

### *Approved 2013 Rebalancing Initiatives-Not Implemented*

- *Provider Training* – this contractor will host trainings for community personal care providers in areas identified by stakeholders as important to improving quality of services and ensuring successful implementation of the MFP demonstration. The contract will include Mental Health and Substance Abuse Training as well as training on quality.
- *Partner Training* – this contractor will host outreach and in-service trainings for MFP partners, including discharge planners, MAP staff, and ombudsmen on topics such as quality requirements, opportunities, and supports available in the community. The contract will also include person centered planning in order to increase self-direction.
- *Personal Care Back-up Agency* – cost of procuring a vendor, and paying a retainer fee, this agency would respond to emergency back up calls from the Complaints and Surveillance unit.
- *Maryland Hospital Diversion Model* – After an evaluation of current diversion efforts and national models, Maryland could create its own model of nursing home diversion that could be implemented statewide. A unique program would allow Maryland to continue and expand the efforts at lower costs in order to be viable after the MFP demonstration period.
- *Hospital Outreach* – An expansion of the NF peer outreach model to hospitals in order to provide training for hospital discharge planners on available community options.
- *Assisted Living Provider Incentives* – Start-up costs for providers to establish residences that meet the MFP qualified residence and newly proposed CMS definition of a community residence
- *Behavioral Health Group Homes*– Incentivize current providers of assisted living and mental health residential rehab services to collaborate on the development of small residential settings that can meet the needs of individuals with significant behavioral health and somatic support needs.
- *Pilot HCBS Services*–Programs to be explored include, but are not limited to, the Living Well Program (Chronic Disease Self Management Program), PEARLS, and a modified bundle of existing services such as occupational therapy, environmental modifications, and assistive technology.
- *Nursing Facility Expansion to HCBS* –Pilot projects that encourage institutional providers to expand their business model to include home and community-based services can increase consumer choice and expand the pool of HCBS providers, especially in rural areas. Working with institutions to change their business models is an important part of transitions and rebalancing efforts and increasing those efforts is crucial to meeting the goals of MFP. Examples include training and outreach to NF providers, Continuity of Care Pilot, or Bed Restructuring Incentives
- *Bed Closure Incentives* – Provide incentive payments to nursing facilities for the permanent, voluntary closure of unused beds.