



States' Uses of Enhanced FMAP

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*As of 12/31/2014, state is no longer participating in the Program.

Permissible Uses of Enhanced FMAP

States are required to spend the Balancing Incentive Program enhanced FMAP on efforts that improve access to community LTSS, including the implementation of the structural changes. According to the legislation:

“(c)(4) USE OF ADDITIONAL FUNDS. — The State agrees to use the additional Federal funds paid to the State as a result of this section only for purposes of providing new or expanded offerings of non-institutionally-based long-term services and supports described in subsection (f)(1)(B) under the State Medicaid program.”

CMS has developed a three-part test to help states assess whether the use of enhanced FMAP meets legislative requirements. If a state can answer “Yes” to all three of the following questions, its proposed use of funds is acceptable.

1. Does the proposal increase offerings of or access to non-institutional LTSS?
2. Does the proposed expansion/enhancement of offerings/access benefit Medicaid recipients?
3. Is the proposal something that Medicaid funds can typically be spent on (i.e., the proposal does not involve a prohibited use of Medicaid funding)?

This document describes states’ approved uses of the enhanced FMAP as presented in Work Plans and updated through quarterly progress reports and revised budgets. For more information, please see Work Plans posted on Medicaid.gov:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Balancing-Incentive-Program.html>.

Summary of States' Uses of Enhanced FMAP

Use of Funds	State
Support the NWD System through:	
Automation of the Level I screen, Level II assessment, care management, and referrals	AR, GA, IA, IL, IN, LA, ME, MO, MS, NH, NV, NY, TX
Purchase of tablets or laptops for assessors	MD, NV
Toll-free phone line. This work primarily entails enhancing the capacity of a pre-existing call center, so staff can administer the Level I screen and meet the needs of all community LTSS populations	IA, IL, MA, MD, ME, NH, NV, TX
Informational website development; some include tools that provide community LTSS resources based on individuals' needs	IA, MA, MO, NH, NV
Stakeholder engagement	AR, IL
Expansion of the NWD System, so physical entities have statewide reach	IA, MS, NY, TX
Increased capacity of NWD entities, so they are better equipped to support community LTSS for all populations	GA, IA, IL, MA, MD, MS, NY, TX
Advertisement campaigns to promote the NWD system and make individuals aware of community LTSS options	AR, IA, IL, LA, MA, MS, NV
Develop and implement Core Standardized Assessment components:	
Level I screen	AR, GA, IA, IL, LA, ME, MO, MS, NH, NV, TX
Level II assessment	AR, GA, IA, IL, MD, ME, MS, NV, NY
Assessor training	AR, IA, MA, MD, NH, NV
Single independent agency that conducts all assessments	IA, ME
Resource allocation strategy based on assessment findings	IA, MD, NH, TX
Evidence-based criteria to identify those at risk for institutional placements	NY
Promote Conflict-Free Case Management through:	
Identification and implementation of new policies	IA, ME, MS, NH, NY
Expand Community LTSS through:	
New services	CT, GA, IL, IN, LA, MD, ME, NJ, NY, OH, TX

Use of Funds	State
New 1915(i) services or 1915(i) for new populations, such as individuals with mental health issues or ID/DD	AR, CT, IA, IN, MS, NY
Inclusion of new populations in waivers (e.g., mental health)	AR, CT, GA, IN, MS
Support for Community First Choice	AR, CT, MD, NY, TX
Additional waiver slots	CT, GA, IA, IL, KY, LA, MD, ME, MO, MS, NY, OH, PA, TX
Assistive technologies	NY
Support for community transitions from nursing homes or psychiatric hospitals	IN, NY, TX, MA, MS, NJ
Access to substance abuse rehabilitation services	CT, IL, MS, TX
Increase Rates or conduct Rate Studies of various services:	
General	GA, IA, ME, MS, NY, TX
Nurse monitoring	MD
Case management	MD
Home health	GA, IA
Family care services	NY
Direct care workers	MA
Train:	
Direct care workers and case managers	MA, ME, MS, NH, NV
Care providers and first responders for the mental health population	NY
Discharge planners	NY
Award and support Stakeholder and Provider Innovations:	
Risk Mitigation Grants that alleviate the financial burden of converting group homes into Medicaid waiver homes	IN
New and innovative community LTSS models and services from providers	IN, MD, NH, NY
Support Additional Community LTSS Initiatives:	
Program of All-Inclusive Care for the Elderly (PACE)	IN, NY, OH, PA
Health Homes	AR, NY
Employment initiatives	IL, NY
Managed LTSS (MLTSS) efforts, including building the capacity of	NJ, NY

Use of Funds	State
providers to become networked	
Services for crisis reduction (e.g., 24/7 crisis response system, crisis stabilization team)	IL, MS, NY
Peer support	CT, IL, MS
Demonstrations related to Money Follows the Person (MFP)	CT
Olmstead Planning/Placements	ME
Development of Incident Management Reporting Systems	LA, NV
Elder Home Care Service Utilization Enhancement	MA

Arkansas

Support Level 1 Screen and Core Standardized Assessment (CSA)

Program funding is supporting the development and implementation of the Level 1 screen and Level II assessment for long-term services and supports (LTSS). Funds cover algorithm development, the execution of assessments, and training of assessment staff or vendors. Funds will also cover coordinating the LTSS IT systems with the HIE IT system.

Structural Changes

AR used funds for an automated care management system, stakeholder engagement, and advertising efforts to promote community LTSS options and the NWD as the entry point for information and access to community LTSS.

AR also used the funds to develop and provide conflict-free case management services.

Support Rural Access

AR is implementing a project to improve access to community LTSS through outreach and networking in rural areas.

Implement Community First Choice and Health Homes

AR launched Community First Choice on July 1, 2014. In addition, the state was using Program funds to support Health Homes, which provide extra support for people who need an increased level of care coordination or face greater challenges in navigating the health care system, such as people with developmental disabilities or mental health issues. However, due to changes in state leadership and ongoing Medicaid reform, legislature temporarily halted funding for Community First Choice, Health Homes, and 1915(i).

Support Behavioral Health Transformation Efforts – 1915(i)

AR planned to spend approximately \$10.5 million of Program funding to support 1915(i) state plan service for individuals with behavioral health needs. Goals are the following:

1. Rebalance existing high cost, behavioral health services with evidence-based services and supports that create long-term cost efficiency;
2. Align the Medicaid Alternative Benefits Plan with AR's Essential Health Benefits Plan (QualChoice Federal Plan Mental Health and Substance Abuse Benefits) for the expansion population; and
3. Achieve mental health parity in Medicaid.
4. Re-examine the existing Rehabilitative Services for Persons with Mental Illness (RSPMI) program and other services to better define the rehabilitative option of the state plan.
5. Offer basic "traditional" clinic services already in existence in the Licensed Mental Health Practitioner program to the adult (Age 21 and Over) population and to ARKidsB children and youth.
6. Revise the current School Based Mental Health service array, remove current prior authorization processes for the core clinical services provided under this program, and discuss a potential rate increase.
7. Offer Substance Abuse Treatment Services program to beneficiaries of all ages.

Connecticut

The enhanced FMAP will be used to expand community LTSS and develop infrastructure necessary to support uniform access and a more streamlined process for persons seeking community LTSS. CT plans to mainly use Program funding for the expansion of services, potentially including:

- Additional 1915(i) services
- The Community First Choice Option
- A universal physical disability waiver that combines the current Elder Waiver and Personal Care Assistance (PCA) Waiver
- More waiver slots for the PCA Waiver, the Department of Developmental Services (DDS) Comprehensive Waiver, and the Mental Health Waiver

CT also plans to design, implement and evaluate three demonstrations under Money Follows the Person (MFP): a Peer Support Model, a respite model for informal caregivers, and an alcohol and substance abuse model. These models will then be implemented statewide.

Georgia

Expand the Number of Slots in GA's Five 1915(c) Medicaid Waivers

GA has used Program funding to pay for additional waiver slots in the Elderly and Disabled, New Options Waiver (100), Comprehensive Waiver (175 new slots) and Independent Care Waiver. Funds will also be used to increase rates for personal care services in the Elderly and Disabled Waiver Program and for adults with physical disabilities and traumatic brain injury (25 new slots).

Enhance ADRCs and Enrollment Processes

Structural enhancements for the 12 Aging and Disability Resource Centers (ADRCs) include updating telephone systems so calls will be routed to any of the 12 ADRCs throughout the state and hiring ADRC counselor staff. Funds have also been used for the development and purchase of the Integrated Eligibility System (IES). GA will also expand HCBS services to youth with serious emotional disturbance.

Core Standardized Assessment

Develop and enhance the standardized functional assessment tool.

Rate Increases

A time/rate study to analyze HCBS reimbursement rates and standardization options will be conducted. Increased rates for and access to skilled in-home nursing and increased rates for pediatric skilled nursing through Home Health.

Staffing

Funding two eligibility specialists and BIP Program Director.

Illinois

Design and Implement a NWD System

This includes the Initial Screen, Level II/UAT (Uniform Assessment Tool) assessment and the NWD information technology (IT) system. The funding will cover the acquisition of the UAT, the base architecture, a client web portal, security platform, and interfaces with other systems, such as the Pre-Admission Screening and Resident Review (PASRR). Funding will cover materials for direct marketing, association relationships, event marketing and cross promotions, news and feature releases, radio/print/TV ads, and social media.

Implement Shared Assistance Services

This area involves the call center, including 1-800 service and call routing along with appeals processes, market research, outreach, and training needs.

Expand ADRC Capacity

This work will include improved branding, the inclusion of all populations potentially seeking community LTSS, strengthening stakeholder groups, and building a sustainability plan.

Expand Ombudsman Services

Funding will allow the State to extend Ombudsman services to IL's entire long-term care system, and adding home and community based services to its existing coverage for persons in nursing facilities.

Promote Nursing Facility Transition and Diversion

This includes a study to identify strategies to improve diversions, in addition to increasing MFP coverage of the mental health population and the brain injury and HIV/AIDS populations 60 or older.

Implement Employment First Initiative

Initiatives will support employment opportunities for people with developmental disabilities, physical disabilities, and youth with serious emotional disturbance.

Provide New Waiver Slots and Services

Waiver slots for the developmentally disabled population will increase by 500 slots. IL also plans to provide residential stabilization services, in-home recovery support, dual diagnosis residential treatment for people with mental illness and substance abuse issues, enhanced skills and training assistance (occupational therapy), and bi-directional integrated health care for people with complex needs, such as mental health issues and complex medical needs.

Expand Service and Support Teams

Expansion will allow the Service and Support Teams to proactively follow individuals leaving the State-Operated Developmental Centers and other individuals transitioning to community-based services with especially challenging issues. Peer support services will also be offered in drop-in centers.

Indiana

Design and Implement a New Information System

The majority of the required structural changes for the Program will be met under the development of a new information data system. This system will facilitate case management and capture and store Level I screens and Level II assessments. This information system will be available to NWD entities and other program partners in real time.

Transition Individuals into Waiver Services

As of January 2014, there has been a reduction of 275 licensed group home or large private Immediate Care Facility (ICF) beds that have been closed in 40 facilities. Individuals who occupied these beds have transitioned into a waiver program administered through the Division of Disability and Rehabilitation Services (DDRS).

Further, DDRS is collaborating with the Division of Aging and its MFP program to transition individuals with IDD who reside in nursing facilities via waivers through DDRS. The process would allow individuals to receive services funding through MFP in their first year of transition, then through Medicaid at the end of their first 365 days. The State is awaiting CMS approval on this program.

Support Mental Health Population

With Program funds, IN awarded grants to community mental health centers (CMHCs) to implement innovative approaches to support individuals in the community. Two examples of programs include:

- Placement of healthcare navigators in local emergency rooms to locate appropriate community services for persons who might otherwise be referred to the state hospitals.
- Acute care homes in the community used to stabilize individuals that would otherwise be referred to state hospitals. This program is also used as a transitional setting for individuals exiting state hospitals.

IN will be continuing these grants during SFY 2015. An evaluation of grant activities indicates an 80% reduction in acute care stays and a decrease in referrals to state hospitals.

IN is also implementing a program to ensure people who are in the community stay in the community. Adult mental health habilitation services will be available to people who would be in an institution without sufficient support. The purpose of the program is to ensure individuals with very high levels of support who have reached a plateau with rehabilitation services do not lose skills that they have already developed to live in the community. This program is authorized under the 1915(i) state plan option.

Under two 1915 (i) state plan option programs, IN is also developing a conflict-free case management protocol for the adult and youth mental health populations, which involve state review and approval of assessment findings. In addition, the new Mental Health Quality Improvement system will give the state the opportunity to review data to identify inappropriate referral and assessment patterns. Three people will be hired to validate the assessments.

Develop and Implement NWD System

IA is expanding the reach of its ADRC network, so it is statewide. This involves identifying and training new ADRCs. IA is also using funds to consolidate an information/referral database and build the capacity of a call center. Through Program funds, IA will increase public knowledge of the NWD system, allowing for increased access to community LTSS for all individuals (including Medicaid recipients).

Implement Conflict-Free Case Management

Expenditures include stakeholder engagement, rule changes, and monitoring and oversight.

Implement Core Standardized Assessments

IA contracted an independent assessment agency. This agency is currently conducting the Supports Intensity Scale (SIS) assessment for individuals with ID/DD and working with stakeholders to identify assessment instruments for other populations. Expected expenditures include research, training, licensing of assessments, and independent assessment delivery.

Home and Community-Based Services (HCBS) Waiver Rate Increase

The state increased the elderly waiver rate cap effective 7/1/2012 and increased all HCBS waiver provider rates by 2 percent effective 1/1/2013. The state provided an additional 3 percent increase for all waivers effective 7/1/2013. The state increased home health provider rates by 2 percent effective 7/1/2012.

Increase Waiver Slots and Support 1915(i)

The state is using funds to increase the number of available waiver slots. This includes the ID Waiver, which the state is able to operate without a waiting list. There has also been a significant expansion in the number of individuals accessing the state's 1915(i) state plan option, supported by the Program.

Kentucky

Increase Waiver Slots

The state is using funds to increase the number of available waiver slots for the following: the Supports for Community Living (SCL) Waiver (400 slots); Acquired Brain Injury (ABI) Waiver (300 slots); Michelle P. Waiver (500 slots). While available enhanced match rate will not cover all expenses associated with the addition of slots, the breakdown over the course of two years is as follows:

- Supports for Community Living: Additional 400 slots (\$14.1M)
- Acquired Brain Injury: Additional 300 slots (\$12.3M)
- Michelle P. Additional 500 slots (\$5.4M)

Louisiana

Support for the NWD System

LA will use some of its funds for an NWD IT system, including the automated Level I screen and case management/referral features. This web-based case management system will also be configured specifically for the management of adult protective services and critical incident management and investigation.

Increase Waiver Slots

LA will increase access to community LTSS through the following:

- 476 New Opportunities Waiver (NOW) slots: Includes an array of services aimed at assisting people with developmental disabilities to live as independently as possible.
- 300 Children's Choice Waiver (CCW) slots: Supplemental support to children with developmental disabilities who currently live at home with their families or with a foster family.
- 429 Supports Waiver (SW) slots: Offers focused, individualized vocational services to people age 18 and older who otherwise would require the level of care of an Intermediate Care Facility for the Developmentally Disabled (ICFs/DD).
- 753 Community Choice Waiver (CCW): Provides services in the home and in the community to elders or adults with disabilities who qualify.
- 85 Adult Day Health Care Waiver (ADHC) slots: Non-residential program and can often be an alternative to nursing home care for people who do not need care 24 hours/day 7 days/week.
- 40 Program of All-Inclusive Care for the Elderly (PACE) slots: Coordinates and provides all needed preventive, primary health, acute and long term care services to older adults.

Support for Behavioral Health Population

The Coordinated System of Care (CSoc) initiative provides for wraparound services/facilitation of services for at-risk children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.

As of December 2014, Louisiana is no longer a Balancing Incentive Program state.

Maine

Increase Community LTSS

ME will:

- Increase the number of waiver slots for its Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder and Home and Community Benefits for the Physically Disabled programs.
- Develop a curriculum for Direct Care Worker training.
- Conduct several studies and demonstrations to inform which services to write into 1915(c) waivers for the aging and physically disabled.
- Develop an Olmstead Plan for community LTSS versus institutionalization for all populations.

Support Structural Changes

ME will also use the enhanced FMAP to support the implementation of structural changes. Funding will support a Single Assessing Agency, which will conduct the Level II assessments for individuals applying for community LTSS.

For the NWD system, ME has created a workgroup to analyze current IT infrastructure within its eligibility system and identify potential enhancements. ME's current eligibility system does not allow for easy access to information to determine if members are using services across program areas. Through systems enhancements, ME can better identify co-occurring conditions and provide more comprehensive service planning. The implementation of the NWD system will include stakeholder listening sessions as well as a marketing plan.

ME will contract with the statewide 211 call line to conduct the Level I screen and provide an appropriate and informed referral to one of ME's NWD entities or community partners for further assistance. 211 Maine will be promoted as ME's information access point where people of Maine can go to get comprehensive, consistent information.

ME will also enhance its current prescreen tool to capture data required by the CSA.

Finally, ME will use funding to ensure proper safeguards are in place for a conflict-free case management system. This will include grievance process, utilization review processes and rule promulgation.

Maryland

Support Core Standardized Assessments

MD has used funds to support the interRAI HC, an assessment for older adults and individuals with physical disabilities. This encompasses pilot activities, trainings for assessors, including materials, and electronic devices to capture assessment results. MD has also used funds to contract assessors to complete interRAI HC assessments for Medical Assistance Personal Care (MAPC) participants to prepare for Community First Choice transitions.

Expand Existing Community LTSS

MD has expanded waiver slots for the Waiver for Older Adults.

Increase Rates for Case Management Providers

In order to attract new providers and maintain high-quality case management services for LTSS participants, MD provided a 2.5% rate increase across Private Duty Nursing, Living at Home Waiver, Medical Assistance Personal Care program, Medical Day Care Waiver, and Waiver for Older Adults.

Fund MD Access Points

MD Access Points (MAPs), developed through the Federal ADRC Initiative with support from the MFP demonstration, are tasked with completing a Medicaid phone screen and directing people to appropriate services. This phone screen will also be used to help prioritize the Medicaid waiting lists to ensure that people in need of services will receive access to them sooner. This Medicaid administrative activity will be eligible for Federal Financial Participation but will require an additional state investment to develop.

Funding will also cover staffing, marketing, toll-free number, and the MAP website that includes the provider registry.

LTSS Eligibility Tracking System

Maryland is developing an LTSS eligibility tracking system that will be coordinated with the CSA.

Community First Choice Implementation

Maryland is using the enhanced FMAP to fund the start-up and administration of Community First Choice.

Massachusetts

Enhance NWD System and Enrollment Process

Funds will contribute to the following activities:

- Enhance existing toll free numbers to include more community LTSS information and provide training for call center staff.
- Establish a statewide NWD website that is informative and easy to navigate for anyone seeking information on community LTSS in the state.
- Expand ADRCs' onsite capacity for enhanced Options Counseling.
- Ensure all NWD staff are knowledgeable about the full spectrum of community LTSS and trained on the coordination and completion of functional eligibility and financial eligibility for Medicaid.
- Hire LTSS financial eligibility specialists who will work within the MassHealth Enrollment Center system and provide technical expertise for ADRC and state agency staff.
- Increase visibility of the NWD system among the general public through branding and a marketing campaign.

Expand Adult Mental Health Community Placements

Funds will be used to expand community-based placements of individuals currently residing in institutional mental health settings.

Direct Care Worker Wage Increase

There will be a rate increase for personnel providing homemaker and personal care homemaker services to elderly clients.

Mississippi

Increase Community LTSS

Funds are being used to increase.

Develop NWD System

Funds are supporting the design, development, and implementation of a fully automated, state-wide, secure, web-based information and tracking system to identify and coordinate functional and financial eligibility for LTSS. This system, known as the MS Access to Care (MAC) system, is planned to contain the Level I screen and Level II assessment to streamline and improve data collection and assessment. Information from the Level I screen is proposed to populate to the Level II assessment. Additionally, funds will be used to develop a network of geographically dispersed physical access points for information, coordination and service delivery.

Ensure Conflict-Free Case Management

Funds may be used to procure consultation on the topic and address cross-agency policies that promote conflict-free case management.

Community Stabilization for the Mental Health Population

- **Programs of Assertive Community Treatment (PACT)** is a person-centered, recovery-oriented mental health service delivery model for facilitating community living, rehabilitation, and recovery for people who typically have not benefited from traditional outpatient services or have gone without appropriate services. PACT services are delivered by a group of multidisciplinary mental health staff who provide the majority of treatment, rehabilitation, and support 24 hours a day, 7 days a week in community locations.
- **The Peer Support Services** program targets individuals with serious mental illness and/or intellectual and developmental disabilities and/or substance abuse disorders who continue to have a high rate of recidivism because of their complex, unique circumstances. The addition flexible service options, a long-term, person-centered, peer-driven, wraparound support system can provide this group of individuals with access to more appropriate, community-based options needed to keep them in their community setting.
- **The Supportive Decision Making (SDM) Model** is a process in which adults who need assistance with decision making receive the support they need in order to better understand the situation and their available options.
- **A professional, unbiased analysis of the current reimbursement rates** for private providers will likely result in an expansion of the private provider network, support individual choice by offering more options, and potentially lower cost by separating the rate schedules for public and private providers.

Support 1915(i) Services for the DD/ID Population

MS is implementing a 1915(i) in October 2014 for the ID/DD population. Services include rehabilitation services, such as supportive employment.

Missouri

Expand Access to Waivers

MO is using the vast majority of the enhanced funds to expand access to the Partnership for Hope Waiver, the Missouri Children with Developmental Disabilities Waiver, the Comprehensive Waiver and the Adult Day Care Waiver. An additional 2,916 Medicaid participants have become eligible for community LTSS due to these efforts.

Structural Changes

MO also used funds to develop an informational website and toll free number with an automated Level I screen. The IT infrastructure that routes screening results to the appropriate agency for follow up was also developed with Program funds.

Nevada

IT Infrastructure

NV is investing Program funds in the following IT infrastructure projects:

- Building out the SAMS case management system to include the Level I screen and the Level II assessment.
- Funds will also be used to purchase additional licenses and laptops.
- Updating the ADRC web portal to include an online self-screen and establishing a connection with the SAMS case management system.
- Considering an automated financial eligibility application process with the Division of Welfare & Supportive Services (DWSS).
- Building a Serious Occurrence Report (SOR) database.

NWD System

NV is also improving the NWD system by:

- Developing content for its informational website.
- Training call center staff on community LTSS eligibility and enrollment.
- Implementing a media outreach campaign.

New Hampshire

Develop NWD System

NH is using Program funds to support the following NWD system activities:

- Development of informational materials, to be available in printed and web-accessible versions.
- Develop infrastructure, such as establishing Eligibility Coordinators to provide long-term applicants with a single contact person to actively assist them with understanding and meeting application requirements.
- Development and scheduling of staff trainings on 1) eligibility determination and enrollment processes; 2) answering phones, providing information and conducting the Level 1 screen; and 3) coordinating the CSA.
- Development of the centralized community LTSS website content.
- Improve coordination and teamwork between DHHS and NWD partners by making LTC specialists more mobile and readily available.

Support Core Standardized Assessments

Enhancements to NH's Medicaid enrollment portal, NH EASY, encompass the capability to conduct, fill out and submit the LTC Medical Determination (MED) assessment tool, along with integration of the Outcome and Assessment Information Set (OASIS)/Minimum Data Set (MDS).

Funds are also being spent on training staff on the administration of the new CANS and ANSA behavioral health assessment instruments, as part of a larger statewide implementation effort.

Through the Support Intensity Scale (SIS) project, NH is providing case managers and supervisors with in-depth training to make the most effective use of the SIS assessment results and to better facilitate person-centered service planning for adults with disabilities and their families.

Service Provider Trainings and Capacity Building

With Program funds, core competency trainings are being provided to hundreds of provider staff. These trainings involve specialized service models and tools proven to be successful in improving outcomes for individuals and keeping them in their communities.

NH continues to support a number of projects through the Community Support Network, Inc., providing tools and training for individuals, caregivers and providers, along with piloting efforts which will inform community LTSS infrastructure development going forward.

NH is also providing trainings to enhance the capacity of community mental health centers to serve adults with serious mental illness (SMI) and children with serious emotional disorders (SED).

New Jersey

Expand HCBS for Medicaid Recipients through MLTSS under the New Comprehensive Medicaid Waiver (CMW)

NJ received federal approval for a Medicaid 1115(a) demonstration waiver in October 2012 known as the Comprehensive Medicaid Waiver (CMW). The CMW includes initiatives that consolidate multiple waivers across state government, advance NJ's efforts to redirect care for seniors and individuals with disabilities to the community, rather than to institutions, and create additional community LTSS for certain Medicaid eligible populations. Under the CMW, NJ is undergoing a statewide reform effort to expand managed care programs under Medicaid Managed Long Term Services and Supports (MLTSS) and increase community LTSS to certain populations along with the necessary infrastructure. In July 2014, NJ will transition to MLTSS for populations currently served in the Medicaid community LTSS waiver programs and nursing homes. CMS also approved the state's request to deliver behavioral health services through an Administrative Services Organization.

Support for Mental Health Transitions

The Division of Mental Health and Addiction Services (DMHAS) is using Program funds for new community-based supportive housing placements. While the state will use its own funds to subsidize apartment rental costs, Program funds will cover supportive services such as outpatient therapy, counseling and case management. The majority of these placements are for individuals discharged from state hospitals; a good portion of them are "diversions" or placements for individuals who are at risk of needing institutionalization. The state will also use funds for Olmstead Placements for people with Developmental Disabilities.

New York

Increase Community Capacity and Encourage Community Placement

For the developmentally disabled population served by the Office of People with Developmental Disabilities (OPWDD), Program funds will help cover the costs of assistive technologies and environmental modifications, support a 24/7 crisis response system, increase the use of the self-direction option, and make residential, day and support service options available to more individuals. NY will also fund start-up costs of Developmental Disabilities Individual Support and Care Coordination Organizations (DISCO).

For individuals with mental health issues served by the Office of Mental Health (OMH), Program funds will help expand services to individuals transitioning into the community from state psychiatric centers, train state staff on transitions, and develop crisis stabilization teams.

NY also plans to use the enhanced FMAP to support the transition of 1,350 adults and 252 children from institutions into the community.

Finally, to increase community capacity, NY will support Community First Choice, train discharge planners, develop evidenced-based criteria to identify those at risk for institutionalization, and expand the PACE Program to non-urban areas.

Adjust Provider Rates

NY is enhancing reimbursement for supported employment programs, Family Care services, and rehabilitative services in community residences. NY also plans to offer incentives to managed care LTSS entities, so they meet their own rebalancing targets.

Structural Changes

NY will expand NY Connects so it is statewide and integrate the OPWDD Coordinated Assessment System (CAS), and the OMH assessments into the UAS-NY system. NY will also use Program funds to support the separation of case management from fiscal decisions.

Innovation Fund

The Balancing Incentive Program Innovation Fund is designed to engage NY's broad network of providers, advocates, and community leaders in developing systemic improvements that address barriers encountered when providing community LTSS across all populations of Medicaid beneficiaries in the State. Up to \$45 million in Innovation Fund Grants are available. The Innovation Fund promotes provider expertise by offering eligible entities the opportunity to create solutions that impact the LTSS delivery systems.

Ohio

Expand Capacity of Waiver Services

OH plans to use its enhanced FMAP to expand capacity of its 1915(c) waiver services, including PASSPORT, Choices, Assisted Living, Ohio Home Care, Transitions Carve-Out, Individual Options, Level One, SELF, and Transitions DD. OH will also increase home health, private duty nursing, and behavioral health state plan services. Finally, OH will expand its Program of All-Inclusive Care for the Elderly (PACE) and case management.

Pennsylvania

Increase Home and Community Based Service Delivery

The state is using funds to serve an increased number of available individuals in their Medicaid home and community based programs. In fiscal year 2014-15, Pennsylvania will use BIP funding to expand enrollment in the following Medicaid community based programs:

- 1,764 increase in the number of older Pennsylvanians to be served in Aging Waiver program
- 1,100 increase in individuals to be served in waiver programs for persons with intellectual disabilities
- 100 increase in adults with autism spectrum disorders to be served in the Autism waiver
- 1,599 increase in adults with physical disabilities, including individuals with traumatic brain injury

Texas

Expand the Number and Service Areas of ADRCs

This will allow the Department of Aging and Disability Services (DADS) to expand the number and service areas of ADRCs to operate as the statewide, coordinated NWD entry point system to ensure a state-wide system

Support a Fully Coordinated NWD System through IT Enhancements

In TX, multiple entities provide individuals information and assistance with Medicaid LTSS, such as DADS, the Department of State Health Services (DSHS), the Health and Human Services Commission, ADRCs, area agencies on aging, local authorities, local mental health authorities (LMHAs), and centers for independent living. Consequently, individuals may not know what programs they may qualify for and have to contact multiple agencies. Information cannot be easily shared across these agencies. This recommendation includes IT enhancements for better data collection and sharing across systems, the development of a statewide 1-800 hotline, a Level I screen, and enhancements to Your Texas Benefits.

Improve the LTSS Intellectual Disability/Developmental Disability (ID/DD) System

This recommendation includes implementing a comprehensive assessment instrument and electronic life records for individuals with ID/DD.

Increase Community LTSS

TX will implement Community First Choice to reduce individuals' need for more expensive services and divert individuals from costlier institutional settings. In addition, TX plans to increase the number of Promoting Independence Waiver slots for individuals in crisis and for individuals with ID/DD relocating from a nursing facility. Finally, TX will add targeted case management to support the Home and Community-based Services waiver and acquired brain injury therapies to waiver service arrays.

Expand Community LTSS Capacity

TX will increase to hourly rates of community direct services workers by \$0.50 per hour to ensure a minimum hourly rate of \$7.86 by 2015. TX will also add staff to work in the community to increase overall quality of care in community-based programs.