New Jersey Comprehensive Demonstration
Section 1115 Quarterly Report
***Demonstration Year: 10* (7/1/21-6/30/22)**
***State Fiscal Quarter:* Quarter 1 (7/01/21-9/30/21).**

I. Introduction

The New Jersey Comprehensive Demonstration (NJCD) was approved by the Centers for Medicare and Medicaid Services (CMS) on October 2, 2012, and is effective October 1, 2017 through June 30, 2022.

This five year demonstration will:

- Maintain Medicaid and CHIP State Plan benefits without change;
- Maintain its Managed Long Term Services and Supports (MLTSS) program;
- Increase access to services and supports for individuals with intellectual and developmental disabilities;
- Further streamline NJFC eligibility and enrollment
- Enhance access to critical providers and underserved areas through alternative provider development initiatives.

In this demonstration the State seeks to achieve the following goals:

- Maintain its MLTSS program
- Achieve better care coordination for and the promotion of integrated behavioral and physical health to for a more patient centered care experience, and to offer aligned financial incentives and value-based payments;
- Simplify and streamline the administration and oversight of services in order to better
- Monitor the overall health of the Medicaid population; as well as act as the first step to
- remove silos of care for I/DD youth transitioning from the children's system into the
- adult system;
- To provide access to services earlier in life in order to avoid unnecessary out-of-home placements, decrease interaction with the juvenile justice system, and see savings in the adult behavioral health and I/DD systems;
- To build on current processes to further streamline eligibility and enrollment for NJFC beneficiaries;
- To reduce hospitalizations and costs associated with disease and injury; and
- Establish an integrated behavioral health delivery system that includes a flexible and comprehensive substance use disorder (SUD) benefit and the state's continuum of care.

This quarterly report is submitted pursuant to Special Term and Condition (STC) 71 in the New Jersey Comprehensive Demonstration; and in the format outlined in Attachment A of the STCs.

II. Enrollment and Benefit Information

Summary of current trends and issues related to eligibility, enrollment, disenrollment, access, and delivery network.

Excepting certain temporary changes due to the COVID-19 emergency, there have been no anticipated changes in trends or issues related to eligibility, enrollment, disenrollment, access, and delivery networks in the current quarter.

Summary of any changes or anticipated changes in populations served and benefits. Progress on implementing any demonstration amendments related to eligibility or benefits.

There are no anticipated changes in populations served or benefits.

III. Enrollment Counts for Quarter

Demonstration Populations by MEG	Total Number of Demonstration participants Quarter Ending 12/20	Total Number of Demonstration participants Quarter Ending 03/21	Total Number of Demonstration participants Quarter Ending 06/21	Total Number of Demonstration participants Quarter Ending 09/21
Title XIX	740,454	761,461	777,780	798,049
ABD	228,952	228,322	226,704	224,862
LTC				
HCBS - State plan	17,935	18,160	18,628	18,680
TBI – SP				
ACCAP – SP				
CRPD – SP				
GO – SP				
HCBS - 217-Like	17,930	17,900	18,299	18,599
TBI – 217-Like				
ACCAP – 217-Like				
CRPD – 217-Like				
GO – 217-Like				
SED - 217 Like	368	401	420	418
IDD/MI – (217 Like)	526	488	440	359
NJ Childless Adults				
Expansion Adults	636,303	662,350	681,090	699,050
SED at Risk	2,629	2,748	2,830	2,671
MATI at Risk				

Title XXI Exp Child	[redacted]
NJFAMCAREWAIV-POP 1	
NJFAMCAREWAIV-POP 2	
XIX CHIP Parents	

IV. Outreach/Innovative Activities to Assure Access

MLTSS
The State has continued to maintain its efforts to ensure that consumers, stakeholders, MCOs, providers and other community-based organizations are knowledgeable about the comprehensive waivers and informed of changes. The State has depended on its relationships with stakeholder groups to inform consumers. During this quarter, DHS provided updates to the following long-term care industry stakeholder(s): July 22, 2021- the New Jersey Medical Assistance Advisory Council, a group comprised of medical care and health services professionals as well as advocacy groups who advise the State's Medicaid Director. The meeting topics included; 1115 Comprehensive Medicaid Demonstration Renewal, Enrollment, Redetermination Strategy for the Conclusion of the Federal Public Health Emergency, Cover All Kids, and the American Rescue Plan Enhanced Federal Match for Home and Community Based Services. During the state of emergency, DHS continues outreach and technical assistance efforts with consumers and stakeholders. DHS has a webpage dedicated to COVID-19 waiver flexibilities and interim processes to communicate to providers and facilitate access to services for consumers. Additionally, DMAHS hosts weekly calls with the five contracted MCOs to provide updates specific to the public health emergency and identify challenges and policy needs. The Office of Managed Health Care (OMHC) has remained committed to its communications efforts to ensure access through its provider networks. Its provider-relations unit has continued to respond to inquiries through its email account on these issues among others: MCO contracting, credentialing, reimbursement, authorizations, appeals and complaint resolution.
I-DD/SED
CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.
Supports Program and Community Care Program
Division of Developmental Disabilities (DDD) is responsible for the daily operations of both the Supports Program (SP) and the Community Care Program (CCP). DDD addresses outreach and activities for both their programs concurrently as the same providers and advocacy organizations are affiliated with both programs. Additionally, the majority of the supports and services are identical in both programs. The primary difference between the two programs is the required level of care. Therefore, the below represents outreach and collaboration with our State partners, beneficiaries, families, and the provider and advocacy communities that is representative of both DDD programs. However, data metrics are broken down by program.

The Demonstration Unit established a "DDD Medicaid Eligibility Helpdesk" to assist families, providers, advocates, etc. with questions related to Medicaid and the operations of the SP and CCP as related to Medicaid and billing. During this quarter, there were 977 questions submitted and answered. Three domains compose approximately 78% of the emails received. These areas are Medicaid troubleshooting (31%), other (16%), and transitioning between demonstration programs (i.e.: From MLTSS to Supports Program + Private Duty Nursing, SP to CCP, CCP to MLTSS, etc.) (31%). Due to a trend of the category "Other" increasing analysis was conducted and the majority of these questions focus on future Medicaid planning, special program code questions (opening and closing), and HMO enrollment questions. Future Medicaid planning is generally around parents retiring. The remainder of the questions focus on citizenship issues, waiver admission questions, emails from the Board of Social Services asking if the individual is affiliated with DDD, follow-up emails that resulted in an immediate resolution, and emails that need to be routed to a different helpdesk or Unit. Included in the 31% above, the helpdesk is also involved in assisting DDD eligible children who are losing their EPSDT PDN services on their 21st birthday as well as individuals who want to change from one demonstration program to another. Examples include children losing their educational entitlement and needing SP+PDN services, specifically the PDN or individuals wanting to transfer from MLTSS to a DDD program. The helpdesk received 299 questions related to these topics and assisted 16 individuals switch between demonstration programs this quarter (5 MLTSS to CCP, 4 age out of PDN onto SP+PDN, 1 SP-SP+PDN, 4 MLTSS-SP, 2 MLTSS-SP+PDN).

Interim Management Entity (IME)

As part of the NJ FamilyCare Comprehensive Demonstration, the state identified University Behavioral Health Care (UBHC) within Rutgers University to develop and implement a 24-hour call center (ReachNJ) and an Interim Managing Entity (IME) to manage adult Substance Use Disorder (SUD) treatment services while New Jersey moved toward an integrated managed system of care. The IME went live on July 1, 2015 and continues to serve as a point of entry for residents seeking treatment or information about SUD. The IME ensures that individuals who are uninsured or on Medicaid are receiving the right level of care for the right duration at the right intensity. This allows the state to manage resources that include Medicaid and non-Medicaid funds in the delivery system.

During this quarter:

- The Interim Managing Entity (IME) and ReachNJ received 11,577 calls from individuals seeking information, referral or admission to SUD treatment.
- ReachNJ made 951 referrals for treatment sent directly to treatment providers.
- The IME also began tracking referrals for Medication Assisted Treatment (MAT) at Office Based Addictions Treatment (OBAT) providers and during this quarter, 100 referrals were made for MAT services.
- 659 individuals received Care Coordination (CC) services through the IME to facilitate treatment admission. CC services are offered to any individual waiting 2 days for admission to treatment.

- The IME Utilization Management (UM) staff performed clinical reviews based on ASAM patient placement criteria for admission to the appropriate level of care and completed 8,336 reviews for Medicaid beneficiaries for treatment admission. They also performed 3,003 clinical reviews for Medicaid beneficiaries to extend treatment services based on clinical necessity.
- The IME received supports providers through education and guidance and responded to 1,585 provider assistance calls that support Medicaid SUD treatment providers.

V. Collection and Verification of Encounter Data and Enrollment Data

Summary of Issues, Activities or Findings

No issues identified.

VI. Operational/Policy/Systems/Fiscal Developments/Issues

MLTSS
DMAHS convenes a bi-weekly meeting with state staff from the various Divisions involved in MLTSS to discuss any issues to ensure that they are resolved timely and in accordance with the rules and regulations that govern the Medicaid program. The state also continues to have monthly conference calls with the MCOs to review statistics and discuss and create an action plan for any issues that either the state or the MCOs are encountering.
I-DD/SED
During this quarter, CSOC enrolled 751 youth in the CSSP I/DD. In addition, there were an additional 437 youth in the CSSP SED that received Plan A benefits that would have not otherwise been eligible for these benefits if not for demonstration participation. As needed implementation meetings were held with the Division of Medical Assistance and Health Services (DMAHS), Gainwell Technologies (Medicaid's fiscal agent), Children's System of Care (CSOC) and CSOC's Contracted Systems Administrator (CSA). CSOC will continue to assist and provide technical assistance to providers as it relates to procedures. CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.
Supports Program and Community Care Program
At the close of this quarter the SP enrollment was approximately 12,000 and the CCP enrollment was also approximately 12,000.The Supports Program enrollment is slightly higher than the CCP enrollment at this time. Despite significantly higher enrollment averages per month the actual number of individuals at the end of the quarter for each program is far less. This is due to a variety of reasons including a similar amount of individuals being terminated each month and re-establishing Medicaid in subsequent months. DDD has been working on strategies with both Medicaid and their stakeholders to decrease the number of people who are terminated each month due to failure to respond to

Medicaid notices. Strategies include letters from DDD as well as Medicaid to families and outreach to families by phone when a prospective Medicaid termination date is placed on an 1115 beneficiary. This outreach has continued during the PHE despite the Appendix K and 1135 flexibilities of not losing Medicaid due to non-response. DDD has been successful in maintaining pre-PHE levels of responsiveness to ensuring that Medicaid will remain intact following the end of the PHE and the Appendix K and 1135 flexibilities.

Despite the ongoing pandemic, DDD's administration continued to participate in or facilitate meetings with the provider community, families, advocacy organizations, councils, and disability rights leaders through bi-weekly webinars which provided operational updates and guidance. In addition to the bi-weekly webinars the Department of Human Services created a COVID-19 webpage that provides ongoing guidance in addition to a dashboard related to DDD operations and individuals served. Work continued on NJ's electronic visit verification (EVV) implementation with its state and community partners. Several Webinars were held again this quarter for the DDD community. A DDD specific helpdesk related to EVV was established January 2020. This past quarter the EVV helpdesk received 2,902 emails this quarter. The majority of the emails were related to billing questions. Webinars were developed in response to themes from the helpdesk.

Other

Managed Care Contracting:

There are no updates for this quarter.

Self-attestations:

There were a total of 10 self-attestations for the time period of July 1, 2021 to September 30, 2021.

MCO Choice and Auto-assignment:

The number of individuals who changed their MCO after auto-assignment is 1,943.

MLR:

	SFY20 MLR Summary	
	Acute	**MLTSS**
Horizon	91.9%	95.9%
UHC	93.3%	96.1%
Amerigroup	93.5%	94.5%
Aetna	92.3%	96.0%
Wellcare	92.9%	95.9%

VII. Action Plan for Addressing Any Issues Identified

No Issues Identified.

VIII. Financial/Budget Neutrality Development/Issues

New Jersey has been in discussions with CMS related to several concerns around the appropriate calculation of budget neutrality under the demonstration. We look forward to continuing to work with CMS to address these concerns.

IX. Member Month Reporting

Please refer to the budget neutrality spreadsheet for Member Month Reporting.

X. Consumer Issues

Summary of Consumer Issues

Call Centers: Top reasons for calls and %(MLTSS members)

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Speak to CM	Calling for authorization status.	Benefit and eligibility inquiries	Medical Benefits/ Benefits	Members responding to mail sent to them by CM team, UTC letters, EOB, etc.
2	Provider Search	Members calling to contact their Care Manager.	Requests to speak with Care Manager	Misdirected Call Received/ General Inquiry	Members calling to request new ID cards, PCP change and/or update of demographics
3	PCP Changes	Member calling with questions regarding the PPP program.	Requests to change Primary Care Physician (PCP)	Change Address / Phone #	Members calling to speak to their assigned Care Manager

Call Centers: Top reasons for calls and % (MLTSS providers)

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Network Status	Calling for authorization status.	Benefit and eligibility inquiries	Benefits	Provider calls, specifically MDC, requesting initial services

					or checking on status of auth request as they reopen to F2F services.
2	Authorization status	Claims status	Requests to speak with Care Manager	Misdirected Call Received/ General Inquiry	Providers calling for request of authorizations and status.
3	Claims Inquiry	Network status		Provider Verification of network status	

XI. Quality Assurance/Monitoring Activity

MLTSS:

MLTSS Claims Processing Information by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
# Claims Received	148,045	303,260	871,763	86,271	278,256
# Claims Paid	116,546	267,602	804,191	75,452	237,838
# Claims Denied	25,965	27,391	57,668	8,590	33,885
# Claims Pending	5,534	8,267	9,904	2,229	6,533

Top Reasons for MLTSS Claims Denial by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	M86 - Service denied because payment already made for same/similar procedure within set time frame.	Paid at contracted rate	This claim is a duplicate of a previously submitted claim	Benefits based on admission date	
2	18 – Exact duplicate claim/service	Units exceed UM authorization	This service is not covered under your plan	Claim not submitted per EVV guidelines	

3	29 – The time limit for filing has expired	Disallowed based on CMS status code M	Provider not eligible by contract for payment	No Authorization on file	
4	96 – Non-covered charge (s)	Procedure non-reimbursable			

I/DD/SED

Data reports were created through CSOC's Contracted System Administrator (CSA) to assist CSOC in measuring demonstration outcomes, delivery of service and other required quality strategy assurances.

- CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
- CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
- CSA NJ1220 Demonstration Services Provided
- CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
- CSA NJ1289 Demonstration ISP Aggregate Report All Youth
- CSA NJ2021 CANS Demonstration Outcome
- CSA NJ1384 Demonstration Sub Assurance

Supports and Community Care Program:

Similar quality reviews, audits, and monitoring are conducted for both the SP and the CCP. Data is provided for each Program and then reviewed to determine if there are systemic issues occurring in either or both programs. Systemic and individual remediation occurs as required.

DDD requires reporting on approximately 80 Incident Reporting (IR) codes. The IR codes are the same for both DDD demonstration programs. During this quarter there were 340 incidents reported for 280 individuals on the Supports Program. For the CCP, there were 2,611 incidents reported for 1,711 individuals this quarter. The majority of individuals with incident reports filed in both programs experienced a single incident this quarter. Due to the State of Emergency and anticipated health crisis 2 new Incident Codes were developed for COVID in March 2020. One was for a medically related COVID incident and the other was for an operational breakdown. For example, insufficient staffing. These codes already existed, but a modifier of COVID was added for trending and tracking. This quarter started in the same way as the last quarter, with a decrease in positive COVID incidents. However, the number of COVID incidents began to increase in September. Despite the increase in September the number of service recipients with a positive COVID outcome this quarter was approximately 110. DDD also collects positive COVID data for staff. Some IR codes, such as abuse, neglect, or exploitation require an investigation by the Office of Investigations. Less than 1% of the Incident Reports filed required an investigation by the Office of Investigations. If there were minor or no injuries, then the provider agency is responsible to conduct an investigation and submit their findings/action plan for review by the Department of Human Services Critical Incident Management Unit. If there were moderate to major injuries, then the Department of Human Services Special Response Unit will conduct an investigation. The ORM will continues to conduct quarterly analysis around choking and walkaway incidents and provides updates to supporting units (Support Coordination Unit/Provider Performance and Monitoring Unit). The annual Walkaway Report was finalized. The Office of Risk Management also developed a PowerPoint related to COVID incidents and trending.

A Risk Council meets to look at IR from a system perspective. This committee meets quarterly and develops action items based on the data. This meeting took place this quarter and was held remotely.

The Risk Management Unit also conducts systemic and individual remediation activities because of IR analysis which has continued during the remote work.

Demonstration Unit staff and the Provider Performance & Monitoring Unit created monitoring activities and tools. These tools are utilized to monitor Medicaid/DDD approved providers for both DDD programs and provides further guidance technical assistance based on the results/findings. Data is entered into the databases and reports continue to be developed. The Provider Performance and Monitoring Unit has conducted reviews of Day Services and Individual and Community Based Supports and has been providing exit interviews, findings reports, and technical assistance to a variety of providers. Providers are required to submit a plan of correction to PPMU. Congregate day settings re-opened.

DDD participates in the National Core Indicators. DDD will be participating again this year and is including the COVID-19 questions developed by HSRS will be included. DDD will also participate in the Staff Stability survey again this year. HSRS recognized DDD's participation rate by providers during our first year (2019) as high and just informed NJ DDD of the 2020 response rate that far exceeded the previous year's rate. DDD is appreciative of the providers participating as it is expected to yield interesting and informative data since it was during the public health emergency and agencies have expressed staffing infrastructure concerns as a result of the PHE.

The New Jersey Comprehensive Assessment Tool (NJ CAT), continues to be conducted using secure video conferencing or by telephone. In addition to the clinical assessment a check is completed by State staff to ensure that all Demonstration Program criteria are met for eligibility. This includes items like: age, Medicaid eligibility, living arrangement, if they are on another demonstration program, etc. In addition to verifying the accuracy of screening and assessment of participants at the time of enrollment DDD conducts monthly audits to check the ongoing eligibility criteria. In addition, to DDD's internal monitoring, Medicaid conducts an annual audit as well as the external auditors.

Other Quality/Monitoring Issues:

EQR PIP

Currently, the Division of Medical Assistance and Health Services (DMAHS) is engaged in performance improvement projects (PIPs) in both clinical and non-clinical areas. In January 2018, Aetna (ABHNJ), Amerigroup (AGNJ), Horizon (HNJH), United (UHC), and Wellcare (WCHP) initiated a PIP with the focus on Developmental Screening and Early Intervention. In August 2021, the MCOs submitted a final report for this PIP concluding their three year PIP cycle, and reports are currently under review by the EQRO. In January 2019, the MCOs initiated a collaborative PIP with a focus on Risk Behaviors and Depression in the Adolescent Population. The MCOs submitted a PIP progress report in August 2021 which included results of remeasurement year 2 and the sustainability period update, and they are currently under review by the EQRO. In September 2020, the MCOs submitted individual PIP proposals with a focus on Access to and Availability of Provider Services tied to claims. Four MCOs submitted a PIP progress report in August 2021 which included results of the 2019 baseline data, analysis of MCO specific activities, and any revisions for the upcoming year, and they are currently under review by the EQRO. One MCO revised their aim statement and performance indicators, resulting in a new PIP cycle. This MCO resubmitted their PIP proposal in August 2021, and it is currently under review by the EQRO. In September 2021, the MCOs submitted individual PIP proposals with a focus on Preventative Care in the first 30 months of life. The individual proposals are currently under review by the EQRO.

MLTSS PIP Update:

All 5 MCOs submitted a Sustainability progress report update in August 2021 on the topic of Decreasing Gaps in Care which included the 2018 baseline data, all of which was reviewed by the EQRO. Recommendations for performance improvement provided to the MCOs regarding this topic were to target preventative services for MLTSS members and /or target services related to chronic disease. In October 2018, one MCO was required to submit a New Falls PIP proposal as a result of incongruent and inconclusive data observed in the entirety of their initial Falls PIP. This MCO submitted their New Falls PIP proposal in October 2018. The New Falls PIP Proposal for this MCO was approved and accepted by the State in collaboration with the EQRO. The MCO submitted their Falls PIP Topic Sustainability update in August of 2021. A new PIP Topic was introduced to the Plans in June of 2021. All 5 MCOs have submitted New PIP Proposals on the topic of "Improving Coordination of Care and Ambulatory Follow-up after Mental Health Hospitalization in the MLTSS Home and Community Based (HCBS) Populations" in September 2021 which remain under review with the EQRO at this time.
State Sanctions against MCO, ASO, SNP or PACE Organization:
There were no State Sanctions taken against an MCO, ASO, SNP, or Pace Organization this quarter.

XII. Demonstration Evaluation

The State is testing the following hypotheses in its evaluation of the demonstration:

A.	***Expanding Medicaid managed care to include long-term care services and supports will result in improved access to care and quality of care and reduced costs, and allow more individuals to live in their communities instead of institutions.***
	This quarter the state's independent evaluator delivered draft interim report chapters on MLTSS claims analysis (revised slightly from version delivered last quarter) as well as MLTSS secondary measures. Also during this quarter, the State's independent evaluator continued to monitor developments related to the Managed Long-term Services and Supports program and Medicaid overall through attendance at the Medical Assistance Advisory Council regular meeting on July 22, 2021 and special sessions on September 13, 2021 and September 27, 2021.
B.	***Providing home and community-based services to Medicaid and CHIP beneficiaries and others with serious emotional disturbance, autism spectrum disorder, or intellectual disabilities/developmental disabilities will lead to better care outcomes.***
	This quarter the state's independent evaluator delivered draft interim report chapters on claims and secondary measures for children served by the Department of Children and Families (SED, ASD and IDD) as well as adults served by the Division of Developmental Disabilities.
C.	***Utilizing a projected spend-down provision and eliminating the look back period at time of application for transfer of assets for applicants or beneficiaries seeking long term services and***

	supports whose income is at or below 100% of the FPL will simplify Medicaid eligibility and enrollment processes without compromising program integrity.
	There was no activity this quarter directly related to this evaluation hypothesis (the independent evaluator delivered a draft interim report chapter on QIT and self-attestations last quarter), although content in the September stakeholder listening sessions mentioned above contained information relevant to these policies.
D.	***The Delivery System Reform Incentive Payment (DSRIP) Program will result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower cost through improvement.***
	In preparation for the final DSRIP report , during this quarter the independent evaluator: • Undertook Medicaid claims data preparation of outcome metrics and beneficiary characteristics through 2020; • Met with subject matter experts at the NJ Department of Health on September 21st regarding the cost-effectiveness component of the evaluation; • Received DSRIP labor cost estimates (NJ Department of Health staff, outside consultant, and vendor costs 2013-2018 and contractor cost estimates from 2018-2020) on September 28, 2021; Ordered inpatient and emergency department databases for New Jersey data from the Healthcare Cost and Utilization Project to be used for examining DSRIP's impact on the uninsured population.
E.	***Other hypotheses to address new research questions in the Waiver renewal:*** • ***What is the impact of providing home and community-based services to expanded eligibility groups, who would otherwise have not been eligible for Medicaid or CHIP absent the demonstration?*** ***What is the impact of providing substance use disorder services to Medicaid beneficiaries? Including paying for services rendered in an institution for mental disease (IMD)?***
	Expanded eligibility: This quarter the state's independent evaluator delivered draft interim report chapters on claims and secondary measures for the following populations having expanded eligibility--children served by the Department of Children and Families (SED, ASD and IDD); adults served by the Division of Developmental Disabilities. OUD/SUD: The independent evaluator delivered the draft interim evaluation report on the OUD/SUD Demonstration this quarter. The evaluator met on July 15, 2021, with state subject matter experts on OUD/SUD to discuss general policy updates and data issues such as availability of overdose death data from the State Medical Examiner's Office. They also discussed metrics to be shared with stakeholders in upcoming stakeholder interviews for the OUD/SUD Midpoint Assessment report. Interviews began in August, 2021. For background, evaluators listened in on a behavioral health stakeholders meeting September 15, 2021 regarding the demonstration renewal.

XIII. Enclosures/Attachments

A. MLTSS Quality Measures
B. ASD/ ID/DD-MI Performance Measures

XIV. State Contact(s)

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XV. Date Submitted to CMS

February 15, 2022

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

The Division of Medical Assistance and Health Services' (DMAHS) Office of Managed Long-Term Services and Supports Quality Monitoring (MLTSS QM) receives and analyzes the Performance Measure (PM) data submitted by the respective data source. This quarterly report reflects the Performance Measures (PMs) that were reported by the Managed Care Organizations (MCOs) and the Division of Aging Services (DoAS) to the Office of MLTSS QM during the eighth year, first quarter (7/1/2021 – 9/30/2021) of the MLTSS program. Depending on the data source for the numerator/denominator, some PMs require longer lag times to allow for collection and analysis of the information. Because of the different lag times, each Performance Measure in this report identifies the measurement period being reported.

The Office of MLTSS QM continues to meet with the Managed Care Organizations (MCOs) at the MLTSS MCO Quality Workgroup on a regular basis. Due to the COVID-19 State of Emergency Order, this workgroup has been meeting through Zoom. The workgroup provides the opportunity to share information on new or revised reporting requirements and provides a forum for the discussion of issues raised by DMAHS, the Division of Aging Services (DoAS), and the MCOs to facilitate resolution. An ongoing agenda item for the workgroup is the discussion of the MLTSS Performance Measures. The State's External Quality Review Organization (EQRO) continues to work with MLTSS QM and the MCOs to refine and clarify the Performance Measure (PM) specifications and to work with the MCOs to validate their system's source code for each PM and to confirm that the data produced is accurate and captures the information required by the PM specifications. After their source code is approved, the MCOs submit their PM reports to MLTSS QM for review and analysis.

The Division of Aging Services (DoAS) obtains information from their Telesys database, SAMS database, MCO feedback, and the Shared Data Warehouse to compile the data necessary in reporting their PMs to the Office of MLTSS QM.

Unless otherwise noted, Performance Measure (PM) data reports that were due during this reporting period but not included in this document may be a result of source code still in the validation process with the State's EQRO. In some instances, multiple reporting periods may be included in this report due to an MCOs delay in receiving approval for their source code or an MCOs resubmission of a PM. These exceptions will be noted in the narrative for the respective PM in this report.

In March 2020, challenges related to the COVID-19 pandemic mandated changes to the MLTSS program, including the suspension of face-to-face assessments and in-person Care Manager visits. The Office of MLTSS QM anticipates that these changes will be reflected in many of the PMs reported for the measurement periods covering the COVID-19 State of Emergency Order. For those PMs impacted by COVID-19, the data analysis will identify how the data was affected.

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 03	Nursing facility level of care assessments conducted by the MCO determined to be "Not Authorized"
Numerator:	Total number of "Not Authorized" reassessments conducted by OCCO with a determination of "Approved"
Denominator:	Total number of MLTSS level of care assessments that were conducted by MCO with a determination of "Authorized" and "Not Authorized" by OCCO during the measurement period
Data Source:	DoAS
Frequency:	Quarterly

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

Due to the COVID-19 State of Emergency Order with the subsequent suspension of all face-to-face assessments (initial and annual) effective March 18, 2020, Performance Measure #03 has no data at this time to report on. Once the assessment restrictions are lifted, the State will resume their 100% Audit of all Not Authorized Assessments. Reporting will resume on a quarterly basis.

PM # 04	Timeliness of nursing facility level of care assessment by MCO
Numerator:	Cases in the denominator who received an assessment within 30 days of referral to the MCO or from the date of discharge from rehabilitation.
Denominator:	Unique count of MCO enrolled members with a referral for MLTSS during the measurement period
Data Source:	MCO
Frequency:	Monthly – Due 15th of the 2nd month (lag report) following reporting period

May 2021	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	**0**
Denominator	0	36	158	127	223	**544**
%	0.0	0.0	0.0	0.0	0.0	**0.0**

June 2021	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	**0**
Denominator	0	57	173	165	136	**531**
%	0	0	0	0	0	**0**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

July 2021	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	**0**
Denominator	0	36	158	127	111	**432**
%	0	0	0	0	0	**0**

The MCOs are monitoring referrals for level of care (LOC) assessments for MLTSS, but no assessments were completed due to the COVID-19 NJ State mandate effective March 19, 2020, which states MCOs were to discontinue assessing members face to face for the purposes of MLTSS eligibility. The MCOs will continue to monitor members referred for MLTSS eligibility assessment and will prioritize members upon changes in State guidance regarding field visits.

PM # 04a	Timeliness of nursing facility level of care assessment
Numerator:	The number of assessments in the denominator where the OCCO/ADRC assessment/determination date is less than 30 days from the referral date
Denominator :	Number of new MLTSS enrollees within the reporting month with an assessment completed by OCCO/ADRC
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the 2nd month (lag report) following reporting period

Measurement period	5/2021	6/2021	7/2021
Numerator	N/A	N/A	N/A
Denominator	N/A	N/A	N/A
%	N/A	N/A	N/A

Due to the COVID-19 State of Emergency Order and the subsequent suspension of all face-to-face assessments (initial and annual) effective March 18, 2020, Performance Measure #04a has no data at this time to report. Once the assessment restrictions are lifted, the State will resume monitoring the timeliness of NJ Choice Assessment completion. Reporting will resume on a monthly basis.

PM # 05	Timeliness of nursing facility level of care re-determinations
Numerator:	Total number of MLTSS members in the denominator who are confirmed as appropriate for continued MLTSS enrollment who have not had a level of care assessment by report close out.
Denominator:	Total number of MLTSS members with no level of care assessment conducted in the last 16 months
Data Source:	DoAS
Frequency:	Quarterly – Due 3 months after 13-month report is run

Due to the COVID-19 State of Emergency Order and the subsequent suspension of all face-to-face assessments (initial and annual) effective March 18, 2020, the 12 and 13 month reports are being

sent to the MCOs, however, no action plan is required. Therefore, there is no data to report for the quarterly report due September 2021. Once the assessment restrictions are lifted, the State will issue guidance for the MCOs to initiate clinical assessments.

PM # 07	Members offered a choice between institutional and HCBS settings
Numerator:	Number of assessments in the denominator with an indicator showing choice of setting within the IPOC
Denominator:	Number of level of care assessments with a completed Interim Plan of Care (IPOC)
Data Source:	DoAS
Frequency:	Monthly – Due the 15th of the following month

Measurement Period	6/2021	7/2021	8/2021
Numerator	N/A	N/A	N/A
Denominator	N/A	N/A	N/A
%	N/A	N/A	N/A

Due to the COVID-19 State of Emergency Order and the subsequent suspension of all face-to-face assessments (initial and annual) effective March 18, 2020. Therefore, there is no data to audit at this time. Once the assessment restrictions are lifted, the State will resume monitoring the documentation of choice between institutional and HCBS settings.

PM # 17	Timeliness of Critical Incident (CI) reported to DoAS for measurement month
Numerator:	#CI reported in writing to DoAS within 2 business days
Denominator:	Total # of CI reported to DoAS for measurement month
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the following month

Measurement period	6/2021	7/2021	8/2021
Numerator	N/A	N/A	N/A
Denominator	1270	1143	1028
%	N/A	N/A	N/A

As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS on March 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limited to, 1135 waiver

reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration.

PM # 17a	Timeliness of Critical Incident(CI) reporting (verbally within 1 business day) for media and unexpected death incidents
Numerator:	# CI reported to DoAS verbally reported within 1 business day for media and unexpected death incidents
Denominator:	Total # of CI reported verbally to DoAS for measurement month
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the following month

Measurement period	6/2021	7/2021	8/2021
Numerator	N/A	N/A	N/A
Denominator	20	13	12
%	N/A	N/A	N/A

As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS on March 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limited to, 1135 waiver reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration.

PM # 19	Timeliness for investigation of appeals and grievances (complete within 30 days)
Numerator:	# of appeals and grievances investigated within 30 days
Denominator:	Total # of appeals and grievances received for measurement period
Data Source:	MCO Table 3A and 3B Reports
Frequency:	Quarterly - Due 45 days after reporting period.

Table 3A UM Appeals

4/1/2021 – 6/30/2021	A	B	C	D	E	TOTAL
Numerator	31	18	92	57	25	**223**
Denominator	31	18	92	57	26	**224**
%	100	100	100	100	96.2	**99.6**

Table 3B Non-UM Grievances

4/1/2021 – 6/30/2021	A	B	C	D	E	TOTAL
Numerator	19	45	85	15	16	**180**
Denominator	19	45	85	24	16	**189**
%	100	100	100	62.5	100	**95.2**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

During the 4/1/2021 – 6/30/2021 measurement period four MCOs reported that 100% of UM Appeals in Table 3A were resolved within 30 days. MCO E reported that one case was resolved in 35 days.

For this measurement period, the top UM appeal categories for all MCOs combined were Denial of dental services (55/224 = 24.6%); Denial of inpatient hospital stays (33/224 = 14.7%); Denial of PCA services (22/224 = 9.8%); and Denial of PDN services (21/224 = 9.4%). MCO D reported 14 appeals for denial of PCA and 16 for denial of PDN, accounting for 30 of their 57 (52.6%) UM Appeals.

During the 4/1/2021 – 6/30/2021 measurement period four MCOs reported 100% of non-UM Grievances were resolved within 30 days. MCO D reported that three grievances took more than 30 days to resolve and that six grievances that were received at the end of the quarter were pending resolution,

The top three non-UM grievance categories were Reimbursement problems/unpaid claims. (43/189 = 22.8%); Dissatisfaction with PCA services (22/189 = 11.6%); and Dissatisfaction with provider office administration (18/189 = 9.5%).

The tables below detail the number and type of MLTSS enrollee appeals (Table 3A) and grievances (Table 3B) filed during the measurement period of 4/1/2021 – 6/30/2021.

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM 19 - Table 3A Utilization Management (UM) enrollee appeal by Category

PM 19 - Table 3A Utilization Management (UM) enrollee appeal categories	April - June 2021					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Denial of acute inpatient rehabilitation services			5			5
Denial of assisted living services						
Denial of dental services	**6**	**6**	**26**	**11**	**6**	**55**
Denial of hearing aid services						
Denial of home delivered meal services						
Denial of hospice care						
Denial of in-home periodic skilled services (nursing, social services, nutrition, etc.)						
Denial of in-home rehabilitation therapy (PT, OT, speech, etc.)						
Denial of inpatient hospital days	**20**	**1**	**12**			**33**
Denial of Medical Day Care (adult & pediatric)	1	1			5	7
Denial of medical equipment (DME) and/or supplies	1		2	8	1	12
Denial of Mental Health services						
Denial of non-medical transportation						
Denial of optical appliances						
Denial of optometric services						
Denial of other TBI services (CRS, Structured Day, Supported Day, etc.)						
Denial of outpatient medical treatment/diagnostic testing			8		4	12
Denial of outpatient rehabilitation therapy (PT, OT, Cardiac, Speech, Cognitive, etc.)	1	1			1	3
Denial of outpatient TBI habilitation therapy (PT, OT, speech, cognitive etc.)						
Denial of PCA services	**1**		**7**	**14**		**22**
Denial of Personal Emergency Response Systems (PERS)						
Denial of Private Duty Nursing		**1**	**4**	**16**		**21**
Denial of referral to out-of-network specialist			2			2
Denial of residential modification			2	1		3
Denial of respite services						
Denial of skilled nursing facility (custodial)	1			2	1	4
Denial of skilled nursing facility inpatient rehabilitation services			19			19
Denial of Special Care Nursing Facility (custodial) SCNF						
Denial of sub-acute inpatient rehabilitation services			2			2
Denial of SUD services						
Denial of surgical procedure						
Denial of vehicle modification						
Other (MLTSS)		5				5
Other (non-MLTSS)						
Pharmacy		3		5	8	16
Reduction of acuity level (inpatient)			3			3
Service considered cosmetic, not medically necessary						
Service considered experimental/investigational						
Table 3A/UM Appeal TOTALS	**31**	**18**	**92**	**57**	**26**	**224**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM 19 - Table 3B non-utilization management (non-UM) enrollee grievance by Category

PM 19 - Table 3B non-utilization management (non-UM) enrollee grievance categories	April - June 2021					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Appointment availability, other type of provider		1			1	2
Appointment availability, PCP						
Appointment availability, specialist						
Difficulty obtaining access to a healthcare professional after hours (via phone)						
Difficulty obtaining access to DME and/or medical supplies				1		1
Difficulty obtaining access to mental health providers						
Difficulty obtaining access to MLTSS providers						
Difficulty obtaining access to non-MLTSS providers						
Difficulty obtaining access to other in-home health services (skilled and non-skilled)			1			1
Difficulty obtaining access to PCA services		1		4		5
Difficulty obtaining access to PDN services				4		4
Difficulty obtaining access to self-directed PCA services (PPP)		1				1
Difficulty obtaining access to SUD providers						
Difficulty obtaining access to transportation services						
Difficulty obtaining referral to network specialist of member's choice						
Difficulty obtaining referrals for covered mental health services						
Difficulty obtaining referrals for covered MLTSS services		1			1	2
Difficulty obtaining referrals for covered services, dental services						
Difficulty obtaining referrals for covered SUD services						
Difficulty related to obtaining emergency services						
Dissatisfaction with dental services		2	3		1	6
Dissatisfaction with DME and/or medical supplies			2	1		3
Dissatisfaction with marketing, member services, member handbook, etc.		3	10	1		14
Dissatisfaction with NJ FamilyCare Benefits		1	1			2
Dissatisfaction with other in-home health services (skilled and non-skilled)	5	3	1			9
Dissatisfaction with PCA services		**7**	**11**	**4**		**22**
Dissatisfaction with PDN services						
Dissatisfaction with policies regarding specialty referrals (i.e. out of network specialist)		1				1
Dissatisfaction with provider network		2	1			3
Dissatisfaction with provider office administration		**3**	**14**		**1**	**18**
Dissatisfaction with quality of medical care, hospital	1		4			5
Dissatisfaction with quality of medical care, other type of provider		4	3	1		8
Dissatisfaction with quality of medical care, PCP			6		1	7
Dissatisfaction with quality of medical care, specialist				1		1
Dissatisfaction with transportation services		7		1	3	11
Dissatisfaction with utilization management appeal process			1	1		2
Dissatisfaction with vision services		2	3			5
Enrollment issues		2		3	1	6
Laboratory issues						
Pharmacy/formulary issues			4		1	5
Reimbursement problems/unpaid claims	**13**	**4**	**18**	**2**	**6**	**43**
Waiting time too long at office, PCP			1			1
Waiting time too long at office, specialist			1			1
Table 3B/non-UM Grievance TOTALS	**19**	**45**	**85**	**24**	**16**	**189**

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 20	MLTSS members receiving MLTSS services
Numerator:	The unique count of members in the denominator with at least one claim for MLTSS services during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	3,690	7,145	16,976	5,564	7,195	40,570
Denominator	4,923	9,283	21,681	8,709	11,918	56,514
%	75.0	77.0	78.3	63.9	60.4	71.8

The MCOs reported that the COVID-19 pandemic affected MLTSS services during this measurement period. Due to COVID-19, members moved out of nursing facilities to home. Some members were not comfortable with outside personnel visiting their home and refused services. Community services were severely limited during the pandemic. Members worked with Care Managers to adjust services based on their informal supports and other identified needs. While some members increased LTSS services, some requested services be paused due to fear of exposure.

PM # 20a	New MLTSS members with MLTSS services within 120 days of enrollment
Numerator:	The unique count of members in the denominator with at least one claim for MLTSS services within 120 days of enrollment into MLTSS. Services for CM, PCA, Medical Day and Behavioral Health Services are not counted.
Denominator:	The unique count of members enrolled in MLTSS at any time during the measurement period who were newly enrolled in MLTSS during the measurement period. New to MLTSS is defined as no MLTSS enrollment with the MCO in the preceding 6 months.
Data Source:	MCO
Frequency:	Annually - Lag Report Due: 210 day lag after year

7/1/2019 To 6/30/2020	A	B	C	D	E	TOTAL
Numerator	1,647	N/A	4,799	1,780	2,205	**N/A**
Denominator	2,371	N/A	6,559	2,859	4,028	**N/A**
%	69.5	N/A	73.2	62.3	54.7	**N/A**

MCO A reported the majority of MLTSS members with claims for services during this period represent residential authorizations (NF and AL). The remaining authorizations in order of prevalence are PERS (Personal Emergency Response Systems) Monitoring; Home-Delivered Meals; Personal Emergency Response System (PERS) Set-up; Private Duty Nursing; Residential Modification Evaluation; Respite services; Home based supportive care; Residential Modifications; Chore services, and Medication dispensing device monitoring.

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

MCO B is working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 21	MLTSS members transitioned from NF to Community.
Numerator:	The unique count of members in the denominator who transitioned from NF to HCBS during the measurement period. Members should be counted only once.
Denominator:	The unique count of members meeting eligibility criteria during the measurement period who were enrolled in custodial NF at any point during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually – Due: 30 days after the quarter and year

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	10	10	109	40	10	**179**
Denominator	1,866	2,449	6,687	4,001	1,942	**16,945**
%	0.5	0.4	1.6	1.0	0.5	**1.1**

10/1/2020-12/31/2020	A	B	C	D	E	TOTAL
Numerator	10	12	89	34	8	**153**
Denominator	2,003	2,541	6,998	3,886	2,045	**17,473**
%	0.5	0.5	1.3	0.9	0.4	**0.9**

1/1/2021-3/31/2021	A	B	C	D	E	TOTAL
Numerator	10	9	89	28	6	**142**
Denominator	2,124	2,586	7,177	3,870	2,173	**17,930**
%	0.5	0.3	1.2	0.7	0.3	**0.8**

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	18	13	121	38	7	**197**
Denominator	2,188	2,608	7,510	4,019	2,243	**18,568**
%	0.8	0.5	1.6	0.9	0.3	**1.1**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	30	30	215	107	31	**413**
Denominator	1,584	1,927	5,727	3,550	1,678	**14,466**
%	1.9	1.6	3.8	3.0	1.8	**2.9**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

All MCOs reported challenges for transitioning members from NF to HCBS during the COVID-19 pandemic. MCO A reported that Member Advocates, Care Managers, and Housing Specialists were unable to visit members face to face, unable to view properties, and unable to meet leasing agents. The member advocates were unable to set up apartments and take deliveries of transition supplies. As an alternative, the member advocates coordinated with the members, their caregivers and apartment staff to coordinate the delivery and set up of transition supplies. MCO D reported that they work with the state MFP program to transition FFS members who are not yet part of managed care. They continue to collaborate with providers to identify members who may be able to move to a less restrictive living arrangement.

Following the completion of the validation process, rates for MCO B during the 7/1/2020 - 9/30/2020, 10/1/2020 – 12/31/2020, and 1/1/2021 – 3/31/2021 measurement periods are reported within the tables above and are indicated with red font.

PM # 23	MLTSS NF to HCBS transitions who returned to NF within 90 days.
Numerator:	The unique count of members in the denominator with a NF living arrangement status within 90 days of initial HCBS transition date.
Denominator:	The unique count of members continuously enrolled with the MCO in MLTSS from the beginning of measurement period or from date of initial enrollment in MLTSS NF, whichever is later, through 90 days after the HCBS transition date.
Data Source:	MCO
Frequency:	Quarterly/Annually – Lag Report Due: 120 days after reporting quarter or year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	0	0	6	0	0	**1**
Denominator	12	10	82	34	34	**14**
%	0.0	0.0	7.3	0.0	0.0	**7.1**

10/1/2020 - 12/31/2020	A	B	C	D	E	TOTAL
Numerator	0	0	7	5	5	**2**
Denominator	8	12	65	45	45	**13**
%	0.0	0.0	10.8	11.1	11.1	**15.4**

1/1/2021 - 3/31/2021	A	B	C	D	E	TOTAL
Numerator	3	1	9	4	0	17
Denominator	10	9	77	34	16	146
%	30.0	11.1	11.7	11.8	0.0	11.6

For the 1/1/2021 – 3/31/2021 measurement period, MCO C reported that of the nine members that returned to the NF, five (55.56%) members returned at the member or family member's request, two (22.22%) members returned due to a functional decline, and two (22.22%) returned due to lack of

informal supports/needs not met in the community. Following the completion of the validation process, rates for MCO D during the 7/1/2020 - 9/30/2020 and 10/1/2020 – 12/31/2020 measurement periods are reported within the tables above and are indicated with red font.

PM # 26	Acute inpatient utilization by MLTSS HCBS members: HEDIS IPU
Numerator:	Reporting is at the Total level for Total Inpatient. Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report member months, events, and rates per 1000 for the three youngest age groups in Data Analysis.
Denominator:	Follow HEDIS specifications for Inpatient Utilization (IPU) for MLTSS HCBS members. Sum of MLTSS HCBS member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	187	N/A	N/A	429	N/A	**N/A**
Denominator	5812	N/A	N/A	14246	N/A	**N/A**
%	3.2	N/A	N/A	3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	230	N/A	N/A	450	N/A	**N/A**
Denominator	6951	N/A	N/A	14383	N/A	**N/A**
%	3.3	N/A	N/A	3.1	N/A	**N/A**

For the 10/1/2020 – 12/31/2020 measurement period MCO A reported 230 acute inpatient visits. The length of stay for these 230 hospitalizations added up to 1516 days, with an average LOS of 6.59 days. Their care management team monitors members with high utilization and put additional efforts on educating them on disease management and proper use of emergency services. MCO D reported 450 unique inpatient hospitalizations. The most common hospitalization primary diagnoses were Sepsis, Unspecified Organism – 7.33% (33/450); Viral Pneumonia – 5.56% (25/450); and Acute Respiratory Failure - 3.11% (14/450). MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 27	Acute inpatient utilization by MLTSS NF members: HEDIS IPU
Numerator:	Reporting is at the Total level for Total Inpatient. Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report member months, events, and rates per 1000 for the three youngest age groups in Data Analysis.
Denominator:	Follow HEDIS specifications for Inpatient Utilization (IPU) for MLTSS NF members. Sum of MLTSS NF member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	191	N/A	N/A	182	N/A	**N/A**
Denominator	5929	N/A	N/A	8724	N/A	**N/A**
%	3.2	N/A	N/A	2.1	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	188	N/A	N/A	159	N/A	**N/A**
Denominator	6394	N/A	N/A	8249	N/A	**N/A**
%	2.9	N/A	N/A	1.9	N/A	**N/A**

Both MCO A and MCO D reported lower rates from the previous quarter for the 10/1/2020 – 12/31/2020 measurement period. MCO A found that the length of stay for the 188 hospitalizations added up to 1397 days, with an average LOS of 7.43 days. MCO D reported that of the 159 unique inpatient hospitalizations, the most common hospitalization primary diagnoses were Sepsis, Unspecified Organism – 15.72% (25/159); Other Specified Sepsis – 4.40% (7/159); and Pneumonia Unspecified Organism – 4.40% (7/159). MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 28	All Cause Readmissions of MLTSS HCBS members to hospital within 30 days: HEDIS PCR
Numerator:	Report Observed Readmissions as the numerator and the Observed Readmission rate.
Denominator:	Follow HEDIS specifications for Plan All Cause Readmission (PCR) for the Medicare product for MLTSS HCBS members. Report Observed Discharges as the denominator.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	9	N/A	N/A	55	N/A	**N/A**
Denominator	25	N/A	N/A	280	N/A	**N/A**
%	36.0	N/A	N/A	19.6	N/A	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	3	N/A	N/A	34	N/A	**N/A**
Denominator	10	N/A	N/A	233	N/A	**N/A**
%	30.0	N/A	N/A	14.6	N/A	**N/A**

For the 10/1/2020 – 12/31/2020 measurement period MCO D had 55 readmissions of 48 unique members within 30 days. Six members had more than one readmission. Following the completion of the validation process, rates for MCOs A and D during the 7/1/2020 - 9/30/2020 measurement period are reported within the tables above and are indicated with red font. MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data will be included in the next quarterly report.

PM # 29	All Cause Readmissions of MLTSS NF members to hospital within 30 days: HEDIS PCR
Numerator:	Report Observed Readmissions as the numerator and the Observed Readmission rate.
Denominator:	Follow HEDIS specifications for Plan All Cause Readmission (PCR) for the Medicare product for MLTSS NF members. Report Observed Discharges as the denominator.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	N/A	N/A	8	N/A	**N/A**
Denominator	12	N/A	N/A	64	N/A	**N/A**
%	16.7	N/A	N/A	12.5	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	1	N/A	N/A	13	N/A	**N/A**
Denominator	14	N/A	N/A	65	N/A	**N/A**
%	7.1	N/A	N/A	20.0	N/A	**N/A**

For the 10/1/2020 – 12/31/2020 measurement period MCO D had 13 readmissions of nine unique members within 30 days. Four members had more than one readmission. Following the completion of the validation process, rates for MCOs A and D during the 7/1/2020 - 9/30/2020 measurement period are reported within the tables above and are indicated with red font. MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data will be included in the next quarterly report.

PM # 30	Emergency Department utilization by MLTSS HCBS members: HEDIS AMB
Numerator:	Reporting is at the Total level for ED events. Report rate per 100 in the State template and rate per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for Ambulatory Care (AMB) for ED Visits for MLTSS HCBS members. Sum of MLTSS HCBS member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	256	N/A	N/A	752	N/A	**N/A**
Denominator	5812	N/A	N/A	14246	N/A	**N/A**
%	4.4	N/A	N/A	5.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	235	N/A	N/A	758	N/A	**N/A**
Denominator	6,951	N/A	N/A	14,383	N/A	**N/A**
%	3.4	N/A	N/A	5.3	N/A	**N/A**

Following the completion of the validation process, rates for MCOs A and D during the 7/1/2020 - 9/30/2020 measurement period are reported within the tables above and are indicated with red font. MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data will be included in the next quarterly report.

PM # 31	Emergency Department utilization by MLTSS NF members: HEDIS AMB
Numerator:	Reporting is at the Total level for ED events. Report rate per 100 in the State template and rate per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for Ambulatory Care (AMB) for ED Visits for MLTSS NF members. Sum of MLTSS NF member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	13	N/A	N/A	44	N/A	**N/A**
Denominator	5929	N/A	N/A	8724	N/A	**N/A**
%	0.2	N/A	N/A	0.5	N/A	**N/A**

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	21	N/A	N/A	68	N/A	**N/A**
Denominator	6394	N/A	N/A	8249	N/A	**N/A**
%	0.3	N/A	N/A	0.8	N/A	**N/A**

Following the completion of the validation process, rates for MCOs A and D during the 7/1/2020 - 9/30/2020 measurement period are reported within the tables above and are indicated with red font. MCOs B, C, and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data will be included in the next quarterly report.

PM # 33	MLTSS services used by MLTSS HCBS members: PCA services only
Numerator:	The unique count of members with at least one claim for PCA services during the measurement period. Exclude members with a claim for any other MLTSS service or for claims for Medical Day services during the measurement period.
Denominator:	Unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	159	1161	2492	805	694	**5311**
Denominator	2558	6147	14186	5483	9570	**37944**
%	6.2	18.9	17.6	14.7	7.3	**14.0**

For the 10/1/2020 – 12/31/2020 measurement period MCO E had an increase in the percentage of members receiving only PCA services from the prior quarter reporting 7.2% to the current quarter with 7.3%. The increase can be attributed in part to the public health emergency and members requesting more assistance to be provided in the home as they may not be receiving other in-person services. Of the 694 members identified for this measurement period, 593 or 85.45% remain enrolled in the plan, and 8 members (1.35%) have transitioned to a nursing facility setting.
A review by services rendered per week revealed that 54 of 593 members with PCA services received over 40 hours per week as of the report run date. Additionally 177 members have since been authorized for additional MLTSS service including home delivered meals, emergency response systems, home modifications, and physical/speech, occupational therapy or respite services.

PM # 34	MLTSS services used by MLTSS HCBS members: Medical Day services only
Numerator:	The unique count of members with at least one claim for Medical Day services during the measurement period. Exclude members with a claim for any other MLTSS service or for PCA services during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	404	179	148	139	1739	**2609**
Denominator	2558	6147	14186	5483	9570	**37944**
%	15.8	2.9	1.0	2.5	18.2	**6.9**

Due to State DMAHS guidance related to COVID-19, medical day providers were able to continue to operate under 'alternate services' guidance. MCO B saw an increase in utilization of medical day care. Members historically authorized five days may previously have used less based on informal supports, personal schedules, etc. Given the ability to operate to support members during COVID, these members now utilize a full five days of services.

PM # 36	Follow-up after mental health hospitalization for MLTSS HCBS members: HEDIS FUH
Numerator:	Sum of qualifying follow-up visits with a mental health practitioner within 30 days after discharge. Only the 30-day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Hospitalization for Mental Illness (FUH) for MLTSS HCBS members. The denominator for this measure is based on discharges, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	N/A	9	1	N/A	**N/A**
Denominator	4	N/A	14	3	N/A	**N/A**
%	50	N/A	64.3	33.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	2	N/A	5	3	N/A	**N/A**
Denominator	4	N/A	13	7	N/A	**N/A**
%	50.0	N/A	38.5	42.9	N/A	**N/A**

MCO B developed a workgroup to strategize and manage Post Facility follow-up visits for Behavioral health admissions. They created tracking reports and are being monitoring them daily with a bi-

weekly review to maintain compliance. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 38	Follow-up after mental health hospitalization for MLTSS NF members: HEDIS FUH
Numerator:	Sum of qualifying follow-up visits with a mental health practitioner within 30 days after discharge. Only the 30-day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Hospitalization for Mental Illness (FUH) for MLTSS NF members. The denominator for this measure is based on discharges, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	0	0	N/A	**N/A**
Denominator	2	N/A	0	2	N/A	**N/A**
%	0	N/A	0	0	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	0	0	N/A	**N/A**
Denominator	2	N/A	1	0	N/A	**N/A**
%	0	N/A	0	0	N/A	**N/A**

For the 7/1/2020 – 9/30/2020 measurement period, MCO D reported two discharges of eligible MLTSS NF members with a principal diagnosis of mental illness or Intentional Self-Harm from a mental health hospitalization. There were no claims during the measurement period for a face-to-face follow-up visit for MLTSS NF members with a mental health professional within 30 days of discharge. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 41	MLTSS services used by MLTSS HCBS members: PCA services and Medical Day services only.
Numerator:	The unique count of members with at least one claim for Medical Day services AND at least one claim for PCA services during the measurement period. Exclude members with a claim for any other MLTSS service during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	228	312	518	136	1378	**2572**
Denominator	2560	6147	14186	5483	9570	**37946**
%	8.9	5.1	3.7	2.5	14.4	**6.8**

MCO E's analysis of the population included in this measure revealed a large representation of members of Asian or Indian ethnicity. Care managers continue to educate and offer all appropriate MLTSS services to members, however it has been noted that cultural values can influence the acceptance of services and is a considered factor for this measure. As of January 2021, of the 1246 members who remain active in the plan, 167 members are now authorized for additional MLTSS services, such as self-directed care through PPP, home delivered meals, emergency response systems, respite and other available MLTSS benefits.

PM # 42	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS HCBS members: HEDIS FUA
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of AOD within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS HCBS members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	5	2	N/A	**N/A**
Denominator	4	N/A	21	12	N/A	**N/A**
%	0	N/A	23.8	16.7	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	1	N/A	5	0	N/A	**N/A**
Denominator	5	N/A	27	5	N/A	**N/A**
%	20.0	N/A	18.5	0	N/A	**N/A**

For the measurement period 10/1/2020 – 12/31/2020 MCO D identified five ED visits for eligible MLTSS HCBS members with a principal diagnosis of Alcohol or Other Drug Dependence. They found no record of claims for a qualifying follow-up visit that occurred within thirty days. The MCO will continue to monitor emergency room discharges for MLTSS HCBS members with a diagnosis of Alcohol or Other Drug Dependence. MCO D stated that typically the health plan becomes aware of an ED visit when a member or their family/guardian contacts the health plan. If the member or family/guardian requests assistance with aftercare follow- up, a case manager is assigned to assess the member's treatment needs. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 43	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS NF members: HEDIS FUA
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of AOD within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS NF members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	0	0	N/A	**N/A**
Denominator	0	N/A	4	0	N/A	**N/A**
%	0	N/A	0	0	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	1	0	N/A	**N/A**
Denominator	2	N/A	3	0	N/A	**N/A**
%	0	N/A	33.3	0	N/A	**N/A**

MCO A reported that during the 10/1/2020 – 12/31/2020 measurement period, two ED visit claims received for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS NF members. None of the ED visits had qualifying follow-up visits with any practitioner, with a principle diagnosis of AOD within 30 days after the ED visit. Both the ED visit members are in the age group 18 plus years. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 44	Follow-up after Emergency Department visit for Mental Illness for MLTSS HCBS members: HEDIS FUM
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of a mental health disorder or with a principle diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Mental Illness (FUM) for MLTSS HCBS members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	N/A	10	5	N/A	**N/A**
Denominator	2	N/A	18	6	N/A	**N/A**
%	100	N/A	55.6	83.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	9	3	N/A	**N/A**
Denominator	1	N/A	13	5	N/A	**N/A**
%	0	N/A	69.2	60.0	N/A	**N/A**

MCO A reported that the member in denominator for measurement period 10/1/2020 – 12/31/2020 with ED visit for Mental Illness (MI) diagnosis did not have qualifying follow-up visits with any practitioner within 30 days after the ED visit. However, during the reporting time for this measure, the BH department employed two BH care managers, 3 BH Utilization Review staff, and a peer-support specialist. BH-related data was shared with the BH Director and team as well as with the MLTSS team. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 45	Follow-up after Emergency Department visit for Mental Illness for MLTSS NF members: HEDIS FUM
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of a mental health disorder or with a principle diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Mental Illness (FUM) for MLTSS NF members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	0	N/A	0	0	N/A	**N/A**
Denominator	0	N/A	0	0	N/A	**N/A**
%	0	N/A	0	0	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	1	N/A	0	0	N/A	**N/A**
Denominator	1	N/A	1	0	N/A	**N/A**
%	100	N/A	0	0	N/A	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

MCO A is working with two data exchange vendors in order to obtain real-time ED encounter data. This will allow the BH team to get involved with more immediate needs, including timeliness of follow-up visits. MCOs B and E are working with the State's EQRO on their coding for this performance measure and have extensions to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 46	MLTSS HCBS members not receiving MLTSS HCBS, PCA or Medical Day Services
Numerator:	The unique count of members with no PCA, Medical Day or MLTSS HCBS services while enrolled in MLTSS HCBS during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the reporting period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 180 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	224	239	1316	635	338	**2752**
Denominator	1297	3383	10855	5956	6984	**28475**
%	17.3	7.1	12.1	10.7	4.8	**9.7**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	218	267	1235	633	425	**2778**
Denominator	1411	3877	10908	5930	7395	**29521**
%	15.5	6.9	11.3	10.7	5.7	**9.4**

1/1/2020 - 3/31/2020	A	B	C	D	E	TOTAL
Numerator	220	325	1314	550	459	**2868**
Denominator	1516	4018	11130	5852	7516	**30032**
%	14.5	8.1	11.8	9.4	6.1	**9.5**

4/1/2020 - 6/30/2020	A	B	C	D	E	TOTAL
Numerator	237	319	1349	513	510	**2928**
Denominator	1808	3828	10846	5449	7430	**29361**
%	13.1	8.3	12.4	9.4	6.9	**10.0**

7/1/2019 - 6/30/2020	A	B	C	D	E	TOTAL
Numerator	502	545	1923	846	661	**4477**
Denominator	2415	4846	13547	7321	8758	**36887**
%	20.8	11.2	14.2	11.6	7.5	**12.1**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

7/1/2020- 9/30/2020	A	B	C	D	E	TOTAL
Numerator	219	293	1122	411	477	**2522**
Denominator	1964	3771	10295	5162	7225	**28417**
%	11.2	7.8	10.9	8.0	6.6	**8.9**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	241	321	1205	441	597	**2805**
Denominator	2191	4154	10627	5408	7783	**30163**
%	11.0	7.7	11.3	8.2	7.7	**9.3**

The validation process for PM 46 has proven to be a challenge for all MCOs. Following the completion of the validation process, rates for all MCOs for earlier measurement periods are reported within the tables above and are indicated with red font. MCO A's findings for the 7/1/2019 – 9/30/2019 period were similar to other MCOs. Because PM 46 has no continuous enrollment criteria requirement, the data includes members enrolled in July, August and September 2019. For comparison, the denominator for PM 46a (which requires 60-day continuous enrollment in HCBS) is 966. This indicates that 331 members did not meet the continuous enrollment criteria, and whose claims were included in this measure's numerator determination. This explains the larger percentage noted between PM 46 and PM 46a results (17.3% versus 7.7%). They further found in a random review of members identified in the numerator that multiple members were in NF setting since their enrollment. Data is pulled based on CAP code during the measurement period, and many of the reviewed NF members had HCBS CAP codes assigned upon enrollment. File review indicates that these inaccurate CAP codes were corrected during or soon after the measurement period.

For the same quarter, MCO C found that 804 (61.1%) members had Other Insurance, 174 (13.2%) Members Expired, 145 (11.0%) Refused Services, 105 (8.0%) Inpatient for full span of HCBS Enrollment, 43 (3.3%) Moved out of State, 17 (1.3%) No Longer MLTSS, 9 (0.7%) Unable to Contact, 5 (0.4%) resulted in a benefit termination, 4 (0.3%) OCCO Determined Ineligible, 3 (0.2%) members were unable to contact for greater than 30 days, 3 (0.2%) members requested to withdraw from MLTSS, 3 (0.2%) had Inpatient discharge to Rehab/NF during the measurement period, and 1 (0.1%) refused as they requested to enrolled in another MCO. For the 4/1/2020 – 6/30/2020 period, MCO E continued to monitor authorization reports for members enrolled in the plan as well as inpatient census and claims activity for members who are refusing services or are UTC, as they represent a large percentage of members showing as not receiving claims for MLTSS services. As the PHE continues, members' services continue to be monitored and upon contact, discussed with the individual members and their caregivers/family to address individual needs, adjust or implement service as needed.

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 46a	MLTSS HCBS members not receiving MLTSS HCBS, PCA or Medical Day Services: Members with 60 days continuous enrollment in MLTSS HCBS
Numerator:	The unique count of members with no PCA, Medical Day or MLTSS HCBS services while enrolled in MLTSS HCBS during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS during the reporting period who met continuous enrollment criteria.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 180 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	74	65	660	282	151	**1232**
Denominator	966	2751	8596	5114	6127	**23554**
%	7.7	2.4	7.7	5.5	2.5	**5.2**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	66	96	651	318	183	**1314**
Denominator	911	3111	8678	5272	6452	**24424**
%	7.2	3.1	7.5	6.0	2.8	**5.4**

1/1/2020 - 3/31/2020	A	B	C	D	E	TOTAL
Numerator	56	130	660	249	187	**1282**
Denominator	995	3352	8651	4907	6570	**24475**
%	5.6	3.9	7.6	5.1	2.8	**5.2**

4/1/2020 - 6/30/2020	A	B	C	D	E	TOTAL
Numerator	93	141	849	269	293	**1645**
Denominator	1425	3269	8795	4792	6809	**25090**
%	6.5	4.3	9.7	5.6	4.3	**6.6**

7/1/2019 - 6/30/2020	A	B	C	D	E	TOTAL
Numerator	125	147	798	449	232	**1751**
Denominator	1807	4159	9763	6037	7989	**29755**
%	6.9	3.5	8.2	7.4	2.9	**5.9**

7/1/2020- 9/30/2020	A	B	C	D	E	TOTAL
Numerator	88	127	769	272	271	**1527**
Denominator	1482	3218	8280	4706	6570	**24256**
%	5.9	3.9	9.3	5.8	4.1	**6.3**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	108	182	750	279	343	**1662**
Denominator	1841	3641	8280	4877	6878	**25517**
%	5.9	5.0	9.1	5.7	5.0	**6.5**

The validation process for PM 46A has proven to be a challenge for all MCOs. Following the completion of the validation process, rates for all MCOs for earlier measurement periods are reported within the tables above and are indicated with red font. MBO B reported for the 10/1/2020 – 12/31/2020 period that 128 of the 182 members first enrolled in 2020 with 58 specifically enrolling during the measurement period. With informal caregivers being home more, members felt comfortable temporarily pausing services to avoid exposure. Some members terminated day care services due to closures during this quarter. Some members returned under alternate services later in 2020. MCO B reports members in this numerator as unable to contact but not withdrawing from the program due to State COVID guidance to avoid gaps in health care services. They also identified an increased number of temporarily out of state members.

MCO C found during the 7/1/2020 – 9/30/2020 period that 291 (38%) had Other Insurance, 126 (16%) Receiving informal supports, 121 (16%) Pediatric PDN, 57 (7%) Member expired, 38 (5%) Unable to Contact Member, 29 (4%) Member refused services, 26 (3%) Moved out of state, 18 (2%) Disenrolled, 13 (2%) Member receiving BH Services, 13 (2%) Member requested to withdraw from MLTSS, 6 (1%) Receiving PT or Skilled Nursing visits, 5 (1%) Transitioned, 5 (1%) New Member - services in place after MP, 4 (1%) Member Incarcerated, 4 (1%) Family paying out of pocket, 4 (1%) Enrollment issues, 3 (0%) Facility closed due to Covid Pandemic, 2 (0%) PACE, 1 (0%) Hospice, 1 (0%) Auth error, 1 (0%) Services started after the MP and 1 (0%) DDD.

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2021 – 6/30/2021

April - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	6	6	100.0	20	20	100.0	14	14	100.0	7	7	100.0	10	10	100.0	57	57	100.0
Media involvement or the potential for media involvement				3	3	100.0	4	4	100.0	1	1	100.0	1	1	100.0	9	9	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	2	100.0	7	7	100.0	9	9	100.0	3	3	100.0	6	6	100.0	27	27	100.0
Psychological/Verbal abuse				3	3	100.0				1	1	100.0	1	1	100.0	5	5	100.0
Sexual abuse and/or suspected sexual abuse							1	1	100.0							1	1	100.0
Fall resulting in the need of medical treatment	89	89	100.0	110	110	100.0	162	162	100.0	117	117	100.0	34	34	100.0	512	512	100.0
Medical emergency resulting in need for medical treatment	566	565	99.8	1216	1216	100.0	432	432	100.0	58	58	100.0	3	3	100.0	2275	2274	100.0
Medication error resulting in serious consequences							1	1	100.0	2	2	100.0	1	1	100.0	4	4	100.0
Psychiatric emergency resulting in need for medical treatment	27	27	100.0	33	33	100.0	14	14	100.0	3	3	100.0	1	1	100.0	78	78	100.0
Severe injury resulting in the need of medical treatment	2	2	100.0	1	1	100.0	5	5	100.0	3	3	100.0	2	2	100.0	13	13	100.0
Suicide attempt resulting in the need for medical attention				1	1	100.0	5	5	100.0				2	2	100.0	8	8	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100.0	5	5	100.0	3	3	100.0	1	1	100.0	1	1	100.0	13	13	100.0
Neglect/Mistreatment, self	3	3	100.0				1	1	100.0	1	1	100.0				5	5	100.0
Neglect/Mistreatment, other							1	1	100.0	1	1	100.0				2	2	100.0
Exploitation, financial							1	1	100.0	1	1	100.0	1	1	100.0	3	3	100.0
Exploitation, theft	1	1	100.0				1	1	100.0	5	5	100.0	1	1	100.0	8	8	100.0
Exploitation, destruction of property				1	1	100.0				1	1	100.0	2	2	100.0	4	4	100.0
Exploitation, other																		
Theft with law enforcement involvement				4	4	100.0	1	1	100.0				1	1	100.0	6	6	100.0
Failure of member's Back-up Plan	4	4	100.0	20	20	100.0										24	24	100.0
Elopement/Wandering from home or facility	1	1	100.0							2	2	100.0				3	3	100.0
Inaccessible for initial/on-site meeting				31	31	100.0	4	4	100.0	15	15	100.0	6	6	100.0	56	56	100.0
Unable to Contact				12	12	100.0	11	11	100.0	13	13	100.0	1	1	100.0	37	37	100.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	114	114	100.0	4	4	100.0	1	1	100.0	120	120	100.0
Cancellation of utilities																		
Eviction/loss of home	1	1	100.0	2	2	100.0	5	5	100.0	1	1	100.0	1	1	100.0	10	10	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other	1	1	100.0	52	51	98.1				14	14	100.0	2	2	100.0	69	68	98.6
PM #18 A Totals	**706**	**705**	**99.9**	**1522**	**1521**	**99.9**	**789**	**789**	**100.0**	**254**	**254**	**100.0**	**78**	**78**	**100.0**	**3349**	**3347**	**99.9**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2020 – 6/30/2021

July 2020 - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	61	61	100.0	149	149	100.0	204	204	100.0	130	130	100.0	86	86	100.0	630	630	100.0
Media involvement or the potential for media involvement				11	11	100.0	6	6	100.0	7	7	100.0	1	1	100.0	25	25	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	3	3	100.0	8	8	100.0	37	37	100.0	10	10	100.0	17	17	100.0	75	75	100.0
Psychological/Verbal abuse				9	9	100.0	8	8	100.0	4	4	100.0	6	6	100.0	27	27	100.0
Sexual abuse and/or suspected sexual abuse				2	2	100.0	8	8	100.0							10	10	100.0
Fall resulting in the need of medical treatment	269	269	100.0	449	449	100.0	588	588	100.0	446	446	100.0	159	159	100.0	1911	1911	100.0
Medical emergency resulting in need for medical treatment	1658	1657	99.9	3745	3743	99.9	1816	1816	100.0	220	220	100.0	9	9	100.0	7448	7445	100.0
Medication error resulting in serious consequences	4	4	100.0	6	6	100.0	4	4	100.0	2	2	100.0	1	1	100.0	17	17	100.0
Psychiatric emergency resulting in need for medical treatment	76	76	100.0	146	146	100.0	73	73	100.0	12	12	100.0	3	3	100.0	310	310	100.0
Severe injury resulting in the need of medical treatment	5	5	100.0	11	11	100.0	39	39	100.0	10	10	100.0	8	8	100.0	73	73	100.0
Suicide attempt resulting in the need for medical attention	2	2	100.0	5	5	100.0	16	16	100.0	3	3	100.0	7	7	100.0	33	33	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	8	8	100.0	9	9	100.0	16	16	100.0	12	12	100.0	3	3	100.0	48	48	100.0
Neglect/Mistreatment, self	4	4	100.0	1	1	100.0	13	13	100.0	7	7	100.0	1	1	100.0	26	26	100.0
Neglect/Mistreatment, other	3	3	100.0	2	2	100.0	1	1	100.0	9	9	100.0				15	15	100.0
Exploitation, financial	1	1	100.0				6	6	100.0	4	4	100.0	1	1	100.0	12	12	100.0
Exploitation, theft	2	2	100.0	2	2	100.0	7	7	100.0	13	13	100.0	5	5	100.0	29	29	100.0
Exploitation, destruction of property				2	2	100.0	1	1	100.0	1	1	100.0	2	2	100.0	6	6	100.0
Exploitation, other				1	1	100.0				1	1	100.0				2	2	100.0
Theft with law enforcement involvement				7	7	100.0	7	7	100.0	1	1	100.0	2	2	100.0	17	17	100.0
Failure of member's Back-up Plan	17	17	100.0	28	28	100.0	3	3	100.0	7	7	100.0	2	2	100.0	57	57	100.0
Elopement/Wandering from home or facility	6	6	100.0	9	9	100.0	5	5	100.0	20	20	100.0	4	4	100.0	44	44	100.0
Inaccessible for initial/on-site meeting	1	1	100.0	57	55	96.5	10	10	100.0	53	53	100.0	10	10	100.0	131	129	98.5
Unable to Contact	3	3	100.0	39	39	100.0	46	46	100.0	75	75	100.0	4	4	100.0	167	167	100.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	310	310	100.0	8	8	100.0	7	7	100.0	326	326	100.0
Cancellation of utilities				2	2	100.0	1	1	100.0				2	2	100.0	5	5	100.0
Eviction/loss of home	1	1	100.0	5	5	100.0	20	20	100.0	6	6	100.0	2	2	100.0	34	34	100.0
Facility closure with direct impact to member's health/welfare				45	45	100.0	22	22	100.0	73	73	100.0	3	3	100.0	143	143	100.0
Natural disaster with direct impact to member's health/welfare										3	3	100.0				3	3	100.0
Operational Breakdown				15	15	100.0	1	1	100.0	1	1	100.0				17	17	100.0
Other	8	8	100.0	461	460	99.8	7	7	100.0	124	124	100.0	9	9	100.0	609	608	99.8
PM #18 A Totals	**2132**	**2131**	**100.0**	**5227**	**5222**	**99.9**	**3275**	**3275**	**100.0**	**1262**	**1262**	**100.0**	**354**	**354**	**100.0**	**12250**	**12244**	**100.0**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2021 – 6/30/2021

April - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	6	6	100.0	20	20	100.0	14	14	100.0	7	7	100.0	10	10	100.0	57	57	100.0
Media involvement or the potential for media involvement				3	3	100.0	4	4	100.0	1	1	100.0	1	1	100.0	9	9	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	2	100.0	7	6	85.7	9	9	100.0	3	3	100.0	6	6	100.0	27	26	96.3
Psychological/Verbal abuse				3	3	100.0				1	1	100.0	1	1	100.0	5	5	100.0
Sexual abuse and/or suspected sexual abuse							1	1	100.0							1	1	100.0
Fall resulting in the need of medical treatment	89	84	94.4	110	102	92.7	162	157	96.9	117	117	100.0	34	34	100.0	512	494	96.5
Medical emergency resulting in need for medical treatment	566	515	91.0	1216	1150	94.6	432	419	97.0	58	57	98.3	3	3	100.0	2275	2144	94.2
Medication error resulting in serious consequences							1	1	100.0	2	2	100.0	1	1	100.0	4	4	100.0
Psychiatric emergency resulting in need for medical treatment	27	24	88.9	33	33	100.0	14	14	100.0	3	3	100.0	1	1	100.0	78	75	96.2
Severe injury resulting in the need of medical treatment	2	1	50.0	1	1	100.0	5	5	100.0	3	2	66.7	2	2	100.0	13	11	84.6
Suicide attempt resulting in the need for medical attention				1	1	100.0	5	5	100.0				2	2	100.0	8	8	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100.0	5	5	100.0	3	3	100.0	1	1	100.0	1	1	100.0	13	13	100.0
Neglect/Mistreatment, self	3	3	100.0				1	1	100.0	1	1	100.0				5	5	100.0
Neglect/Mistreatment, other							1	0	0.0	1	0	0.0				2	0	0.0
Exploitation, financial							1	1	100.0	1	1	100.0	1	1	100.0	3	3	100.0
Exploitation, theft	1	1	100.0				1	1	100.0	5	5	100.0	1	1	100.0	8	8	100.0
Exploitation, destruction of property				1	1	100.0				1	1	100.0	2	2	100.0	4	4	100.0
Exploitation, other																		
Theft with law enforcement involvement				4	4	100.0	1	1	100.0				1	1	100.0	6	6	100.0
Failure of member's Back-up Plan	4	4	100.0	20	20	100.0										24	24	100.0
Elopement/Wandering from home or facility	1	1	100.0							2	2	100.0				3	3	100.0
Inaccessible for initial/on-site meeting				31	29	93.5	4	3	75.0	15	15	100.0	6	6	100.0	56	53	94.6
Unable to Contact				12	12	100.0	11	7	63.6	13	13	100.0	1	1	100.0	37	33	89.2
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	114	106	93.0	4	4	100.0	1	1	100.0	120	112	93.3
Cancellation of utilities																0	0	
Eviction/loss of home	1	1	100.0	2	2	100.0	5	5	100.0	1	1	100.0	1	1	100.0	10	10	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other	1	1	100.0	52	50	96.2				14	14	100.0	2	2	100.0	69	67	97.1
PM #18 B Totals	**706**	**646**	**91.5**	**1522**	**1443**	**94.8**	**789**	**757**	**95.9**	**254**	**251**	**98.8**	**78**	**78**	**100.0**	**3349**	**3175**	**94.8**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2020 – 6/30/2021

July 2020 - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	61	60	98.4	149	148	99.3	204	191	93.6	130	128	98.5	86	84	97.7	630	611	97.0
Media involvement or the potential for media involvement				11	11	100.0	6	6	100.0	7	7	100.0	1	1	100.0	25	25	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	3	3	100.0	8	7	87.5	37	34	91.9	10	10	100.0	17	17	100.0	75	71	94.7
Psychological/Verbal abuse				9	9	100.0	8	5	62.5	4	4	100.0	6	6	100.0	27	24	88.9
Sexual abuse and/or suspected sexual abuse				2	2	100.0	8	7	87.5							10	9	90.0
Fall resulting in the need of medical treatment	269	250	92.9	449	436	97.1	588	561	95.4	446	439	98.4	159	156	98.1	1911	1842	96.4
Medical emergency resulting in need for medical treatment	1658	1554	93.7	3745	3602	96.2	1816	1756	96.7	220	217	98.6	9	9	100.0	7448	7138	95.8
Medication error resulting in serious consequences	4	3	75.0	6	6	100.0	4	4	100.0	2	2	100.0	1	1	100.0	17	16	94.1
Psychiatric emergency resulting in need for medical treatment	76	71	93.4	146	146	100.0	73	67	91.8	12	12	100.0	3	3	100.0	310	299	96.5
Severe injury resulting in the need of medical treatment	5	4	80.0	11	11	100.0	39	37	94.9	10	9	90.0	8	8	100.0	73	69	94.5
Suicide attempt resulting in the need for medical attention	2	2	100.0	5	5	100.0	16	16	100.0	3	3	100.0	7	7	100.0	33	33	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	8	8	100.0	9	9	100.0	16	14	87.5	12	12	100.0	3	3	100.0	48	46	95.8
Neglect/Mistreatment, self	4	3	75.0	1	1	100.0	13	12	92.3	7	6	85.7	1	1	100.0	26	23	88.5
Neglect/Mistreatment, other	3	3	100.0	2	2	100.0	1	0	0.0	9	7	77.8				15	12	80.0
Exploitation, financial	1	1	100.0				6	6	100.0	4	4	100.0	1	1	100.0	12	12	100.0
Exploitation, theft	2	2	100.0	2	2	100.0	7	7	100.0	13	13	100.0	5	5	100.0	29	29	100.0
Exploitation, destruction of property				2	2	100.0	1	1	100.0	1	1	100.0	2	2	100.0	6	6	100.0
Exploitation, other				1	1	100.0				1	1	100.0				2	2	100.0
Theft with law enforcement involvement				7	7	100.0	7	7	100.0	1	1	100.0	2	2	100.0	17	17	100.0
Failure of member's Back-up Plan	17	15	88.2	28	28	100.0	3	2	66.7	7	6	85.7	2	2	100.0	57	53	93.0
Elopement/Wandering from home or facility	6	6	100.0	9	9	100.0	5	5	100.0	20	19	95.0	4	4	100.0	44	43	97.7
Inaccessible for initial/on-site meeting	1	1	100.0	57	53	93.0	10	7	70.0	53	51	96.2	10	10	100.0	131	122	93.1
Unable to Contact	3	2	66.7	39	38	97.4	46	38	82.6	75	73	97.3	4	4	100.0	167	155	92.8
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	310	286	92.3	8	8	100.0	7	7	100.0	326	302	92.6
Cancellation of utilities				2	2	100.0	1	1	100.0				2	2	100.0	5	5	100.0
Eviction/loss of home	1	1	100.0	5	5	100.0	20	17	85.0	6	6	100.0	2	2	100.0	34	31	91.2
Facility closure with direct impact to member's health/welfare				45	10	22.2	22	12	54.5	73	38	52.1	3	3	100.0	143	63	44.1
Natural disaster with direct impact to member's health/welfare										3	3	100.0				3	3	100.0
Operational Breakdown				15	15	100.0	1	1	100.0	1	1	100.0				17	17	100.0
Other	8	7	87.5	461	451	97.8	7	6	85.7	124	120	96.8	9	9	100.0	609	593	97.4
PM #18 B Totals	**2132**	**1996**	**93.6**	**5227**	**5019**	**96.0**	**3275**	**3106**	**94.8**	**1262**	**1201**	**95.2**	**354**	**349**	**98.6**	**12250**	**11671**	**95.3**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2021 – 6/30/2021

April - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	6	6	100.0	20	20	100.0	14	14	100.0	7	7	100.0	10	10	100.0	57	57	100.0
Media involvement or the potential for media involvement				3	3	100.0	4	4	100.0	1	1	100.0	1	1	100.0	9	9	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	2	100.0	7	7	100.0	9	7	77.8	3	3	100.0	6	6	100.0	27	25	92.6
Psychological/Verbal abuse				3	3	100.0				1	1	100.0	1	1	100.0	5	5	100.0
Sexual abuse and/or suspected sexual abuse							1	1	100.0							1	1	100.0
Fall resulting in the need of medical treatment	89	88	98.9	110	107	97.3	162	158	97.5	117	113	96.6	34	34	100.0	512	500	97.7
Medical emergency resulting in need for medical treatment	566	552	97.5	1216	1213	99.8	432	430	99.5	58	58	100.0	3	3	100.0	2275	2256	99.2
Medication error resulting in serious consequences							1	1	100.0	2	2	100.0	1	1	100.0	4	4	100.0
Psychiatric emergency resulting in need for medical treatment	27	27	100.0	33	33	100.0	14	14	100.0	3	3	100.0	1	1	100.0	78	78	100.0
Severe injury resulting in the need of medical treatment	2	2	100.0	1	1	100.0	5	5	100.0	3	3	100.0	2	2	100.0	13	13	100.0
Suicide attempt resulting in the need for medical attention				1	1	100.0	5	5	100.0				2	2	100.0	8	8	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100.0	5	5	100.0	3	3	100.0	1	1	100.0	1	1	100.0	13	13	100.0
Neglect/Mistreatment, self	3	2	66.7				1	1	100.0	1	1	100.0				5	4	80.0
Neglect/Mistreatment, other							1	1	100.0	1	0	0.0				2	1	50.0
Exploitation, financial							1	1	100.0	1	1	100.0	1	1	100.0	3	3	100.0
Exploitation, theft	1	1	100.0				1	1	100.0	5	4	80.0	1	1	100.0	8	7	87.5
Exploitation, destruction of property				1	1	100.0				1	1	100.0	2	2	100.0	4	4	100.0
Exploitation, other																		
Theft with law enforcement involvement				4	4	100.0	1	1	100.0				1	1	100.0	6	6	100.0
Failure of member's Back-up Plan	4	4	100.0	20	20	100.0										24	24	100.0
Elopement/Wandering from home or facility	1	1	100.0							2	2	100.0				3	3	100.0
Inaccessible for initial/on-site meeting				31	31	100.0	4	4	100.0	15	15	100.0	6	6	100.0	56	56	100.0
Unable to Contact				12	12	100.0	11	11	100.0	13	13	100.0	1	1	100.0	37	37	100.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	114	113	99.1	4	3	75.0	1	1	100.0	120	118	98.3
Cancellation of utilities																		
Eviction/loss of home	1	1	100.0	2	2	100.0	5	5	100.0	1	1	100.0	1	1	100.0	10	10	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other	1	1	100.0	52	49	94.2				14	12	85.7	2	2	100.0	69	64	92.8
PM #18 C Totals	**706**	**690**	**97.7**	**1522**	**1513**	**99.4**	**789**	**780**	**98.9**	**254**	**245**	**96.5**	**78**	**78**	**100.0**	**3349**	**3306**	**98.7**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2020 – 6/30/2021

July 2020 - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	61	61	100.0	149	149	100.0	204	203	99.5	130	128	98.5	86	86	100.0	630	627	99.5
Media involvement or the potential for media involvement				11	11	100.0	6	6	100.0	7	7	100.0	1	1	100.0	25	25	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	3	3	100.0	8	8	100.0	37	34	91.9	10	10	100.0	17	17	100.0	75	72	96.0
Psychological/Verbal abuse				9	9	100.0	8	7	87.5	4	4	100.0	6	6	100.0	27	26	96.3
Sexual abuse and/or suspected sexual abuse				2	2	100.0	8	8	100.0							10	10	100.0
Fall resulting in the need of medical treatment	269	254	94.4	449	445	99.1	588	571	97.1	446	439	98.4	159	159	100.0	1911	1868	97.7
Medical emergency resulting in need for medical treatment	1658	1620	97.7	3745	3736	99.8	1816	1800	99.1	220	217	98.6	9	9	100.0	7448	7382	99.1
Medication error resulting in serious consequences	4	4	100.0	6	6	100.0	4	4	100.0	2	2	100.0	1	1	100.0	17	17	100.0
Psychiatric emergency resulting in need for medical treatment	76	75	98.7	146	146	100.0	73	73	100.0	12	12	100.0	3	3	100.0	310	309	99.7
Severe injury resulting in the need of medical treatment	5	4	80.0	11	11	100.0	39	39	100.0	10	9	90.0	8	8	100.0	73	71	97.3
Suicide attempt resulting in the need for medical attention	2	1	50.0	5	5	100.0	16	16	100.0	3	3	100.0	7	7	100.0	33	32	97.0
Neglect/Mistreatment, caregiver (paid or unpaid)	8	6	75.0	9	9	100.0	16	14	87.5	12	12	100.0	3	3	100.0	48	44	91.7
Neglect/Mistreatment, self	4	3	75.0	1	1	100.0	13	12	92.3	7	6	85.7	1	1	100.0	26	23	88.5
Neglect/Mistreatment, other	3	3	100.0	2	2	100.0	1	1	100.0	9	7	77.8				15	13	86.7
Exploitation, financial	1	1	100.0				6	6	100.0	4	4	100.0	1	1	100.0	12	12	100.0
Exploitation, theft	2	1	50.0	2	1	50.0	7	7	100.0	13	13	100.0	5	5	100.0	29	27	93.1
Exploitation, destruction of property				2	2	100.0	1	1	100.0	1	1	100.0	2	2	100.0	6	6	100.0
Exploitation, other				1	1	100.0				1	1	100.0				2	2	100.0
Theft with law enforcement involvement				7	7	100.0	7	5	71.4	1	1	100.0	2	2	100.0	17	15	88.2
Failure of member's Back-up Plan	17	14	82.4	28	28	100.0	3	3	100.0	7	6	85.7	2	2	100.0	57	53	93.0
Elopement/Wandering from home or facility	6	5	83.3	9	9	100.0	5	5	100.0	20	19	95.0	4	4	100.0	44	42	95.5
Inaccessible for initial/on-site meeting	1		0.0	57	57	100.0	10	10	100.0	53	51	96.2	10	10	100.0	131	128	97.7
Unable to Contact	3		0.0	39	39	100.0	46	46	100.0	75	73	97.3	4	4	100.0	167	162	97.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	310	298	96.1	8	8	100.0	7	7	100.0	326	314	96.3
Cancellation of utilities				2	2	100.0	1	0	0.0				2	2	100.0	5	4	80.0
Eviction/loss of home	1	1	100.0	5	4	80.0	20	18	90.0	6	6	100.0	2	2	100.0	34	31	91.2
Facility closure with direct impact to member's health/welfare				45	45	100.0	22	22	100.0	73	38	52.1	3	3	100.0	143	108	75.5
Natural disaster with direct impact to member's health/welfare										3	3	100.0				3	3	100.0
Operational Breakdown				15	15	100.0	1	1	100.0	1	1	100.0				17	17	100.0
Other	8	8	100.0	461	415	90.0	7	6	85.7	124	120	96.8	9	9	100.0	609	558	91.6
PM #18 C Totals	**2132**	**2064**	**96.8**	**5227**	**5166**	**98.8**	**3275**	**3216**	**98.2**	**1262**	**1201**	**95.2**	**354**	**354**	**100.0**	**12250**	**12001**	**98.0**

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A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	4/1/2021 – 6/30/2021

April - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**
Unexpected death of a member	6	42	7.0	20	103	5.2	14	57	4.1	7	50	7.1	10	77	7.7	57	329	5.8
Media involvement or the potential for media involvement				3	3	1.0	4	0	0.0	1	0	0.0	1	6	6.0	9	9	1.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	15	7.5	7	111	15.9	7	117	16.7	3	51	17.0	6	136	22.7	25	430	17.2
Psychological/Verbal abuse				3	0	0.0				1	0	0.0	1	0	0.0	5	0	0.0
Sexual abuse and/or suspected sexual abuse							1	36	36.0							1	36	36.0
Fall resulting in the need of medical treatment	88	2986	33.9	107	1774	16.6	158	2391	15.1	113	2409	21.3	34	519	15.3	500	10079	20.2
Medical emergency resulting in need for medical treatment	552	24686	44.7	1213	10917	9.0	430	3706	8.6	58	506	8.7	3	11	3.7	2256	39826	17.7
Medication error resulting in serious consequences							1	4	4.0	2	17	8.5	1	3	3.0	4	24	6.0
Psychiatric emergency resulting in need for medical treatment	27	669	24.8	33	243	7.4	14	54	3.9	3	4	1.3	1	1	1.0	78	971	12.4
Severe injury resulting in the need of medical treatment	2	48	24.0	1	1	1.0	5	89	17.8	3	33	11.0	2	9	4.5	13	180	13.8
Suicide attempt resulting in the need for medical attention				1	1	1.0	5	77	15.4				2	18	9.0	8	96	12.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	7	2.3	5	31	6.2	3	22	7.3	1	28	28.0	1	6	6.0	13	94	7.2
Neglect/Mistreatment, self	2	1	0.5				1	4	4.0	1	0	0.0				4	5	1.3
Neglect/Mistreatment, other							1	0	0.0							1	0	0.0
Exploitation, financial							1	2	2.0	1	3	3.0	1	51	51.0	3	56	18.7
Exploitation, theft	1	0	0.0				1	0	0.0	4	10	2.5	1	1	1.0	7	11	1.6
Exploitation, destruction of property				1	24	24.0				1	2	2.0	2	114	57.0	4	140	35.0
Exploitation, other																		
Theft with law enforcement involvement				4	3	0.8	1	1	1.0				1	23	23.0	6	27	4.5
Failure of member's Back-up Plan	4	23	5.8	20	29	1.5										24	52	2.2
Elopement/Wandering from home or facility	1	4	4.0							2	59	29.5				3	63	21.0
Inaccessible for initial/on-site meeting				31	0	0.0	4	0	0.0	15	50	3.3	6	0	0.0	56	50	0.9
Unable to Contact				12	0	0.0	11	0	0.0	13	124	9.5	1	0	0.0	37	124	3.4
Inappropriate/unprofessional conduct by provider involving member				1	2	2.0	113	686	6.1	3	15	5.0	1	0	0.0	118	703	6.0
Cancellation of utilities																		
Eviction/loss of home	1	5	5.0	2	63	31.5	5	20	4.0	1	0	0.0	1	77	77.0	10	165	16.5
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other	1	0	0.0	49	986	20.1				12	27	2.3	2	2	1.0	64	1015	15.9
PM #18 D Totals	**690**	**28486**	**41.3**	**1513**	**14291**	**9.4**	**780**	**7266**	**9.3**	**245**	**3388**	**13.8**	**78**	**1054**	**13.5**	**3306**	**54485**	**16.5**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	7/1/2020 – 6/30/2021

July 2020 - June 2021	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**
Unexpected death of a member	61	534	8.8	149	1179	7.9	203	1270	6.3	128	3903	30.5	86	1046	12.2	627	7932	12.7
Media involvement or the potential for media involvement				11	1	0.1	6	0	0.0	7	1	0.1	1	6	6.0	25	8	0.3
Physical abuse (incl. seclusion and restraints both physical and chemical)	3	20	6.7	8	145	18.1	34	322	9.5	10	83	8.3	17	328	19.3	72	898	12.5
Psychological/Verbal abuse				9	45	5.0	7	89	12.7	4	2	0.5	6	84	14.0	26	220	8.5
Sexual abuse and/or suspected sexual abuse				2	7	3.5	8	330	41.3							10	337	33.7
Fall resulting in the need of medical treatment	254	6372	25.1	445	7200	16.2	571	8904	15.6	439	9227	21.0	159	2542	16.0	1868	34245	18.3
Medical emergency resulting in need for medical treatment	1620	47105	29.1	3736	33633	9.0	1800	13160	7.3	217	2187	10.1	9	87	9.7	7382	96172	13.0
Medication error resulting in serious consequences	4	192	48.0	6	109	18.2	4	17	4.3	2	17	8.5	1	3	3.0	17	338	19.9
Psychiatric emergency resulting in need for medical treatment	75	1458	19.4	146	1089	7.5	73	460	6.3	12	87	7.3	3	8	2.7	309	3102	10.0
Severe injury resulting in the need of medical treatment	4	60	15.0	11	2021	183.7	39	695	17.8	9	243	27.0	8	234	29.3	71	3253	45.8
Suicide attempt resulting in the need for medical attention	1	2	2.0	5	4	0.8	16	104	6.5	3	28	9.3	7	44	6.3	32	182	5.7
Neglect/Mistreatment, caregiver (paid or unpaid)	6	10	1.7	9	22	2.4	14	69	4.9	12	37	3.1	3	6	2.0	44	144	3.3
Neglect/Mistreatment, self	3	2	0.7	1	3	3.0	12	17	1.4	6	6	1.0	1	9	9.0	23	37	1.6
Neglect/Mistreatment, other	3	25	8.3	2	10917	5458.5	1	0	0.0	7	319	45.6				13	11261	866.2
Exploitation, financial	1	0	0.0				6	11	1.8	4	48	12.0	1	51	51.0	12	110	9.2
Exploitation, theft	1	0	0.0	1	37	37.0	7	21	3.0	13	39	3.0	5	41	8.2	27	138	5.1
Exploitation, destruction of property				2	36	18.0	1	27	27.0	1	2	2.0	2	114	57.0	6	179	29.8
Exploitation, other				1	10	10.0				1	1	1.0				2	11	5.5
Theft with law enforcement involvement				7	2	0.3	5	34	6.8	1	0	0.0	2	23	11.5	15	59	3.9
Failure of member's Back-up Plan	14	77	5.5	28	46	1.6	3	2	0.7	6	9	1.5	2	2	1.0	53	136	2.6
Elopement/Wandering from home or facility	5	36	7.2	9	1292	143.6	5	8	1.6	19	113	5.9	4	21	5.3	42	1470	35.0
Inaccessible for initial/on-site meeting				57	111	1.9	10	0	0.0	51	238	4.7	10	0	0.0	128	349	2.7
Unable to Contact				39	330	8.5	46	137	3.0	73	237	3.2	4	0	0.0	162	704	4.3
Inappropriate/unprofessional conduct by provider involving member				1	0	0.0	298	2262	7.6	8	33	4.1	7	40	5.7	314	2335	7.4
Cancellation of utilities				2	6	3.0							2	10	5.0	4	16	4.0
Eviction/loss of home	1	5	5.0	4	3	0.8	18	66	3.7	6	15	2.5	2	79	39.5	31	168	5.4
Facility closure with direct impact to member's health/welfare				45	74	1.6	22	5	0.2	38	57	1.5	3	0	0.0	108	136	1.3
Natural disaster with direct impact to member's health/welfare										3	4	1.3				3	4	1.3
Operational Breakdown				15	15	1.0	1	1	1.0	1	6	6.0				17	22	1.3
Other	8	40	5.0	415	12030	29.0	6	126	21.0	120	1348	11.2	9	55	6.1	558	13599	24.4
PM #18 D Totals	**2064**	**55938**	**27.1**	**5166**	**70367**	**13.6**	**3216**	**28137**	**8.7**	**1201**	**18290**	**15.2**	**354**	**4833**	**13.7**	**12001**	**177565**	**14.8**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2021 – 9/30/2021)

Reported Critical Incidents (CIs) for Measurement Period 4/1/2021 – 6/30/2021

During the measurement period of 4/1/2021 - 6/30/2021, the MCOs became aware of 3349 CIs and of those, 3347 (99.9%) were reported to the State. The top four CIs were: Medical emergency resulting in need for medical treatment (2275/3349 = 67.9%); Fall resulting in the need of medical treatment (512/3349=15.3%); Inappropriate/unprofessional conduct by provider involving member (120/3349 = 3.6%); and Unexpected death of a member (57/3349=1.7%).

As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS in March, 1135 waivers can be used to implement a range of flexibilities. As such, the one-day and two-day reporting time requirement for CI reporting has been waived during the COVID-19 emergency declaration. Though the timeframes have been waived during the COVID emergency, the MCOs still reported for PM #18B that 3175 of the 3349 (94.8%) CIs for this measurement period were reported to the State within two days.

The data reported by the MCOs for PM #18C shows that 3306 of the 3349 (98.7%) CIs had a known date of occurance. PM #18D shows an all MCO average of 16.5 days from date of occurrence to date MCO became aware with individual MCOs ranging from 9.3 days (MCO C) to 41.3 days (MCO A).

Reported Critical Incidents (CIs) for Measurement Period 7/1/2020 – 6/30/2021

During the measurement period of 7/1/2020 – 6/30/2021 the MCOs became aware of 12,250 CIs. The top four CIs were: Medical emergency resulting in need for medical treatment (7448/12250 = 60.8%); Fall resulting in the need of medical treatment (1911/12250=15.6%); Unexpected death of a member (630/12250=5.1%); and Other (609/12250=5.0%).

As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS in March, 1135 waivers can be used to implement a range of flexibilities. As such, the one-day and two-day reporting time requirement for CI reporting has been waived during the COVID-19 emergency declaration. Though the timeframes have been waived during the COVID emergency, the MCOs still reported for PM #18B that 11,671 of the 12,250 (95.3%) CIs for this measurement period were reported to the State within two days.

The data reported by the MCOs for PM #18C shows that 12,001 of the 12,250 (98.0%) CIs had known date of occurance. PM #18D shows an all MCO average of 14.8 days from date of occurrence to date MCO became aware with individual MCOs ranging from 8.7 days (MCO C) to 27.1 days (MCO A).

1115 Comprehensive Waiver Quarterly Report
Demonstration Year 10
Federal Fiscal Quarter: 1 (7/01/21 – 9/30/21)
Department of Children and Families
Division of Children's System of Care

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for Home and Community Based Services (HCBS) - I/DD program

#1 Administrative Authority Sub Assurance	The New Jersey State Medicaid Agency (DMAHS) retains the ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and contracted agencies
Data Source	Record Review and or CSA data
Sampling Methodology	Random sample of case files representing a 95% confidence level
Numerator: Number of sub assurances that are substantially compliant (86 % or greater)	DMAHS reports on this sub assurance
Denominator: Total number of sub assurances audited	DMAHS reports on this sub assurance
Percentage	DMAHS reports on this sub assurance

#2 Quality of Life Sub Assurance	All youth that meet the clinical criteria for services through the Department of Children and Families (DCF), Division of Children' s System of Care (CSOC) will be assessed utilizing the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool
Data Source	Review of Child and Adolescent Needs and Strengths scores Contracted System Administrator (CSA) Data Data report: CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
Sampling Methodology	100% new youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	116

Denominator: Total number of new enrollees	118
Percentage	98%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD waiver. Two youth were enrolled in the waiver at the end of the quarter and were in the process of having their assessments done timely, but was not captured when the report was generated.

#3 Quality of Life Sub Assurance	80% of youth should show improvement in Child and Adolescent Needs and Strengths composite rating within a year
Data Source	CSA Data on CANS Initial and Subsequent Assessments. Data report: CSA NJ2021CANS Waiver Outcome
Sampling Methodology	Number of youth enrolled in the waiver for at least 1 year
Waiver	**I/DD**
Numerator: Number of youth who improved within one year of admission	631
Denominator: Number of youth with Child and Adolescent Needs and Strengths Assessments conducted 1 year from admission or last CANS conducted	699
Percentage	90%

#4 Level of Care Sub Assurance	CSOC's Contracted System's Administrator (CSA), conducts an initial Level of Care assessments (aka Intensity of Services (IOS) prior to enrollment for all youth
Data Source	CSA Data. Data report: CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
Sampling Methodology	100% new youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	118

Denominator: Number of new enrollees	118
Percentage	100%

#5 Plan of Care Sub Assurance	The Plan of Care (aka Individual Service Plan (ISP) is developed based on the needs identified in the Child and Adolescent Needs and Strengths assessment tool and according to CSOC policies
Data Source	CSA Data on Plans of Care completions, Record Review Data report: CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of Plans of Care that address youth's assessed needs	116
Denominator: Number of Plans of Care reviewed	118
Percentage	98%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD waiver. Two youth were enrolled in the waiver at the end of the quarter and were in the process of having their Plan of Care done timely but was not captured when the report was generated.

#6 Plan of Care Sub Assurance	Plan of Care is updated at least annually or as the needs of the youth changes
Data Source	CSA Data Report: CSA NJ1289 Waiver ISP Aggregate Report All Youth
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of current Plans of Care updated at least annually	246
Denominator: Number of Plans of Care reviewed	246

Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care (treatment plan) Data Report: CSA NJ1220 Waiver Services Provided
Data Source	CSA Data Report of Authorizations Record Review
Sampling Methodology	100% of youth enrolled during the measurement period.
Waiver	**I/DD**
Numerator: Number of plans of care that had services authorized based on the plan of care	118
Denominator: Number of plans of care reviewed	118
Percentage	100%

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care (ISP).
Data Source	CSA Data Report of Authorizations Claims paid on authorized services through MMIS Record Review
Sampling Methodology	Random sample representing a 95% confidence level
Waiver	**I/DD**
Numerator: Number of Services that were delivered	In Development
Denominator: Number of services that were authorized	In Development
Percentage	In Development

The reporting of this quality strategy is in development and will be addressed at a later date.

#9 Plan of Care Sub Assurance	Youth/families are provided a choice of providers, based on the available qualified provider network
Data Source	Record review Statewide CSA Data Report: NJ1384 Provider List -CSA Data Report
Sampling Methodology	Random sample representing a 95% confidence level
Waiver	**I/DD**
Numerator: Number of youth/families given a choice of providers as indicated in progress notes	439
Denominator: Number of records reviewed	608
Percentage	72%

A review for all the youth during the reporting period served under the I/DD waiver was conducted. Families are provided a choice during the Child Family Team Meeting and the care managers are required to upload the sign off form into the youth's record. The form is not always uploaded timely and counted towards the data in the reporting quarter. This was addressed with the appropriate agencies to ensure that the form is being uploaded according to the established protocol. CSOC will continue to monitor this indicator.

#10 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing waiver services
Data Source	Record review
Sampling Methodology	100% agency
Waiver	**I/DD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing waiver services	0
Denominator: Total number of new providers	0
Percentage	NA

CSOC did not enroll any new waiver providers during this reporting period.

# 11 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services continually meet required qualified status, including any applicable licensure and/or certification standards
Data Source	Provider HR Record Review
Sampling Methodology	100% agency
Waiver	**ID/D**
Numerator: Number of providers that meet the qualifying standards/applicable licensures/certification	60
Denominator: Total number of providers that initially met the qualified status	60
Percentage	100%

CSOC monitors certifications/qualifications of contracted providers as part of the contract renewal process. Monitoring and reporting on this measure are based on the provider population that was required to verify licensure and certification standards during this quarter.

# 12 Qualified Providers Sub Assurance	CSOC implements its policies and procedures for verifying that applicable certifications/checklists and training are provided in accordance with qualification requirements as listed in the waiver
Data Source	Record Review
Sampling Methodology	100% community provider agencies
Waiver	**I/DD**
Numerator: Number of providers that have been trained and are qualified to provide waiver services	60
Denominator: Total number of providers that provide waiver services	60

Percentage	100%

CSOC monitors certifications/qualifications of contracted providers as part of the contract renewal process. Monitoring and reporting on this measure are based on the provider population that was required to verify licensure and certification standards during this quarter.

# 13 Health and Welfare Sub Assurance	The State demonstrates on an on-going basis, that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: Total number of UIRs submitted timely according to State policies	2
Denominator: Number of UIRs submitted involving enrolled youth	4
Percentage	50%

Of the four youth that had UIR's, two of the corresponding reports were submitted timely. The two that were not submitted timely received required follow up regarding compliance with timely submission.

# 14 Health and Welfare Sub Assurance	The State incorporates an unusual incident management reporting system (UIRMS), as articulated in Administrative Order 2:05, which reviews incidents and develops policies to prevent further similar incidents (i.e., abuse, neglect and runaways)
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: The number of incidents that were reported through UIRMS and had required follow up	2
Denominator: Total number of incidents reported	2

that required follow up	
Percentage	100%

# 15 Health and Welfare Sub Assurance	The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
Data Source	Review of UIRMS
Sampling Methodology	100% of all allegations of restrictive interventions reported
Waiver	**I/DD**
Numerator: Number of unusual incidents reported involving restrictive interventions that were remediated in accordance to policies and procedures	0
Denominator: Total number of unusual incidents reported involving restrictive interventions	0
Percentage	N/A

There were no incidents that documented the use of a restraint.

# 16 Health and Welfare Sub Assurance	The State establishes overall healthcare standards and monitors those standards based on the NJ established EPSDT periodicity schedule for well visits
Data Source	MMIS Claims/Encounter Data
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: Number of youth enrolled that received a well visit	DMAHS measure
Denominator: Total number of youth enrolled	DMAHS measure
Percentage	DMAHS measure

# 17 Financial Accountability Sub Assurance	The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered
Data Source	Claims Data, Plans of Care, Authorizations
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: The number of claims there were paid according to code within youth's centered plan authorization	DMAHS measure
Denominator: Total number of claims submitted	DMAHS measure
Percentage	DMAHS measure