



NJ Department of Human Services  
NJ Ombudsman for the Institutionalized Elderly

# Agenda

- What is MFP/ I Choose Home NJ ?
- Outreach and Marketing
- Transition Process
- CMS Requirements for Quality Management and Improvement
- How MFP can Support You and Your Members

# What is I Choose Home NJ?

- Nationwide initiative created by the Federal Government known as the Money Follows the Person Demonstration Project.
  - NJ's MFP Program is called I Choose Home NJ.
- Helps low-income seniors and individuals with disabilities which meet the following criteria transition from institutions to the community:
  - Sign an informed consent;
  - Reside in an institution for 90 consecutive days or more;
  - Eligible for Medicaid 1 day prior to transition;
  - Transition to a “qualified residence”;
  - Is eligible for MLTSS on day 1 of discharge.
- Savings resulting from individuals residing in the community allows states to develop more community based long term care opportunities.

# Nationwide Initiative

- Demonstration Grants Awarded to:
  - 44 states plus Washington D.C.
  - NJ became an MFP state in 2007
    - First transition July 1, 2008
    - Demonstration Project ends in 2020
    - Last day for enrollment is 9/30/2018

# Agency Partners

- In New Jersey:
  - Collaborative effort among:
    - Federal Centers for Medicare and Medicaid (CMS)
    - NJ Department of Human Services (DHS)
      - Division of Medical Assistance and Health Services (DMAHS)
      - Division of Aging Services (DoAS)
      - Division of Disability Services (DDS)
      - Division of Developmental Disabilities (DDD)
    - NJ Ombudsman for the Institutionalized Elderly (OOIE)

# Staffing

Total Staff: 25

- Full-time: 21
- Part-time staff: 4
  
- DoAS: 8 full time
  - Associate Project Director
  - 7 Nurse Liaisons
  
- OOIE: 6 full time and 1 part-time
  - Director of Education and Advocacy
  - 4 Education and Advocacy Coordinators
  - Marketing Expert (part-time)
  - Administrative Assistant

# Staffing cont.

- DDS: 1 full time and 2 per diem
  - Employment Specialist
  - 2 Peer Mentors (per diem)
- DDD: 10 full time and 1 part-time
  - Project Director
  - Statewide Housing Coordinator
  - Quality Assurance Specialist
  - Financial Coordinator (part-time)
  - 3 Resource Teams

# Transition Numbers

- 7/1/2008 – 3/31/2014: 1142
  - Elderly: 419
  - PD: 265
  - ID/DD: 458
  
- 1/1/2014 – 3/31/2014: 82 (432)
  - Elderly: 20 (167)
  - PD: 10 (85)
  - ID/DD: 52 (180)

# How Does NJ Benefit?

- New Jersey receives a higher Medicaid match (FMAP) for each ICH participant for 365 days beginning on day of discharge:
  - For every Medicaid dollar NJ spends on people living in the community (versus NH), NJ is reimbursed 75 cents from the federal government (versus 50 cents).
  - Total savings to date: ***9.3 million***
    - CMS requires NJ to invest these savings (Rebalancing Fund) in the community LTC system to reduce reliance on institutional care by:
      - developing more community-based LTC opportunities
      - creating infrastructure to expand and/or maintain HCBS

# ICH Successful Transitions



*"In the nursing home, the nurses were nice and the aides helped me, but home is home. You always look forward to going home."*

– Elizabeth Geiger, transitioned home 7/13/13

# Outreach and Marketing

- Comprehensive marketing/outreach campaign since 2012, including:
  - Statewide radio ads
  - Website ([www.IChooseHome.nj.gov](http://www.IChooseHome.nj.gov))
  - Ads in print publications
  - Radio interviews (Spanish and English)
  - Educational materials (flyer, fact sheet, infographics, trifold brochure) and video
    - See [www.IChooseHome.nj.gov/resources](http://www.IChooseHome.nj.gov/resources))
  - Marketing materials (pens, pads, bags, etc.)

# ICH Transitions

- The Division of Aging Services' Office of Community Choice Options has an Associate Project Manager and 7 dedicated ICH/MFP Liaisons.
- They are the Division's subject matter experts on Nursing Facility Transitions.
- They do Options Counseling for Section Q referrals, follow up on NF residents interested in transitioning, assessments on spend down and Fee for service individuals, and conduct in-services for Nursing Facilities.

# Transition Process

## **MFP Eligibility Criteria:**

- Sign an informed consent for MFP;
- Meet clinical and financial eligibility for MLTSS;
- Reside in a Nursing Facility for 90 days or more at time of discharge;
- Complete a Quality of Life Survey
- Transition to a MFP qualified Community Setting;
- Eligible for MLTSS on day of discharge.

# Transition Process cont.

## **The MCO Care Manager's Role:**

- Identify Members who have been in the Nursing Facility for 2 months or more and are interested in transitioning to a qualified Community Setting.
- Complete a NJ Choice Assessment System
- Complete MFP Eligibility Screening tool (MFP- 77), and submit all assessment information and forms to the appropriate OCCO Regional office.
- OCCO MFP Liaison and/ or OCCO designated staff (ODS) review assessment for eligibility.

# Transition Process cont.

- Schedule Transition IDT with OCCO MFP Liaison or ODS, NF staff (Social Worker, Unit RN, Physical Therapy and other staff as needed) Member, family and/or Responsible party as appropriate.
- OCCO MFP Liaison completes the Quality of Life Survey and serves as the subject matter expert.
- Identify Transitional Service Needs:
  - On site home visit
  - Furniture
  - Household Goods (microwave, sheets, towels, pots, pans, silverware, pillows, etc.)
  - Clothing
  - Food (enough for at least a week)
  - Security Deposit
  - Utility Deposit

# Transition Process cont.

- Fax the MFP 75 to the Associate MFP Program Director the day of discharge.
- When a readmission occurs, send the MFP 76 (MFP Tracking form) to the appropriate Regional MFP Liaison.
- Submit the following data to the Associate MFP Program Director for all MFP transitions by the following criteria:
  - MLTSS MFP transitions for Members under 65 years of age (via the MFP-75 on day of discharge).
  - MLTSS MFP transitions of Members greater than or equal to 65 years of age (via the MFP-75 on day of discharge).
  - Individuals who qualified for MFP but did not transition due to not meeting the Cost Effective Threshold (via email by the 5<sup>th</sup> of the following month).
- The Member transitions into MLTSS Care Management Standards after the 365 days of MFP are exhausted.



## MONEY FOLLOWS THE PERSON ENROLLMENT REQUEST

To:  <b>FOR DDD:</b>  <b>Terre Lewis</b> <b>MFP Project Director</b> <b>(609)-689-0564</b> <b>(609) 631-2217 (Fax)</b> <a href="mailto:Terre.Lewis@dhs.state.nj.us">Terre.Lewis@dhs.state.nj.us</a>		Date	
		1. Name of Person Completing Form	Name of Care Manager
		Name of Agency	Managed Care Organization
		Telephone Number	Telephone Number
<i>The individual identified below has been approved to participate in the Medicaid Waiver Program and Money Follows the Person.</i>			
2. Name of Participant		Social Security Number	
Gender	Date of Birth	DDD MIS Number	
3a. Medicaid Number	3b. Medicare Number	4. Waiver Effective Date	
5. MFP Effective Date		6. Date HSRS Completed (DDD Only)	
7. <input type="checkbox"/> CCW <input type="checkbox"/> MLTSS			
8. Facility Address		9. Community Residence Address	
		County	
		Telephone Number	Alternate Telephone No.
10. Date of Admission to Institution (must be at least 3 months prior to date of discharge for MFP enrollment)		11. Institution Type <input type="checkbox"/> ICF/MR <input type="checkbox"/> NF <input type="checkbox"/> SCNF	
12. Residence Type <input type="checkbox"/> OH <input type="checkbox"/> OH with Family <input type="checkbox"/> Apt. with Individual Lease <input type="checkbox"/> GH with Less than 4			
13. Participant lives with Family Members <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Date of Medicaid Eligibility (at least 1 day prior to waiver eligibility)	
15. Date IDT Recommends/ID's SR for MFP		16. Housing Determination Date	
17. Projected Move Date	18. Target Move Date	19. Actual Move Date	20. Quality of Life Survey Date

Please contact the project director if there are any questions about the information on this form.

**FOR OCCO: Fax this form within 24 hours to: Cheryl Hogan, Fax # 609-588-3330.**



**NEW JERSEY MONEY FOLLOWS THE PERSON ELIGIBILITY SCREENING TOOL  
NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES  
OFFICE OF COMMUNITY CHOICE OPTIONS / OCCO**

Date \_\_\_\_\_

MCO Care Manager Completing Form \_\_\_\_\_

MCO Provider \_\_\_\_\_ Tel. No. \_\_\_\_\_

Participant \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Medicaid No. \_\_\_\_\_

Nursing Facility \_\_\_\_\_ City/Town \_\_\_\_\_ COUNTY: \_\_\_\_\_

Anticipated Discharge Date \_\_\_\_\_

Has the individual resided in the Nursing Facility for 60 consecutive days or more requiring Long Term Care Services?  YES  NO

Does the individual meet or will s/he meet both clinical and financial eligibility requirements for Medicaid for at least one (1) day prior to transition from the Nursing Facility?  YES  NO

If the answer to both of the above questions is yes, fax or email this form to the appropriate OCCO MFP Liaison based upon the regions where the individual currently resides:

<b>OCCO Northern Regional Office</b> Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren Counties  Tel. No. 973-648-4691 Fax No. 973-693-5046 Email: csessexltcfo@dhs.state.nj.us	<b>OCCO Central Regional Office</b> Hunterdon, Middlesex, Monmouth, Ocean, Somerset & Union Counties  Tel. No. 732-777-4650 Fax No. 732-777-4681 Email: csmiddlesexltcfo@dhs.state.nj.us	<b>OCCO Southern Regional Office</b> Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer & Salem Counties Tel. No. 609-704-6050 Fax No. 609-704-6055 Email: csatlantictcfo@dhs.state.nj.us
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# MONEY FOLLOWS THE PERSON Tracking Form

The purpose of this form is to:

1. Track MFP days
2. Provide statistics to CMS on reasons for readmission

**This form does not replace the requirement for a CP-23 when indicated.**

**Participant's Name:** \_\_\_\_\_ **Medicaid #** \_\_\_\_\_

1. Start date (day of move to community): \_\_\_\_\_  
*This is the date of discharge from the NF to the community setting, day one (1) of the 365 days under the MFP program*
2. Date of Nursing Facility readmission: \_\_\_\_\_ **OR** Date of Hospital admit over 30 days: \_\_\_\_\_  
*If applicable, if after a hospitalization participant requires a NF stay or if participant enters a NF for any reason (see below)*
3. Reason for readmission:
  - Needs exceed available/allowable services
  - Change in caregiver status, unable to provide care as before
  - Illness/deterioration in ADL function requiring NF stay
  - Decrease in cognitive function
  - Decrease in mental health
  - Loss of housing
  - Request of Guardian and/or participant
4. Date of discharge back to community: \_\_\_\_\_  
*This date will restart the clock for a total of 365 days (days in the NF are not counted as part of the 365)*
5. Number of days spent in NF: \_\_\_\_\_  
*See above, number of days need to be monitored*
6. Date of MFP Termination: \_\_\_\_\_

Reason:

- No longer meets NF Level of Care/withdrawn (attach CP-23)
- Transferred into Assisted Living Residence
- Expired (date and reason): \_\_\_\_\_
- Illness/deterioration in functioning requiring placement in a NF
- Other: \_\_\_\_\_

**Please fax this form to the Assistant MFP Project Director at: 609-588-3330**

Care Manager's signature: \_\_\_\_\_ MCO: \_\_\_\_\_

CM phone #: \_\_\_\_\_ CM fax #: \_\_\_\_\_

CM email: \_\_\_\_\_

# MFP Liaison Contact Information

## Northern Region Liaisons

Main telephone #: 973-648-4691/ fax 973-693-5046

- Marsha Miller- [marsha.miller@dhs.state.nj.us](mailto:marsha.miller@dhs.state.nj.us)
- Kathleen Filippone- [kathleen.filippone@dhs.state.nj.us](mailto:kathleen.filippone@dhs.state.nj.us)

## Central Region Liaison

Main telephone #732-777-4650/ fax 732-777-4681

- Herlinda Harroo- [herlinda.harroo@dhs.state.nj.us](mailto:herlinda.harroo@dhs.state.nj.us)

## Southern Region Liaison

Main telephone #: 609-704-6050/ fax 609-704-6055

- Charlotte Mellace- [charlotte.mellace@dhs.state.nj.us](mailto:charlotte.mellace@dhs.state.nj.us)

# Quality Management and Improvement

- On-Call System (page 42, questions 2, 3, 4):
  - How many calls for emergency back-up assistance from MFP participants did your On-Call System receive broken down by the following types of assistance needed:
    - Lack of transportation to medical appointments
    - Life-support equipment repairs/replacements required
    - Critical health services
    - Direct service/support workers not showing up
    - Other, please specify
  - Emergency refers to situations that could endanger the health or well-being of an MFP participant and may lead to a critical incident if not addressed.

# Quality Management and Improvement cont.

- For what number of calls received were you able to provide the assistance that was needed when it was needed?
- Did your MCO 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?
- MCO MFP Liaison will send data to Associate Project Director:
  - By July 31<sup>st</sup> for reporting period January – June.
  - By January 31<sup>st</sup> for reporting period July – December.
  - Broken down by age: < 65 and 65 and older.
  - Note: Make sure your CM System has a way to identify an MFP participant.

# Critical Incident Reporting

- Critical Incident reporting can be done through the SAMS database system.
- MCOs will be given access to SAMS and will be able to input their own reports.
  - Check box added to SAMS to identify MFP participant.
  - Make sure your CM System has a way to identify an MFP participant.
- SAMS will allow the DoAS, OQA and the MCOs to run reports to determine possible trends that can be addressed. MCOs will only have access to their own reports. The state will have access to all.
- Once a report is created, designated individuals will be notified via e-mail that a critical incident has been reported and the report can be viewed.

# Critical Incident Reporting cont.

- Critical Incident Reports must be created for all MFP participants pertaining to the following (page 44, question 10):
  - Abuse
  - Neglect
  - Exploitation
  - Hospitalizations
  - Emergency Room visits
    - Track how many occurred within 30 days of discharge from the institution.
    - Track how many deaths were determined to be due to abuse, neglect, or exploitation.
    - Track how many deaths in which a breakdown in the 24-hour back-up system was a contributing factor.
  - Involvement with the criminal justice system

# Critical Incident Reporting cont.

- Medication administration errors
  - Other, please specify
- 
- For each reported critical incident, did the MCO make changes, either for the MFP participant or its systems as a result of the analysis of each reported critical incident?
  - For any incident category not captured by SAMS, report the incident in the “Other” category and explain the incident and answer the above question.

# Quality Improvement and Risk Management

## Quality Assurance Specialist (QAS):

- Robin McPherson: [Robin.McPherson@dhs.state.nj.us](mailto:Robin.McPherson@dhs.state.nj.us)

## Quality of Life Survey

- Quality of Life Surveyors
- Baseline
- 1<sup>st</sup> Year Follow-up
- 2<sup>nd</sup> Year Follow-up

## Risk Review Form

- QOL Surveyor completes the Risk Review Form where warranted and sends it to QAS;
- QAS will contact MCO MFP Liaison by e-mail to report issues related to health and safety as identified by the Risk Review Form.
- MCO MFP Liaison will contact the MCO Care Manager who will contact the Member to discuss the answers that triggered the Risk Review Form.
- MCO Care Manager will relay their findings to the MCO MFP Liaison who will contact the QAS to report findings and required follow-up if applicable.
- QAS will document findings and follow-up actions.
- Semi-Annual Risk Review Reports.

Goal: improve service delivery

# Recruitment Support

- 4 Regional Outreach/ Advocacy Coordinators
  - **visit NFs daily looking for possible participants:**
    - Meet with facility SWs and ADMs to educate them
    - Ask for names of potential participants
    - Visit with interested residents & family
    - Educate re Section Q and monitor compliance
  - Do **community outreach and education** (senior expos, health fairs, libraries, law enforcement, etc.) to widen our search for potential participants
  - **Partner w/ other agencies/organizations** (ADRCs, AARP, NASWNJ, S-COPE, CILs, MCOs, etc.)

# Outreach Coordinators

**Main Office – 1-855-HOME-005 / 1-855-466-3005**

**Jennifer Sills (North) – [jennifer.sills@advocate.state.nj.us](mailto:jennifer.sills@advocate.state.nj.us)**  
Passaic, Bergen, Hudson, Essex

**Vacant (North Central) – [amy.brown@advocate.state.nj.us](mailto:amy.brown@advocate.state.nj.us)**  
Warren, Sussex, Hunterdon, Somerset, Union, Morris

**Nikiah Nixon (Central/South Central) – [nikiah.nixon@advocate.state.nj.us](mailto:nikiah.nixon@advocate.state.nj.us)**  
Burlington, Monmouth, Mercer, Middlesex, Northern Ocean

**Lea Hernandez (South) – [lea.hernandez@advocate.state.nj.us](mailto:lea.hernandez@advocate.state.nj.us)**  
Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem, Southern Ocean

# Housing Support

- Statewide Housing Coordinator:
  - AnneMarie Lagrotteria:  
[AnneMarieLagrotteria@dhs.state.nj.us](mailto:AnneMarieLagrotteria@dhs.state.nj.us)
  - Responsibilities:
    - Build collaborative relationships with public housing agencies, state agencies, non-profit agencies and other housing organizations in an effort to create low income affordable and accessible housing for MFP participants.
    - Housing Packet
      - Great resource for CM, SW, Members and their families.
      - Housing Intake Form: will have electronically.
    - Housing Resource Page: [www.ichoosehome.nj.gov](http://www.ichoosehome.nj.gov).

# Employment Support

- Employment Specialist:
  - Cynthia Mapp: [CynthiaMapp@dhs.state.nj.us](mailto:CynthiaMapp@dhs.state.nj.us)
    - 2 Peer Mentors
- Benchmark 5: Measure 1 (page 15)
  - 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.
    - Employment Resource Packet



The ICHNJ Program and MCOs can work together to support members in the least restrictive setting of their choice, in the most cost effective way.

# ICH Presenters - contacts

Terre Lewis: MFP/ICH-NJ Project Director

- Terre.Lewis@dhs.state.nj.us
- (609) 689-0564

Cheryl Hogan: Acting MFP/ICH-NJ Associate Project Director

- Cheryl.Hogan@dhs.state.nj.us
- (609) 588-3510

Amy Brown: MFP/ICH-NJ Outreach and Advocacy Director

- Amy.Brown@advocate.state.nj.us
- (609) 775-7276