

## **Long Term Care Restructuring initiatives in New Jersey**

### Increasing Home and Community Based Services (HCBS) by Strengthening State Infrastructure:

- Making it easier for consumers to access long term care, particularly HCBS is central to New Jersey's restructuring initiatives. The state developed a long term care "one stop shopping" single point of entry system in 1995, called NJ EASE (New Jersey easy access, single entry) and by 2001 all counties had met the implementation and training criteria necessary to be active participants. NJ EASE is a county based information and assistance program, where trained individuals provide information on a variety of long term care services.
- The state also signed into law the Independence, Dignity and Choice in Long Term Care Act, in 2006. Its purpose is to create a better balance between funding for nursing homes and funding for HCBS. The Department of Health and Senior Services (DHSS) is responsible, under this act to implement a system of long term care service coordination and management, identify HCBS models that are efficient and cost effective, develop and implement an assessment tool that will expedite the authorization of HCBS, develop a quality assurance system and provide the public with long term care information. The act also authorized a global budgeting process. The 2006 budget allocated \$30 million to global budgeting. The State budget now includes a line item for global budgeting.
- The presence of "one stop shopping" continued to be a prominent force in New Jersey's restructuring initiatives. In 2003 and 2006, the state received an Aging and Disability Resource Connection (ADRC) grant to ensure "one stop shopping" for long term care services. The focus of the initiative was on consumer direction and allowing consumers to age in place. Under this program, consumers are informed about care options and based on their comprehensive assessments and eligibility criteria they are counseled on appropriate HCBS. It was a pilot project in 2 counties (Warren and Atlantic) and has now expanded to 5 other counties.
- In addition, a new process, Medicaid Eligibility Fast Track Determination, was developed in the pilot counties. Consumers who are clinically eligible for nursing homes and meet the Medicaid financial criteria can receive services for up to 90 days while the full Medicaid application and eligibility

process is being completed. As a result, consumers are clinically assessed, financially screened and approved within 5-7 days.

- A Broad array of HCBS are provided under Global Options for Long Term Care (GO for LTC) for those who are eligible. It was New Jersey's first step in rebalancing long term care spending. One reform initiative under Go for LTC is "GO –Nursing Home Transitions", which provides nursing home residents with alternative HCBS options. It was implemented in 2006 and by 2008 the program had transitioned 1000 nursing home residents to alternative long term care options. The program also fosters communication, collaboration and coordination between hospital and nursing home discharge planners, Community Choice Counselors and NJ EASE care managers.
- The state has received several grants that have also allowed it to move forward in its rebalancing plan. For example, the state received a 5 year systems transformation grant in 2006, that the state will use to continue to develop its infrastructure towards a "one stop" service delivery system to make it easier for consumers (like the ADRC initiative has done), an information technology system that facilitates consumer choice and control throughout enrollment, planning, service delivery and quality improvement and a budget process that promotes HCBS. In addition, the state received a 5 year Money Follows the Person demonstration grant in 2007. The state's goal is to expand the existing transition services so consumers can find housing and services and so that services will be more consumer directed and culturally friendly.

### **Evaluation of Activities**

- The state faced some challenges implementing their restructuring initiatives. When NJ EASE was first launched, technical and resource problems did arise. The demand, due to advertising was greater than the available man power in some counties. The state received a grant in 2001 from the Administration on Aging, which allowed them to begin program enhancements and among other things, allowed them to increase training. The state also developed consumer satisfaction surveys and improvement plans based on the survey results. Today, NJ EASE has succeeded in increasing awareness about LTC programs and county program managers believe that NJ EASE has resulted in more choices for those seeking LTC assistance. However, increased awareness has perhaps led to other issues the state will need to work out. For example, waiting lists

now exist for care management in some counties, where they did not exist before.

- In addition to providing information and access to services, the state realized that its long term care system needed to better address what type of care individuals need and want. In 2005 AARP surveyed a random sample of their members in order to determine their opinions regarding legislative long term care strategies. The results show that most people agree with the direction the state is heading. 48% of respondents believe it is a top priority for the state to increase HCBS options and 35% believe it is high priority. In addition, 57% of respondents believed it is a top priority to speed up the eligibility and enrolling process for HCBS and 31% say it is a high priority.
- The ADRC grant also appears to have had some success in better assisting consumers. In 2007, the Atlantic and Warren pilot counties provided information and assistance to 37,588 consumers, pre-screened 1,462 callers who were seeking LTC services, conducted 623 in-depth clinical assessments, and assessed 175 physically disabled consumers.

### **Conclusion**

- New Jersey still has a long way to go before it will truly have a balanced LTC program; however they have made some vast improvements. Between, 2002 and 2007 HCBS spending grew much faster than spending on institutional care and services. As a result, more consumers are using home and community based services and over the last few years, nursing home use has been steadily declining, however, it is uneven among counties and the number of elderly Medicaid Long Term Care consumers who are still in nursing homes is greater than the national average.

### **Resources**

1. New Jersey Department of Health and Senior Services: Selecting a Long Term Care Setting  
<http://newjersey.gov/health/healthfacilities/guide/first.shtml>
2. New Jersey Department of Health and Senior Services: NJ EASE  
<http://www.nj.gov/health/senior/sanjease.shtml> ,
3. Promising Practices in Home and Community Based Services: New Jersey—Single Access Point for Information on all Services for Older

People, CMS, 2005

<http://www.cms.hhs.gov/PromisingPractices/Downloads/njsap.pdf>

4. Kassner, E., Reinhard, S., Fox-Grage, W., Houser, A., Accius, J., A Balancing Act: State Long Term Care Reform, AARP Policy Institute, July 2008, [http://assets.aarp.org/rgcenter/il/2008\\_10\\_ltc.pdf](http://assets.aarp.org/rgcenter/il/2008_10_ltc.pdf)
5. Independence, Dignity and Choice in Long Term Care Act Report, New Jersey Department of Health and Senior Services, June 21 2006-October 1 2007  
[http://nj.gov/health/senior/documents/ltc\\_act\\_report.pdf](http://nj.gov/health/senior/documents/ltc_act_report.pdf)
6. Managed Long Term Care in New Jersey, New Jersey Department of Health and Senior Services, April 2009  
[http://www.state.nj.us/health/commiss/documents/mltc\\_report09.pdf](http://www.state.nj.us/health/commiss/documents/mltc_report09.pdf)
7. Ritter-Stowell, Anita, Strategies to Support Home and Community Based Long Term Care: A New Jersey Survey, AARP Policy Institute, February 2005 [http://assets.aarp.org/rgcenter/il/nj\\_ltc.pdf](http://assets.aarp.org/rgcenter/il/nj_ltc.pdf)
8. Independence, Dignity and Choice in Long Term Care Act Annual Report, New Jersey Department of Health and Senior Services, January 2008  
[http://www.newjersey.gov/health/senior/documents/idc\\_report\\_108.pdf](http://www.newjersey.gov/health/senior/documents/idc_report_108.pdf)