

## Example Benchmarks

### **CMS**

- A percentage increase in HCBS versus institutional long-term care expenditures under Medicaid for each year of the demonstration program.
- Establishment and utilization rates for a system for accessing information and services by a date certain (i.e., the establishment or expansion of one-stop shops).
- Establishment and utilization rates for a screening, identification, and assessment process for persons who are candidates for transitioning to the community that are put into use in the general Medicaid program beyond recruitment for the MFP demonstration.
- Progress directed by the state to achieve flexible financing strategies, such as global or pooled financing or other budget transfer strategies that allow "money to follow the person".
- 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 "onetime" transition services, purchase and adaptation of medical equipment, housing and transportation services beyond those used for MFP transition participants).
- 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).
- Increases in the availability of self-directed services (i.e., progress directed by the state to expand the opportunities for Medicaid eligible persons beyond those in the MFP transition program to either directly, or through representation, to express preferences and desires to self-direct their services and supports).
- Increases in the utilization of transition coordinators used to assist individuals in Medicaid find appropriate services and supports in the community.
- 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).
- Expansions to and improvements in health information technology (i.e., progress directed by the state to build systems that accommodate the business needs of multiple organizations that serve the same populations).
- Improvements in cultural and linguistic competence (i.e., language assistance services, including patient-related written materials).
- Interagency, consumer 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).

### **Vermont**

- Increase the number of participants that secure community housing through the Community Development Specialist each year.
- Increase the number of Medicaid-eligible nursing facility residents who are informed of the MFP program and who receive a transition packet each year.
- 80 percent of the initial MFP participants will remain in the community for at least 1 year after transition and the rate will increase by two percent in each subsequent year.

### **Massachusetts**

- Massachusetts will close 3 ICFMR facilities during the demonstration.
- At least 30% of MFP participants have the option to self-direct a service in their care plan.
- At least 75% of MFP participants indicated that those who receive help are treated by their helpers the way they want them to (Question 22) during the 11 month and 24 month MFP Quality of Life survey,

### **Colorado**

- Expand the array of supports and services available to consumers in community living situations.
- Increase the availability of self-directed services.
- Realign the roles and responsibilities of the several entry point and case management agencies to streamline access to LYC services and supports.

### **North Dakota**

- Develop Behavior Crisis Intervention and Coordination
- Develop and implement plans to educate consumers
- North Dakota will implement a crisis response process to support individuals who have transitioned from a nursing facility to the community.

### **Rhode Island**

- A percentage increase in HCBS versus institutional long-term care expenditures under Medicaid for each year of the demonstration program.\*
- Increases in the Use of Self-Directed Services.
- Increase the number of referrals received by DHS of those individuals interested in receiving care in a community-based setting.