information and peer support and to use their unique life experiences to help individuals prepare for community living. SWOT has provided community information and peer support and counseling during the proposed closure of Vineland DC to 90 residents from 5/2011 to 9/2012. The SWOT Team has begun to prepare to provide services to residents during the closure of North Jersey DC. The Director of SWOT remains a member of NJ's MFP Partnership Group. NJ's MFP Partnership Group also includes 2 family members of individuals who have participated in MFP. They have contributed ideas regarding the execution of the QoL survey as well as the value of the MFP Program.

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.

NJ's MFP Partnership Group does not meet during the summer months and therefore met in September and October. At the October meeting, the group chose 2 Co-Chairs who are responsible for setting the agenda and conducting the meeting. One of the Co-Chairs is an Executive Director of a RIL and the other Co-Chair is a consumer/advocate. Also at the October meeting, the members reviewed 3 new Partnership Group applications and decided to approve 2 individuals for membership in the group and decided the 3rd individual needed to come before the group to be interviewed. The interview will occur at the January meeting. The group did not meet during the month of November due to the aftermath of Hurricane Sandy, 4 state holidays and the MFP Project Director's meeting in Baltimore. The group also did not meet in December as a meeting date where everyone could attend could not be obtained. The next scheduled meeting date for the group is January 25, 2013. The MFP Partnership Group continues to accept applications for membership.

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

Three. Two more family members will be added to the group in January.

- 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 will be implementing a targeted effort to reach out to MFP participants to invite them to participate in the MFP Partnership Group.

- Identifying willing families
- Involving them in a meaningful way

What are you doing to address the challenges?

Through the Real Choice Systems Change Grant, NJ's MFP Program 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 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

One of NJ's MFP 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.

State housing finance agency

Public housing agency(ies)

Please describe

The MFP Statewide Housing Coordinator has been visiting at least eight Public Housing Authorities every 6 months. As a result of these visits, relationships have been formed and a few have contacted the Coordinator when an opportunity arose within their PHA.

Non-profit agencies involved in housing issues

Please describe

NJ's MFP Program continues to maintain a relationship with the Supportive Housing Association (SHA) of NJ. This 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 MFP Statewide Housing Coordinator attends the regularly scheduled SHA meetings to network and develop relationships with experts in the housing field. Starting in January, 2 SHA members representing housing development organizations will become members of the MFP Partnership Group.

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

Please describe

The MFP 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 to the OCCO MFP 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 MFP Statewide Housing Coordinator visited affordable developments in Monmouth, Ocean, Mercer, Burlington, Hunterdon, Somerset and Union Counties between 7/12-12/12. These visits gave her an opportunity to see affordable rentals in each county and learn what new developments may be coming. It also provides an opportunity to discuss MFP and the need for affordable, accessible rentals throughout NJ.

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 on the local level continues to be challenging. The local PHA's have wait lists that are often closed or the list has hundreds of names and are years long. Most local housing authorities have preferences already and often question the fairness of adding preference points to individuals leaving DC's or 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 at this time. Affordable and accessible housing for the elderly and physically disabled in the state of NJ has been severely impacted due to the aftermath of Hurricane Sandy.

No

E. 5. Benefits & Services

Grant Report: 2012 Second Period (July - December) - NJ12SA02, 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"(NJCW) 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 Medicaid waivers associated with NJ's MFP 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 associated with NJ's MFP Program 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 January 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 certain low income populations, including individuals eligible under the state plan between the ages of 6 and 21 who meet the ICF/MR institutional level of care; individuals with Pervasive Developmental Disorders including Medicaid children up to age 13; and individuals eligible under the state plan over the age of 21 with intellectual disabilities

who have completed their educational entitlement and meet the ICF/MR level of care. Under the demonstration the state will streamline eligibility requirements for long term care with a goal of simplifying Medicaid eligibility requirements 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
- 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
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings
- Developed or expanded managed LTC programs to serve more Medicaid enrollees

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

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 what is known as the Comprehensive Medicaid Waiver application are in line with the policies and goals of Governor Christie 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, New Jersey 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 New Jersey'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 seniors 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe by target population

The Governor's administration's policy and budget commitments to community-based programs, rather than institutions, include more than \$34 million in increased funding for community placements.

- 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: 2012 Second Period (July - December) - NJ12SA02, 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"/>

As of this reporting period, 111 agencies are utilizing the College of Direct Support curriculum. The rate of progress has been excellent. The pilot implementation showed an overall reduction in DSP turnover rate. Implementation of the College of Direct Support online training curriculum has also been very successful at the Developmental Centers. Training through the CDS was made available to DC staff to help develop competency and skills needed to support people with disabilities to successfully transition into community and to prepare staff for future jobs in community-based settings. There are currently 391 staff assigned modules in the CDS. These staff have the option to take individual modules of interest or pursue the NJ Career Path which can lead to college credit. To further promote the CDS the DCs have developed posters to be placed around campus to inform staff of the training opportunities.

- Improved or increased transportation options
- Added or expanded managed LTC programs or options
- Other, specify below
- None

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

- Insufficient supply of HCBS providers

Populations Affected

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?

Through the Division of Aging Services, consumers are continued to be encouraged to hire Participant Employee Providers as well as HCBS providers. An ongoing opportunity still exists through the Division of Developmental Disabilities (DDD) to become a qualified provider of HCBS through the following initiatives: Individualized Community Supports and Services RFQ; Self-Directed Services Initiative. DDD has approximately 1100 qualified providers and programs authorized to render HCBS to those individuals eligible for DDD waiver services. ELD/PD: Division of Aging Services has an ongoing opportunity for providers to apply to become an approved HCBS provider.

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 rates among DSPs of 35% to 70% are not unusual across all populations.

What are you doing to address the challenges?

ID/DD: DDD is offering online training through the College of Direct Support. The College of Direct Support (CDS) is a set of web-based courses designed for direct support professionals (DSPs) and others who support individuals with disabilities. This flexible coursework is designed to connect them with a nationally recognized set of skills and a clear career path, and to celebrate their important role in helping the people they support toward developing richer, more fulfilling lives. DDD also supports National Direct Support Professional (DSP) Recognition Week. This is a time where DDD acknowledges the important work DSPs do each and every day to provide quality life-enhancing services and supports to individuals with intellectual and developmental disabilities. More than 30,000 people across New Jersey are employed as direct support professionals (DSP). The New Jersey Partnership for Direct Support Professionals acknowledges the critical role these employees play in the lives of people with disabilities through recognition and initiatives aimed at enhancing the quality of this workforce. Through projects like the College of Direct Support, the NJ DSP Career Path, recognition events, and other activities focused on DSP workforce development, New Jersey continues to make progress in combating the impending workforce crisis, enhancing the quality of services, and retaining and commending those who have dedicated their careers to providing direct support.

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: 2012 Second Period (July - December) - NJ12SA02, 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?

Populations Affected

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

0	1	0	0	0
---	---	---	---	---

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

Populations Affected

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

Hired or supervised their own personal assistants	0	1	0	0	0
---	---	---	---	---	---

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

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

Populations Affected

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

Reported being abused by an assistant, job coach, or day program staff	0	0	0	0	0
--	---	---	---	---	---

Experienced an accident (such as a fall, burn, medication error)	0	0	0	0	0
--	---	---	---	---	---

Other, Please Specify	0	0	0	0	0
-----------------------	---	---	---	---	---

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

Populations Affected

Elderly	MR/DD	MI	PD	NA
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?

Populations Affected

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

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

E. 8. Quality Management & Improvement

Grant Report: 2012 Second Period (July - December) - NJ12SA02, 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
---------	-------	----	----	----

Please describe by target population

DDD completes 30, 60, 90, 180, 1yr, 2 yr and 3 yr reviews on all individuals discharged from the DC's. NJ's MFP Quality Assurance Specialist revised the current Olmstead Review and separated it into 2 different surveys: Self-Report and Observation. The Self-Report Survey is to be used if the individual is verbal or able to communicate through sign language or an augmentative device. If the individual is unable to answer the questions, then the Observation Survey is to be used. The Olmstead Review will address 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, percentage of individuals that have identified issues that need resolving and the effectiveness of the newly developed Resource Teams. For those individuals transitioning from nursing facilities, NJ's MFP Program will re-institute face to face visits with these MFP participants who are receiving waiver services and tailor a version of DDD's Olmstead Review to be utilized for this population. Issues will be identified and the MFP QAS will track the issues until a resolution has occurred in an effort to deter re-institutionalization. NJ's MFP Program has received technical assistance from Jason Rachel from Truven in the development and review of these surveys.

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

Please describe by target population

NJ's MFP Program has just received approval from CMS to develop 3 Resource Teams whose primary goal will be to enhance overall support skill levels and reduce the risks of critical incidents and reinstitutionalizations for those individuals that meet the MFP eligibility criteria. The 3 Resource Teams are as follows: Behavioral Team: its purpose is to provide behavioral/mental health services for individuals placed from institutional settings into community residences who may present behavioral challenges that could threaten their continued placement. Behavioral/mental health supports provided will focus primarily on proactive or preventive interventions but may also involve crisis response. Nutritional Management Team; its purpose is to provide specialized habilitation services for individuals being placed from institutional settings into community residences. These services include clinical assessment, development of treatment plans, training and monitoring for individuals experiencing significant problems in the areas of physical and/or nutritional management. Training Team: its purpose is to increase the competence of provider agency staff who will be serving individuals placed in community programs from institutional settings. 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 reinstitutionalization. Service providers may request retraining anytime they feel it is needed. Further, through agreements with providers, the Training

Team may also provide some quality assurance like functions to assess if there is a need for refresher or additional training. This would involve observational visits to programs and an assessment of levels of competence being demonstrated in the target areas. Presentations may also be given to parents, guardians, and family members of individuals who are living in institutions and are considering community placement. The Training Team may also work with executive management of the Division of Developmental Disabilities and the community provider network to enhance current training requirements for service providers based on training outcomes assessed by the Team. Benchmarks are an integral part of evaluating the effectiveness/impact of these services. Examples of areas which the New Jersey Division of Developmental Disabilities could evaluate include, but are not limited to: • Number of unusual incident reports submitted pre/post implementation. • Number of individuals who experience re-institutionalization pre/post implementation. • Number of times an individual is seen at an emergency room pre/post implementation. • Number of individuals/guardians who request community placement pre/post implementation. • Number of interactions with contracted crisis intervention services pre/post implementation.

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

Please describe by target population

In 2013, DDD will begin to initiate a comprehensive statewide mortality review process for the purpose of identifying increased areas of risk and possible prevention.

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.)

Populations Affected

	Elderly	MR/DD	MI	PD	NA
Transportation: to get to medical appointments	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0

Critical health services	0	5	0	0	0
Direct service/support workers not showing up	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

Total

Populations Affected

Elderly	MR/DD	MI	PD	NA
0	5	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?

Populations Affected

Elderly	MR/DD	MI	PD	NA
0	5	0	0	0

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

Yes

No

5. Did your program experience any challenges in:

- Developing adequate and appropriate service plans for participants, i.e., developing service plans that address the participant's assessed needs and personal goals
- Assessing participants' risk
- Developing, implementing or adjusting risk mitigation strategies
- Addressing emergent risks in a timely fashion
- Delivering all the services and supports specified in the service plan
- Modifying the service plan to accommodate participants' changing needs or circumstances, i.e., increasing units of a service, adding a different type of service, changing time of day when services are delivered, etc.

- Identifying threats to participants' health or welfare
- Addressing threats to participants' health or welfare
- Other, Please Specify
- None

Current Issue Status: Resolved

How was it resolved?

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

ELD/PD: 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 during this reporting period. If so, the names would have to be obtained and cross referenced with the MFP participants that transitioned during this reporting period. The MFP 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 MFP participants.

E. 9. Housing for Participants

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

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

- Developed inventory of affordable and accessible housing

Populations Affected

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 MFP 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 OCCO MFP Nurse Liaisons to share with the Community Choice Counselors in their regional offices. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the achievements

Under the Special Needs Housing Partnership Loan Program (SNHPLP), the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the New Jersey Department of Community Affairs (DCA), will provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses, first floor 3-4 bedroom condominiums as well as other types of housing arrangements, limited to up to four (4) individuals and 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 able to meet the 6 month threshold requirement. This Partnership has been ramping up with 27 projects currently being developed with 105 beds being committed. There are 82 projects in the pipeline. 14 counties and 31 municipalities across NJ are participating in this Partnership.

- Developed statewide housing registry

Populations Affected

Elderly	MR/DD	MI	PD	NA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 provides an online tool for finding and listing affordable housing and helping individuals with disabilities find housing options. NJ's MFP Statewide Housing Coordinator has been in contact with the Coordinator of this site from NJHMFA. The Coordinator is willing to work with NJ's MFP 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 MFP participants under each waiver associated with NJ's MFP Program. Also, under Self-Directed Services through DDD, a qualification process has been in place since 2004 to qualify providers to render assistive technology services. The number of providers increase on a yearly basis.

- Improved information systems about affordable and accessible housing
- Increased number of rental vouchers

Populations Affected

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 achievements

NJ received 100 NED vouchers and 90 individuals have been leased as of 12/31/2012. NJ has submitted an application for the new Section 811 Supportive Housing for Persons with Disabilities Project Rental Assistance Demonstration Program. An MOU has been developed between the NJ Department of Community Affairs, NJ Housing and Mortgage Finance Agency, Division of Developmental Disabilities (MFP Partner), Division of Mental Health Services and the Division of Disability Services (MFP Partner).

- Increased supply of affordable and accessible housing
- 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 agencies 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, DDD will be soliciting Letters of Interest from qualified providers for the development of housing for individuals with developmental disabilities. Letters will be accepted from private not-for-profit or for-profit qualified provider agencies, for the development of barrier-free group homes. Each housing unit will have a maximum level of service of four (4) individuals. Utilizing MFP rebalancing fund dollars, up to \$250,000 may be awarded through this RLI towards capital costs for development of each group home. Agencies may request funds to develop up to four homes, but no more than \$250,000 of funds available through this RLI may be used for any one home.

- Increased/Improved funding for home modifications

Populations Affected

Elderly	MR/DD	MI	PD	NA

Please describe the achievements

All HCBS waivers associated with NJ's MFP Program includes provisions for home modifications under Community Transition Services. Given the limited resources available for community housing, DDD has recently proposed to CMS and is awaiting approval for the addition of a one-time "Housing Development and Fire Suppression" demonstration service of \$62,500 per individual, based on the housing development challenges and costs. In response to developmental center closure proposals and Olmstead lawsuits, DDD has set ambitious deinstitutionalization targets. Often, actual community transitions have fallen short because of difficulties with housing development. The majority of DDD's providers are non-profit agencies; because they lack hard assets and are almost entirely funded by the DDD, access to private financing is limited. Additionally, the Fair Market Rent rates used to calculate agency operating costs are too low for private home developers to successfully take on these projects. The ability to obtain an enhanced FMAP on this demonstration service would rapidly advance the Division's housing goals. This service would continue beyond the MFP Demonstration Period, at which point the Division would propose adding it to its existing Community Care Waiver.

Other, specify below

None

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

Lack of information about affordable and accessible housing

Insufficient supply of affordable and accessible housing

Populations Affected

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 challenges

Due to the aftermath of Hurricane Sandy, it is anticipated that any available affordable and accessible housing will be offered to the hurricane victims first.

What are you doing to address the challenges?

The MFP Statewide Housing Coordinator will continue to meet with state and local housing officials to present the importance of MFP.

Current Issue Status: In Progress

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 of which 90 individuals have been leased. More transitions could be accomplished if more vouchers were made available.

What are you doing to address the challenges?

The MFP Statewide Housing Coordinator continues to meet with PHA's on a regular basis to establish and maintain working relationships, monitor Wait Lists and identify affordable and accessible units.

Current Issue Status: In Progress

- Lack of new home ownership programs
- Lack of small group homes
- Lack of residences that provide or arrange for long term services and/or supports
- Insufficient funding for home modifications
- Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives
- Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing

Other, specify below

Populations Affected

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 challenges

MFP enrollees in nursing facilities have difficulty getting out to view the affordable and accessible apartments available to them due to lack of transportation. Even though the nursing facility social workers are responsible for assisting their residents in finding housing, that does not always happen and the individual must either rent the apartment sight unseen or rely on Internet pictures.

What are you doing to address the challenges?

CMS approved the hiring of an MFP Housing Specialist to assist the nursing facility residents to secure accessible and affordable housing by providing 1:1 support during their housing

search. The Housing Specialist will be employed by the Division of Aging Services (DoAS). It is anticipated the Housing Specialist will be hired sometime in 2013.

Current Issue Status: In Progress

None

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

	Populations Affected				
	Elderly	MR/DD	MI	PD	NA
Home (owned or leased by individual or family)	40	0	0	21	0
Apartment (individual lease, lockable access, etc.)	27	0	0	20	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	54	0	2	0
Apartment in qualified assisted living	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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing trust funds

Populations Affected

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

Low income housing tax credits

Populations Affected

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

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: 2012 Second Period (July - December) - NJ12SA02, 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"/>

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 Vocational 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?

Service or Support Funded by _____

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"/>

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 Vocational 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?

Service or Support Funded by

[REDACTED]

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"/>

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?

Service or Support Funded by

[REDACTED]

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

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 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 Vocational 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?

Service or Support Funded by

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

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

Family/friend interventions can occur during the Follow Along Phase of Supported Employment within DDD under the 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?

Service or Support Funded by

Assistance with transportation to and from work

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 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 Vocational 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?

Service or Support Funded by [REDACTED]

 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"/>

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?

Service or Support Funded by [REDACTED]

 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"/>

Please describe by target population

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, preference, 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 Vocational 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?

Service or Support Funded by

[REDACTED]

Other, Please Specify

None

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

Hired employment specialists to help MFP participants achieve employment goals

Activity Funded by

[REDACTED]

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

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

Activity Funded by

[REDACTED]

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

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

Activity Funded by

[REDACTED]

Other, Please Specify

None

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

Participated in cross-agency awareness training

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

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

NJ's MFP Employment Specialist was hired in September 2012. Upon hire she immediately began to work on developing the Employment Resource Packets and had them completed by November 2012. In each Employment Packet is an Employment Survey that is designed as an initial assessment to help determine the best way to approach the employment concerns of each individual. Prior to the development of the Employment Resource Packets, the MFP Employment Specialist contacted any individual that expressed an interest in work/volunteerism via questions 31 and 32 of their Quality of Life survey. At present, there are 30 individuals that expressed an interest in work/volunteerism and all 30 individuals have now received an Employment Resource Packet as well as an Employment Questionnaire. Beginning in 2013, the MFP Employment Specialist will meet with individuals expressing an interest in work/volunteerism in the nursing facility prior to discharge to discuss their employment options. Peer mentors will be utilized to also assist in encouraging transitioning individuals to explore the world of work/volunteerism by working one day per week in a specified nursing facility; one in the northern part of the state and one in the southern part of the state. As an "Employment First" state, NJ believes competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability. "Employment First" creates an expectation that people with disabilities, like everyone else, will have to "opt out" of employment rather than "opt in"; it presumes that all people with disabilities can and should work in their communities and the benefits are the safety net that supplements employment, not the other way around. In addition, building upon a public/private initiative called "DiscoverAbility", the Departments of Human Services and Labor and Workforce Development, together with hundreds of businesses statewide, will intensify efforts to collaboratively provide the services and training necessary for individuals with disabilities to prepare for and find and retain employment.

F. Organization & Administration

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

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

Yes

No

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

Common screening/assessment tools or criteria

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

Which agencies were involved?

DDD, DoAS, DDS

Common service definitions

Which agencies were involved?

DDD, DoAS, DDS, state Medicaid agency

Common provider qualification requirements

Financial management issues

Which agencies were involved?

DDD, DoAS, DDS, OOIE

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

What were the achievements in?

MFP presentations completed for all DDD regional case managers, MCO's, NJ Health Care Association and various nursing facilities.

No

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

- Interagency relations
- Privacy requirements that prevent the sharing of data
- Technology issues that prevent the sharing of data
- Transitions in key Medicaid staff
- Transitions in key staff in other agency
- Other, specify below
- None

Current Issue Status: Resolved

How was it resolved?

G. Challenges & Developments

Grant Report: 2012 Second Period (July - December) - NJ12SA02, 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
- 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

On August 25, 2011, the Governor of NJ issued a bill to establish a Task Force on the Closure of State Developmental Centers. The Task Force evaluated the number of developmental centers that should be subject to closure and the timeframe for closure. Among the factors discussed was the system-wide declining census, the number of residents in each center whose Inter-disciplinary teams have recommended a move to community, and the readiness of provider agencies in each region to expand the community-based residential infrastructure to support residents leaving developmental centers. Recognizing that the Department of Human Services had previously identified the closure of Vineland Developmental Center, the Task Force expressed concern that the provider infrastructure in that region was not as robust as in the northern part of the state and that closing Vineland may have a significant adverse impact on the local economy in Cumberland County, where the unemployment rate is already the highest in the State. Following this deliberative process, on July 23, 2012, by a majority vote of 4-0-1, the Task Force recommended the closure of North Jersey Developmental Center followed by Woodbridge Developmental Center within the next five years. The Department of Human Services is now tasked by law with executing these recommendations as soon as practicable, in accordance with a schedule that considers, first, the residents of the developmental centers identified for closure and, then, any appropriate operational concerns of the developmental centers and the community services system. Of the 2318 individuals currently residing in NJ's 7 developmental centers, 707 individuals and/or their families are in agreement to transition to a community setting.

New/revised CON policies for LTC institutions

New or expanded nursing home diversion program

Expanded single point-of-entry/ADRC system

Please describe

New Jersey's ADRC has been awarded \$118,000 by the U.S. Department of Health and Human Services. The funding will standardize 'options counseling' to ensure that consumers get the guidance they need in selecting appropriate programs or services. The federal funding will be used to instruct counselors in the ADRCs who help individuals and their caregivers identify and access long term services and supports. Staff will undergo training that meets national performance standards to achieve certification requirements. The ADRC in NJ 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. This past May, the ADRC became operational in each of the state's 21 counties, which created a ready-resource for aging residents and individuals with disabilities to seek information or referrals and inquire about services, such as personal care, home delivered meals and prescription assistance.

- 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

Under NJ's Comprehensive Medicaid Waiver, on January 1, 2013, the state will further amend its existing managed care organization (MCO) contracts to require management of all long-term care (LTC) services including Home and Community Based Services and Nursing Facility services for seniors and individuals with physical disabilities. This move to managed care is motivated by a desire to contain costs and reduce inefficiencies in the LTC system. PACE: NJ received approval from its CMS Project Officer to add PACE to its MFP Program. Once NJ amends its existing managed care organization (MCO) contracts to require management of all long-term care (LTC) services including HCBS by the MCO's, NJ will begin to submit claims for an enhanced FMAP on a percentage of the PACE capitated rate that is attributed to HCBS.

- Other, specify below
- None

H. Independent Evaluation

Grant Report: 2012 Second Period (July - December) - NJ12SA02, 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: 2012 Second Period (July - December) - NJ12SA02, New Jersey

J. Overall Lessons & MFP-related LTC System Change

Grant Report: 2012 Second Period (July - December) - NJ12SA02, New Jersey

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

New Jersey remains committed to the success of the MFP Demonstration Project through its committed partners; Division Developmental Disabilities, Division of Aging Services, Division of Disability Services and the Office of the Ombudsman. This commitment is emphasized by the increase in NJ's transition numbers for 2011 and 2012. Between 7/1/2008 and 12/31/2010, NJ transitioned 158 individuals. Between 1/1/2011 and 12/31/2012, NJ transitioned 468 individuals. 75% of NJ's transitions occurred during this time frame. With the hiring of dedicated MFP staff beginning in the fall of 2010, NJ is able to continue to execute the primary objectives of the MFP Demonstration Project as defined by CMS.

List of Technical Assistance Events for this Reporting Period

Date: 8/17/2012 12:00:00 AM

Type: Housing

Delivery Method: Group Teleconference

Describe the focus of the TA you received: MFP Statewide Housing Coordinator mentoring with Stephanie Mensch and Ellen Speckman Randall

Usefulness: Very Useful

If useful, describe what changed as a result. - If not useful, explain why. Clearer understanding of role

Date: 9/11/2012 12:00:00 AM

Type: Housing

Delivery Method: Group Teleconference

Describe the focus of the TA you received: Received TA from Martha Egan, Lisa Sloane and Ellen Speckman Randall regarding upcoming meeting with the Division of Aging Services (MFP partner) to discuss the hiring of a Housing Specialist within their Division.

Usefulness: Very Useful

If useful, describe what changed as a result. - If not useful, explain why. Well prepared for discussion and Division of Aging did make offer to someone from within their Division but this person turned down the offer. To date, Housing Specialist has still not been hired.

Date: 9/19/2012 12:00:00 AM

Type: Quality

Delivery Method: Group Teleconference

Describe the focus of the TA you received: TA received from Jason Rachel of Truven regarding DDD's QA tool for individuals being discharged from developmental centers. Jason reviewed the Olmstead Follow-up Review and made suggestions.

Usefulness: Very Useful

If useful, describe what changed as a result. - If not useful, explain why. MFP Quality Assurance Specialist provided Jason's feedback to workgroup.

Date: 10/10/2012 12:00:00 AM

Type: Quality
Delivery Method: Group Teleconference
Describe the focus of the TA you received: CC with Jason Rachel to discuss Olmstead Follow-up Review and the development of a similar tool to be utilized for the elderly and physically disabled populations supported by care management sites affiliated with the Division of Aging Services (MFP partner).
Usefulness: Very Useful
If useful, describe what changed as a result. - If not useful, explain why. Olmstead Follow-up Review still in review and being revised

Date: 11/8/2012 12:00:00 AM
Type: Other Programmatic
Delivery Method: Group Teleconference
Describe the focus of the TA you received: TA call with Kathryn DuPree and John Sorenson regarding NJ's TA plan.
Usefulness: Very Useful
If useful, describe what changed as a result. - If not useful, explain why. Revisions made to the TA plan.

Date: 11/28/2012 12:00:00 AM
Type: Other Programmatic
Delivery Method: Group Teleconference
Describe the focus of the TA you received: Call with Kathryn DuPree and John Sorenson to discuss the implementation of Resource Teams for MFP eligible individuals being transitioned from Developmental Centers.
Usefulness: Very Useful
If useful, describe what changed as a result. - If not useful, explain why. Resource Team proposal revised to meet TA suggestions and requests.

Date: 12/10/2012 12:00:00 AM
Type: Other Programmatic
Delivery Method: Group Teleconference
Describe the focus of the TA you received: Kathryn DuPree and John Sorenson: Discussed connecting with other states who have developed small residential settings; PACE/MFP discussion; discussed the 1115 waiver and the opportunities to coordinate MFP activities and processes
Usefulness: Very Useful
If useful, describe what changed as a result. - If not useful, explain why. MFP Project Director provided clarity with regard to DD populations involvement with managed care and the new 1115 waiver

Date: 12/19/2012 12:00:00 AM
Type: Other Programmatic
Delivery Method: Group Teleconference
Describe the focus of the TA you received: Kathry DuPree, John Sorenson, Annette Shea, MFP Employment Specialist: discussion about MFP and employment

Usefulness: Very Useful

If useful, describe what changed as a result. - If not useful, explain why. Implemented some of the ideas from the discussion: i.e. peer mentor being stationed at nursing facility to discuss employment options with residents prior to discharge.

Date: 12/21/2012 12:00:00 AM

Type: Quality

Delivery Method: Group Teleconference

Describe the focus of the TA you received: Call with Jason Rachel and MFP Quality Assurance Specialist to further review Olmstead Follow-up Review tool as well as provide input regarding Resource Team proposal

Usefulness: Very Useful

If useful, describe what changed as a result. - If not useful, explain why. Added recommended Benchmarks to Resource Team Proposal.