



New Jersey Comprehensive Demonstration

Section 1115 Annual Report

Demonstration Year 11: July 1, 2022 – March 31, 2023

Demonstration Year 12: April 1, 2023 – July 1, 2023

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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 August 1, 2017 through March 31, 2023

The first five years of the demonstration was initiated to:

- Maintain Medicaid and CHIP State Plan benefits without change;
- Streamline benefits and eligibility for four existing 1915(c) home and community-based services (HCBS) waivers under one Managed Long Term Services and Supports Program;
- Continue the service delivery system under two previous 1915(b) managed care waiver programs;
- Eliminate the five year look back at time of application for applicants or beneficiaries seeking long term services and supports who have income at or below 100 percent of the Federal Poverty Level (FPL);
- Cover additional home and community-based services to Medicaid and CHIP beneficiaries with serious emotional disturbance, autism spectrum disorder, and intellectual disabilities/developmental disabilities;
- Transform the State's behavioral health system for adults by delivering behavioral health through behavioral health administrative service organizations;
- Furnish premium assistance options to individuals with access to employer-based coverage. 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 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;
- Establish an integrated behavioral health delivery system that includes a flexible and comprehensive substance use disorder (SUD) benefit and the New Jersey continuum of care;
- To expedite financial eligibility for Medicaid in a timely manner for individuals placed under the OPG in order to receive needed Medicaid coverage;
- To provide evidence-based home visiting services to low-income families to promote enhanced health outcomes, whole person care, and community-integration.

This annual report is submitted in accordance with Special Term and Condition (STC) 73 of the NJCD.

II. STC 73 (a) Items included in the Quarterly Reports must be summarized to reflect the operation/activities throughout the DY;

The items included in the quarterly report are summarized throughout this annual report to reflect operation/activities throughout DY11 and DY12.

III. STC 73 (b) Total annual expenditures for the demonstration population for each DY, with administrative costs reported separately

The administrative cost for DY 11 and 12 combined was \$1,268,142,529. This cost is for the entire Medicaid program and includes salaries and benefits for all employees not only in Medicaid but the county eligibility staff, translation services, the cost of running the fiscal agent contract, Molina, Conduent, and all the other vendors.

IV. STC 73 (c) Total contributions, withdrawals, balances, and credits;

Total contributions, withdrawals, balances and credits is included in Attachment F at the end of this report.

V. STC 73 (d) Yearly enrollment reports for demonstration enrollees for each DY (enrollees include all individuals enrolled in the demonstration) that include the member months, as required to evaluate compliance with the budget neutrality agreement;

Demonstration Populations by MEG	Total Number of Demonstration participants Quarter Ending – 9/22	Total Number of Demonstration participants Quarter Ending – 12/22	Total Number of Demonstration participants Quarter Ending – 03/23	Total Number of Demonstration participants Quarter Ending – 06/23
Title XIX	862,560	879,281	911,442	935,537
ABD	231,120	230,770	229,489	228,880
LTC				
HCBS - State plan	20,052	20,592	21,110	21,304
TBI – SP				
ACCAP – SP				
CRPD – SP				
GO – SP				
HCBS - 217-Like	19,636	20,005	20,283	20,565
TBI – 217-Like				
ACCAP – 217-Like				
CRPD – 217-Like				
GO – 217-Like				
SED - 217 Like	423	410	397	380
IDD/MI – (217 Like)	522	478	462	437
NJ Childless Adults				
Expansion Adults	517,529	529,420	541,061	549,756
New Adult Group	227,595	228,626	230,641	233,176
SED at Risk	5,377	5,530	6,116	5,954
MATI at Risk				
Title XXI Exp Child				
NJFAMCAREWAIV-POP 1				
NJFAMCAREWAIV-POP 2				
XIX CHIP Parents				

VI. STC 73 (e): A Report of Service Use by Program Including Each HCBS Program (encounter data)

Service Use data for the MLTSS, ASD, ID/DD-MI, SED, CCP and Supports Program is included in Attachment A at the end of this report.

VII. STC 73 (f) A Summary of the Use of Self-directed Service Delivery Options in the State

The State of NJ continues its focus on ensuring access to personal care services (PCS) through the self-directed option and the Personal Preference Program (PPP). NJ's self-directed option for New Jersey FamilyCare (NJFC) members provides opportunities to better support its members, current and new, with options that meet their current needs. During DY 11 and 12, the PPP operationalized the option for participants to request their quarterly Information & Assistance (I&A) visits be completed telephonically rather than face-to-face. This option is available to current participants and individuals newly seeking self-directed PCS, ensuring NJFC members are able to maintain their safety in the community while exercising choice in accessing personal care services (PCS). Program participation continues to grow year over year. Specifically, enrollment for participants accessing PCS through the managed long-term services and supports (MLTSS) increased by 12% from DY10 to DY11 and 12. NJ maintains its support for PCS provided through the PPP as a vital option for NJFC members' ability to maintain their community living experience. As NJ returns to post-Public Health Emergency (PHE) operations, NJFC's program maintains its innovative spirit by collaborating with members, managed care organizations, fiscal intermediary providers, and other state partners to determine new best practices and define opportunities that can improve delivery options for self-directed care.

VIII. STC 73 (g): A General Update on the Collection, Analysis and Reporting of Data by the Plans at the Aggregate Level

Encounter Data

The main data set that the DMAHS Office of Business Intelligence is responsible for encounter data, received from the MCOs. Section 3.9 of the managed care contract requires NJ FamilyCare plans to "collect, process, format, and submit electronic records for all services delivered to an enrollee." The plans are required to submit encounter records on at least a monthly basis, although there are submissions that generally occur more frequently. DMAHS has a unique set of encounter claim edits to ensure consistency and readability of encounters across the varied MCOs. The Office of Business Intelligence also sets category of service (COS) utilization benchmarks in certain areas to ensure completeness of the data submitted by the plans and has contractual requirements related to duplicate encounter submissions and encounter MMIS denial rates.

Shared Data Warehouse

The Division contracts for the operation of a shared data warehouse that includes nearly all data available from the MMIS and some data from external sources (such as NJ Choice MLTSS assessment data, long-term care recipient data from the Division of Aging Services, and electronic birth certificate information from the Department of Health). Access to this warehouse is available to the Division of Medical Assistance and Health Services (DMAHS) staff and to certain select staff in other state departments/agencies (Department of Treasury – Office of Management and Budget, Office of State Comptroller – Medicaid Fraud Division, Department of Law and Public Safety – Division of Criminal Justice for example), with data expertise and consulting available through the Division's Office of Business Intelligence and its shared data warehouse contractor. The warehouse allows for ad-hoc and production reporting of various data metrics and is also used as the source of data for various interactive data dashboards maintained by the Office of Business Intelligence. The Research and Performance Evaluation functions within the Office of Business Intelligence are the division's "data experts" and are responsible for defining performance metrics from data available from the shared data warehouse and other sources. The Office of Business Intelligence also

presents this information in audience-specific formats, with products ranging from high level slide presentations to detailed claims-based analysis in support of future policy making and fraud detection.

Performance Improvement Project (PIP) Update

Another way NJ uses data collected from the MCOs is for Performance Improvement Projects (PIPs), which are housed within the Office of Quality Assurance and the Office of Managed Long Term Services and Supports Quality Monitoring. A routine PIP cycle consists of baseline data followed by two re-measurement years where interventions are actively ongoing, followed by a sustainability year to ensure that the interventions put into place are sustainable.

The Division of Medical Assistance and Health Services (DMAHS) is actively engaged in two clinical and one non-clinical performance improvement projects (PIPs). In January 2019, all five MCOs initiated a collaborative PIP with a focus on Risk Behaviors and Depression in the Adolescent Population. During this annual review, the MCOs submitted a final report in August 2022 concluding the 3-year PIP cycle. The PIP outcomes were favorable. All MCOs showed percentage point improvements ranging from 8.64% to 68.58% in the categories of Alcohol Use, Sexual Behavior, Depression, and Drug Use. In the category of Tobacco Use, four MCOs noted percentage point improvements ranging from 3.37% to 47.62%, while Horizon showed a -0.48% decline from baseline. In September 2020, the five MCOs submitted individual non-clinical PIP proposals with a focus on Access to and Availability of Provider Services tied to claims.

During this annual review, AGNJ, HNJH, UHC, and WCHP submitted 2 years of re-measurement data along with sustainability data. ABHNJ revised their aim statement and performance indicators in 2021, resulting in a new PIP cycle. During this annual review, ABHNJ submitted baseline and 2 years of re-measurement data. In September 2021, the five MCOs submitted individual clinical PIP proposals with a focus on Preventative Care in the first 30 months of life. During this annual review, the MCOs submitted baseline and 2 years of re-measurement data.

MLTSS Performance Improvement Project (PIP) Update

The Office of Managed Long-Term Services and Supports Quality Monitoring (MLTSS QM) is involved in multiple activities associated with the quality oversight of the Managed Care Organizations (MCOs). IPRO, the External Quality Review Organization (EQRO) for the State, conducts the review of compliance with Medicaid and CHIP Managed Care Regulations, validation of Performance Measures, and validation of Performance Improvement Projects (PIPs), as required by CMS.

The annual assessment of MCO Operations conducted by the EQRO ensures compliance for Federal and State operational and quality requirements. MCOs demonstrating compliance receive a partial review every third year for those elements that were “Not Met” or “N/A” during the comprehensive review. MLTSS elements specifically are subject to review each year regardless of their compliance determination in the prior year. The 2022 review included partial reviews of one MCO and full reviews for the other four MCOs as well as a full review of all MLTSS programs. Corrective Action Plans (CAPs) were requested from MCOs for any elements that received recommendations for deficiencies. For the audit period of January to December 2022 an assessment was conducted in early 2023 for FIDE SNP/MLTSS.

The NJ FamilyCare Managed Care Contract article 9.11.E requires NJ FamilyCare MCOs to report Performance Measures for the MLTSS program. The EQRO, in collaboration with the Office of Managed Long-Term Services and Supports Quality Monitoring, review and refine Performance Measure specifications annually, to assure consistent approaches to data collection across the five MCOs. Each year, the MCOs are required to submit source code and sample files to the EQRO for each Performance Measure as part of the validation process. The EQRO assesses each MCO's process for calculating Performance Measures, including whether the process adhered to each measure's specifications, and the accuracy of the Performance Measure rates as calculated and reported by the MCOs. The EQRO works with the State to monitor the submission of Performance Measures throughout the year and produces quarterly validation reports as well as an annual Performance Measure validation report for the Office of MLTSS QM.

All five MCOs submitted a sustainability progress report update in August 2021 on the topic of "Decreasing Gaps in Care" which included the 2018 baseline data. The reports were reviewed and accepted by the EQRO and the State in November 2021. Recommendations for performance improvement on this topic were to target preventative services for MLTSS members and /or target services related to chronic disease. All five MCOs submitted the Final Report Findings in August 2022 for the topic "Decreasing Gaps in Care", concluding the Performance Improvement Project for this topic. Final Report Findings were reviewed and scored by the EQRO.

In October 2018, Amerigroup was required to submit a new PIP proposal on the topic "Prevention of Falls in the Managed Long Term Services and Supports (MLTSS) Population" 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 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. The MCO submitted the Final Report Findings in August 2022 concluding the Performance Improvement Project for this topic. Final Report Findings were reviewed and scored by the EQRO.

A new PIP Topic was introduced to the Plans in June of 2021. All five 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. The new PIP Proposals were accepted by the State in conjunction with the EQRO and feedback was provided to the Plans in November 2021. All 5 MCOs submitted Year 1 Findings. Year 1 Findings were reviewed by the State and reviewed and scored by the EQRO in August 2022. Year 2 updates were received by the EQRO from the MCOs in April of 2023 and were reviewed by the EQRO and DMAHS. The EQRO and DMAHS expect Year 2 August reports for review in August of 2023.

IX. STC 73 (h): Monitoring of the Quality and Accuracy of Screening and Assessment of Participants who Qualify for HCBS/MLTSS

MLTSS Non-MCO Members

The NJ Aging and Disability Resource Connection (NJ ADRC) and the NJ Division of Disability Services (DDS) are the lead agencies responsible for screening non-MCO consumers seeking

long term services and support. Through an intake process, consumers who trigger as at-risk for nursing home placement are encouraged to complete the Screen for Community Services (SCS) during the telephone call with either agency. The SCS identifies service needs, clinical needs, and potential Medicaid financial eligibility. Individuals who do not score as potentially eligible or without identified needs are provided Options Counseling and Information and Assistance (I&A) on all publicly funded long term services and supports. Individuals who score as potentially eligible are encouraged to accept a referral for a comprehensive assessment and to apply at their local County Welfare Agency for financial screening and application.

During the period of July 1, 2022 through June 30, 2023, the below statistical data identifies the number of SCS that resulted in referrals for comprehensive assessments. In this period, 73% of screens that identified at-risk individuals were referred for comprehensive assessment based on consumer consent. This is a 13% increase from the prior year. While there was a 36% decrease in the overall number of individuals screened, there was a higher percentage of individuals referred for comprehensive assessment (increase from 33% to 48%). It appears that the individuals contacting the NJ ADRC are identifying as having increased care needs resulting in the higher percentage referred.

NJ ADRC SCREENING	TOTAL FY22	TOTAL FY23	% Change
SCS - I&A/Options Counseling	5,015	1,925	-62%
SCS - comprehensive assessment recommended	6,177	5,219	-16%
SCS referred for comprehensive assessment	3,737	3,454	-8%
TOTAL	11,192	7,144	-36%

MLTSS MCO Members

The NJ Family Care Managed Care Organizations (MCO) are the entities responsible for identifying and screening members who are identified as in need of long term services and supports. Members who screen positively or who request an assessment regardless of outcome are referred for a comprehensive assessment. The SCS has been shared with the MCOs for and as of January 1, 2020 is a state mandated tool. The inclusion of MCO screenings in future reports is pending the development of appropriate reporting tools.

The Department of Human Services (DHS) utilizes a standardized comprehensive assessment to determine clinical eligibility for nursing facility level of care which is required for MLTSS eligibility. The standardized assessment is the interRAI Home Care Assessment, Version 9.1 which is referred to as "NJ Choice HC". The NJ Choice HC is a comprehensive assessment and algorithms which identifies Care Assessment Protocols (CAP) which guide care planning.

Effective March 1, 2020, NJ received a waiver from CMS on the requirement to complete face-to-face initial and annual level of care assessments as a result of COVID-19 state of emergency. All face-to-face assessments and visits for MLTSS members were suspended and alternate processes were developed for the assessment of individuals newly seeking MLTSS enrollment. Effective November 15, 2021, some face-to-face visits were permitted to resume while flexibilities continue to be used in certain circumstances. All assessment flexibilities were

discontinued as of the close of the fiscal year June 30, 2023. As a result of the suspension of some assessments for the entirety of the fiscal year, there is no analysis of the change from one demonstration period to another and reporting will be limited to the number of assessments and outcomes without further analysis.

During the period of July 1, 2022 through June 30, 2023, 75,256 assessments for MLTSS level of care determination were submitted. Of those, 72,633 assessments for MLTSS level of care determination (96.51%) provided a determination for existing MCO members.

The final level of care determination numbers were; 3,358 authorized with full review (4.56%), 67,991 authorized without review (92.39%) and 0 Denied (0.00%). Additionally, 1,284 assessments (1.74%) were not provided a determination through the review process and are labeled as “Not Authorized”. OCCO (Office of Community Choice Options) conducts reassessments for these members. This rate is below the state benchmark of 2%. There were 955 assessment submissions that were unable to be determined; these consisted of duplicate submissions, requests that MCO conduct a new assessment, outcomes pending more information/screening by another entity (i.e. DDD), or other non-determination outcomes. Inability to be determined represent 22.14% of submissions requesting a determination. DoAS distributes these reports to the MCOs annually and reviews overall trends at a care management meeting with a focus on quality oversight and best practices to reduce the percentage of non-determinations.

Effective February 1, 2017, the Department changed its internal policy of reviewing 100 percent of the MCO annual reassessments for existing MLTSS members to an “Authorization without Review” and auditing process. This allows the State to enter continued clinical eligibility upon receipt of the assessment without a review of the assessment. The State’s role in review and determination has been to ensure that assessment and clinical eligibility determinations are completed accurately and in accordance with policy and regulatory requirements.

Individuals who do not qualify for the Authorization without Review process and require full review and determination by the State are:

1. MLTSS members who no longer appear to meet Nursing Facility Level of Care
2. MLTSS enrolled Youth aged 20 and younger
3. MLTSS members seeking a change in Level of Care Need
4. MLTSS members who require Cost Effectiveness IDT
5. Members seeking MLTSS enrollment including those in nursing facilities or special care nursing facilities
6. Members seeking DDD Waiver enrollment for Supports Plus PDN
7. MLTSS Members previously Not Authorized or Denied by OCCO who now meet NF LOC as a result of a significant change in condition

The MCO is the responsible entity for identifying the criteria and identifying what level of review is required by the State through the assessment submission process. Various quality processes are in place to ensure authorization without review are appropriate including: 1) Ensuring MLTSS enrollment status is validated prior to entering the continued clinical eligibility, 2) Demonstrating evidence of prior clinical eligibility is validated prior to entering the continued clinical eligibility, 3) Conducting monthly auditing of a sample of submitted records. The State

may review any assessment submission at its discretion for any reason.

The State has conducted 6,203 random audits – 9.12% of assessments not subject to review between July 1, 2022 and June 30, 2023. Statewide, 1.34% of audits were deemed “unsatisfactory” which is a decrease from the prior year rate of 2.90%. One MCO has a rate of 3.04% which is significantly higher than the other MCOs. Unsatisfactory is defined as an assessment which does not meet one or more of the following criteria:

1. Nursing facility level of care was not able to be validated
2. Special care nursing facility level of care was not able to be validated
3. Assessor not registered as certified to conduct assessment in State’s database
4. Assessment was not appropriate for the “authorization without review” process.

In the event of an unsatisfactory audit, a full review is conducted and appropriate action taken. The State will continue to audit monthly and continue technical assistance and training for the MCOs on identified areas of weakness to improve accuracy and quality of the Authorization without Review process.

NJ Choice HC Recertification

Individuals who conduct assessments utilizing the state’s standardized assessment tool are required to undergo recertification and demonstrate competency every three years. The recertification for all stakeholders conducting the NJ Choice assessment, including the MCOs, was held in February/March 2021. MCO Care Management Supervisors and Master Trainers were the target audience. The MCOs then conducted trainings for their employees and submitted the results to the State. The yearly quality monitoring component has been waived due to the suspension of in-person monitoring which has not been feasible during the PHE. The annual quality monitoring related to NJ Choice certification resumed for calendar year 2023 with a slightly shortened cycle (3/1/23 through 1/31/24).

CSSP SED, I-DD:

DCF/CSOC’s Contracted System Administrator (CSA) promotes improved outcomes for youth and their family/caregivers through utilization management, care coordination, quality management, and information management processes.

CSOC’s CSA provides a 24/7 single point of access to care for youth, families and caregivers living in New Jersey. The CSA performs a broad range of administrative service not limited to the following:

- A. Providing a Customer Service Call Center with 24/7 intake and Customer Service capability
- B. Providing a web-based application that interfaces with the CSA’s Management Information System (MIS)
- C. Utilization management and prior authorization
- D. Coordinating access to services for youth
- E. Providing Quality and Outcomes Management, and System Measurement that supports CSOC’s goal to promote best practices and providing assistance to the State in assuring compliance with State and federal guidelines.

CSOC collaborates with the State's Medicaid authority, the Department of Human Services, Division of Medial Assistance and Health Services to provide oversight of the Children's Support Services Program Intellectual and/or Developmental Disabilities (CSSP I/DD).

To ensure that youth are appropriately identified for waiver enrollment, an eligibility algorithm was developed in collaboration with the CSA to identify eligible youth. Youth that meet the waiver criteria are enrolled into the Children's Support Program Intellectual Disabilities/Developmental Disabilities (CSSP I/DD). The waiver algorithm supports CSOC in claiming Federal Financial Participation (FFP) for waiver services.

All waiver enrolled youth are authorized, at a minimum, for Care Management Organization (CMO) services. The CMOs are independent, community-based organizations that provide service linkage, advocacy, monitoring, individualized service plan development and assessment. Care management provides accountability to ensure services are accessed, coordinated, and delivered in a strength based, individualized, youth focused, family driven, ethnically, culturally, and linguistically relevant manner. CMOs coordinate Child Family Team (CFT) meetings and implement Individual Service Plans (ISP) for each youth and his/her family/caregiver. They coordinate the delivery of services and supports needed to maintain stability and progress towards goals for each youth, utilizing a wraparound approach to planning.

The CFT is an on-going coordinated process that includes participation from the youth, the youth's family/caregiver, the CMO care manager, and any other individual identified by the youth and family/caregiver to help support the family/caregiver towards sustainable plan of care. The CFT meets, at minimum, every 90 days or as needed. Through the CFT process, strengths and needs are identified, progress and barriers to care, and services to be implemented. Once identified, the request is added to the youth's individual treatment (care) plan, which is reviewed by CSA's clinical staff. Clinically appropriate services are authorized by the CSA. If at any time during the CFT process it is determined that the youth no longer requires a service, that service will be terminated.

Supports/Community Care Programs:

DDD's assessment tool, the New Jersey Comprehensive Assessment Tool (NJ CAT), is conducted through an electronic process and is completed by an individual that is knowledgeable about the service recipient. The NJCAT is the tool used to identify an individual's budget and determine program eligibility. This includes items such as: age, Medicaid eligibility, living arrangement, enrollment in other Demonstration programs, 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, all external DDD audits review the NJCAT for eligibility and cross-check the assessment findings with other documents for consistency (i.e.: person-centered planning tool, individual service plan, case notes, etc.).

An annual audit was conduct by both internal and external auditors during the DY. DDD was found to be in 100% compliance related to eligibility and claims.

X. STC 73 (i): GEO Access Reports from Each Participating MCO

The Geo Access Report Summary is located under Attachment B.

XI. STC 73 (j) Waiting List(s) Information by Program Including Number of People on the List and

the Amount of Time it Takes to Reach the Top of the List Where Applicable

New Jersey currently has a waiting list for the Community Care Program (CCP), however all members on the CCP waiting list receive services through the Supports program. There are approximately 2,400 individuals on the CCP Waiting List. During 2023 approximately 600 individuals were reached on the Waiting List.

XII. STC 73 (k): The Various Service Modalities Employed by the State, Including Updated Service

Models, Opportunities for Self-direction in Additional Program, etc.

Supports Program:

The Supports Program gives the State the ability to provide home and community-based services to developmentally or intellectually disabled individuals who do not meet an institutional level of care. The Supports Program (SP) is the primary demonstration program that ID/DD young adults enter upon high school graduation, and replaces that educational entitlement with day services such as employment, career planning, day habilitation and pre-vocational services. Without these HCBS supports, members would likely need institutional services.

Community Care Program:

The Community Care Program gives the State the ability to provide home and community-based services to developmentally or intellectually disabled individuals who meet an institutional level of care, and without HCBS supports would require institutional services. The Community Care Program (CCP) is the demonstration program for adults with ID/DD that require significant HCBS service needs, and provides members with the budget to purchase needed supports and services while allowing them to continue residing in the least restrictive residential setting. Most individuals in the CCP choose to access similar day supports as members in the Supports Program, but members in the CCP can also access individual supports to assist with gaining independence both in their homes and communities. There are a variety of additional HCBS supports available, such as behavioral supports, therapies, and environmental and home modifications.

Self-Direction:

Individuals in each of the DDD programs, Supports and CCP, have the ability to self-direct some or all of their HCBS services. NJ noticed an increase in self-direction during the public health emergency (PHE)

and since the ending of the PHE. Specifically, during the state mandated closing of congregate day habilitation centers, DDD noticed an increase in the request for self-directed employees and virtual classes such as fitness classes, cooking classes, etc. NJ also includes behavior supports that supplement State Plan services, as an HCBS service. This service has allowed for families who self-direct to employ a qualified professional to develop behavioral guidelines and/or behavior plans, as well as develop data tools and attend inter-disciplinary meetings to report progress and participate in on-going recommendations and person-centered planning.

NJ also developed crisis programs for individuals who would normally be admitted into a hospital setting. These individuals may now be assessed and receive the behavioral stabilization supports that they need in order to maintain their HCBS placements.

CSSP I/DD;

The CSSP I/DD program provides HCBS benefits and supports to beneficiaries under the age of 21 that meet DCF criteria of functional eligibility for youth with intellectual or developmental disabilities. Individuals may also have co-occurring I/DD and mental health diagnoses. The program is administered through DCF and the Children's System of Care (CSOC) and provides services including individual supports, and intensive in community/in home therapeutic services and behavioral health services.

CSSP SED:

The CSSP SED Program provides behavioral health and HCBS benefits to beneficiaries under the age of 21 with a serious emotional disturbance (SED), who are at risk of hospitalization or require out-of-home treatment or hospital level of care. The program is administered through DCF and the Children's System of Care (CSOC) for individuals under 21 who have SED, and provides additional waiver services including social and emotional learning services, interpreter services and non-medical transportation. Additionally, this waiver provides Plan A benefits to youth that meet waiver criteria that would not otherwise meet Medicaid eligibility criteria.

MLTSS:

MLTSS provides HCBS services through a managed care delivery system to aged and disabled members who would otherwise require an institutional level of care. Services provided through MLTSS include private duty nursing, care management services, community residential services and assisted living. The implementation of MLTSS removed the silos of services that were created with the individual 1915(c) waivers.

XIII. STC 73 (I): Specific Examples of How HCBS Has Been Used to Assist Participants

The following examples have been provided by each MCO to illustrate how HCBS has been used to assist members:

Aetna:

The member is a 49-year-old female diagnosed with Paraplegia, Bipolar disorder, Major depressive disorder, Anxiety disorder, Asthma, and Spina bifida. The member was enrolled in MLTSS in October, 2021. . Prior to member's NF placement, she was living in the community with her partner of over 20 years. Due to her Spina Bifida diagnosis, it became increasingly challenging for her partner to assist her in the home. The member is wheelchair bound and requires hands on assistance with bathing, dressing upper and lower body, toilet use, bed mobility, and transfers. After hospitalization from a fall in her home, the member was admitted to Subacute Rehab in a nursing facility (NF) with the goal of returning home. Due to the COVID-19 pandemic, the member's goal of returning home continued to be pushed back, and she became a long-term care resident in the NF for almost 3 years.

The member requested a community transition during a scheduled face-to-face visit with her Case Manager. The member expressed fears of being discharged without a safe plan and not

having her needs met. The member also expressed feelings of fear of returning home, as her needs have increased since she was last home. However, due to the member's age, she wanted to be home with her long-term partner. CM and member identified some of the risks that can occur if her needs are not met, including falls, UTI, and skin breakdown. The member has an indwelling catheter and a history of UTI. The member's partner and mother-in-law also expressed that if she did not have assistance in the home and the proper DME, her transition home would not be successful. The member and family agreed that they did not want to commit to an official discharge date unless all her services and goods were ordered/ delivered and set up prior to discharge. In addition, the member would need PCA, however due to the member's geographical location, finding PCA was challenging. Her informal support in the community includes her partner and mother-in-law, who visited her frequently while residing at the NF.

The Case Manager set up an Interdisciplinary Care Team Meeting with the member, a NF Social Worker, the member's partner, OCCO Nurse, NF Nursing Staff, a Physical Therapist, Member Advocate, and Community Case Manager to discuss her goal of returning to the community. Some of the things needed in order to remain successful in the community were identified, including an electric hospital bed, transfer board, hoist lift, wheelchair, incontinence supplies, and MLTSS transition goods. In addition, needed services were identified, such as PCA, Visiting Nurses, Pharmacy delivery, Mental Health Services, and PERS. The Case Manager worked with the team to send out referrals for PCA, a Visiting Nurse, and PERS as well as submit DME orders and create community provider lists. The member's partner received caregiver training by the NF and the discharge date was set for 3/8/23.

With the help of the transition team, the Case Manager was able to secure all the requested services, DME needs, and transition goods prior to member's discharge. Member successfully transitioned home on 3/8/23. The member was visited by a Community Case Manager RN on 3/15/23. Member expressed gratitude for being home with her partner and having the opportunity to improve her quality of life. The member stated that being in a nursing home at the age of 49 was starting to affect her mental health and she was very happy to be home. She has received all the services discussed during transition planning and member expressed gratitude for being reunited with her partner and her pets. Member is looking forward to spending her birthday at home with her loved ones this year.

Amerigroup:

The member was residing in a NF. The Initial transition with the Interdisciplinary Team (IDT) took place on 1/12/2023. A return to her established community residence was determined to be unsafe due to the need for chronic wound care, Urostomy care and lack of informal supports. In addition, the member was unable to pay community rent and was in the process of eviction. Amerigroup's MLTSS Case Manager worked with Ladacin network, a social service agency. The member completed an application for Ladacin and was approved for an accessible, subsidized community apartment within the Ladacin Network.

A second IDT took place on 2/21/2023. The transition team determined the Member would need the following services in place prior to discharge: Home delivered Meals, VNA, incontinence and urostomy supplies, chore services, PERS and transitional funds for furniture, household items, security deposit and one-time pantry fill. Amerigroup authorized a chore service which was able to move all of the member's furniture and other personal belongings

to her new apartment. The member now receives home health aide services through Ladacin and the VNA. The member transitioned to the community on 3/15/23, to her community setting of choice, and with no unmet needs.

Horizon:

The member is a 47 year old African American female residing in the community with her adult daughter and 3 minor grandchildren. Her diagnoses include soft tissue sarcoma, CHF, asthma, and depression. Member's short term and situational memory are both impaired. The member requires hands on assistance with bathing, dressing, transfers, toileting, ambulation and locomotion. She is able to ambulate with a cane at times, but often requires hands on support. The member reports that constant pain and overall weakness limit her ability to complete daily tasks. The member's family serves as both formal and informal support. She is currently receiving 35 hours of care each week under the Personal Preference Program. Her other services include Home Delivered Meals, Personal Emergency Response System and care management. The member sees her cardiologist and oncologist routinely and PCP as needed. MLTSS CM has discussed medication management and counseling options in the past to manage her depression, however, she feels that neither are necessary.

The member, her adult daughter and minor grandchildren have spent several years living in motels. Horizon's Housing Specialist along with the MLTSS CM worked closely with the family in their housing search. Low-income housing and other housing assistances were explored, but there were many barriers due to poor credit history, past history of evictions, and their family size. Although an application was submitted for the recent Section 8 Housing Choice Voucher program open enrollment, the family wasn't selected. Finally, in May 2023, the family was able to secure permanent, stable housing. They signed a lease and received their keys to their new apartment. The monthly rent is within the family's budget and is on par with the same costs as the monthly motel rate they have been paying. Despite the member's many health struggles, the member is so happy to have found a home!

United:

The member has poor coordination and balance, and is unable to stand for long periods of time due to shortness of breath and weakness in both legs. The member's family reports that the member utilizes a wheelchair as her mode of locomotion for all outside appointments. The home has steps that the member uses to get in and out of the home. The member states she is unable to maneuver the steps like she used to and requires great effort when she does. The family reports there is no way to get the member out of the house without a modular ramp for safety. The CM initiated the home modification process on 02/28/2023. The member and the member's daughter provided UHC CM with all necessary documentation to meet the qualifications for home modification. The appropriate estimates were made and the team selected SOS group to install the modular ramp. The ramp was successfully installed in May of 2023.

Since installation of the ramp, the member has been able to enter and exit the home with her wheelchair, giving her more access to the community and decreasing her isolation. She has been able to get to doctors' appointments, hair appointments, grocery shopping and other outings with her family. The member is grateful for this modification which meets her needs.

CM has worked with member since 10/2022. Prior to assisting the member and family with the home modification, and guided the member through the process of beginning the state self-directed personal care program called Personal Preference Program (PPP), allowing the member's son to provide hands on ADL and IADL support for the member. The CM also provided community resources in the event the member's needs change.

WellCare:

The member was a resident in a Long-Term Care Facility since 2018. The member is a 59-year-old male with the diagnoses of Diabetes Mellitus Type II, bilateral above knee amputations, GERD, hypertension, and a history of tobacco use.

The member wanted to be independent and living in his own place. WellCare had many discussions with the member, facility staff and transition team to make this move happen. There were roadblocks that came up as far as getting medical equipment, caregivers and rehab services. With the help of the transition team, WellCare was able to find housing in an Apartment complex. The next step was getting a fully electric bed – as the member requires this for safe transfers due to his bilateral above knee amputations. This is not an easily covered item; however, WellCare agreed to cover the cost at \$35/month for the fully electric bed.

The next challenge was finding a caregiver. This was a very daunting task as the available workforce is limited due to the county of residence and PHE. After collaboration with the nursing facility and care manager we were able to find an agency that had available staff. We had one more piece for the at home care team to make this a success and that was rehab services. The Care Manager was able to coordinate PT/OT services at home.

Arrangements were made with transportation to move him from the facility to his new apartment in January of 2023, and a new phone was ordered through Assurance Wireless. However, the phone through Assurance would take 10 business days. A member of the transition team, was able to obtain a cell phone for the member and personally delivered it to him. The transition team also took care of prepping the member's apartment with food, frozen meals, furniture, and toiletries.

The Care Manager saw the member on the day he arrived home and has contacted the member multiple times since the transition to provide ongoing support. One of the member's long-term goals is obtaining a picture ID which is required for him to open a bank account, as he is currently receiving checks from Social Security. A member of WellCare's transition team is currently assisting member in obtaining all necessary paperwork to open his bank account.

CSSP SED, I-DD:

The Children's System of Care (CSOC) is pleased to share the following success stories received from the Care Management Organizations (CMOs) that detail, in their own words and the words of their families, the impact waiver services have on the quality of life for the youth and their family or caregiver.

In one instance, a youth enrolled into CMO services to address needs for independent living skills and basic daily living skills. The youth was authorized Individual Support Services (ISS) and participated in the treatment services with the support of his mother and older sibling. At

the end of the services, the youth had learned how to shop in a convenience store by identifying different money denominations. In addition, the youth was able to make lunch independently, like peanut butter sandwiches. The youth knows how to dress, shower, and brush teeth independently. He also learned laundry skills. The school noticed significant improvement in the youth's behavior. When he turned 18 years old, he engaged with a career center to continue receiving vocational skills that would support him in the future.

In another example, a youth has nursing in the home due to medical struggles, and they are great with working hand in hand with the Intensive In-Community (IIC) Child Family Team (CFT). Throughout her time at the CMO, she has worked with ISS, IIC and Intensive In-Home Clinical (IIH-C) services at different times. These services have helped improve the youth's independence and learning more skills to complete on her own such as rolling her wheelchair into the home on her own and getting her school items put away without help. The family has worked with the IIC/IIH-C services on helping regulate the youth's emotions and learning how to express herself when she's feeling upset/angry/disappointed. They have helped create strategies for when she is upset, how to communicate that, and how she can feel those feelings without aggressing on family members. The youth attended camp subsidized by CSOC and was able to make friends and socialize appropriately. The CFT has discussed the progress made and are planning transition out of CMO.

Another successful use of HCBS services is of a youth that was referred to the CMO to receive more support and assistance with management of his Intellectual/Developmental Disabilities (I/DD) needs, as well as improving his mental health needs (anxiety and depression). The youth has made tremendous strides in learning how to better manage his emotional needs as well as his behavioral and mental health needs. Since first being referred to CMO, the youth has worked with a youth mentor, a family therapist, and his individual therapist. The youth has made progress in learning how to identify his emotions, processing how those emotions make him feel, and learning how to regulate those emotions more effectively. With this progress, the youth has also gained more self-esteem and a more positive outlook, which have allowed for the family's home dynamic to improve and reduce family stress and worry. The youth's clinician utilizes different modalities to assist and support the youth. They go into the community as well as work on his needs in the home. The youth's mom continues to be thankful for the services provided to the youth and the support that they get from his team.

Another youth was referred to the CMO when he was 12 years old due to biting, pinching, and squeezing others in the home and school. He was being treated at Children's Hospital of Philadelphia (CHOP) who encouraged the youth's mother to call PerformCare due to an increase in his behaviors including hurting providers. When upset or anxious he would bite or pinch himself, try hitting, pushing, and restrain his mother or whoever was around. He was non-verbal and receiving medication monitoring at CHOP and speech and occupational therapy through school. He was diagnosed with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and Anxiety, Not Otherwise Specified (NOS). The CMO worked with the youth and his family until he was transitioned in June 2023. During CMO's involvement, the care manager implemented in home clinical therapy (IIH), Applied Behavior Analysis (ABA), behavioral assistance, and individual support services to address his aggression, communication, and daily living skills. The care manager also helped the caregiver gain access to respite services. At the time of transition, the youth had made significant improvements in his daily living and self-regulation skills. He was no longer engaging in

aggression and learned to take walks and play with fidget toys to calm down. He was completing chores around the home such as taking out the trash and folding his clothes. He was doing well in school and graduated from school. His family and CFT were very proud of him for his progress and successes. His mother was his primary caretaker and was very involved. She learned from all the providers and turned into an excellent advocate for her son which no doubt also helped him with his achievements. The youth was also linked with adult Division of Developmental Disabilities (DDD) at the time of transition.

Community Care and Supports Program:

As stated in STC 73 (k) DDD has seen an increase in self-direction specifically in the hiring of self-directed employees and choosing to self-direct their day services rather than attend congregate day settings that provide services to I/DD individuals only. NJ permits the hiring of family members which was met with great appreciation from family members during and following the PHE. Additional examples include, but is not limited to: NJ is a Money Follows the Person state and DDD's Community Care Program offers

Community Transition Services as an HCBS service. This service has provided much assistance to individuals who transition from institutional services to HCBS in regards to one-time transition costs. DDD has also seen an increase in the requests for Vehicle Modifications. These modifications enable individuals to integrate and attend community activities which they would otherwise find complex to navigate transportation to. Behavioral Supports, Respite, and enhanced employment services such as pre-vocational services and career planning have also been identified by beneficiaries as services that have been helpful in obtaining either employment or volunteering opportunities.

XIV. STC 73 (m) A description of the intersection between demonstration MLTSS and any other state programs or services aimed at assisting high-needs populations and rebalancing institutional expenditures (e.g. New Jersey's Money Follows the Person demonstration, other federal grants, optional Medicaid Health Home benefit, behavioral health programs, etc.

The NJ Department of Human Services continues to participate in the Money Follows the Person (MFP) demonstration program and has applied for additional funding being offered through CMS. The Division of Aging Services (DoAS) is the lead agency for MFP nursing facility transitions and continues to collaborate with the MCOs on these transitions as well as the below identified responsibilities:

- Promote, identify, and facilitate nursing home transitions for individuals that reside in the nursing facility under Medicaid fee for service prior to MCO enrollment
- Train the MCO staff on all aspects of nursing facility transitions
- Serve as subject matter experts at IDT meetings facilitated by MCO care managers
- Train MCO staff on housing resources
- Receive and follow up on Section Q referrals
- DoAS is the state designated agency for Section Q
- Train nursing facility staff and helping to identify resources for discharge planning.
- Identify eligible individuals, assist in transitions and track inventory of units for the Money Follows the Person Housing Partnership Program which utilizes state savings

realized from participating in the MFP Program to set aside apartments for nursing home transitions. In the reporting period, an additional allocation of \$2 million was invested with the Housing Partnership Program to subsidize housing units.

- Utilize and track 66 NED2 vouchers
- Identify eligible individuals, identify housing resources and facilitate lease process

The MCO dedicated Housing Specialist(s) is responsible for helping to identify, secure, and maintain community-based housing for MLTSS members. Application fees for apartments are covered under the allowable Community Transition Services. The Housing Specialist must be familiar with relevant public and private housing resources and stakeholders, including but not limited to HUD subsidized housing, all Department of Community Affairs (DCA), New Jersey Housing and Mortgage Finance Agency (NJ HMFA) housing program voucher programs, public housing authorities, realtors, and online housing locator resources. The MCO housing specialists assisted members in applying for the DCA housing choice voucher opportunity in March 2023. A total of 340 applications were submitted.

A standardized quarterly housing report collects information related to three primary goals: 1) Establish and foster strong relationships with individuals/entities that connect with, provide or maintain housing

or housing-related benefits or services; 2) Increase housing capacity and access to housing resources within the MCO for individuals participating in LTSS programs; and 3) MCO leadership will take a proactive approach to increasing affordable and accessible housing stock for individuals participating in LTSS programs.

DoAS is currently the lead for facilitating the assignment and utilization of sixty-six (66) Non-Elderly Disabled (NED) housing vouchers in collaboration with the NJ Department of Community Affairs (DCA). DoAS receives referrals from the MFP assigned staff through nursing facilities including Section Q referrals, community providers, and NJ FamilyCare MCOs. Individuals are assisted with applications which are then forwarded to DCA for processing.

DHS applied for and received \$5 million in Capacity Building Funding from CMS to research, develop, implement, and evaluate workforce development projects. The monies are allocated to both the Division of Aging Services and the Division of Developmental Disabilities. Planned projects include increased access to and financial support for certification and specialized training as well as a marketing campaign.

Effective July 1, 2023, MFP Supplemental Services for one-time HCBS services to support an MFP participant's transition from an institution to community were implemented for managed care participants. The MCOs are reimbursed by the State for the costs of these services that are not otherwise allowable under the Medicaid program. Supplemental services are subject to specific criteria and include:

- Pantry Stocking – 30-day supply of pantry food and goods
- Ancillary Food Security – 2 week supply of groceries if the individual's source of food is disrupted due to institutionalization/hospitalization
- Essential Clothing/Personal Items – essential needs related to clothing and household needs
- Residential Modifications prior to discharge

- Personal Technology – electronic devices to alleviate social isolation and increase community connections

PACE

Under the Comprehensive demonstration, individuals who qualify for LTSS may select NJ FamilyCare Managed Care Organizations (MCOs) for Managed Long Term Services and Supports (MLTSS) or the Program of All-Inclusive Care for the Elderly (PACE) program. To participate in the PACE program, a person must be 55 years of age or older, reside in an approved service area, and able to live safely in the community at the time of enrollment. A PACE organization coordinates and provides all Medicare and NJ FamilyCare services, including nursing facility care and prescription drugs. Many participants are transported to a PACE center to receive services in addition to receiving services in the home as needed. There are currently six PACE organizations in eleven counties.

PACE in New Jersey	
NAME	COUNTIES SERVED
Trinity Health LIFE	Camden; parts of Burlington
Lutheran Senior LIFE	Hudson
Capital Health LIFE (name change from LIFE St. Francis)	Mercer; parts of Burlington
Inspira LIFE	Cumberland, Gloucester, Salem
Beacon of LIFE	Monmouth; Ocean
AtlantiCare LIFE Connection	Atlantic; Cape May

	BEACON OF LIFE	TRINITY HEALTH LIFE	LUTHERAN SENIOR LIFE	INSPIRA LIFE	CAPITAL HEALTH LIFE	ATLANTICARE LIFE	Total State Enrollment
Avg. Monthly Enrollment SFY17	56	224	132	229	305	N/A	946
Avg. Monthly Enrollment SFY18	88	220	130	259	321	25	1043
Avg. Monthly Enrollment SFY19	114	215	128	275	334	65	1161
Avg. Monthly Enrollment SFY20	137	215	126	274	346	93	1191
Avg. Monthly Enrollment SFY21	161	199	131	275	306	92	1164
Avg. Monthly Enrollment SFY22	191	178	124	270	278	111	1152
Avg. Monthly Enrollment SFY23	274	178	115	289	258	156	1270

PACE Initiatives during DY:

- Six established PACE programs are currently serving an average of 1270 participants which is a slight increase over the last year.
 - Beacon added Ocean County operations in 2022

- Union and Essex County service areas are under development.
 - Essex County is pending application submission to CMS.
 - Union County has submitted their application to CMS.
- Requests for Application were issued and intents to award were issued for Bergen, Passaic, Middlesex, and Somerset counties during the reporting period.

XV. STC 73 (n) A summary of the outcomes of the state's Quality Strategy for HCBS

I/DD-MI, SED:

Please refer to attachment C.1 on CSOC performance measures.

MLTSS:

Please refer to attachment C.2 for MLTSS performance measures.

Comprehensive Audit:

The Division of Medical Assistance and Health Services' Quality Management Unit (QMU) performs routine comprehensive audits of the Autism Spectrum Disorder (ASD) Program and the Children's Support Services Program (CSSP) for youth with Intellectual/Developmental Disabilities (I/DD). At this time, beneficiaries in the Serious Emotional Disturbance (SED) and Intellectual Development Disability for Out of State New Jersey Residents (ID/DD-OOS) programs are not included as part of the annual comprehensive audit. Children's System of Care (CSOC), a division of the Department of Children and Families (DCF), administers these programs. In addition, the QMU performs comprehensive audits of the Community Care Program (CCP) and the Supports Program, both of which are administered by the Division of Developmental Disabilities (DDD) within the NJ Department of Human Services (DHS).

The QMU monitors adherence of the CSOC and the DDD programs to the quality management strategies through the evaluation of level of care determinations, responsiveness of plans of care to participants' needs, verification of provider qualifications, health and welfare assessments, and fiscal accountability. Due to the Public Health Emergency (PHE) and delays in audits, we are currently reporting on CY 2019.

Supports Program Audit:

The Supports Program Audit for calendar year 2019 has been completed. The report for this audit is currently being finalized and will be provided during the next reporting cycle. The current cycle is delayed due to the audit being paused during the PHE.

Community Care Program (CCP) Audit:

The CCP Audit for calendar year 2019 has been completed. The report for this audit is currently being finalized and will be provided during the next reporting cycle. The current cycle is delayed due to the audit being paused during the PHE.

XVI. STC 73 (o): Efforts and Outcomes Regarding the Establishment of Cost-effective MLTSS in Community Settings Using Industry Best Practices and Guidelines

MCOs are required to provide service coordination and care management with a holistic perspective. All MLTSS members have an MCO assigned care manager who is responsible for

coordinating acute care, long term care (MLTSS) and behavioral health services to ensure the member is as safe and independent in the community as possible. In addition, the state requires the MCO to ensure linkages to community-based services (based on need) that do not necessarily fall into a covered benefit category. This has been effective in ensuring members are connected to services and supports in their local community.

MCOs have been effective at ensuring Members receive HCBS services to allow them to remain in the community, are diverted from institutional placements and avoid unnecessary use of the emergency room. MCOs also achieve cost effectiveness by ensuring that through case management, HCBS Services are provided to mitigate the need for more intensive and costly services.

The state developed and employed a cost effective/cost neutral placement policy in which MLTSS members will most often receive the most cost-neutral placement which will typically be in a community setting. The MCO is required to evaluate the cost neutrality of the plan of care for all MLTSS members receiving HCBS in a community setting. Members whose cost of HCBS services exceed 85% or 100% of the state established threshold cost of institutional care are counseled on the cost effectiveness process. An Interdisciplinary Team (IDT) Meeting is convened to review the plan of care, services needed, and develop a plan of care within the confines of the cost effectiveness threshold or at a higher cost based on an exception. Exceptions are recommended by the interdisciplinary team and approved by the DMAHS Medical Director based on temporary higher care needs or long term complex medical needs typically met through private duty nursing services. The IDT process ensures that members through a collaborative process are provided choice of placement, evaluated for risk, and have a back-up plan implemented as necessary. The cost effective/cost neutral policy, which focuses on the individual member needs, choice and safety while maintaining overall program cost neutrality, is based on industry best practices ascertained from other state's MLTSS programs

XVII. STC 73 (p) Policies for Any Waiting Lists Where Applicable

The Community Care Program utilizes a waiting list to provide individuals with the opportunity to be enrolled onto the program where financial and program availability allows. When there is an opening, member's move into the program on a first come, first served basis. Members may be prioritized on the waiting list in the case of crisis or emergency. While they are on the waiting list, all members receive services through the Supports program. DDD spends approximately \$50 million each state fiscal year to reduce the CCP waiting list.

XVII. STC 73 (q): The State may also provide CMS with any other information it believes pertinent to the provision of the HCBS and their inclusion in the demonstration, including innovative practices, certification activity, provider enrollment and transition to managed care special populations, workforce development, access to services, the intersection between the provision of HCBS and Medicaid behavioral health services, rebalancing goals, cost-effectiveness, and short and long-term outcomes.

MLTSS:

Summary of Consumer Issues:

MCOs continue to link with NJ's County Welfare Agencies for the purpose of assisting

members with applying for programs such as utility assistance and NJ SNAP. MCOs also continue to connect with county-based Aging and Disability Resource Connections (ADRCs) to assist members with linking to community based LTSS services that are not covered by the MCO. During the recent public health emergency MCOs and the state continued to work collaboratively to ensure eligibility is maintained and services are delivered in alternate methodologies to ensure maximum protection of health and safety.

The state continues to work with the MCOs on the nursing facility to community transition process. The state remains committed to working with MCOs to ensure that members who desire to transition to more independent living in the community are afforded this opportunity in the safest and most practicable way possible during the public health emergency.

Call Centers: Top reasons for calls (7/1/2022-6/30/2023)

AETNA	AMERIGROUP	HORIZON NJ HEALTH	UNITEDHEALTHCARE	WELLCARE
Reaching their MLTSS care manager	Authorization status	General MLTSS benefit inquiries	Provider inquiry	Providers (PCA , MDC) checking on the status of status of authorizations
Eligibility information - calling to see if active ,if not receive a termination date	Questions about the personal preference program (benefits, file issues, etc.)	Reaching care manager or clinical care associate	Medical benefits—inquiry regarding eligible benefits	Member calling for status on PPP applications
Benefits - coverage questions	Questions regarding scheduled visits.	Requests to change primary care physician PCP	Misdirected call received – general inquiry	Provider calling for status and request for update on MLTSS authorization, unit, effective dates
Requests to change PCP	Reaching their care manager.	DME benefit inquiries	Correspondence inquiry— correspondence received	Members requesting to speak to a care manager
Provider search inquires	Members calling with benefit inquiries.	Provider search inquiries	PCP update / id cards – PCP inquiry	Member requesting to change the PCP on file or referring/ reporting issues to care management

MLTSS*ANNUAL MLTSS Claims Processing Information by MCO 7/1/2022 – 6/30/2023*

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
Total Submitted	642,745	1,263,458	2,716,816	538,044	1,090,873
Paid	506,694	1,216,062	2,515,370	488,676	920,250
Denied	117,920	40,733	193,734	58,843	117,980
Pending	18,131	6,663	7712	10,525	52,643

ANNUAL MLTSS Claims Processing Information by MCO 4/1/2023 -- 6/30/2023

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
Total Submitted	284,295	435,375	980,647	255,611	533,849
Paid	228,340	415,150	897,012	236,349	458,024
Denied	48,015	26,756	81,141	14,920	55,977
Pending	7,940	11,469	2,494	4,342	19,848

Top Reasons for MLTSS Claims Denial by MCO 7/1/2022 – 3/31/2023

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Service denied because payment already made for same/similar procedure within set time frame.	Duplicate claim/service	This claim is a duplicate of a previously submitted claim	Additional data or documentation required	Exact duplicate of another claim or service
2	Exact duplicate claim/service	Submitted after timely filing	This service is not covered under your plan	Submitted after provider filing limit	Prior authorization required but not obtained
3	The time limit for filing has expired	EVV submission error	Precertification/authorization not obtained	No authorization on file	The time limit for filing this claim has expired
4	Non-covered charge(s)	Preauthorization not obtained	Non-covered charge	Benefits based on admission date	Must submit an EOB from Medicare
5	Invalid combination of HCPCS modifiers	Units exceed UM authorization	Provider not eligible by contract for payment	Override for timely filing	Must submit an EOB from the primary insurance carrier

Top Reasons for MLTSS Claims Denial by MCO 4/1/23 – 6/30/2023

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Service denied because payment already made for same/similar procedure within set time frame.	Incorrect billing form/provider	This claim is a duplicate of a previously submitted claim	Submitted after provider filing limit	Must submit an EOB from Medicare
2	Non-covered charge(s)	Not reimbursable	Incomplete/mis sing payer claim control number	No authorization on file	Prior authorization required but not obtained
3	Exact duplicate claim/service	EVV submission error	This service is not covered under your plan	Benefits based on admission date	The time limit for filing this claim has expired
4	The time limit for filing has expired	Submitted after plan filing limit	Received after timely filing limit	Billing provider validation issue	Exact duplicate of another claim or service
5	Invalid combination of HCPCS modifiers	Not covered by this doctor or specialist	Resubmit with EOB from primary carrier	Exceeds all inclusive P/D rate	Payment was included in the allowance for another svc

Quality Strategy Measures

The results of the Quality Strategy Measures can be found in Attachment C.1.

XIX. STC 73(r): A Report of the Results of the State’s Monitoring Activities of Critical Incident Reports

The results of the State’s monitoring activities of critical incidents can be found in Attachment D.

XX. STC 73(s): Medical Loss Ratio (MLR) Reports for each participating MCO

MLR Summary SFY 23 by MCO:

	SFY23 MLR Summary	
	Acute	MLTSS
Horizon	91.1%	95.6%
UHC	92.2%	95.1%
Amerigroup	89.9%	98.0%
Aetna	90.8%	95.5%
Wellcare	92.9%	92.2%

XXI. Other Topics of Mutual Interest between CMS and the State Managed Long Term Services and Supports Program

The launch of MLTSS was a major shift of how services were delivered to individuals who were in need of long-term care. The Managed Care Organizations (MCOs) and the Office on Community Choice Options (OCCO) had to complete and validate over 11,000 NJ Choice assessments affirming that individuals who were transitioned from the four former 1915(c) waivers still met nursing facility level of care. MLTSS also carves-in the behavioral health benefit into the MCO allowing for greater integration for physical, behavioral and long-term care benefits.

Following the transition to MLTSS on July 1, 2014, the state has maintained its efforts to ensure that consumers, stakeholders, MCOs, providers and other community-based organizations have learned and are knowledgeable about the move to managed care. The state has depended on its relationships with stakeholder groups to inform consumers about the implementation of MLTSS. In turn, stakeholders have relayed accurate information to consumers. This strategy has continued in the post-implementation phase.

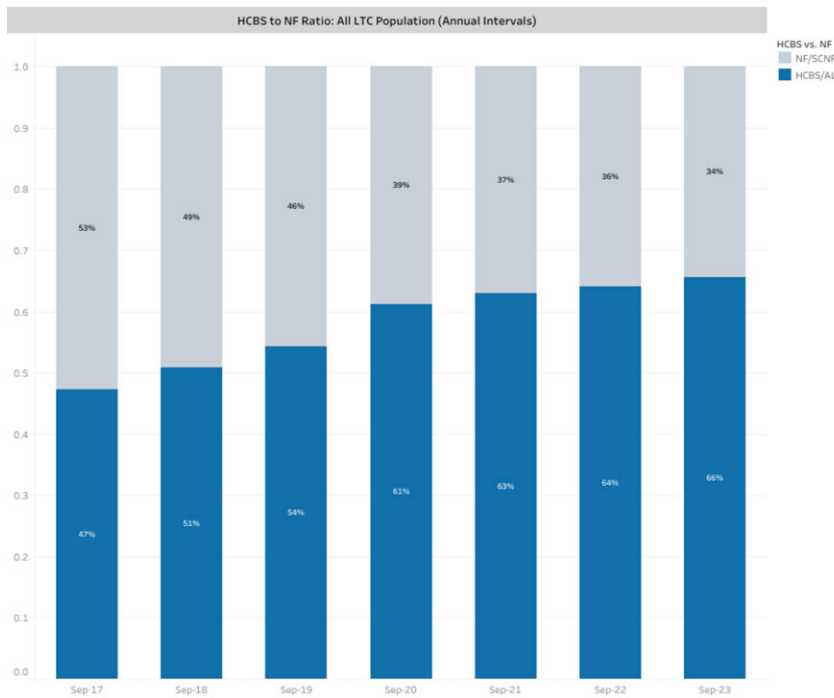
The Division of Aging Services (DoAS) is the primary liaison to the aging and disability networks. The DoAS has oversight of the Aging and Disability Resource Connection (ADRC) partnership as the single entry/no wrong door system for consumers to access MLTSS. The state continues to meet with groups ranging from the Human Services Directors, the 21 Area Agencies on Aging (AAAs), the County Welfare Agencies (CWAs) to the State Health Insurance Assistance Program (SHIP) counselors and Adult Protective Service (APS) providers on a regular basis.

The DMAHS Office of Managed Health Care (OMHC), with its provider relations unit, continues its role at the forefront in spearheading communications efforts to ensure access through its provider networks in the following categories—HCBS medical; HCBS non-medical; nursing homes; assisted living providers; community residential providers and long-term care pharmacies. As a resource to stakeholders, OMHC addresses provider inquiries on MCO contracting, credentialing, reimbursements, authorizations and appeals. It also handles provider inquiries, complaint resolution and tracking with a dedicated email account for providers to directly contact the Office of Managed Health Care.

The State has had bi-weekly conference calls with the Managed Care Organizations (MCOs) during the demonstration year to review statistics and discuss and create an action plan for any issues that either the State or the MCOs are encountering. Also, state staff from various divisions who are involved in MLTSS meet monthly to discuss any issues to ensure that they are resolved timely and in accordance with the rules and laws that govern the Medicaid program.

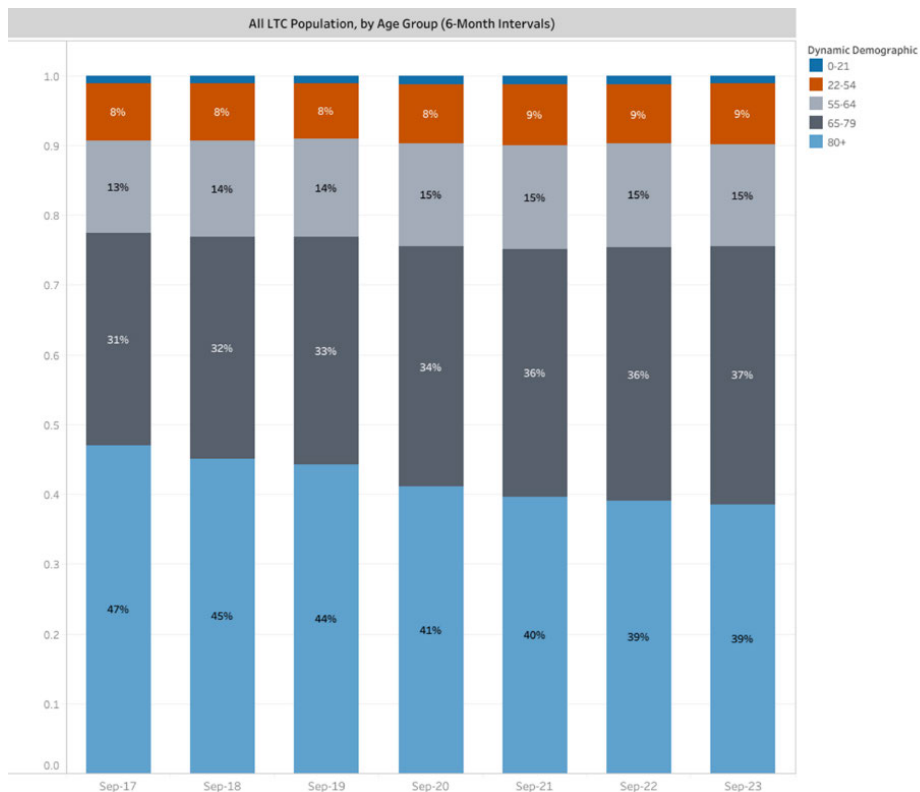
As of June 30, 2023, a total of 71,038 individuals were enrolled in MLTSS. As shown in the chart below, as the program has grown and evolved, more individuals are enrolled in Home and Community-Based (HCBS) settings than Nursing Facilities (NF). Please note that the growth of the NF population since July 1, 2014 is due to new NF enrollees and individuals moving from fee-for-service into MLTSS. The overall NF population has decreased since July 2014 by over 6,000 people. This reduction is partially attributable to the pandemic, as members chose HCBS in greater numbers.

Total MLTSS Population by Setting:



Below is a breakdown of MLTSS participants by age group. The largest segment group of individuals enrolled in MLTSS is 80 years of age and older. Approximately 75 percent of the MLTSS population is age 65 and older.

MLTSS Population by Age Group:



HCBS Settings Requirements

New Jersey is continuing to work toward ensuring all Medicaid beneficiaries receive services in the settings most appropriate for them. All divisions impacted by the final HCBS Settings rule (Title 42 Public Health, Chapter IV, Subchapter C Part 441.301) have identified through the CMS crosswalk, those areas needing to come into compliance. The state has finalized regulatory changes needed to ensure compliance. The state is engaging with Medicaid contracted managed care organizations to leverage this resource as a way to ensure ongoing compliance for relevant providers. The state is engaging with CMS and its technical assistance vendor to work through issues identified in the corrective action plan and Heightened Scrutiny documents previously submitted to the CMS HCBS Settings Rule team.

IME Update:

Background: 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.

During Federal Fiscal Year of Demonstration Year 11 and 12, 7/1/22 - 6/30/23:

- The Interim Managing Entity (IME) and ReachNJ received 27,342 calls from individuals seeking information, referral or admission to SUD treatment.
- ReachNJ made 3,668 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, 430 referrals were made for MAT services.
- The IME responded to 3,819 requests for Care Coordination services 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 from 4/1/22 to 6/30/22 and completed 32,985 reviews for Medicaid beneficiaries for treatment admission. They also performed 18,902 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 5,464 provider assistance calls that support Medicaid SUD treatment providers

Operational/Policy Updates:

<i>Self-attestations for transfer of assets:</i>
There were a total of 1305 self-attestations for the time period of July 1, 2022 to June 30, 2023.
<i>MCO Choice and Auto-assignment:</i>
10,322 individuals changed their MCO after auto-assignment.

XXII. An updated budget neutrality analysis, incorporating the most recent actual data on expenditures and member months, with updated projections of expenditures and member months through the end of the demonstration, and proposals for corrective action should the projections show that the demonstration will not be budget neutral on its scheduled end date.

The updated Budget Neutrality analysis is enclosed in Attachment F at the end of this report.

XXIII. Enclosures

- A) 1115 Demonstration Service Units and Claims
 - a. I/DD-MI Pilot Program, SED Program
 - b. Managed Long Term Services and Supports
 - 1. Encounter Payments
 - 2. FFS Payments
 - c. Supports
 - d. CCP
- B) Geo Access Report by MCO
- C.1) ID/DD-MI Performance Measurement Report
- C.2) MLTSS Performance Measurement Report
- D) Critical Incident Report
- E) Supports/CCP Report Update
- F) Budget Neutrality Analysis

XXIV. State Contacts

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XXV. Date Submitted to CMS

08/23/2024

**FEE FOR SERVICE PAYMENTS, SERVICE UNITS, AND CLAIM COUNT FOR JULY 1, 2022 THROUGH MARCH 31, 2023
FOR IDD-MI, AND SED FEDERALLY MATCHED WAIVER SERVICES**

SERVICE_TYPE	CLM_PROC_CDE	SERVICE_NAME	CLM_PROC_MOD_CDE	CLM_PROC_MOD_2_CDE	CLM_PROV_TYPE_CDE	CLM_PROV_SPECLT_CDE	Net Paid Claims	Claim Payment Amount	Service Units Quantity
IDD/MI	H2015	COMP COMM SUPP SERV(INDIV SUPPORTS)	HA	HN	44	826	95	\$13,714.98	1,074
IDD/MI	H2015	COMP COMMUN SUPP SERV(IND SUPPORTS)	HA	HO	44	826	389	\$49,020.55	4,359
IDD/MI	H2016	COMP COMM SUPP SERV(HAB IN HOME)	HA	HO	44	826	15,905	\$2,787,536.33	181,949
IDD/MI	H2016	COMP COMM SUPP SERV(INDIV SUPPORTS)	HA	HN	44	826	415	\$68,709.99	4,547
IDD/MI	S9125	RESPIRE CARE IN HOME (PER 15 MINS)	HA	52	44	865	1,693	\$275,009.71	26,636
IDD/MI	T2016	HABILITATION RES(DDD OUT OF HOME SER	HA	U2	44	825	140	\$66,571.77	167
IDD/MI	T2016	HABILITATION RES(DDD OUT OF HOME SER	HA	U3	44	825	29	\$12,364.73	29
IDD/MI	T2021	COMM BASED WRAP AROUND SERV(II HABIL	52	HO	44	826	1,479	\$455,030.01	16,037
IDD/MI	T2021	COMM BASED WRAP AROUND SERV(II HABIL	HA	HO	44	826	261	\$67,772.93	2,442
IDD/MI	T2021	COMM BASED WRAP AROUND SERV(II HABIL	HO	52	44	826	21	\$3,535.02	123
IDD/MI	T2021	COMM BASED WRAP AROUND(II HABILITATI	HA	HN	44	826	87	\$16,336.00	608
IDD/MI	T2021	COMMUN BASED WRAP AROUND SERV(II HAB	22	HA	44	826	1,874	\$478,360.04	15,622
IDD/MI	T2021	COMMUN BASED WRAP AROUND SERV(II HAB	HA	22	44	826	24	\$12,332.00	400
IDD/MI	T2033	RES CARE NOS(DDD OUT OF HOME SERV)	HA	U2	44	825	56	\$31,296.57	56
IDD/MI Total							22,468	\$4,337,590.63	254,049
SED	H0018	IIC ASSESSMENT-CLIN LICENSED PRACT	TJ	U1	44	902	87	\$41,757.39	261
SED	H0036	INTENS IN-COM GRP CLIN LEV 2 CHILD	UN	U1	44	902			56
SED	H0036	INTENS IN-COM GRP SERV PROF LEV 2 CH	UN	U2	44	902			16
SED	H0036	INTENS IN-COM INDIV CLIN LEVEL SERV	TJ	U1	44	902	56,434	\$12,285,979.14	399,870
SED	H0036	INTENS IN-COM INDIV CLIN LEVEL SERV	U1	TJ	44	902			
SED	H0036	INTENS IN-COMM PROF IND SERV MASTERS	TJ	U2	44	902	51,667	\$10,626,224.03	371,328
SED	H2014	BEHAVIORAL ASSIST SERVICES EA 15 MIN	TJ	BA	44	903	145	\$18,335.52	1,010
SED	H2014	BEHAVIORAL ASSIST SERVICES EA 15 MIN	TJ	U1	44	903	121	\$16,298.08	896
SED	H2014	BEHAVIORAL ASSIST SERVICES EA 15 MIN	TJ	U2	44	903			64
SED	H2014	GRP BEHAV ASSIST SERV 2 CHILDREN	TJ	UN	44	903			24
SED	H2014	INDIVID BEHAVIOR ASSIST SERV 15 MIN	TJ		44	903	16,697	\$2,454,716.68	135,986
SED	H2019	BEHAV ASSIST SERV BY DYFS PROV/15 MI			44	903	15	\$2,508.00	66
SED	H2033	MULTISYSTEMIC THERAPY FOR JUVENILES,			44	902			31
SED	S9485	MOBILE RESPONSE - INITIAL	TJ		44	894	3,024	\$4,940,851.66	3,023
SED	Y9932	MH RHAB IN TREATMENT HOMES / DMHS			44	897			
SED	Y9935	MEN HLTH REHAB GROUP HOME/DYFS			44	897	1,521	\$335,350.84	2,354
SED	Y9935	MEN HLTH REHAB GROUP HOME/DYFS			44	899	88	\$134,507.20	584
SED	Y9936	MH RHAB TRANSITIONAL LIVING HOME/DYFS			44	899	256	\$118,308.06	513
SED	Y9938	MEN HLTH REHAB TREATMENT HOME/DMHS			44	897	274	\$39,034.04	274
SED	Y9943	MH RHAB NON-RTC RESIDENTIAL CARE/DYFS			44	896	2,616	\$1,997,199.80	3,179
SED	Y9948	MEN HLTH REHAB JCAHO RTC/DYFS			59	896	1,103	\$739,782.10	1,103
SED	Y9948	MEN HLTH REHAB JCAHO RTC/DYFS			59	897	474	\$325,841.82	474
SED	Y9948	MEN HLTH REHAB JCAHO RTC/DYFS			59	898	103	\$70,805.29	103
SED	Y9951	THERAPEUTIC LEAVE JCAHO RTC/DYFS			59	897	28	\$19,248.04	28
SED	Y9952	HOSPITAL LEAVE JCAHO RTC/DYFS			59	897			
SED	Z5008	CSOCI CARE MANAGEMENT (CMO) SERVICES			44	901	32,826	\$31,428,323.81	32,773
SED Total							167,522	\$65,605,235.68	954,038
Grand Total							189,990	\$69,942,826.31	1,208,087

Notes:

Service from dates for claims span July 1, 2022 through March, 31, 2023 and were paid from July 1, 2022 through August 16, 2023. Only non-voided, paid claims are reflected in the data. ASD, IDD-MI, and SED wavier services are defined by CCB295, **Appendix A** "New Services", for procedures marked as **Matchable** for SPC 37 under SED, Matchable for SPC 38 for IDD/MI, and Matchable for SPC 47, 48, 49 under Waiver. Fields to be matched include procedure code, modifiers 1 and 2, provider type, provider specialty code, special program code, and CSOCI enrolled indicator. Report categorizes claims as a ASD, IDD-MI, or SEDS claim only if ALL criteria are satisfied on Appendix A.

ENCOUNTER PAYMENTS, SERVICE UNITS, AND CLAIM COUNT

FOR JULY 1, 2022 THROUGH MARCH 31, 2023 FOR MLTSS WAIVER RECIPIENTS

SERVICE_TYPE	PROC_CODE	PROC_DESCRIPTION	Net Paid Claim Indicator	Claim Payment Amount	Service Units Quantity
MDC	S5102	MEDICAL DAY CARE	1,461,390	\$128,035,111.37	1,488,442
MDC	T1024	TEAM EVALUATION & MANAGEMENT	813	\$320,220.89	1,028
MDC Total			1,462,203	\$128,355,332.26	1,489,470
MLT			1,228	\$3,311,822.97	13,640
MLT	92507	SPEECH LANGUAGE HEARING THERAP	4,409	\$624,010.34	4,411
MLT	92508	SPEECH,LANGUAGE/HEARING THERAP	2,651	\$248,429.00	2,657
MLT	96164	HLTH BHV IVNTJ GRP 1ST 30	4,907	\$232,136.49	4,912
MLT	96165	HLTH BHV IVNTJ GRP EA ADDL	4,794	\$252,536.00	10,739
MLT	97110	P.T. THER PROC,1 OR MORE AREAS	9,846	\$1,234,402.20	35,380
MLT	97129	THER IVNTJ 1ST 15 MIN	13,923	\$474,892.47	13,943
MLT	97130	THER IVNTJ EA ADDL 15 MIN	13,865	\$1,607,928.59	48,318
MLT	97150	GRP THERAPEUTIC PROCEDURE	4,178	\$370,982.00	4,325
MLT	97535	SELF CARE MANAGEMENT TRAINING	8,395	\$1,064,420.11	30,658
MLT	H0004	ALCOHOL AND/OR DRUG SERVICES	1,786	\$115,189.41	5,055
MLT	S5100	ADULT DAYCARE SERVICES 15MIN	37,253	\$2,821,646.92	788,936
MLT	S5102	MEDICAL DAY CARE	4,345	\$244,173.68	5,073
MLT	S5120	CHORE SERVICES PER 15 MIN	74	\$42,776.14	12,689
MLT	S5121	CHORE SERVICES PER DIEM	74	\$63,142.50	74
MLT	S5130	HOMAKER SERVICE NOS PER 15M	457	\$27,325.20	7,176
MLT	S5140	ADULT FOSTER CARE PER DIEM	71	\$101,194.50	1,873
MLT	S5151	UNSKILLED RESPITECARE /DIEM			77
MLT	S5160	PERS INSTAL & EQUIP	1,926	\$87,805.40	1,926
MLT	S5161	PERS MONTHLY FEE	158,008	\$4,837,460.12	158,050
MLT	S5165	HOME MODIFICATIONS PER MONTH	493	\$1,669,664.00	494
MLT	S5170	HOME MEALS PER MEAL	1,100,404	\$11,936,535.15	1,683,979
MLT	S5185	MED REMINDER SERV PER MONTH	1,748	\$74,105.00	1,748
MLT	S8990	PT OR MANIP FOR MAINT	2,342	\$210,482.52	8,761
MLT	T1000	PRIVATE DUTY/INDEP NURS SERV	7,035	\$3,156,708.32	242,023
MLT	T1002	RN SERVICES UP TO 15 MINUTES	26,492	\$13,820,271.29	918,932
MLT	T1003	LPN/LVN SERVICES UP TO 15MIN	56,133	\$25,588,070.05	2,109,164
MLT	T1005	RESPIRE CARE SERVICE 15 MIN	3,293	\$371,572.20	89,783
MLT	T1028	HOME ENVIRONMENT ASSESSMENT	481	\$49,625.25	481
MLT	T1505	ELEC MED COMP DEV, NOC	151	\$8,846.00	151
MLT	T2002	N-ET; PER DIEM			
MLT	T2003	NON-EMERG TRANSP ONE WAY			
MLT	T2021	DAY HABIL WAIVER PER 15 MIN	687	\$52,245.29	7,213
MLT	T2031	ASSIST LIVING WAIVER/DIEM	86,996	\$65,599,438.13	895,858
MLT	T2033	RES, NOS WAIVER PER DIEM	52,906	\$15,743,175.34	54,454
MLT	T2038	COMM TRANS WAIVER/SERVICE	125	\$233,460.00	125

MLT	T2039	VEHICLE MOD WAIVER/SERVICE			
MLT Total			1,611,502	\$156,447,888.39	7,163,098
NFC			273,962	\$1,431,089,135.45	6,877,163
NFC Total			273,962	\$1,431,089,135.45	6,877,163
PCA	T1019	PERSONAL CARE SER PER 15 MIN	2,858,187	\$340,287,334.76	56,975,293
PCA Total			2,858,187	\$340,287,334.76	56,975,293
MBH	90785	PSYTX COMPLEX INTERACTIVE			
MBH	90791	PSYCH DIAGNOSTIC EVALUATION	4,829	\$209,011.98	4,845
MBH	90792	PSYCH DIAG EVAL W/MED SRVCS	3,602	\$426,097.81	3,607
MBH	90832	PSYTX PT&/FAMILY 30 MINUTES	33,205	\$369,050.85	33,295
MBH	90833	PSYTX PT&/FAM W/E&M 30 MIN	1,848	\$38,201.52	1,848
MBH	90834	PSYTX PT&/FAMILY 45 MINUTES	11,817	\$247,210.49	11,830
MBH	90836	PSYTX PT&/FAM W/E&M 45 MIN	192	\$17,707.04	192
MBH	90837	PSYTX PT&/FAMILY 60 MINUTES	3,828	\$62,529.16	3,846
MBH	90838	PSYTX PT&/FAM W/E&M 60 MIN	82	\$735.33	82
MBH	90839	PSYTX CRISIS INITIAL 60 MIN	18	\$516.34	18
MBH	90840	PSYTX CRISIS EA ADDL 30 MIN			
MBH	90846	FAMILY MEDICAL PSYCHOTH--1 HR.	103	\$621.19	103
MBH	90847	SPECIAL FAMILY THERAPY	324	\$4,423.53	324
MBH	90853	GROUP MEDICAL PSYCHOTHERAPY...	1,124	\$14,644.97	1,335
MBH	90867	TCRANIAL MAGN STIM TX PLAN			
MBH	90868	TCRANIAL MAGN STIM TX DELI	294	\$27,093.16	294
MBH	90870	ELECTROCONVULSIVE THERAPY	135	\$4,200.94	135
MBH	90887	CONSULTATION WITH FAMILY	43	\$2,046.03	43
MBH	96110	DEVELOPMENTAL SCREEN W/SCORE			
MBH	96116	NEUROBEHAVIORAL STATUS EXAM	96	\$1,581.58	96
MBH	96125	STANDARDIZED COGNITIVE PERFORM			
MBH	96127	BRIEF EMOTIONAL/BEHAV ASSMT	391	\$526.76	461
MBH	96132	NRPSYC TST EVAL PHYS/QHP 1ST			
MBH	96133	NRPSYC TST EVAL PHYS/QHP EA			
MBH	96136	PSYCL/NRPSYC TST PHY/QHP 1ST			
MBH	96137	PSYCL/NRPSYC TST PHY/QHP EA			
MBH	96156	HLTH BHV ASSMT/REASSESSMENT			
MBH	96158	HLTH BHV IVNTJ INDIV 1ST 30	28	\$192.25	28
MBH	96159	HLTH BHV IVNTJ INDIV EA ADDL	20	\$178.56	38
MBH	96167	HLTH BHV IVNTJ FAM 1ST 30	18	\$1,375.59	20
MBH	96168	HLTH BHV IVNTJ FAM EA ADDL			
MBH	99203	E/M OFFICE/OP NEW PATIENT			
MBH	99204	E/M OFFICE/OP NEW PATIENT			
MBH	99205	E/M OFFICE/OP NEW PATIENT			
MBH	99211	E/M EST PT MINIMAL PROBLEM(S)	136	\$5,819.94	144
MBH	99212	E/M OFFICE/OP - ESTABLISHED PT	129	\$4,976.38	130
MBH	99213	E/M OFFICE/OP ESTAB PATIENT	734	\$61,131.42	738
MBH	99214	E/M OFFICE/OP ESTABLISHED PT	1,279	\$174,756.27	1,287
MBH	99215	E/M OFFICE/OP ESTAB PT VISIT	45	\$6,251.02	45

MBH	99406	SMOKING AND TOBACCO USE CESSAT	275	\$1,129.39	275
MBH	99407	SMOKING AND TOBACCO USE CESSAT	49	\$400.25	49
MBH	99408	ALCOHOL AND/OR SUBSTANCE (OTHE	52	\$682.56	52
MBH	G0396	ALCOHOL/SUBS INTERV 15-30MN	31	\$0.00	31
MBH	G0397	ALCOHOL/SUBS INTERV >30 MIN	10	\$0.00	10
MBH	G0410	GRP PSYCH PARTIAL HOSP 45-50	43	\$0.00	136
MBH	G0463	HOSPITAL OUTPT CLINIC VISIT	359	\$1,981.01	364
MBH	G2067	MED ASSIST TX METH WK	3,250	\$113,872.39	3,250
MBH	G2068	MED ASSIST TX BUPRE ORAL	71	\$4,454.57	71
MBH	G2074	MED ASSIST TX NO DRUG	14	\$167.42	14
MBH	G2076	INTAKE ACT W/MED EXAM	13	\$71.80	462
MBH	G2078	TAKE-HOME METH	143	\$247.85	204
MBH	G2079	TAKE-HOM BUPRENORPHINE			
MBH	G2251	BRIEF CHKIN, 5-10, NON-E/M			
MBH	H0003	ALCOHOL AND/OR DRUG ASSESS	34	\$180.00	42
MBH	H0010	ALCOHOL AND/OR DRUG SERVICES	64	\$25,627.24	64
MBH	H0015	ALCOHOL AND/OR DRUG SERVICES	212	\$22,361.23	212
MBH	H0018	ALCOHOL AND/OR DRUG SERVICES	140	\$23,457.12	140
MBH	H0019	ALCOHOL AND/OR DRUG SERVICES	8,100	\$2,083,396.87	10,591
MBH	H0020	ALCOHOL AND/OR DRUG SERVICES	3,309	\$257,699.65	5,487
MBH	H0033	ORAL MED ADM DIRECT OBSERVE	42	\$6,820.11	96
MBH	H0035	MH PARTIAL CARE	11,334	\$970,194.44	54,127
MBH	H0046	BEHAVIORAL HEALTH HOME-ACTIVE	55	\$2,990.62	55
MBH	H2015	COMP COMM SUPP SVC, 15 MIN			
MBH	OP913	PARTIAL HOSPITAL INTENSIVE	44	\$0.00	44
MBH	S9480	INTENSIVE OUTPATIENT PSYCHIA			
MBH Total			92,043	\$5,200,051.09	140,683
(blank)	OTHER BEHAVIORAL HEALTH	various	55,650	\$3,444,261.25	117,455
(blank) Total			55,650	\$3,444,261.25	117,455
BH Total			147,693	\$8,644,312.34	258,138
Total Long Term Care and Home and Community Based Services for MLTSS Waiver Recipients			6,205,854	\$2,056,179,690.86	72,505,024
Grand Total MLTSS or LTC Encounter Services, including Behavioral Health			6,353,547	\$2,064,824,003.20	72,763,162

Notes:

Service from dates for claims span July 1, 2022 through March, 31, 2023 and were paid from July 1, 2022 and August, 16, 2023. Only non-voided, paid claims are reflected in the data. Medical Day Care, Managed Long Term Supports, Personal Care Assistant Services (not including self-directed Personal Care), and Nursing Facility claims and services are defined using the Encounter Category of Service and a waiver Special Program Code on the claim. Only custodial nursing facility care is reflected.

Behavioral Health claims have been pulled with a combination of primary diagnosis code, procedure code, revenue code, or DRG related to a behavioral health need, with the exclusion of diagnoses which are categorized as altering the mental status of an individual but are of organic origin, as specified by Section 4.1.2b of the current State Managed Care Contract.

For claims fitting multiple categories, the hierarchy applied for categorization is as follows: Managed Long Term Services and Supports, Custodial Nursing Facility, Medical Day Care, Personal Care Assistance, and Behavioral Health.

**FEE FOR SERVICE PAYMENTS, SERVICE UNITS, AND CLAIM COUNT
FOR JULY 1, 2022 THROUGH MARCH 31, 2023 FOR MLTSS WAIVER RECIPIENTS**

SERVICE_TYPE	PROC_CODE	PROC_DESCRIPTION	Net Paid Claim Indicator	Claim Payment Amount	Service Units Quantity
07			422	\$2,435,466.37	11,160
80	S5102	MEDICAL DAY CARE	118	\$10,159.80	118
80	Z1864	MDC MEDICALLY UNSTABLE CHILD	15	\$4,962.15	15
87	T2031	ASSIST LIVING WAIVER/DIEM			257
87	Y7574	CPCH DAILY RATE	125	\$266,733.55	3,605
87	Y9633	ALR DAILY RATE	1,154	\$2,045,626.01	32,322
Behavioral Health			38,118	\$4,104,206.82	104,772
Grand Total MLTSS or LTC Fee for Service, including Behavioral Health			39,961	\$8,882,843.75	152,249

Notes:

Service from dates for claims span July 1, 2022 through March, 31, 2023 and were paid from July 1, 2022 through August 16, 2023. Only non-voided, paid claims are reflected in the data. Medical Day Care, Managed Long Term Supports, Personal Care Assistant Services (not including self-directed Personal Care), and Nursing Facility claims and services are defined using the Fee for Service Category of Service and a waiver Special Program Code on the claim.

DDD Supports Waiver - July 1, 2022 through March 31, 2023

CLM_PROC_CDE	Service Name	Net Paid Claims	Claim Payment Amount	Service Units Quantity
92507	SPEECH LANGUAGE HEARING THERAP	6,685	\$774,953.66	31,527
97127	ONE-ON-ONE THERAPEUTIC INTER	35	\$14,454.00	396
97535	SELF CARE MANAGEMENT TRAINING	3,832	\$385,279.00	15,467
A0090	NON-EMERG.TRANSP./MILE VOL.INT	170,975	\$13,533,883.09	5,865,646
H0004	ALCOHOL AND/OR DRUG SERVICES	4,821	\$455,940.66	32,603
H2014	BEHAV ASSISTANCE SERVICES IND	1,421	\$186,046.37	11,204
H2015	COMP COMM SUPP SVC, 15 MIN	24,157	\$2,887,188.96	496,586
H2021	COM WRAP-AROUND SV, 15 MIN	826,232	\$162,277,725.93	21,820,638
S5110	FAMILY HOMECARE TRAINING 15M	15	\$6,195.00	40
S5160	PERS INSTAL & EQUIP	33	\$2,319.00	33
S5161	PERS MONTHLY FEE	336	\$18,493.09	336
S5165	HOME MODIFICATIONS PER MONTH	52	\$620,948.20	52
S8990	PT OR MANIP FOR MAINT	5,396	\$684,802.70	25,034
T1005	RESPIRE CARE SERVICE 15 MIN	15,122	\$1,786,993.09	231,214
T1013	SIGN LANG/ORAL INTERPRETER			28
T1999	NOC RETAIL ITEMS ANDSUPPLIES	75,368	\$12,089,168.56	142,727
T2015	HABIL PREVOC WAIVER PER HR	33,694	\$5,247,736.69	731,538
T2019	HABIL SUP EMPL WAIVER 15MIN	26,897	\$4,404,399.64	335,010
T2021	DAY HABIL WAIVER PER 15 MIN	329,088	\$66,508,982.50	9,022,757
T2024	SERV ASMNT/CARE PLAN WAIVER	112,648	\$40,395,256.48	224,435
T2028	SPECIAL SUPPLY, NOS WAIVER	131	\$157,629.87	158
T2029	SPECIAL MED EQUIP, NOSWAIVER			
T2036	CAMP OVERNITE WAIVER/SESSION	1,377	\$598,853.84	2,846
T2039	VEHICLE MOD WAIVER/SERVICE	11	\$136,769.50	11
T2040	FINANCIAL MGT WAIVER/15MIN	55,554	\$4,501,644.52	55,773
T2041	SUPPORT BROKER WAIVER/15 MIN	731	\$77,232.57	12,852
Grand Total		1,694,620	\$317,753,135.44	39,058,915

Notes:

Service dates for claims span July 1, 2022 through March 31, 2023 and were paid from July 1, 2022 through August 16, 2023. Only non-voided, paid claims are reflected in the data.

Waiver services are defined as procedures directed toward dedicated appropriation codes '317' or '318' where special program code is '45' or '46'.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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, fourth quarter (4/1/2023 – 6/30/2023) 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 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. Since the beginning of 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 approval, 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 MCO's delay in receiving approval for their source code or an MCO's 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 (CM) visits. Policy guidance was issued to the MCOs in August 2021 regarding the phase in of the resumption of face-to-face CM visits. High-risk MLTSS members were prioritized for visits from 8/15/2021 to 11/15/2021 for wellness checks and Plan of Care (POC) reviews.

Beginning 11/16/2021, the face-to-face visits were expanded to all MLTSS members and MCO CMs resumed conducting the NJ Choice level of care assessment. The changes that took place during this reporting period may affect some of the PMs in this report and subsequent reports. The PHE (Public Health Emergency) officially ended 5/11/2023.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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

In accordance with NJ's approved assessment flexibilities allowing for the adjustment to assessment requirements including the extension of reassessments and reevaluations for up to one year past the due date, the reassessment process as well as the standard reporting mechanisms for the Not Authorized reassessments has been suspended. As a result, there is no data to report for this period. An extension has been granted for the current measurement periods. This extended period is based on the significant lag time in the reporting data and reporting periods. With the expiration of the Public Health Emergency, reassessment operations have fully resumed.

It's expected that the upcoming reports will reflect the unwinding activities and have a higher than usual rate of non-compliance related to the assessment flexibilities as well as a higher than usual rate of denial. Due to the suspension of disenrollment from Medicaid programs for the length of the public health emergency, individuals identified as potentially clinically ineligible during the public health emergency did not have any action taken that would result in disenrollment.

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 45 days after measurement period

February 2023	A	B	C	D	E	TOTAL
Numerator	0	0				
Denominator	133	51	148	118	191	641
%	0	0				

March 2023	A	B	C	D	E	TOTAL
Numerator	0	0				
Denominator	155	47	247	161	184	794
%	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 4th quarter (4/1/2023 – 6/30/2023)

April 2023	A	B	C	D	E	TOTAL
Numerator	0	0				
Denominator	163	36	115	106	154	574
%	0	0				

Data reported for this quarter looks at measurement periods, February 2023, March 2023 and April 2023. The Numerator for MCO A, B, D and E remain unchanged as no NJ Choice assessments were completed due to suspension of the assessment and face to face visits effective 3/18/2020. PM4 measures the timeliness of the New Jersey Choice Assessment, once the referral is received. The denominator reflects the completion of the SCS (Screen for Community Services) once a referral was received.

More specific data will be reported in the upcoming months as the PHE (Public Health Emergency) has ended and restrictions have been lifted. The MCOs will resume screening and in-person assessment processes for all members newly seeking MLTSS. The Screen for Community Services (SCS) will be utilized as a screening tool for adult members as per contractual requirements.

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 45 days after measurement period

Measurement period	2/2023	3/2023	4/2023
Numerator	466	557	495
Denominator	506	610	566
%	92.09	91.31	87.45

Data reported for this quarter looked at measurement period, February 2023 to April 2023, which showed rates of 92.09, 91.31 and 87.45 respectively compared to 93.98, 92.28 and 89.41 reported last quarter, November 2022 to January 2023 measurement period.

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

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 4th quarter (4/1/2023 – 6/30/2023)

Frequency:	Quarterly – Due 3 months after 13-month report is run
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In accordance with NJ's approved assessment flexibilities allowing for the adjustment to assessment requirements including the extension of reassessments and reevaluations for up to one year past the due date, the reassessment process as well as the standard reporting mechanisms for the Not Authorized reassessments has been suspended. As a result, there is no data to report for this period. An extension has been granted for the current measurement periods. This extended period is based on the significant lag time in the reporting data and reporting periods. With the expiration of the Public Health Emergency, reassessment operations have fully resumed.

It's expected that the upcoming reports will reflect the unwinding activities and have a higher than usual rate of non-compliance related to the assessment flexibilities as well as a higher than usual rate of denial. Due to the suspension of disenrollment from Medicaid programs for the length of the public health emergency, individuals identified as potentially clinically ineligible during the public health emergency did not have any action taken that would result in disenrollment.

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 levels of care assessments with a completed Interim Plan of Care (IPOC)
Data Source:	DoAS
Frequency:	Monthly – Due 45 days after the measurement period

Measurement Period	3/2023	4/2023	5/2023
Numerator	526	417	6816
Denominator	550	433	6917
%	95.63	96.30	98.53

For PM #07, data reported for Quarter 4 (March 2023-May 2023) reflects a substantial increase in the denominator from Quarter 3 (December 2022 to February 2023) measurement period ranging from 550 to 6917. The substantial increase in the denominator is due to the inclusion of assessments that were not subject to review by DoAS and noted to be omitted in error. These assessments will be included going forward and the substantial increase in the denominator seen in Quarter 4 reporting is expected to be evident in all future reporting. With the inclusion of additional assessment types, there has not been a significant impact on compliance levels as all MCOs remain in compliance for the measurement period ranging from 95.63% - 98.53%. The MCOs and OCCO staff returned to field beginning November 2021. NJ-Choice Assessments were re-implemented beginning November 16, 2021.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

PM 08	Initial Plans of Care established within 45 days of MLTSS HCBS enrollment
Numerator:	Number of records in the denominator that have a Plan of Care developed within 45 days of MLTSS enrollment
Denominator:	Total number of records selected for review for members newly enrolled in MLTSS in the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

PM #08 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period is from August 15, 2021 through June 30, 2022. Compliance with Performance Measure #8 was calculated using 45 calendar days of enrollment into MLTSS HCBS to establish an initial plan of care.

This measure was not calculated for this review period. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum compliance standard will require the MCO to submit a Corrective Action Plan (CAP) to the State.

PM 09	MLTSS HCBS Member's Plan of Care is reviewed annually within 30 days of the member's anniversary and as necessary
Numerator:	Number of records in the denominator that have a Plan of Care developed 30 days or less from re-determination date
Denominator:	Total number of MLTSS HCBS records selected for review for members receiving an annual level of care re-determination for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

PM #09 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period is from August 15, 2021 through June 30, 2022. Compliance with Performance Measure #9 was calculated by determining if a Member was enrolled in MLTSS for at least one year.

This measure was not calculated for this review period. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan (CAP) to the State.

PM 09a	MLTSS HCBS Member's Plan of Care is amended based on change of Member condition
Numerator:	Number of records in the denominator that had a revised Plan of Care
Denominator:	Total number of MLTSS HCBS Member records selected for review where there was a significant change in the member's condition in the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

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 4th quarter (4/1/2023 – 6/30/2023)

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	11	11	13	■	■	■
Denominator	11	11	13	■	■	■
%	100	100	100	66.7	50	95

PM #09a is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period is from August 15, 2021 through June 30, 2022. Compliance with Performance Measure #9a was calculated by determining HCBS Member's plan of care is amended based on change of Member condition.

The results ranged from a low of 50% (MCO E) to 100% (MCO A, B and C) with an average of 95%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan (CAP) to the State. MCO D and E were required to submit a CAP for this measure. MCO D reported Corrective Action Plan which includes: POC was update to document both a change in condition (NJ Choice completed) and a change in Plan of Care where the member experienced a change that did not require a NJ Choice to be completed; the member verbally acknowledged agreement and acceptance of the change in the POC; and an updated copy of the POC was provided to the Member. MCO E reported a Corrective Action Plan which includes: To ensure member's Plan of Care is amended based on change of Member condition, Supervisor of Clinical Care will monitor via: NJHC completion report (change in condition); Monthly visit report; and Monthly Care Management Audit. MCO D and E Corrective Action Plans were reviewed by the EQRO and determined that the CAP met the deficiency.

PM 10	MLTSS HCBS Member's Plan of Care is aligned with Member's needs based on the results of the NJ Choice Assessment
Numerator:	Number of records in the denominator where the Plan of Care aligned with member needs based on NJ Choice results, including type, scope, amount, frequency, and duration
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	35	47	48	25	46	201
Denominator	41	47	48	38	48	222
%	85.4	100	100	65.8	95.8	90.5

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 4th quarter (4/1/2023 – 6/30/2023)

PM #10 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period is from August 15, 2021 through June 30, 2022. Compliance with Performance Measure #10 was calculated by determining Plans of Care aligned with Members needs based on the results of the NJ Choice assessment.

The MCOs results ranged from a low of 65.8% (MCO D) to a high of 100% (MCO's B and C) with an overall average of 90.5%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum compliance standard will require the MCO to submit a Corrective Action Plan (CAP) to the State. MCO A and D were required to submit a CAP for this measure. MCO A reported Corrective Action Plan which includes: Case Managers are monitored monthly on their audit scores and supervisors will implement interventions for remediation for Case Managers who score below 90%. Supervisors monitor closely for improvement in audit scores and initiate remediation sessions with nurse educators if needed. Supervisors also conduct field observations as necessary.

MCO D reported Corrective Action Plan which includes: Training completed for the Case Managers on the development of SMART goals that are identified with the member upon the completion of the NJ Choice Assessment and the Plan Of Care. (The first goal is always a Self-Management goal that is a direct reflection of the Primary goal written in the NJ Choice as identified by the member). MCO A and D Corrective Action Plans were reviewed by the EQRO and determined that the CAP met the deficiency.

PM 11	MLTSS HCBS Member's Plan of Care is developed using "Person-Centered Principles"
Numerator:	Number of records in the denominator that were developed using Person-Centered Principles
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	83	99	100	40	92	414
Denominator	96	100	100	91	97	484
%	86.5	99	100	44	94.8	85.5

PM #11 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period was August 15, 2021 through June 30, 2022. For the MCOs to be compliant with PM #11, documentation should have demonstrated that the Member and/or authorized representative were involved in goal setting and in agreement with the established goals. The Member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the Plan of Care.

The MCOs results ranged from a low of 44% (MCO D) to a high of 100% (MCO C), with an overall average of 85.5%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard

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 4th quarter (4/1/2023 – 6/30/2023)

of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan to the State. MCO D was required to submit a CAP for this measure. MCO D reported a Corrective Action Plan which includes: POC provides documentation that the member was included in the goal's development with the Member's signature and agreement noted; Revised Plan Of Care with a detailed Person-centric Goal/Progress section; and Plan Of Care training included Person-centric SMART goals and Member agreement section. MCO D Corrective Action Plans were reviewed by the EQRO and determined that the CAP met the deficiency.

PM 12	MLTSS HCBS Member's Plan of Care contains a Back-up Plan
Numerator:	Number of records in the denominator in which the Plan of Care included a Back-up plan
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year that required a Back-up Plan
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	81	90	93	16	89	369
Denominator	89	90	94	92	91	456
%	91	100	98.9	17.4	97.8	80.9

PM #12 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit review period is from August 15, 2021 through June 30, 2022. Compliance with Performance Measure #12 was calculated by determining if Plans of Care contains a Back-up Plan.

The results ranged from a low of 17.4% (MCO D) to a high of 100% (MCO B) with an average of 80.9%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum compliance standard will require the MCO to submit a Corrective Action Plan (CAP) to the State. MCO D required a CAP for this measure. MCO D reported a Corrective Action Plan which includes: Plan Of Care was revised to include the documentation of the completion of the Back-up Plan and the date it was reviewed; Computers that allow for onscreen signatures were provided to each of the Case Managers to allow for signature completion at the time of the visit instead of mailing the document and requesting a signed copy; and The Clinical Audit was revised to include development of the back-up plan. MCO D Corrective Action Plans were reviewed by the EQRO and determined that the CAP met the deficiency.

PM 13	MLTSS HCBS Services are delivered in accordance with the Plan of Care (POC), including the type, scope, amount, frequency, and duration
Numerator:	Number of records in the denominator in which services and supports were documented as "delivered" in the type, scope, amount, frequency, and duration prescribed by the member's POC
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year

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 4th quarter (4/1/2023 – 6/30/2023)

Data Source:	Annual MLTSS PM #13 conducted by the EQRO (Focus Study)
Frequency:	Annually

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	30	29	25	11	38	133
Denominator	99	98	93	66	105	461
%	30.3	29.6	26.9	16.7	36.2	28.9

For PM #13, the EQRO (External Quality Review Organization) was tasked with assessing the feasibility of producing - MLTSS HCBS Services are delivered in accordance with the Plan of Care (POC), including the type, scope, amount, frequency, and duration using plans of care in the MLTSS Care management records and claims data. A random sample of 110 members from each MCO was selected, including an over sample of 10% to replace excluded members as necessary. The overall compliance rate across all MCOs was 28.9%. Compliance with PM #13 is based on the average service delivery percentage for all weeks/months for each service. To be compliant, the average service delivery must score at or above 95% for each service documented in the POC for each member. No MCO achieved a compliance rate of 50%. MCO D had the lowest compliance rate, with a rate of 16.7%. The highest compliance rate was achieved by MCO E, with a rate of 36.2%. If the MCOs service delivery was not at or above 95%, a Corrective Action Plan (CAP) is requested for completion. All MCOs submitted a Corrective Action Plan and are currently under review with the EQRO. Results are pending review.

PM 16	MLTSS HCBS Member training on identifying/reporting critical incidents
Numerator:	Number of records in the denominator where the MLTSS HCBS member (or family member/authorized representative) received information/education on identifying and reporting abuse, neglect, and/or exploitation at least annually
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

MLTSS HCBS WY 2022	A	B	C	D	E	TOTAL
Numerator	96	100	100	81	99	476
Denominator	100	100	100	100	100	500
%	96	100	100	81	99	95.2

PM #16 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The 2022 MLTSS HCBS CM audit was from August 15, 2021 through June 30, 2022. For the MCOs to be compliant with

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 4th quarter (4/1/2023 – 6/30/2023)

PM #16, in the current review period, documentation should have demonstrated that the Member and/or representative had training on how to report a critical incident, specifically including how to identify abuse, neglect and exploitation.

The MCOs results ranged from a low of 81.0% to a high of 100% with an overall average of 95.2%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of 86% or above for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan (CAP) to the State. MCO D was required to submit a CAP for this measure. MCO D reported a Corrective Action Plan which includes: Plan of Care contains an agreement statement where the member acknowledges they received the Member Rights and Responsibilities and is aware; Plan of Care training to reinforce obtaining the member's acknowledgement; and Critical Incident training is completed during on-boarding and then annually with a required post-test.

MCO D's Corrective Action Plans were reviewed by the EQRO and determined that the CAP does not meet the deficiency. MCO D submitted an updated CAP indicating: MCO D's quality team tracks compliance of Critical Incidents reporting timeliness on a monthly and quarterly basis. Reports are provided to MLTSS leadership and was trending for Fiscal Year 2022 at 98.34% for compliance; which exceeds state's goal at 95%. Quality team will continue to monitor, monthly and quarterly.

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 15 th of the following month

Measurement period	3/2023	4/2023	5/2023
Numerator	1355	1116	1256
Denominator	1402	1132	1285
%	96.6	98.6	97.7

Data reported during March 2023 to May 2023, shows the reporting rate at 96.6%, 98.6% and 97.7% respectively. A Corrective Action Plan (CAP) has been obtained from the MCOs with rates reported is less than 100%. All MCOs reported CAPs which included: Reeducation to Care Managers regarding timely Critical Incident reporting. Additionally, MCO C reported they track and trend critical incidents to ensure the proper remediation is completed when needed. MCO D reported their care managers will complete reports the same day, even if all documentation is not present from the facility. MCO E provided critical incidents' refresher instruction session for their care managers.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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 15 th of the following month

Measurement period	3/2023	4/2023	5/2023
Numerator	13	■	■
Denominator	14	■	12
%	92.85	100	75

Data reported during the last three months from March 2023 to May 2023 shows an increase in March and April in timely reporting for this measurement period. May, however showed a decrease in timely reporting from 100% in February to 75% in May for this measurement period. Of the 14 Critical Incidents (CI) reported in March 2023, 11 were for unexpected deaths, three were for potential media involvement. Of the unexpected deaths, two of them were related to Covid-19 and one was not reported timely. Of the 9 Critical Incidents (CI) reported in April 2023, nine were for unexpected deaths and (0) for potential media involvement, with one of the unexpected deaths relating to Covid-19. In May 2023, out of the 12 Critical Incidents (CI) reported, 10 were for unexpected deaths and two for potential media involvement. (0) deaths were related to Covid-19. In May, three of the unexpected deaths were not reported timely. A Corrective Action Plan was implemented for MCO A for the months of March and May. MCO B and D also had CAPs implemented during the month of May 2023. MCO's A, B and D reported CAP's which included: Reeducation to the Care Managers regarding timely Critical Incident reporting. None of the MCO required CAPs for the month of April 2023.

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 measurement period

Table 3A UM Appeals

1/1/2023 – 3/31/2023	A	B	C	D	E	TOTAL
Numerator	17	14	82	50	57	220
Denominator	17	14	82	50	59	222
%	100	100	100	100	97	99

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 4th quarter (4/1/2023 – 6/30/2023)

Table 3B Non-UM Grievances

1/1/2023 – 3/31/2023	A	B	C	D	E	TOTAL
Numerator	53	28	82	15	12	190
Denominator	53	28	90	15	13	199
%	100	100	91	100	92	95

During the 1/1/2023 – 3/31/2023 measurement period all MCOs reported that 100% of UM Appeals in Table 3A were resolved within 30 days, with the exception of MCO E. MCO E reported 2 appeals that were not resolved in 30 days. For this measurement period, the top three UM appeal categories for all MCOs combined were Denial of dental services (68/222 = 31%); Pharmacy (37/222 = 17%); and Denial of inpatient hospital stays (26/222 = 11.7%).

During the 1/1/2023 – 3/31/2023 measurement period, MCOs A, B and D reported that 100% of non-UM Grievances in Table 3B were resolved within 30 days. MCO C reported that eight grievances took more than 30 days to resolve and MCO E reported that 1 grievance took more than 30 days to resolve.

The top three non-UM grievance categories were Reimbursement problems/unpaid claims (56/199 = 28%) which remains consistent with the previous quarter; Dissatisfaction with Member Services (20/199 = 10%); and Dissatisfaction with quality of medical care, other type of provider (16/199 = 8%), which is a 4% decrease from the previous quarter.

The tables below detail the number and type of MLTSS enrollee appeals (Table 3A) and grievances (Table 3B) filed during the measurement period of 1/1/2023 – 3/31/2023. Both tables highlight the top categories reported from each MCO for this quarter.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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

PM 19 - Table 3A Utilization Management (UM) enrollee appeal categories	January - March 2023					
	Aetna	AG	HNJH	UHC	WC	TOTAL
Denial of acute inpatient rehabilitation services			■			■
Denial of dental services	■	■	38	15	■	68
Denial of inpatient hospital days	■	■	■	■	13	26
Denial of medical equipment (DME) and/or supplies	■	■	■	12	■	19
Denial of outpatient medical treatment/diagnostic testing	■	■		■	15	19
Denial of outpatient rehabilitation therapy (PT, OT, Cardiac, Speech, Cognitive, etc.)				■		■
Denial of PCA services			10	■		13
Denial of Private Duty Nursing	■		■			■
Denial of referral to out-of-network specialist		■				■
Denial of residential modification				■		■
Denial of skilled nursing facility inpatient rehabilitation services			20			20
Denial of surgical procedure				■		■
Pharmacy	■			11	23	37
Denial of Mental Health services		■	■		■	■
Denial of SUD services		■				■
Denial of in-home periodic skilled services (nursing, social services, nutrition, etc.)		■				■
Denial of skilled nursing facility (custodial)				■		■
Table 3A/UM Appeal TOTALS	17	14	82	50	59	222

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 4th quarter (4/1/2023 – 6/30/2023)

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	January - March 2023					
	Aetna	AG	HNJH	UHC	WC	TOTAL
Appointment availability, other type of provider						
Difficulty obtaining access to DME and/or medical supplies						
Difficulty obtaining access to In-Network Providers						
Difficulty obtaining access to MLTSS providers						
Difficulty obtaining access to other in-home health services (skilled and non- skilled)						
Difficulty obtaining access to PCA services						
Difficulty obtaining access to self-directed PCA services (PPP)						
Difficulty obtaining access to transportation services						
Difficulty obtaining referrals for covered MLTSS services						
Dissatisfaction with dental services						
Dissatisfaction with DME and/or medical supplies						
Dissatisfaction with marketing, member handbook, etc.						
Dissatisfaction with Member Services	11					20
Dissatisfaction with NJ FamilyCare Benefits						
Dissatisfaction with other in-home health services (skilled and non-skilled)						11
Dissatisfaction with PCA services						
Dissatisfaction with provider office administration						
Dissatisfaction with quality of medical care, hospital						
Dissatisfaction with quality of medical care, other type of provider						16
Dissatisfaction with quality of medical care, PCP						
Dissatisfaction with quality of medical care, specialist						
Dissatisfaction with the Adequacy of the MCO Provider Network						
Dissatisfaction with transportation services						
Dissatisfaction with utilization management appeal process						
Dissatisfaction with vision services						
Laboratory issues						
Pharmacy/formulary issues						11
Reimbursement problems/unpaid claims/billing issues	27		19			56
Table 3B/non-UM Grievance TOTALS	53	28	90	15	13	199

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 4th quarter (4/1/2023 – 6/30/2023)

PM 20	MLTSS members receiving MLTSS-specific 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 - Due 210 days after measurement period

7/1/2021 – 6/30/2022	A	B	C	D	E	TOTAL
Numerator	5,316	9,636	21,948	8,710	10,422	56,032
Denominator	6,728	12,207	26,562	12,906	15,178	73,581
%	79	78.9	82.6	67.5	68.7	76.2

7/1/2022 – 9/30/2022	A	B	C	D	E	TOTAL
Numerator	4,606	8,386	18,898	6,898	N/A	N/A
Denominator	6,061	11,060	23,406	12,346	N/A	N/A
%	76	75.8	80.7	55.9	N/A	N/A

For PM 20, MLTSS members receiving MLTSS-specific services, measurement period 7/1/2022 to 9/30/2022 reflect all MCO rates above 50%. All MCOs have at least half of their members receiving MLTSS specific services for this measurement period. MCO D had a slight decrease in their rate 58% reported last measurement period (4/1/2022 to 6/30/2022) to the current measurement period (7/1/2022 to 9/30/2022), while MCO A, B and C remained approximately consistent. MCO E is pending submission of the measurement period 7/1/2022 to 9/30/2022. All data will be reported upon receipt.

PM 20b	MLTSS HCBS members receiving MLTSS services
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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 4th quarter (4/1/2023 – 6/30/2023)

Numerator:	The unique count of members in the denominator with at least one claim for MLTSS services during the measurement period. Services for CM, PCA, Medical Day, NF, and Behavioral Health Services are not counted.
Denominator:	The unique count of MLTSS HCBS Members meeting eligibility criteria at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Due 210 days after measurement period

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	1836	3,431	11,968	3,463	N/A	N/A
Denominator	3486	4,899	17,133	7,231	N/A	N/A
%	52.7	70.0	69.9	47.9	N/A	N/A

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	2,105	5,709	12,066	3,482	7,383	30,745
Denominator	3,639	8,459	17,213	8,663	11,781	49,755
%	57.9	67.5	70.1	40.2	62.7	61.8

7/1/2022 to 9/30/2022	A	B	C	D	E	TOTAL
Numerator	1,616	4,679	9,852	2,483	N/A	N/A
Denominator	3,059	7,310	14,340	8,014	N/A	N/A
%	52.8	64.0	68.7	31.0	N/A	N/A

For PM 20b, MLTSS HCBS members receiving MLTSS services, rates for the current measurement period, 7/1/2022 to 9/30/2022, reflect approximately consistent rates with the previous measurement period, 4/1/2022 to 6/30/2022. MCO D rates have been low in the previous quarter, 4/1/2022 to 6/30/2022 (33.1%) and have decreased to 31.0% this quarter. MCO D reports a steady increase of members (847) from the previous quarter that meet eligibility. MCO E continues to have reports pending submission for WYE 2021 and this current measurement period. Extensions have been granted and will be reported in the next report or upon receipt.

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 measurement period

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

7/1/2022 to 9/30/2022	A	B	C	D	E	TOTAL
Numerator	█	19	52	39	█	█
Denominator	2,083	3,127	8,131	5,487	2,741	21,569
%	█	.6	.6	.7	█	█

10/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	█	18	53	30	N/A	N/A
Denominator	2,419	3,220	8,154	5,679	N/A	N/A
%	█	.6	.7	.5	N/A	N/A

1/1/2023 to 3/31/2023	A	B	C	D	E	TOTAL
Numerator	13	18	54	43	█	█
Denominator	2,578	3,167	8,308	5,812	2765	22,630
%	.5	.6	.7	.7	█	█

For PM 21, MLTSS members transitioned from NF to Community, rates for the current measurement period 1/1/2023 to 3/31/2023, reflect low amounts which are less than 1%. MCO's report continued monitoring of members to identify those who could be safely transitioned into the community, while ensuring receipt of appropriate services in the least restrictive care setting. MCO E continues to have reports pending submission for the measure. Data will be reported upon receipt.

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 – Due 120 days after measurement period

7/1/2022 to 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0	0	█	N/A	0	N/A
Denominator	█	18	49	N/A	█	N/A
%	0	0	8.2	N/A	0	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 4th quarter (4/1/2023 – 6/30/2023)

10/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	■	■	■	N/A	N/A	N/A
Denominator	11	12	50	N/A	N/A	N/A
%	18.2	0	12	N/A	N/A	N/A

For the 10/1/2022 to 12/31/2022 measurement period, MCO A reported an increase (18.2 from 0 in the previous quarter) in NF to HCBS transitions who returned to NF in 90 days. MCO B reported no changes in their HCBS retention rates from the previous quarter, with no members returning to the NF after the 90 day period. MCO C reported an increase (12 from 8.2 in the previous quarter). These plans report continuing to provide intensive care management and outreach for members that are transitioning, which helps to enhance the transitioning program to remain successful. MCO D and E reports are pending and will be reported upon receipt.

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 - Due 210 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	187	340	2,044	429	584	3,584
Denominator	5,812	14,892	36,381	14,246	24,782	96,113
%	3.2	2.3	5.6	3.0	2.4	3.7

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	230	422	2,315	450	736	4,153
Denominator	6,951	17,436	37,550	14,383	26,313	102,633
%	3.3	2.4	6.2	3.1	2.8	4.0

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	183	497	2,401	561	636	4,278
Denominator	6,748	17,805	38,036	15,583	26,873	105,045
%	2.7	2.8	6.3	3.6	2.4	4.1

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 4th quarter (4/1/2023 – 6/30/2023)

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	210	564	2,344	560	585	4,263
Denominator	7,158	16,860	38,245	16,280	27,885	106,428
%	2.9	3.3	6.1	3.4	2.1	4.0

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	774	2,005	8,593	1,947	2,488	15,807
Denominator	26,120	64,097	146,376	59,873	105,345	401,811
%	3.0	3.1	5.9	3.3	2.4	3.9

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	204	677	2,333	609	613	4,436
Denominator	7,200	18,881	37,858	16,800	27,965	108,704
%	2.8	3.5	6.2	3.6	2.2	4.1

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	235	642	2,324	613	609	4,423
Denominator	7,191	19,324	37,958	17,252	29,156	110,881
%	3.3	3.3	6.1	3.6	2.1	3.9

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	216	632	2,324	714	653	4,539
Denominator	7,113	19,591	37,517	17,680	29,450	111,351
%	3.0	3.2	6.2	4.0	2.2	4.1

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	215	733	2,443	704	695	4,790
Denominator	7,215	20,095	37,911	18,777	30,395	114,393
%	3	3.6	6.4	3.8	2.3	4.2

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	858	2,837	9,044	2,517	2,535	17,791
Denominator	28,308	77,169	147,736	69,103	117,476	439,792
%	3	3.7	6.1	3.6	2.2	4.0

7/1/2022 to 9/30/2022	A	B	C	D	E	TOTAL
Numerator	184	727	2,389	799	N/A	N/A
Denominator	7,354	20,730	38,079	20,909	N/A	N/A
%	2.5	3.5	6.3	3.8	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 4th quarter (4/1/2023 – 6/30/2023)

For the measurement period of 7/1/2022 to 9/30/2022, PM 26, Acute inpatient utilization by MLTSS HCBS members, MCO's A, B and D have reported rates of 2.5, 3.5, 6.3 and 3.8 respectively. This is a new waiver year (2023); the rates have increased from the annual performance measure rates (7/1/2021 to 6/30/2022). MCO E continues to work with the EQRO for validation of these measures. Data will be reported upon receipt.

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 - Due 210 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	191	154	864	182	170	1,561
Denominator	5,929	8,164	18,795	8,724	5,636	47,248
%	3.2	1.9	4.6	2.1	3.0	3.3

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	188	141	1,002	159	174	1,664
Denominator	6,394	8,772	19,449	8,249	6,059	48,923
%	2.9	1.6	5.2	1.9	2.9	3.4

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	179	160	1,143	155	171	1,808
Denominator	6,383	8,690	20,136	8,272	6,245	49,726
%	2.8	1.8	5.7	1.9	2.7	3.6

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	211	215	1,015	180	158	1,779
Denominator	6,546	8,595	20,550	8,557	6,508	50,756
%	3.2	2.5	4.9	2.1	2.4	3.5

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 4th quarter (4/1/2023 – 6/30/2023)

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	750	804	3,776	647	644	6,621
Denominator	23,899	32,121	75,154	32,427	23,525	187,126
%	3.1	2.5	5.0	2.0	2.7	3.5

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	167	203	1,111	221	178	1,880
Denominator	6,908	8,880	21,178	9,197	6,833	52,996
%	2.4	2.3	5.3	2.4	2.6	3.5

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	209	212	1,110	240	206	1,977
Denominator	7,032	9,140	21,547	9,499	6,958	54,176
%	3.0	2.3	5.2	2.5	2.3	3.6

1/1/2022 - 3/31/2022	A	B	C	D	E	TOTAL
Numerator	212	295	1,137	232	186	2,062
Denominator	7017	9,117	21,318	9,708	6,964	54,124
%	3.0	3.2	5.3	2.4	2.7	3.8

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	221	265	1,107	223	193	2,009
Denominator	7,082	9,204	22,104	10,112	7,066	55,568
%	3.1	2.9	5.0	2.2	2.7	3.6

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	801	1,059	4,197	882	724	7,663
Denominator	26,747	34,563	81,844	36,841	26,575	206,570
%	3	3.1	5.1	2.4	2.7	3.7

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	200	298	1,266	274	N/A	N/A
Denominator	8,060	10,303	24,023	11,559	N/A	N/A
%	2.5	2.9	5.3	2.4	N/A	N/A

For the measurement period, 07/01/2022 to 09/30/2022, MCO A reports 200 acute inpatient hospitalization visits during the measurement period, with a percentage of acute inpatient visits per member months calculating to 2.5%. MCO B reports a rate of 2.9% this quarter. MCO C reports a rate of 5.3%, which is consistent with recent reporting. MCO D reports a rate of 2.4%, which appears to be

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 4th quarter (4/1/2023 – 6/30/2023)

consistent with previous reporting. The data from MCO E along with any reconciled rates will be included in the next quarterly report or upon receipt.

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 - Due 240 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	█	50	33	34	20	1█
Denominator	█	254	159	233	96	█
%	█	19.6	20.8	14.6	20.8	18.6

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	█	47	46	55	28	█
Denominator	25	288	201	280	148	942
%	36.0	16.3	22.9	19.6	18.9	19.6

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	█	63	59	74	51	251
Denominator	14	335	211	332	240	1,132
%	28.6	18.8	28	22.3	21.3	22.2

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	█	84	61	75	40	█
Denominator	26	367	237	332	212	1,174
%	15.4	22.9	25.7	22.6	18.9	22.5

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	█	117	121	108	67	█
Denominator	50	804	598	799	501	2,752
%	8.0	14.6	20.2	13.5	13.4	15.2

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 4th quarter (4/1/2023 – 6/30/2023)

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	█	91	62	68	37	█
Denominator	17	436	248	341	261	1303
%	29.4	20.9	25	19.9	14.2	20.2

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	█	85	50	68	35	243
Denominator	22	414	238	317	235	1226
%	22.7	20.5	21	21.5	14.9	19.8

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	█	101	63	78	36	█
Denominator	21	390	281	371	266	1329
%	9.5	25.9	22.4	21	13.5	21.1

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0	102	67	98	51	318
Denominator	18	471	305	422	280	1496
%	0	21.7	22	23.2	18.2	21.3

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	█	196	130	120	86	█
Denominator	32	1,341	775	958	802	3,908
%	15.6	14.6	16.8	12.5	10.7	13.7

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	█	109	72	91	N/A	N/A
Denominator	28	502	319	439	N/A	N/A
%	14.3	21.7	22.6	20.7	N/A	N/A

For PM 28, All Cause Readmissions of MLTSS HCBS members to hospital within 30 days, MCO B, C and D report rates remain consistent for this measurement period, 7/1/2022 to 9/30/2022 from the previous quarter, 4/1/2022 to 6/30/2022. MCO E is pending submission of data for WYE 2023. Follow up is ongoing with both MCOs. This data along with any reconciled rates will be reported in the next report, or upon receipt.

PM 29	All Cause Readmissions of MLTSS NF members to hospital within 30 days: HEDIS PCR
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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

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Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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 - Due 240 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	■	15	■	■	■	■
Denominator	12	57	18	64	25	176
%	16.7	26.3	38.9	12.5	16	20.4

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	■	■	■	13	■	■
Denominator	14	75	23	65	25	202
%	7.1	13.3	39.1	20.0	12	17.8

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	■	18	14	13	■	■
Denominator	16	68	33	76	32	225
%	37.5	26.5	42.4	17.1	18.8	25.3

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	10	16	■	17	■	■
Denominator	31	55	23	83	34	226
%	32.3	29.1	30.4	20.5	14.7	24.3

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	11	22	21	17	■	■
Denominator	58	120	65	181	77	501
%	19.0	18.3	32.3	9.4	11.7	15.9

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	■	26	11	15	■	■
Denominator	26	74	38	99	39	276
%	11.5	35.1	29	15.2	20.5	22.8

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	■	17	■	16	15	■

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 4th quarter (4/1/2023 – 6/30/2023)

Denominator	21	66	25	82	50	244
%	38.1	26	20	19.5	30	25

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	■	24	■	19	13	■
Denominator	33	78	25	84	44	264
%	24.2	30.8	28	22.6	29.5	26.9

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	■	22	■	25	12	■
Denominator	15	78	25	85	56	259
%	6.7	28.2	24	29.4	21.4	25.5

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	■	47	17	24	29	■
Denominator	45	265	83	223	136	752
%	13.3	17.73	20.5	10.8	21.3	16.4

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	■	23	■	14	N/A	N/A
Denominator	18	106	20	94	N/A	N/A
%	11.1	21.7	20	14.9	N/A	N/A

For PM 29, All Cause Readmissions of MLTSS NF members to hospital within 30 day, MCO E is pending submission of data for WYE 2023. This data along with any reconciled rates will be reported upon receipt. MCO A, B and D all report increases in rates from the previous reporting period.

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 - Due 210 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	256	655	2,565	752	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 4th quarter (4/1/2023 – 6/30/2023)

Denominator	5,812	14,892	36,381	14,246	N/A	N/A
%	4.4	4.4	7.1	5.3	N/A	N/A

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	1,017	3,555	10,829	3,420	3,481	22,302
Denominator	26,120	64,097	146,376	59,873	105,345	401,811
%	3.9	5.5	7.4	5.7	3.3	5.5

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	336	1,416	3,319	1,232	1,164	7,467
Denominator	7,200	18,881	37,858	16,800	27,965	108,704
%	4.7	7.5	8.8	7.3	4.2	6.9

10/1/2021-12/31/2021	A	B	C	D	E	TOTAL
Numerator	351	1,357	3,112	1,144	1,248	7,212
Denominator	7,191	19,324	37,958	17,252	29,156	110,881
%	4.9	7	8.2	6.6	4.3	6.5

1/1/2022 - 3/31/2022	A	B	C	D	E	TOTAL
Numerator	334	1,273	2,835	1,142	1,072	6,656
Denominator	7,113	19,591	37,518	17,680	29,450	111,352
%	4.7	6.5	7.6	6.5	3.6	6.0

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	320	1,565	3,383	1,363	1,317	7,948
Denominator	7,215	20,095	37,911	18,777	30,395	114,393
%	4.4	7.8	8.9	7.3	4.3	6.9

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	1,330	5,618	12,340	4,772	4,789	28,849
Denominator	28,308	77,176	147,736	69,103	117,476	439,799
%	4.7	7.2	8.4	6.9	4.1	6.6

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	351	1,622	3,485	1,637	N/A	N/A
Denominator	7,354	20,718	38,079	20,909	N/A	N/A
%	4.8	7.8	9.2	7.8	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 4th quarter (4/1/2023 – 6/30/2023)

For PM 30, Emergency Department utilization by MLTSS HCBS members, MCO E is pending submission of data for WYE 2021 and 2023. Follow up is ongoing with both MCOs. This data along with any reconciled rates will be reported in the next report, or upon receipt. MCO A, B, C and D rates appear to remain consistent from the previous reporting period.

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 - Due 210 days after measurement period

7/1/2020 - 9/30/2020	A	B	C	D	E	TOTAL
Numerator	13	48	234	44	N/A	N/A
Denominator	5,929	8,164	18,794	8,724	N/A	N/A
%	0.2	0.6	1.2	0.5	N/A	N/A

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	87	225	935	207	327	1,781
Denominator	23,899	32,121	75,154	32,427	23,525	187,126
%	0.4	0.7	1.2	0.6	1.4	0.9

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	22	67	290	70	108	557
Denominator	6,908	8,879	21,178	9,197	6,833	52,995
%	0.3	0.8	1.4	0.8	1.6	1.1

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	40	63	208	69	166	546
Denominator	7,032	9,140	21,548	9,499	6,958	54,177
%	0.6	0.7	1.0	0.7	2.4	1.0

1/1/2022 - 3/31/2022	A	B	C	D	E	TOTAL
Numerator	30	63	194	68	141	496
Denominator	7017	9,117	21,320	9,708	6,964	54,126
%	0.4	0.7	0.9	0.7	2.0	0.9

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 4th quarter (4/1/2023 – 6/30/2023)

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	62	95	200	64	165	586
Denominator	7,082	9,204	22,014	10,112	7,066	55,478
%	0.9	1.0	0.9	0.6	2.3	1.1

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	144	282	869	258	555	2,108
Denominator	26,747	34,565	81,850	36,841	26,575	206,578
%	0.5	0.8	1.1	0.7	2.1	1.0

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	59	130	264	80	N/A	N/A
Denominator	8,060	10,303	24,023	11,559	N/A	N/A
%	0.7	1.3	1.1	0.7	N/A	N/A

For PM 31, Emergency Department utilization by MLTSS NF members, MCO E is pending submission of data for WYE 2021and 2023. Follow up is ongoing with MCO E. This data along with any reconciled rates will be reported in the next report, or upon receipt.

PM 32	MLTSS HCBS members using unduplicated Self Directed Services
Numerator:	Total number of MLTSS HCBS members using a least one Self Directed Service during the measurement year
Denominator:	Total number of MLTSS HCBS members eligible anytime during the measurement year
Data Source:	DMAHS Claims Data
Frequency:	Annually

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	522	2,233	4,214	1,796	2,408	11,173
Denominator	3,106	7,339	15,683	6,500	11,612	44,240
%	16.8	30.4	26.9	27.6	20.7	25.3

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	672	2,551	4,525	2,087	2,961	12,796
Denominator	3,258	8,079	15,665	7,911	11,993	46,906
%	20.6	31.6	28.9	26.4	24.7	27.3

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 4th quarter (4/1/2023 – 6/30/2023)

For measurement period 7/1/2021 – 6/30/2022, MCO A reports a 3.8% increase in the rate of MLTSS consumers utilizing self-direction from the previous measurement period. MCO B saw a 1.2% increase in the rate of MLTSS consumers utilizing self-direction since the previous measurement period. MCO C saw a 2% increase in the rate of MLTSS consumers utilizing self-direction since last year despite a small decrease in the denominator. MCO D saw a 1.2% decrease in the rate of MLTSS consumers utilizing self-direction since the previous quarter. MCO E saw a 4% increase in the rate of MLTSS consumers utilizing self-direction since the previous measurement year. Growth in the numerator can be attributed to changes made to self-direction in response to COVID-19, such as an expedited enrollment for those directly impacted by COVID, as well as remote enrollment procedures which has led to quicker scheduling and completion of enrollment paperwork so participants can begin accessing services earlier.

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 - Due 210 days after measurement period

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	537	1,332	2,414	1,501	N/A	N/A
Denominator	3,059	7,310	14,340	8,012	N/A	N/A
%	17.6	18.2	16.8	18.7	N/A	N/A

For measurement period 7/1/2022 to 9/30/2022, MCO's A, B, C and D report rates below 20% for MLTSS HCBS members using PCA services only. MCO E is pending submission of this report for this measurement period. There has been a noted increase in MLTSS HCBS members using PCA services only compared to the previous measurement period, for MCO's A, B, C and D.

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 - Due 210 days after measurement period

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	483	290	159	239	N/A	N/A
Denominator	3,059	7,310	14,340	8,012	N/A	N/A
%	15.8	4.0	1.1	3.0	N/A	N/A

For measurement period 7/1/2022 to 9/30/2022, MCO's A and B report gradual increases in the rates for MLTSS HCBS members with Medical Day services claims only. MCO E is pending submission of this report for this measurement period. Data will be reported upon receipt. MCO D rates appear to be consistent with previous reporting periods.

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 - Due 240 days after measurement period

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	■	■	12	■	10	■
Denominator	■	■	28	■	25	■
%	33.3	50	43	80	40	44

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	■	16	63	14	22	■
Denominator	23	23	110	26	56	238
%	39.1	69.6	57.3	53.9	39.3	52

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	■	■	14	■	■	■
Denominator	■	16	28	16	22	■
%	66.7	50	50	43.8	45.5	48

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	■	■	19	■	■	■
Denominator	■	11	35	■	15	■
%	75	18.2	54	60	60	51

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 4th quarter (4/1/2023 – 6/30/2023)

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator						
Denominator		11	18	11	14	
%	33.3	54.6	55.6	45.5	36	47

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator			21			
Denominator		17	35	20	11	
%	25	47.1	60	25	73	49

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator		26	58	17	30	
Denominator		51	103	44	58	
%	55.6	51	56.3	38.6	52	51

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0		14		N/A	N/A
Denominator		17	30	19	N/A	N/A
%	0	35.3	46.7	31.6	N/A	N/A

For PM 36, Follow-up after mental health hospitalization for MLTSS HCBS members, MCO E continues to work with the EQRO for validation of this measure for WYE 2023. Data will be reported upon receipt. MCO A, B, C and D rates have decreased in the current measurement period as compared to the previous measurement period.

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 - Due 240 days after measurement period

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0	0		0	0	
Denominator	0	0		0	0	
%	0	0	100	0	0	100

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 4th quarter (4/1/2023 – 6/30/2023)

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0	0	■	0	■	■
Denominator	■	■	■	■	■	■
%	0	0	30	0	33	20

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	0
Denominator	■	0	■	0	0	■
%	0	0	0	0	0	0

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	0	■	0	0	0	■
Denominator	■	■	■	■	■	■
%	0	50	0	0	0	12.5

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	0	0	■	0	0	■
Denominator	■	0	■	■	0	■
%	0	0	14.3	0	0	11

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	0
Denominator	■	■	■	■	0	■
%	0	0	0	0	0	0

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0	■	■	0	0	■
Denominator	■	■	■	■	■	■
%	0	40	■	0	0	■

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0	0	0	■	N/A	N/A
Denominator	0	0	■	■	N/A	N/A
%	0	0	0	60	N/A	N/A

For PM 38, Follow-up after mental health hospitalization for MLTSS NF members, MCO A's rates have been consistent at 0%. MCO B's rates have also remained at 0% for the NF population for the past 3 measurement periods. MCO C have decreased to 0%. MCO D's rates have increased in the current measurement period, 7/1/2022 to 9/30/2022, from 0% to 60%. MCO E continue to work with the EQRO for validation of this measure for WYE 2023. Data will be reported upon receipt.

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 4th quarter (4/1/2023 – 6/30/2023)

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 - Due 210 days after measurement period

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	342	2,003	395	173	N/A	N/A
Denominator	3,059	7,310	14,340	8,012	N/A	N/A
%	11.2	27.4	2.8	2.2	N/A	N/A

For the measurement period, 7/1/2022 to 9/30/2022, MCO's A and B have reported increases in their rates. MCO B has reported a 22% increase from the previous reporting period. MCO C has reported a low rate of 2.8% for this measurement period. MCO D has reported rates that are similar to previous reporting periods. MCO E is pending submission of the measurement period report. Data will be reported upon receipt.

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 principal 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 - Due 240 days after measurement period

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	■	12	22	■	11	■
Denominator	15	127	112	45	37	336
%	6.7	9.4	19.6	20.0	29.7	16.4

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	0	■	22	■	■	39

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 4th quarter (4/1/2023 – 6/30/2023)

Denominator	■	17	49	18	23	■
%	0	23.5	45	27.8	34.8	35

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	0	■	13	■	■	■
Denominator	■	■	36	12	13	■
%	0	30	36	8.3	23.1	27

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	■	■	13	■		
Denominator	■	13	25	15	16	■
%	25	15.4	52	6.7	18.8	27

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	■	■	19	■	■	■
Denominator	■	16	41	27	16	■
%	33.3	12.5	46	22.2	18.8	30.1









7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	■	24	61	■	14	■
Denominator	16	65	132	60	54	327
%	18.8	37	46	16.7	26	34.2








7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0	■	23	■	N/A	N/A
Denominator	■	18	44	22	N/A	N/A
%	0	33.3	52.3	31.8	N/A	N/A











For PM 42, Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS HCBS members, MCO A's rate has decreased from 33.3% to 0% for the current measurement period. MCO B's rate has increased to 33.3% from 12.5%, from the previous quarter. MCO C rates has increased to 52.3% for the current measurement period. MCO D's rate has increased from 22.2% to 31.8%, from the previous quarter. MCO E is working with the EQRO to validate this measure. Data will be reported upon receipt.









Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)










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 principal 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 - Due 240 days after measurement period













4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0		0	0	0	
Denominator						
%	0	50	0	0	0	9

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0			0	0	
Denominator			19	0		
%	0	37.5	5.3	0	0	13

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	0			0		
Denominator						
%	0	100	33	0	50	30

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	0	0	0	0		
Denominator						
%	0	0	0	0	16.7	7

1/1/2022 - 3/31/2022	A	B	C	D	E	TOTAL
Numerator	0	0				
Denominator	0					
%	0	0	16.7	0	0	7

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator						
Denominator						
%	50	40	63	50	50	52

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 4th quarter (4/1/2023 – 6/30/2023)

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	■	■	■	■	■	■
Denominator	■	10	19	■	12	■
%	20	60	26	16.7	16.7	29

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0	■	■	■	N/A	N/A
Denominator	0	■	■	■	N/A	N/A
%	0	71.4	57	25	N/A	N/A

For PM 43, Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS NF members, MCO A's rate has decreased from 50% to 0%. MCO B's rate has increased from 40% to 71.4%, from the previous quarter. MCO C's rates has decreased slightly from 63%, in the previous measurement period (4/1/2022 to 6/30/2022) to 57% in the current measurement period. MCO D's rate has decreased from 50% to 25%, from the previous quarter. MCO E is working with the EQRO to validate this measure. Data will be reported upon receipt.

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 principal diagnosis of a mental health disorder or with a principal 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 - Due 240 days after measurement period

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	■	73	59	18	27	■
Denominator	12	112	95	33	39	291
%	83.3	65.2	62.1	54.5	69	64.3

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator	■	11	21	■	■	■
Denominator	■	13	34	19	15	■
%	33.3	84.6	61.8	52.6	60	62

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 4th quarter (4/1/2023 – 6/30/2023)

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator	█	█	13	█		
Denominator	█	12	24	11	16	█
%	66.7	50	54.2	54.6	62.5	56.1

1/1/2022 - 3/30/2022	A	B	C	D	E	TOTAL
Numerator	█	█	14	█	13	█
Denominator	█	█	19	19	18	█
%	100	66.7	73.7	52.6	72	67.6

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0	█	14	█	█	█
Denominator	█	15	29	15	█	█
%	0	46.7	42.3	40	62.5	46.4

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	█	25	58	21	34	█
Denominator	█	41	94	48	51	█
%	66.7	61	61.7	43.8	66.7	59.1

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	█	11	13	█	N/A	N/A
Denominator	█	21	25	15	N/A	N/A
%	66.7	52.4	52	46.7	N/A	N/A

For PM 44, Follow-up after Emergency Department visit for Mental Illness for MLTSS HCBS members, MCO A has reported 66.7% rate of follow up after ER visits for mental illness for MLTSS HCBS members, which is an increase from 0% in the previous measurement period (4/1/22 to 6/30/22). MCO B's rate has increased slightly (52.4%) from 46.7% in the previous measurement period. MCO C rate has also increased from 42.3% in the previous measurement period to 52% in the current measurement period. MCO D's rates for this measurement period has increased from the previous measurement period. MCO E is working with the EQRO for validation of this measure for WYE 2023. Data will be reported upon receipt.

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 principal diagnosis of a mental health disorder or with a principal 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.

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

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Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

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 - Due 240 days after measurement period

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator						
Denominator						
%	100	50	28.6	0	33	40.7

7/1/2021 - 9/30/2021	A	B	C	D	E	TOTAL
Numerator						
Denominator						
%	0	0	100	0	33	33

10/1/2021 - 12/31/2021	A	B	C	D	E	TOTAL
Numerator						
Denominator						
%	100	50	0	0	50	44

1/1/2022 - 3/31/2022	A	B	C	D	E	TOTAL
Numerator	0	0	0	0	0	0
Denominator	0	0				
%	0	0	0	0	0	0

4/1/2022 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0					
Denominator	0					
%	0	100	25		66.7	50

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	0					
Denominator	0				10	23
%	0	50	40		40	34.8

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 4th quarter (4/1/2023 – 6/30/2023)

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	0				N/A	N/A
Denominator	0				N/A	N/A
%	0	100	33	100	N/A	N/A

For PM 45, Follow-up after Emergency Department visit for Mental Illness for MLTSS NF members, MCO A has reported consistent rates of follow up after ER visits for mental illness for MLTSS NF members, to the previous measurement period (4/1/22 to 6/30/22). MCO B's rate remains consistent to the previous measurement period. MCO C rates have increased slightly from the previous measurement period 25% to 33% in this measurement period. MCO D's rates for this measurement period has increased from 0% to 100% in the current measurement period, with one reported visit and follow up after ER visit for mental illness for MLTSS NF members. MCO E is working with the EQRO for validation of this measure. Data will be reported upon receipt.

PM 46	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 - Due 180 days after measurement period

7/1/2022 - 9/30/2022	A	B	C	D	E	TOTAL
Numerator	299	539	1,111	1,224	618	3,791
Denominator	2,218	4,651	9,606	5,399	7,801	29,675
%	13.5	11.6	11.6	22.7	7.9	12.8

10/1/2022 - 12/31/2022	A	B	C	D	E	TOTAL
Numerator	322	539	1,093	1,305	604	3,863
Denominator	2,332	4,869	9,600	5,860	8,002	30,663
%	13.8	11.1	11.4	22.3	7.5	12.6

PM 46, MLTSS HCBS members NOT receiving MLTSS HCBS, PCA or Medical Day Services: Members with 60 days continuous enrollment in MLTSS HCBS, has been reinstated after have being revamped. PM 46 now looks at MLTSS HCBS members with at least 60 days of continuous enrollment in the program. MCO's are sent the member level detail files for members that are not receiving services in respective quarters and are expected to respond with the reasons those members are not receiving services.

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 4th quarter (4/1/2023 – 6/30/2023)

For measurement period, 7/1/22 to 9/30/22, the MCO rate's ranged from 7.9% to 22.7%, with an average rate of 12.8% of their MLTSS members not receiving services.

For the measurement period, 10/1/22 to 12/31/22, the MCO rate's ranged from 7.5% to 22.3%, with an average rate of 12.6%, of MLTSS members not receiving services. The MCO rates appear to remain consistent in both quarters. Analysis of the data for these two measurement periods are ongoing and will be reported upon receipt.

The top three categories reported by MCO A for their HCBS member not receiving services was:

Member Refused Services, N/A – Does not Apply (most of their members reside in a nursing facility or are awaiting placement into a nursing facility and Other Reasons (Billing concerns noted, etc.).

MCO B reported Member was receiving services during the measurement period, MCO was unable to contact the member, and the Member refused services.

MCO C reported Member refused services (voluntarily withdrew from MLTSS program, etc.), Member was away from home during the measurement period, and Member had other Insurance.

MCO D reported Member was receiving services (PPP, etc), Member refused services (receiving care from family members/friends, requesting alternate service or provider) and Other reason (hospitalized, custodial nursing facility, etc).

MCO E reported Member was receiving Services, Unable to contact Member, and Member Refused.

Follow up with this report and analysis is ongoing.

PM 47	Post Hospitalization Institutional Care for MLTSS HCBS Members
Numerator:	The numerator is the unique count of members in the denominator having a claim for a skilled nursing stay or transition to NF living arrangement within 90 days of discharge of index events
Denominator:	The denominator is the unique count of MLTSS HCBS members with at least one acute inpatient index event.
Data Source:	MCO
Frequency:	Annually

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	375	294	54	1,066	N/A	N/A
Denominator	805	2,056	2,648	1,867	N/A	N/A
%	46.6	14.3	2	57	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 4th quarter (4/1/2023 – 6/30/2023)

For this measurement period, 7/1/2021 to 6/30/2022, PM 47, Post Hospitalization Institutional Care for MLTSS HCBS members, MCO E reports are pending submission. The data from these plans will be included in the next quarterly report or upon receipt.

PM 48	MLTSS HCBS Members Hospitalized for Potentially Preventable Complications: HEDIS HPC
Numerator:	Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report monthly values for member months and rates per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for MLTSS HCBS Members Hospitalized for Potentially Preventable Complications
Data Source:	MCO
Frequency:	Annually

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	52	141	529	198	114	1034
Denominator	862	69,420	5,118	59,873	4,408	139,681
%	6.0	0.2	10.3	0.3	2.6	.7

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	58	N/A	658	309	215	N/A
Denominator	907	N/A	5,339	3,232	6,180	N/A
%	6.4	N/A	12.3	9.6	3.5	N/A

For this measurement period, 7/1/2021 to 6/30/2022, MCO B is pending submission of their report. Follow up is current. This measure, PM 48, MLTSS HCBS Members Hospitalized for Potentially Preventable Complications will be reported upon receipt.

PM 49	Hospitalization for MLTSS NF Members with Potentially Preventable Complications: HEDIS HPC
Numerator:	Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report monthly values for member months and rates per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for MLTSS HCBS Members Hospitalized for Potentially Preventable Complications
Data Source:	MCO
Frequency:	Annually

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	30	37	192	54	37	350
Denominator	888	32,224	2,791	32,427	853	69,183
%	3.4	0.1	6.9	0.2	4.3	.5

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	43	N/A	260	70	48	N/A
Denominator	951	N/A	3,225	1,774	1,153	N/A
%	4.5	N/A	8.1	4	4.2	N/A

For this measurement period, 7/1/2021 to 6/30/2022, MCO B report is pending submission. PM 49 Hospitalization for MLTSS NF Members with Potentially Preventable Complications data will be included in the next quarterly report or upon receipt.

PM 50	Follow-Up After Emergency Department Visit for MLTSS HCBS Members with High-Risk Multiple Chronic Conditions: HEDIS FMC
Numerator:	The number of events in the denominator that had a follow-up service within 7 days of the ED visit.
Denominator:	Follow HEDIS specifications for Follow-Up After Emergency Department Visit for MLTSS HCBS Members with High-Risk Multiple Chronic Conditions
Data Source:	MCO
Frequency:	Annually

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	160	608	991	858	559	3,176
Denominator	342	1,128	1,704	1,560	1,148	5,882
%	46.8	53.9	58.2	55	48.7	54.0

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	171	N/A	2,862	2,170	787	N/A
Denominator	367	N/A	4,949	4,148	1,567	N/A
%	46.6	N/A	57.8	52.3	50.2	N/A

For this measurement period, 7/1/2021 to 6/30/2022, MCO B is still pending submission of PM 50- Follow-Up After Emergency Department Visit for MLTSS HCBS Members with High-Risk Multiple Chronic Conditions. This data will be included in the next quarterly report or upon receipt.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

PM 51	Follow-Up After Emergency Department Visit for MLTSS NF Members with High-Risk Multiple Chronic Conditions: HEDIS FMC
Numerator:	The number of events in the denominator that had a follow-up service within 7 days of the ED visit.
Denominator:	Follow HEDIS specifications for MLTSS HCBS Members Hospitalized for Potentially Preventable Complications
Data Source:	MCO
Frequency:	Annually

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	11	19	58	30	25	143
Denominator	20	41	128	98	148	435
%	55	46.3	45.3	30.6	16.9	32.9

7/1/2021 to 6/30/2022	A	B	C	D	E	TOTAL
Numerator	11	N/A	120	78	46	N/A
Denominator	33	N/A	272	226	197	N/A
%	33.3	N/A	44.1	34.5	23.4	N/A

For this measurement period, 7/1/2021 to 6/30/2022, MCO B is still pending submission of this report PM 51-Follow-Up After Emergency Department Visit for MLTSS NF Members with High-Risk Multiple Chronic Conditions. This data will be included in the next quarterly report or upon receipt.

PM 52b	Care for Older Adults for MLTSS HCBS Members: HEDIS COA - Medication review
Numerator:	The number of members in the denominator who had a Medication Review in the measurement year.
Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS HCBS members.
Data Source:	MCO
Frequency:	Annually

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	208	244	287	320	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	50.6	59.4	69.8	77.9	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 4th quarter (4/1/2023 – 6/30/2023)

For PM 52b, Care for Older Adults for MLTSS HCBS Members - Medication review, MCO A, B, C and D reported rates of 50.6, 59.4, 69.8 and 77.9 respectively, for the measurement period 1/1/2022 to 12/31/2022. It appears as though, these rates have increased slightly from the previous measurement period (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of 5.4, 48.7, 61.8 and 71 respectively. MCO E rates are pending submission, for this measurement period.

PM 52c	Care for Older Adults for MLTSS HCBS Members: HEDIS COA - Functional status assessment
Numerator:	The number of members in the denominator who had a Functional Status Assessment in the measurement year.
Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS HCBS members.
Data Source:	MCO
Frequency:	Annually

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	400	405	222	325	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	97.3	98.5	54.0	79.1	N/A	N/A

For PM 52c, HEDIS COA (Care for Older Adults) for MLTSS HCBS Members- Functional Status Assessment, MCO A, B, C and D reported rates of 97.3, 98.5, 54 and 79.1, respectively for the measurement period, 1/1/2022 to 12/31/2022. It appears as though, these rates have increased from the previous measurement (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of 37.1, 96.8, 38.2 and 52.1 respectively. MCO E rates are pending submission for this measurement period.

PM 52d	Care for Older Adults for MLTSS HCBS Members: HEDIS COA - Pain assessment
Numerator:	The number of members in the denominator who had a Pain Assessment in the measurement year.
Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS HCBS members.
Data Source:	MCO
Frequency:	Annually

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	404	334	300	369	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	98.3	81.3	73.0	89.8	N/A	N/A

For PM 52d, HEDIS COA (Care for Older Adults) for MLTSS HCBS Members - Pain assessment, MCO A, B, C and D reported rates of 98.3, 81.3, 73 and 89.8, respectively for the measurement period, 1/1/2022 to 12/31/2022. It appears as though, these rates have increased from the previous measurement period (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of 9.2, 55.5, 59.6 and 74.2 respectively. MCO E rates are pending submission for this measurement period.

PM 53b	Care for Older Adults for MLTSS NF Members: HEDIS COA - Medication review
Numerator:	The number of members in the denominator who had a Medication Review in the measurement year.
Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS NF members.
Data Source:	MCO
Frequency:	Annually

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	128	174	241	262	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	31.1	42.3	58.7	63.8	N/A	N/A

For PM 53b, Care for Older Adults for MLTSS NF Members - Medication review, MCO A, B, C and D reported rates of 31.1, 42.3, 58.7 and 63.8 respectively, for the measurement period 1/1/2022 to 12/31/2022. It appears as though, these rates have increased slightly from the previous measurement period (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of 1, 10.7, 20.2 and 49 respectively. MCO E rates are pending submission, for this measurement period.

PM 53c	Care for Older Adults for MLTSS NF Members: HEDIS COA - Functional status assessment
Numerator:	The number of members in the denominator who had a Functional Status Assessment in the measurement year.

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 4th quarter (4/1/2023 – 6/30/2023)

Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS NF members.
Data Source:	MCO
Frequency:	Annually

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	389	409	254	329	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	94.7	99.5	62.0	80.1	N/A	N/A

For PM 53c, HEDIS COA (Care for Older Adults) for MLTSS NF Members- Functional Status Assessment, MCO A, B, C and D reported rates of 94.7, 99.5, 62 and 80.1, respectively for the measurement period, 1/1/2022 to 12/31/2022. It appears as though, these rates have increased from the previous measurement (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of 3.4, 98.5, 16.1 and 46 respectively. MCO E rates are pending submission for this measurement period.

PM 53d	Care for Older Adults for MLTSS NF Members: HEDIS COA - Pain assessment
Numerator:	The number of members in the denominator who had a Pain Assessment in the measurement year.
Denominator:	Follow HEDIS Specifications for Care for Older Adults (COA) for MLTSS NF members.
Data Source:	MCO
Frequency:	Annually

1/1/2022 to 12/31/2022	A	B	C	D	E	TOTAL
Numerator	396	373	322	355	N/A	N/A
Denominator	411	411	411	411	N/A	N/A
%	96.4	90.8	78.4	86.4	N/A	N/A

For PM 53d, HEDIS COA (Care for Older Adults) for MLTSS NF Members - Pain assessment, MCO A, B, C and D reported rates of 96.4, 90.8, 78.4 and 86.4, respectively for the measurement period, 1/1/2022 to 12/31/2022. It appears as though, these rates have increased from the previous measurement period (1/1/2021 to 12/31/2021). MCO A, B, C and D reported rates of .3, 28, 25.3 and 61.6 respectively. MCO E rates are pending submission for this measurement period.

Deliverables due during MLTSS 4th quarter (4/1/2023 – 6/30/2023)

PM 54a	New MLTSS members receiving PCA, MEDICAL DAY, and MLTSS SERVICES
Numerator:	The numerator is the unique count of MLTSS members in the denominator with at least one claim for PCA, Medical Day Service, or MLTSS services within 120 days of enrollment during the measurement period.
Denominator:	The denominator is the unique count of MLTSS Members meeting eligibility criteria at any time during the measurement period.
Data Source:	MCO
Frequency:	Annually

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	1,392	1,465	3,985	2,809	N/A	N/A
Denominator	1,775	3,008	4,738	3,919	N/A	N/A
%	78.4	48.7	84.1	71.7	N/A	N/A

For the measurement period 7/1/2021 to 6/30/2022, MCO A reported a decreased rate from 85.7 to 78.4 for new MLTSS members receiving PCA, Medical Day and MLTSS services from the previous measurement period. MCO B reported a decrease in the rate from 86.4 in the previous measurement period to 48.7 this measurement period. MCO C reported a similar rate (84.1%) to the previous measurement period. MCO D reported a rate of 71.7% for the current measurement period. All four of these MCO's reported rates more than 50% of their new MLTSS members that are receiving PCA, Medical Day and MLTSS services for the annual measure 7/1/2021 to 6/30/2022, with the exception of MCO B (48.7%). MCO E is pending submission of this measure.

PM 54b	New MLTSS HCBS members receiving PCA, Medical Day, and MLTSS services
Numerator:	The numerator is the unique count of MLTSS HCBS members in the denominator with at least one claim for PCA, Medical Day Service, or MLTSS services within 120 days of enrollment during the measurement period.
Denominator:	The denominator is the unique count of MLTSS HCBS Members meeting eligibility criteria at any time during the measurement period.
Data Source:	MCO
Frequency:	Annually

7/1/2021 - 6/30/2022	A	B	C	D	E	TOTAL
Numerator	529	1,430	2,136	1,567	N/A	N/A
Denominator	915	2,070	2,721	2,900	N/A	N/A
%	57.8	69.1	78.5	54	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 4th quarter (4/1/2023 – 6/30/2023)

For the measurement period, 7/1/2021 to 6/30/2022, MCO's A, B, C and D reported rates for new MLTSS HCBS members receiving PCA, Medical Day and MLTSS services within 120 days of enrollment. MCO A reported a rate decrease from 66.9% in the previous reporting period (7/1/2020 – 6/30/2021) to 57.8% this period. MCO B reports an increase in members receiving services, but a decrease in the rate, as there continues to be members who request services held due to fear of exposure. MCO B reported a rate of 80.7% in the previous measurement period compared to 69.1% in the current measurement period. Their numbers are impacted due to the disenrollment process during the PHE. MCO C's rate is consistent with the last measurement period (79%). MCO D's rates have decreased 10% from 64% in the last measurement period to 54% during the current measurement period. MCO E is pending submission of this report. All data will be reported in the upcoming report.

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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 7 th 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:	07/01/2022 – 09/30/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			100.0			100.0	36	36	100.0
Media involvement or the potential for media involvement			100.0			100.0			100.0			100.0			100.0			100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)						100.0			100.0			100.0			100.0	18	18	100.0
Psychological/Verbal abuse			100.0						100.0			100.0			100.0			100.0
Sexual abuse and/or suspected sexual abuse									100.0						100.0			100.0
Fall resulting in the need of medical treatment	75	75	100.0	119	119	100.0	107	107	100.0	109	109	100.0	58	58	100.0	468	468	100.0
Medical emergency resulting in need for medical treatment	586	586	100.0	1198	1195	99.7	270	270	100.0	137	137	100.0			100.0	2193	2190	99.9
Medication error resulting in serious consequences						100.0			100.0									100.0
Psychiatric emergency resulting in need for medical treatment	20	20	100.0	77	77	100.0	12	12	100.0			100.0			100.0	114	114	100.0
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			100.0	23	23	100.0
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0			100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			100.0			100.0			100.0						100.0			100.0
Neglect/Mistreatment, other			100.0						100.0									100.0
Exploitation, financial												100.0						100.0
Exploitation, theft			100.0						100.0						100.0			100.0
Exploitation, destruction of property																		
Exploitation, other												100.0						100.0
Theft with law enforcement involvement									100.0			100.0			100.0			100.0
Failure of member's Back-up Plan			100.0			100.0			100.0									100.0
Elopement/Wandering from home or facility			100.0			100.0			100.0			100.0			100.0			100.0
Inaccessible for initial/on-site meeting						100.0			100.0	17	17	100.0	12	12	100.0	40	40	100.0
Unable to Contact			100.0			100.0	16	16	100.0	13	13	100.0	16	16	100.0	50	50	100.0
Inappropriate/unprofessional conduct by provider involving member			100.0				77	77	100.0			100.0			100.0	80	80	100.0
Cancellation of utilities															100.0			100.0
Eviction/loss of home			100.0			100.0			100.0			100.0			100.0	11	11	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			100.0	42	42	100.0				27	27	100.0			100.0	78	78	100.0
PM #18 A Totals	714	714	100.0	1474	1471	99.8	530	530	100.0	339	339	100.0	113	113	100.0	3170	3167	99.9

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	07/01/2022 – 09/30/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			88.9			87.5			100.0			100.0			100.0	36	34	94.4
Media involvement or the potential for media involvement			100.0			100.0						100.0			100.0			100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)						100.0			100.0			100.0			66.7	18	17	94.4
Psychological/Verbal abuse			100.0						100.0			100.0			100.0			100.0
Sexual abuse and/or suspected sexual abuse									100.0						100.0			100.0
Fall resulting in the need of medical treatment	75	74	98.7	119	117	98.3	107	106	99.1	109	106	97.2	58	54	93.1	468	457	97.6
Medical emergency resulting in need for medical treatment	586	563	96.1	1198	1137	94.9	270	266	98.5	137	132	96.4			100.0	2193	2100	95.8
Medication error resulting in serious consequences						100.0			100.0									100.0
Psychiatric emergency resulting in need for medical treatment	20	20	100.0	77	76	98.7	12	12	100.0			100.0			100.0	114	113	99.1
Severe injury resulting in the need of medical treatment			100.0			100.0			87.5			100.0			100.0	23	22	95.7
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0			100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			100.0			66.7			100.0						100.0			85.7
Neglect/Mistreatment, other			0.0						100.0									50.0
Exploitation, financial												100.0						100.0
Exploitation, theft			100.0						0.0						100.0			66.7
Exploitation, destruction of property																		
Exploitation, other												100.0						100.0
Theft with law enforcement involvement									100.0			100.0			100.0			100.0
Failure of member's Back-up Plan			100.0			100.0			100.0									100.0
Elopement/Wandering from home or facility			100.0			100.0			100.0			100.0			100.0			100.0
Inaccessible for initial/on-site meeting						100.0			20.0	17	16	94.1	12	12	100.0	40	35	87.5
Unable to Contact			100.0			100.0	16	11	68.8	13	13	100.0	16	16	100.0	50	45	90.0
Inappropriate/unprofessional conduct by provider involving member			100.0				77	69	89.6			100.0			100.0	80	72	90.0
Cancellation of utilities															100.0			100.0
Eviction/loss of home			100.0			100.0			100.0			100.0			100.0	11	11	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			100.0	42	41	97.6	0	0	#DIV/0!	27	27	100.0			100.0	78	77	98.7
PM #18 B Totals	714	688	96.4	1474	1407	95.5	530	506	95.5	339	330	97.3	113	108	95.6	3170	3039	95.9

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	07/01/2022 – 09/30/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			88.9			100.0	36	35	97.2
Media involvement or the potential for media involvement			100.0			100.0						100.0			100.0			100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)						100.0			90.0			100.0			100.0	18	17	94.4
Psychological/Verbal abuse			100.0						100.0			100.0			100.0			100.0
Sexual abuse and/or suspected sexual abuse									0.0						100.0			66.7
Fall resulting in the need of medical treatment	75	73	97.3	119	118	99.2	107	107	100.0	109	109	100.0	58	58	100.0	468	465	99.4
Medical emergency resulting in need for medical treatment	586	568	96.9	1198	1197	99.9	270	269	99.6	137	137	100.0			100.0	2193	2173	99.1
Medication error resulting in serious consequences						100.0			100.0									100.0
Psychiatric emergency resulting in need for medical treatment	20	20	100.0	77	77	100.0	12	12	100.0			100.0			100.0	114	114	100.0
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			100.0	23	23	100.0
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0			100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			100.0			100.0			100.0						100.0			100.0
Neglect/Mistreatment, other			100.0						100.0									100.0
Exploitation, financial												100.0						100.0
Exploitation, theft			100.0						0.0						100.0			66.7
Exploitation, destruction of property																		
Exploitation, other												100.0						100.0
Theft with law enforcement involvement									100.0			100.0			100.0			100.0
Failure of member's Back-up Plan			100.0			100.0			100.0									100.0
Elopement/Wandering from home or facility			100.0			100.0			100.0			100.0			100.0			100.0
Inaccessible for initial/on-site meeting						100.0			100.0	17	17	100.0	12	12	100.0	40	40	100.0
Unable to Contact			50.0			100.0	16	16	100.0	13	13	100.0	16	16	100.0	50	49	98.0
Inappropriate/unprofessional conduct by provider involving member			100.0				77	73	94.8			0.0			100.0	80	75	93.8
Cancellation of utilities															100.0			100.0
Eviction/loss of home			100.0			100.0			100.0			100.0			100.0	11	11	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			100.0	42	42	100.0				27	26	96.3			100.0	78	77	98.7
PM #18 C Totals	714	693	97.1	1474	1472	99.9	530	522	98.5	339	336	99.1	113	113	100.0	3170	3136	98.9

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 3rd quarter (4/1/2023 – 6/30/2023)

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:	07/01/2022 – 09/30/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member		50	5.6		35	4.4		66	9.4		115	14.4	3	40	13.3	35	306	8.7
Media involvement or the potential for media involvement			0.3		0	0.0								0	0.0			0.3
Physical abuse (incl. seduction and restraints both physical and chemical)						5.0		72	8.0		55	13.8		78	26.0	17	210	12.4
Psychological/Verbal abuse			8.0						1.7		34	17.0		0	0.0		47	6.7
Sexual abuse and/or suspected sexual abuse														15				1.5
Fall resulting in the need of medical treatment	73	2452	33.6	118	1905	16.1	107	2920	27.3	109	2832	26.0	58	1383	23.8	465	11492	24.7
Medical emergency resulting in need for medical treatment	568	14170	24.9	1197	16823	14.1	269	3672	13.7	137	2403	17.5		44	22.0	2173	37112	17.1
Medication error resulting in serious consequences					32	10.7			6.0								38	9.5
Psychiatric emergency resulting in need for medical treatment	20	925	46.3	77	798	10.4	12	121	10.1		105	26.3			6.0	114	1955	17.1
Severe injury resulting in the need of medical treatment		58	19.3		148	21.1		107	13.4		26	6.5		23	23.0	23	362	15.7
Suicide attempt resulting in the need for medical attention								14	7.0								14	7.0
Neglect/Mistreatment, caregiver (paid or unpaid)			3.0			4.5			1.0			0.5		47	23.5	10	62	6.2
Neglect/Mistreatment, self			4.0			13		0	0.0						2.0		12	1.7
Neglect/Mistreatment, other			1.0					0	0.0									0.5
Exploitation, financial											0	0.0					0	0.0
Exploitation, theft			3.0											22	22.0		25	12.5
Exploitation, destruction of property																		
Exploitation, other											0	0.0					0	0.0
Theft with law enforcement involvement									1.0		0	0.0		10	10.0		11	3.7
Failure of member's Back-up Plan			0.0		0	0.0			0.0								0	0.0
Elopement/Wandering from home or facility			0.0		0	0.0			3.0		15	15.0		60	30.0		78	13.0
Inaccessible for initial/on-site meeting					0	0.0			0.6		17	9.7		12	0.0		40	2.5
Unable to Contact			0.0		0	0.0		16	2.1		13	10.5		16	0.0		49	2.6
Inappropriate/unprofessional conduct by provider involving member			6.0					73	64.6						3.0		75	8.7
Cancellation of utilities														0	0.0		0	0.0
Eviction/loss of home			6.0		50	25.0			1.3		18	6.0		0	0.0		11	7.2
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other		153	21.9	42	487	11.6					26	32.6		33	16.5	77	999	13.0
PM #18 D Totals	693	17840	25.7	1472	20296	13.8	522	7663	14.7	336	6134	18.3	113	1756	15.5	3136	53689	17.1

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 3rd quarter (4/1/2023 – 6/30/2023)

Reported Critical Incidents (CIs) for Measurement Period 07/1/22 - 9/30/22

During the measurement period of 7/1/2022 – 9/30/2022, all five MCOs became aware of 3170 CIs, although only 3167 CIs were reported to the state (99.9%) within the appropriate timeframe. During this measurement period, the top 3 Critical Incident categories reported were: Medical emergencies resulting in the need for treatment (2193/3170=69.2%); Falls resulting in the need of treatment (468/3170=14.8%); and Psychiatric emergencies resulting in the need of medical treatment (114/3170=3.6%). Of all MCOs, MCO B had the highest reported volume of Medical emergencies resulting in the need for treatment (1198/2193=54.6%), Falls resulting in the need of medical treatment (119/538=22.1%) and Psychiatric emergencies resulting in the need of medical treatment (77/114=67.5%).

For this measurement period, data reported for PM #18B reflects 3039 of the 3170 (95.9%) Critical Incidents were reported to the state within two business days. MCO D had the highest percentage of Critical Incidents reported within two business days at 97.3%.

The data reported by the MCOs for PM #18C shows that 3136 of the 3170 (98.9%) Critical Incidents had a known date of occurrence. PM #18D shows an all MCO average of 17.1 days from the date the critical incident occurred to the date the MCO became aware, ranging from 13.8 days (MCO B) to 25.7 days (MCO A).

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	10/01/2022 – 12/31/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
			%			%			%			%			%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			100.0			100.0	23	23	100.0
Media involvement or the potential for media involvement			100.0			100.0			100.0			100.0			100.0			100.0
Physical abuse (incl. seduction and restraints both physical and chemical)			100.0			100.0			100.0			100.0			100.0	12	12	100.0
Psychological/Verbal abuse			100.0			100.0			100.0			100.0			100.0			100.0
Sexual abuse and/or suspected sexual abuse			100.0			100.0			100.0			100.0			100.0			100.0
Fall resulting in the need of medical treatment	110	110	100.0	125	125	100.0	97	97	100.0	148	148	100.0	44	44	100.0	524	524	100.0
Medical emergency resulting in need for medical treatment	657	657	100.0	1112	1112	100.0	239	239	100.0	168	168	100.0			100.0	2181	2181	100.0
Medication error resulting in serious consequences									100.0			100.0						100.0
Psychiatric emergency resulting in need for medical treatment	29	29	100.0	78	78	100.0			100.0			100.0			100.0	120	120	100.0
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			100.0	20	20	100.0
Suicide attempt resulting in the need for medical attention			100.0						100.0			100.0			100.0			100.0
Neglect/Mistreatment, caregiver (paid or unpaid)						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			100.0			100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, other			100.0			100.0			100.0									100.0
Exploitation, financial			100.0						100.0									100.0
Exploitation, theft						100.0			100.0			100.0						100.0
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement									100.0			100.0			100.0			100.0
Failure of member's Back-up Plan			100.0			100.0			100.0									100.0
Elopement/Wandering from home or facility			100.0			100.0						100.0						100.0
Inaccessible for initial/on-site meeting						100.0			100.0	19	19	100.0	24	24	100.0	56	56	100.0
Unable to Contact			100.0			100.0	24	24	100.0	22	22	100.0	12	12	100.0	69	69	100.0
Inappropriate/unprofessional conduct by provider involving member			100.0				63	63	100.0			100.0			100.0	69	69	100.0
Cancellation of utilities									100.0			100.0						100.0
Eviction/loss of home			100.0			100.0			100.0						100.0	11	11	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			100.0	46	46	100.0				37	37	100.0			100.0	91	91	100.0
PM #18 A Totals	840	840	100.0	1399	1399	100.0	473	473	100.0	432	432	100.0	107	107	100.0	3251	3251	100.0

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	10/01/2022 – 12/31/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			100.0			100.0	23	23	100.0
Media involvement or the potential for media involvement			100.0						100.0									100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)			100.0			66.7			60.0			100.0			100.0	12		75.0
Psychological/Verbal abuse			50.0									100.0			100.0			85.7
Sexual abuse and/or suspected sexual abuse			0.0						100.0			100.0			100.0			83.3
Fall resulting in the need of medical treatment	110	106	96.4	125	120	96.0	97	94	96.9	148	146	98.6	44	44	100.0	524	510	97.3
Medical emergency resulting in need for medical treatment	657	644	98.0	1112	1046	94.1	239	235	98.3	168	168	100.0			100.0	2181	2098	96.2
Medication error resulting in serious consequences									100.0			100.0						100.0
Psychiatric emergency resulting in need for medical treatment	29	27	93.1	78	77	98.7			100.0			100.0			100.0	120	117	97.5
Severe injury resulting in the need of medical treatment			100.0			100.0			83.3			100.0			100.0	20	19	95.0
Suicide attempt resulting in the need for medical attention			100.0						100.0			100.0			100.0			100.0
Neglect/Mistreatment, caregiver (paid or unpaid)						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			100.0			100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, other			100.0			100.0			50.0									83.3
Exploitation, financial			100.0						100.0									100.0
Exploitation, theft						50.0			100.0			75.0						75.0
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement												100.0			100.0			100.0
Failure of member's Back-up Plan			100.0			100.0			100.0									100.0
Elopement/Wandering from home or facility			100.0			100.0						100.0						100.0
Inaccessible for initial/on-site meeting						100.0			66.7	19	19	100.0	24	24	100.0	56	53	94.6
Unable to Contact			80.0			100.0	24	11	45.8	22	22	100.0	12	12	100.0	69	55	79.7
Inappropriate/unprofessional conduct by provider involving member			100.0				63	60	95.2			100.0			100.0	69	66	95.7
Cancellation of utilities									100.0			100.0						100.0
Eviction/loss of home			100.0			100.0			100.0						100.0	11	11	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			100.0	46	45	97.8				37	37	100.0			100.0	91	90	98.9
PM #18 B Totals	840	818	97.4	1399	1324	94.6	473	443	93.7	432	429	99.3	107	107	100.0	3251	3121	96.0

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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:	10/01/2022 – 12/31/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			100.0			100.0	23	23	100.0
Media involvement or the potential for media involvement			50.0						100.0									66.7
Physical abuse (incl. seduction and restraints both physical and chemical)			0.0			100.0			100.0			100.0			100.0	12	11	91.7
Psychological/Verbal abuse			100.0									100.0			100.0			100.0
Sexual abuse and/or suspected sexual abuse			100.0						100.0			100.0			100.0			100.0
Fall resulting in the need of medical treatment	110	97	88.2	125	125	100.0	97	97	100.0	148	147	99.3	44	44	100.0	524	510	97.3
Medical emergency resulting in need for medical treatment	657	626	95.3	1112	1112	100.0	239	237	99.2	168	168	100.0			100.0	2181	2148	98.5
Medication error resulting in serious consequences									100.0			100.0						100.0
Psychiatric emergency resulting in need for medical treatment	29	29	100.0	78	78	100.0			100.0			100.0			100.0	120	120	100.0
Severe injury resulting in the need of medical treatment			66.7			100.0			100.0			100.0			100.0	20	19	95.0
Suicide attempt resulting in the need for medical attention			100.0						100.0			100.0			100.0			100.0
Neglect/Mistreatment, caregiver (paid or unpaid)						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, self			33.3			100.0			100.0			100.0			100.0			80.0
Neglect/Mistreatment, other			0.0			100.0			100.0									66.7
Exploitation, financial			0.0						100.0									50.0
Exploitation, theft						100.0			100.0			100.0						100.0
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement												100.0			100.0			100.0
Failure of member's Back-up Plan			75.0			100.0			100.0									85.7
Elopement/Wandering from home or facility			100.0			100.0						100.0						100.0
Inaccessible for initial/on-site meeting						100.0			100.0	19	19	100.0	24	24	100.0	56	56	100.0
Unable to Contact			40.0			100.0	24	24	100.0	22	22	100.0	12	12	100.0	69	66	95.7
Inappropriate/unprofessional conduct by provider involving member			100.0				63	60	95.2			100.0			100.0	69	66	95.7
Cancellation of utilities									100.0			100.0						100.0
Eviction/loss of home			100.0			100.0			100.0						100.0	11	11	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			83.3	46	46	100.0				37	37	100.0			100.0	91	90	98.9
PM #18 C Totals	840	782	93.1	1399	1399	100.0	473	468	98.9	432	431	99.8	107	107	100.0	3251	3187	98.0

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	10/01/2022 – 12/31/2022

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member		34	4.3		41	5.1			1.0		94	18.8			3.0	23	173	7.5
Media involvement or the potential for media involvement			1.0					0	0.0									0.5
Physical abuse (incl. seclusion and restraints both physical and chemical)					60	20.0		45	9.0			2.5		17	17.0	11	127	11.5
Psychological/Verbal abuse			0.5									2.5		17	5.7		23	3.3
Sexual abuse and/or suspected sexual abuse		69	69.0						4.0		35	17.5		36	18.0		144	24.0
Fall resulting in the need of medical treatment	97	2226	22.9	125	2903	23.2	97	2199	22.7	147	3713	25.3	44	1090	24.8	510	12131	23.8
Medical emergency resulting in need for medical treatment	626	12877	20.6	1112	15446	13.9	237	2797	11.8	168	2565	15.3		42	8.4	2148	33727	15.7
Medication error resulting in serious consequences									6.0			10.0					16	8.0
Psychiatric emergency resulting in need for medical treatment	29	557	19.2	78	854	10.9		40	5.0		33	8.3		0	0.0	120	1484	12.4
Severe injury resulting in the need of medical treatment		14	7.0		57	14.3		80	13.3		237	79.0		60	15.0	19	448	23.6
Suicide attempt resulting in the need for medical attention		11	11.0						1.0		35	17.5		0	0.0		47	9.4
Neglect/Mistreatment, caregiver (paid or unpaid)						3.0			2.0		96	24.0			1.0		104	13.0
Neglect/Mistreatment, self		0	0.0			3.0			0.0		21	7.0			3.0		27	3.4
Neglect/Mistreatment, other						2.0		39	19.5								43	10.8
Exploitation, financial									5.0								10	5.0
Exploitation, theft						1.0		14	7.0		41	10.3					57	7.1
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement											8	8.0		1	1.0			4.5
Failure of member's Back-up Plan		21	7.0		65	32.5		0	0.0								86	14.3
Elopement/Wandering from home or facility			2.0			4.0					54	18.0					60	12.0
Inaccessible for initial/on-site meeting					0	0.0		0	0.0	19	16	0.8	24	0	0.0	56	16	0.3
Unable to Contact		0	0.0		0	0.0	24	0	0.0	22	456	20.7	12	0	0.0	66	456	6.9
Inappropriate/unprofessional conduct by provider involving member		11	5.5				60	628	10.5			3.0		855	285.0	66	1497	22.7
Cancellation of utilities								0	0.0		0	0.0					0	0.0
Eviction/loss of home		11	11.0		22	5.5		11	2.2					12	12.0	11	56	5.1
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other		35	7.0	46	420	9.1				37	537	14.5			2.0	90	996	11.1
PM #18 D Totals	782	15870	20.3	1399	19884	14.2	468	5879	12.6	431	7964	18.5	107	2141	20.0	3187	51738	16.2

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

Reported Critical Incidents (CIs) for Measurement Period 10/1/22 - 12/31/22

During the measurement period of 10/1/2022 – 12/31/2022, data reported for PM 18A reflects 100% of the Critical Incidents the MCOs became aware of during the measurement period, were reported to the State timely. The top 3 Critical Incident categories reported during this measurement period were: Medical emergencies resulting in need for medical treatment (2181/3251=67.1%); Falls resulting in need of medical treatment (524/3,251=16.1%); and Psychiatric emergencies resulting in need of medical treatment (120/3251=3.7%). MCO B had the highest reported volume of Medical emergencies resulting in need of medical treatment (1112/2181=51%); MCO D had the highest reported volume of Falls resulting in need of medical treatment (148/524=28.2%); and MCO B had the highest reported volume of Psychiatric emergencies resulting in need of medical treatment (78/120=65%).

For this measurement period, data reported for PM 18B reflects 3,121 of the 3,251 (96%) Critical Incidents were reported to the state within two business days. MCO E had the highest percentage of CIs reported within two business days at 100%.

The data reported by the MCOs for PM 18C shows that 3,187 of the 3,251(98%) critical incidents reported had a known date of occurrence. The data reported by the MCOs for PM 18D reflects an all MCO average of 16.2 days from the date the critical incident occurred to the date the MCO became aware. MCOs ranging from 12.6 days (MCO C) to 20.3 days (MCO A).

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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 7 th 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:	1/1/2023 – 3/31/2023

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100.0	7	7	100.0	1	1	100.0	1	1	100.0	1	1	100.0	33	33	100.0
Media involvement or the potential for media involvement									100.0			100.0			100.0			100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)			100.0			100.0			100.0			100.0			100.0	16	16	100.0
Psychological/Verbal abuse			100.0			100.0			100.0			100.0			100.0	11	11	100.0
Sexual abuse and/or suspected sexual abuse			100.0									100.0						100.0
Fall resulting in the need of medical treatment	122	122	100.0	108	108	100.0	110	110	100.0	134	134	100.0	64	64	100.0	538	538	100.0
Medical emergency resulting in need for medical treatment	843	843	100.0	1332	1332	100.0	281	281	100.0	232	232	100.0			100.0	2694	2694	100.0
Medication error resulting in serious consequences	1	1	100.0						100.0									100.0
Psychiatric emergency resulting in need for medical treatment	31	31	100.0	97	97	100.0			100.0			100.0			100.0	143	143	100.0
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			100.0	22	22	100.0
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0						100.0			100.0			100.0	11	11	100.0
Neglect/Mistreatment, self						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, other			100.0									100.0			100.0			100.0
Exploitation, financial									100.0			100.0			100.0			100.0
Exploitation, theft												100.0			100.0			100.0
Exploitation, destruction of property						100.0												100.0
Exploitation, other																		
Theft with law enforcement involvement						100.0			100.0			100.0						100.0
Failure of member's Back-up Plan			100.0															100.0
Elopement/Wandering from home or facility												100.0			100.0			100.0
Inaccessible for initial/on-site meeting			100.0	18	18	100.0			100.0	43	43	100.0			100.0	72	72	100.0
Unable to Contact			100.0	27	27	100.0	21	21	100.0	27	27	100.0			100.0	84	84	100.0
Inappropriate/unprofessional conduct by provider involving member			100.0				68	68	100.0			100.0			100.0	74	74	100.0
Cancellation of utilities																		
Eviction/loss of home						100.0			100.0			100.0			100.0	11	11	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				35	35	100.0				50	50	100.0			100.0	86	86	100.0
PM #18 A Totals	1020	1020	100.0	1640	1640	100.0	536	536	100.0	527	527	100.0	117	117	100.0	3840	3840	100.0

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	1/1/2023 – 3/31/2023

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			83.3			100.0			100.0			100.0			83.3	33	21	93.9
Media involvement or the potential for media involvement									100.0			100.0			100.0			100.0
Physical abuse (incl seduction and restraints both physical and chemical)			100.0			100.0			83.3			100.0			100.0	16	15	93.8
Psychological/Verbal abuse			50.0			100.0			75.0			100.0			100.0	11		81.8
Sexual abuse and/or suspected sexual abuse			100.0									100.0						100.0
Fall resulting in the need of medical treatment	122	118	96.7	108	107	99.1	110	108	98.2	134	134	100.0	64	63	98.4	538	530	98.5
Medical emergency resulting in need for medical treatment	843	826	98.0	1332	1291	96.9	281	273	97.2	232	230	99.1			100.0	2694	2626	97.5
Medication error resulting in serious consequences		0	0.0						100.0									50.0
Psychiatric emergency resulting in need for medical treatment	31	29	93.5	97	97	100.0			100.0			85.7			100.0	143	140	97.9
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			87.5	22	21	95.5
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0						100.0			100.0			100.0	11	11	100.0
Neglect/Mistreatment, self						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, other			100.0									100.0						100.0
Exploitation, financial									100.0			100.0			100.0			100.0
Exploitation, theft												100.0			100.0			100.0
Exploitation, destruction of property						100.0												100.0
Exploitation, other																		
Theft with law enforcement involvement						100.0			100.0			100.0						100.0
Failure of member's Back-up Plan			100.0															100.0
Elopement/Wandering from home or facility												0.0			100.0			50.0
Inaccessible for initial/on-site meeting			100.0	18	18	100.0			25.0	43	43	100.0			100.0	72	69	95.8
Unable to Contact			100.0	27	27	100.0	21	14	66.7	27	27	100.0			100.0	84	77	91.7
Inappropriate/unprofessional conduct by provider involving member			100.0				68	67	98.5			100.0			100.0	74	73	98.6
Cancellation of utilities																		
Eviction/loss of home						100.0			100.0			100.0			100.0	11	11	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				35	35	100.0				50	49	98.0			100.0	86	85	98.8
PM # 18 B Totals	1020	994	97.5	1640	1598	97.4	536	513	95.7	527	522	99.1	117	114	97.4	3840	3741	97.4

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

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Deliverables due during MLTSS 3rd quarter (4/1/2023 – 6/30/2023)

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:	1/1/2023 – 3/31/2023

Critical Incident (CI) reporting types	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member			100.0			100.0			100.0			100.0			100.0	33	33	100.0
Media involvement or the potential for media involvement									100.0			100.0			100.0			100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)			100.0			100.0			100.0			100.0			100.0	16	16	100.0
Psychological/Verbal abuse			100.0			100.0			100.0			100.0			100.0	11	11	100.0
Sexual abuse and/or suspected sexual abuse			100.0															
Fall resulting in the need of medical treatment	122	117	95.9	108	108	100.0	110	106	96.4	134	132	98.5	64	64	100.0	538	527	98.0
Medical emergency resulting in need for medical treatment	843	808	95.8	1332	1332	100.0	281	281	100.0	232	232	100.0			100.0	2694	2654	98.7
Medication error resulting in serious consequences			100.0						100.0									100.0
Psychiatric emergency resulting in need for medical treatment	31	31	100.0	97	97	100.0			100.0			100.0			100.0	143	143	100.0
Severe injury resulting in the need of medical treatment			100.0			100.0			100.0			100.0			100.0	22	22	100.0
Suicide attempt resulting in the need for medical attention									100.0									100.0
Neglect/Mistreatment, caregiver (paid or unpaid)			100.0						100.0			100.0			100.0	11	11	100.0
Neglect/Mistreatment, self						100.0			100.0			100.0			100.0			100.0
Neglect/Mistreatment, other			0.0									100.0						50.0
Exploitation, financial									100.0			100.0			100.0			100.0
Exploitation, theft												100.0			100.0			100.0
Exploitation, destruction of property						100.0												100.0
Exploitation, other																		
Theft with law enforcement involvement						100.0			100.0			100.0						100.0
Failure of member's Back-up Plan			50.0															50.0
Elopement/Wandering from home or facility												100.0			100.0			100.0
Inaccessible for initial/on-site meeting			100.0	18	18	100.0			100.0			100.0			100.0	72	72	100.0
Unable to Contact			60.0	27	27	100.0	21	21	100.0	27	27	100.0			100.0	84	82	97.6
Inappropriate/unprofessional conduct by provider involving member			100.0				68	66	97.1			66.7			100.0	74	71	95.9
Cancellation of utilities																		
Eviction/loss of home						100.0			100.0			100.0			100.0	11	11	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				35	35	100.0				50	49	98.0			100.0	86	85	98.8
PM #18 C Totals	1020	976	95.7	1640	1640	100.0	536	530	98.9	527	523	99.2	117	117	100.0	3840	3786	98.6

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 3rd quarter (4/1/2023 – 6/30/2023)

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:	1/1/2023 – 3/31/2023

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member		89	14.8		31	4.4		70	11.7		37	4.6		47	7.8	33	274	8.3
Media involvement or the potential for media involvement								0	0.0			3.0		0	0.0			0.5
Physical abuse (incl. seclusion and restraints both physical and chemical)			0.0		16	8.0		95	15.8		42	14.0		19	4.8	16	172	10.8
Psychological/Verbal abuse			1.0		119	119.0			0.8		22	11.0			4.0	11	154	14.0
Sexual abuse and/or suspected sexual abuse			1.0								0	0.0						0.5
Fall resulting in the need of medical treatment	117	3321	28.4	108	2159	20.0	106	1730	16.3	132	3814	28.9	64	1880	29.4	527	12904	24.5
Medical emergency resulting in need for medical treatment	808	19340	23.9	1332	21135	15.9	281	3227	11.5	232	4108	17.7		156	26.0	2659	47966	18.0
Medication error resulting in serious consequences		20	20.0						3.0								23	11.5
Psychiatric emergency resulting in need for medical treatment	31	528	17.0	97	893	9.2		38	6.3		98	14.0		60	30.0	143	1617	11.3
Severe injury resulting in the need of medical treatment		64	32.0		173	34.6			1.7			3.0		185	23.1	22	435	19.8
Suicide attempt resulting in the need for medical attention									1.3									1.3
Neglect/Mistreatment, caregiver (paid or unpaid)			6.0						0.7		78	26.0			1.8	11	93	8.5
Neglect/Mistreatment, self					13	4.3			1.0		0	0.0			1.0		17	1.9
Neglect/Mistreatment, other												1.0						1.0
Exploitation, financial								268	89.3			2.0		161	80.5		431	71.8
Exploitation, theft											157	157.0		24	12.0		181	60.3
Exploitation, destruction of property					13	13.0											13	13.0
Exploitation, other																		
Theft with law enforcement involvement					0	0.0			2.0		45	15.0					47	7.8
Failure of member's Back-up Plan		22	22.0														22	22.0
Elopement/Wandering from home or facility											54	54.0		23	23.0		77	38.5
Inaccessible for initial/on-site meeting		0	0.0	18	365	20.3		0	0.0	43	0	0.0		0	0.0	72	365	5.1
Unable to Contact		0	0.0	27		0.4	21	0	0.0	27	608	22.5		0	0.0	82	618	7.5
Inappropriate/unprofessional conduct by provider involving member		0	0.0				66	402	6.1			1.5		57	28.5	71	462	6.5
Cancellation of utilities																		
Eviction/loss of home					0	0.0		15	3.0			3.3			1.0	11	26	2.4
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown																		
Other				35	831	23.7				49	384	7.8		81	81.0	85	1296	15.2
PM #18 D Totals	976	23393	24.0	1640	25758	15.7	530	5873	11.1	523	9469	18.1	117	2710	23.2	3786	67203	17.8

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 3rd quarter (4/1/2023 – 6/30/2023)

Reported Critical Incidents (CIs) for Measurement Period 1/1/2023 – 3/31/2023

During the measurement period of 1/1/2023 – 3/31/2023, data reported for PM 18A reflects 100% of the Critical Incidents the MCOs became aware of during the measurement period, were reported to the State timely. The top 3 Critical Incident categories reported during this measurement period were: Medical Emergencies resulting in the need for treatment (2694/3840=70.2%); Falls resulting in the need of medical treatment (538/3840=14%); and Psychiatric Emergencies resulting in the need of medical treatment (143/3840=4%). MCO B had the highest reported volume of Medical Emergencies resulting in the need for treatment (1332/2694=49.4%); MCO D had the highest reported volume of Falls resulting in the need of medical treatment (134/538=24.9%); and MCO B had the highest reported volume of Psychiatric Emergencies resulting in the need of medical treatment (97/143=67.8%).

The data reported for PM 18B reflects 3,741 of the 3,840 (97.4%) Critical Incidents for this measurement period, were reported to the State within two days. MCO D had the highest percentage of Critical Incidents reported within two business days at 99.1%.

The data reported by the MCOs for PM 18C shows that 3,786 of the 3,840 (98.6%) Critical Incidents had a known date of occurrence. The data reported for PM 18D reflects an all MCO average of 17.8 days from the date the critical incident occurred to the date the MCO became aware, ranging from 11.1 days (MCO C) to 24.0 days (MCO A).

Community Care Program Report - July 1, 2022 through March 31, 2023

CLM_PROC_CDE	SERVICE_NAME	Net Paid Claims	Claim Payment Amounts	Service Units Quantity
92507	SPEECH THERAPY IN HOME PER DIEM	529	\$15,900.20	2,144
92507	SPEECH THERAPY,IN HOME, PER DIEM	8,114	\$706,226.27	27,264
97535	OCCUPATIONAL THERAPY 15 MINS	1,643	\$46,109.20	6,069
97535	SELF-CARE/HME HGT TRAINING/15 MINS	7,269	\$808,668.05	30,422
A0090	DDD FI NONMCD PROVIDER TRANSPORT	799	\$79,543.93	13,876
A0090	NON-EMERGENCY TRANSPORT PER MILE	65,489	\$1,710,384.44	2,324,059
A0090	TRANSPORTATION NON-MEDICAL MFP	47,736	\$5,622,450.23	1,942,775
H0004	BEH HLTH COUN & THERAPY/15MINUTES	12,199	\$1,324,788.79	68,805
H0004	BEHAVIORAL HLTH COUNSEL/TPY PER 15MN	12,542	\$442,305.26	60,591
H2014	SKILLS TRNG & DEVELOPMENT/15MINUTES	2,461	\$115,232.19	6,666
H2015	COMPR COMM SUPPORT SERV PER 15 MINS	11,519	\$1,579,913.20	247,197
H2016	COMP COM SUP SERV PER 15 MINUTES	115,840	\$83,223,681.91	6,225,676
H2016	COMPREHENSIVE COM SUP SERV PER DIEM	2,044,739	\$996,214,080.40	12,071,777
H2016	COMPREHENSIVE COM SUP SERV/15 MINS	207,553	\$71,666,586.44	8,619,187
H2016	COMPREHENSIVE COM SUPP SERV PER DIEM	120,102	\$76,726,942.26	135,607
S5110	HME CARE TRAINING,FAMILY;PER 15 MINS	87	\$25,068.00	285
S5160	EMERG RESPONSE SYS/MO W/INST/TESTING	29	\$2,124.00	29
S5161	EMERG RESPONSE SYS/MO NO INST/TEST	387	\$19,318.76	387
S5165	HOME MODIFICATIONS PER SERVICE	47	\$528,713.14	47
S8990	MAINTENANCE PHYSICAL THERAPY	13,779	\$1,628,574.28	59,441
T1005	RESPIRE CARE SERVICES,UP TO 15 MINS	4,163	\$531,643.66	87,244
T1005	RESPIRE SELF DIRECTED EMPLOYEE	230	\$33,404.93	5,819
T1005	RESPIRE/DAY OOH OVNGT TIER B	72	\$16,086.51	116
T1005	RESPIRE/DAY OOH OVNGT TIER B AC DI			
T1005	RESPIRE/DAY OOH OVNGT TIER C	98	\$57,678.81	255
T1005	RESPIRE/DAY OOH OVNGT TIER D	173	\$115,731.14	473
T1005	RESPIRE/DAY OOH OVNGT TIER D AC DIF	35	\$71,148.48	128
T1005	RESPIRE/DAY OOH OVNGT TIER E	37	\$64,173.69	171
T1005	RESPIRE/DAY OOH OVNGT TIER E AC DIF	27	\$39,499.48	55
T1005	RESPIRE/DAY OVNGT TIER C AC DIF	29	\$28,336.41	280
T1005	RESPIRE/DAY-OUT OF HME OVNG TIER A	14	\$1,018.64	14
T1013	SIGN LGE OR ORAL INTERP SERV PER 15M	24	\$2,730.00	168
T1013	SIGN LGE OR ORAL INTERP SERV/15MINS	79	\$11,622.04	798
T1999	MISC THER ITEM PURCHASES NOC	33,585	\$5,576,487.58	62,025
T2015	HABILITATION,PREVOC,,WAIVER PER HOUR	2,977	\$237,827.01	50,911
T2015	HABILITATION,PREVOC,WAIVER PER HOUR	19,929	\$3,097,714.12	354,844
T2019	HABILITATION,SUP EMPLOY,WAIVER 15MIN	15,218	\$1,549,302.93	207,639

T2019	HABILITATION,SUP EMPLOY,WAIVER,15MIN	657	\$122,441.50	9,785
T2019	HABILITATION,SUP,EMPLOY WAIVER 15MIN	12,376	\$1,159,443.75	179,990
T2019	HABILITATION,SUPEMPLOY,WAIVER,15MIN	10,657	\$2,438,477.94	128,736
T2021	DAY HABILITATION WAIVER PER 15 MINS	12,112	\$991,434.70	303,602
T2021	DAY HABILITATION WAIVER PER/15MINS	6,580	\$964,568.37	164,025
T2021	DAY HABILITATION WAIVER/ 15 MINUTES	577,526	\$103,277,288.49	14,253,991
T2021	DAY HABILITATION WAIVER/15 MINUTES	296,672	\$73,511,514.25	7,393,685
T2024	SERV ASSESS/POC,DVLP,WAIVER	103,485	\$37,103,439.43	198,986
T2028	SPECIALIZED SUPPLY NOC WAIVER	387	\$257,754.40	542
T2029	SPEC MED EQUIP NOC WAIVER	11	\$2,957.65	15
T2036	DAY CAMP ONLY UP TO 6 HRS PER DAY	576	\$128,287.50	933
T2036	RESPIRE DAY OVERNIGHT CAMP	439	\$364,553.44	1,327
T2039	VEHICLE MOD,WAIVER;PER SERVICE	19	\$356,836.18	21
T2041	SUPPORTS BROKE,SELF-DIR,WVR,15 MINS	1,340	\$177,864.54	29,319
Grand Total		3,772,393	\$1,474,778,652.82	55,278,204

Notes:

Service dates for claims span July 1, 2022 through March 31, 2023 and were paid from July 1, 2022 through August 16, 2023.

Only non-voided, FFS paid claims are reflected in the data.

Represents those services listed in the Appendix H: CCP Services Quick Reference Guide of the NJ Division of Developmental Disabilities' CCP Policies & Procedures Manual (Version 5.2) March 2019 for NJFC beneficiaries with a SPC = 07.

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q	Hudson County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
General Dentist	97.6%	99.1%	91.1%	98.6%	99.1%	95.2%	99.9%	96.9%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
Adult PCPs	98.3%	99.9%	93.3%	99.1%	99.4%	95.1%	100.0%	99.1%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	90.6%	100.0%	97.4%	99.9%	97.8%	96.5%	100.0%	99.8%	100.0%
Laboratories	100.0%	100.0%	99.9%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	93.2%	100.0%	98.3%	99.9%	93.9%	89.8%	100.0%	98.5%	100.0%

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	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q	Salem County 2023 1Q	Somerset County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
General Dentist	88.9%	99.2%	99.4%	95.4%	96.7%	98.5%	99.8%	85.1%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Adult PCPs	0.0%	99.5%	99.9%	95.4%	98.8%	98.6%	99.3%	97.3%	99.9%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	64.2%	100.0%	100.0%	99.9%	94.3%	97.7%	99.8%	100.0%	100.0%
Laboratories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	84.7%	99.9%	100.0%	99.3%	98.1%	100.0%	99.9%	74.0%	99.9%

	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
Dentist (PCDs)			
General Dentist	75.7%	100.0%	100.0%
PCPs			
Adult PCPs	90.1%	100.0%	38.3%
Specialist (13 Dobi)			
Cardiologist	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	66.4%	100.0%	96.2%
Laboratories	94.2%	100.0%	95.2%
Pharmacy			
Pharmacies	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
	69.9%	100.0%	87.4%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pedodontist	100.0%	100.0%	96.4%	99.5%	0.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
PCPs (Geo/Choice)	98.5%	100.0%	93.6%	99.2%	99.1%	95.2%	100.0%	98.4%
Pediatric Specialist (Geo)	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	86.6%	99.7%	99.9%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	28.0%	99.9%	66.2%	99.5%	0.0%	94.2%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	88.5%	99.7%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	99.9%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	87.3%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	30.5%	99.9%	64.0%	99.8%	1.0%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	84.3%	99.6%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	99.9%	62.9%	93.8%	99.9%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	98.6%	97.4%	100.0%	39.4%	99.3%	100.0%	100.0%
Neonatology	100.0%	99.9%	97.1%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	30.5%	99.9%	64.0%	99.8%	1.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	83.2%	100.0%	36.1%	100.0%	100.0%	100.0%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	86.6%	99.7%	99.9%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	45.6%	99.9%	66.2%	99.5%	0.0%	94.2%	100.0%	100.0%
Pediatric Endocrinology	54.1%	100.0%	88.5%	99.7%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	99.9%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	63.1%	100.0%	87.3%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	32.8%	99.9%	64.0%	99.8%	1.0%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	84.3%	99.6%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	28.0%	99.9%	62.9%	93.8%	99.9%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	98.6%	97.4%	100.0%	39.4%	99.3%	100.0%	100.0%
Neonatology	100.0%	99.9%	97.1%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	57.8%	99.9%	64.0%	99.8%	1.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	81.6%	100.0%	83.2%	100.0%	36.1%	100.0%	100.0%	100.0%

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	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	47.9%	98.2%	53.6%	96.4%	24.3%	78.0%	99.7%	100.0%
Pediatric Oncology	10.3%	75.9%	33.3%	81.8%	0.0%	36.1%	99.8%	100.0%
Child Development	100.0%	100.0%	89.5%	99.9%	100.0%	100.0%	100.0%	100.0%

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	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. In 15 Miles	2 Prov. in 40 Miles	2 Prov. In 15 Miles	2 Prov. In 15 Miles	2 Prov. in 15 Miles	2 Prov. In 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles
Pedodontist	100.0%	100.0%	99.6%	99.8%	92.6%	100.0%	98.7%	99.0%
Pediatric PCPs	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. In 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles
PCPs (Geo/Choice)	100.0%	67.0%	99.7%	99.8%	98.0%	99.3%	98.5%	98.7%
Pediatric Specialist (Geo)	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. In 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	2.5%	99.6%	62.7%	100.0%	97.7%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	0.6%	98.6%	45.8%	100.0%	0.0%	99.4%
Pediatric Endocrinology	100.0%	100.0%	99.7%	100.0%	99.6%	100.0%	97.4%	99.5%
Pediatric Cardiology	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	98.0%	98.4%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	99.0%	99.5%
Pediatric Rheumatology	100.0%	100.0%	0.0%	91.9%	41.8%	100.0%	98.7%	99.4%
Pediatric Pulmonology	100.0%	100.0%	9.6%	100.0%	99.2%	100.0%	99.1%	99.5%
Pediatric Hematology	100.0%	100.0%	8.9%	99.0%	88.1%	100.0%	58.2%	99.3%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	99.5%
Neonatology	100.0%	100.0%	100.0%	100.0%	67.2%	100.0%	98.6%	98.5%
Pediatric Nephrology	100.0%	100.0%	8.9%	99.0%	65.7%	100.0%	97.4%	99.4%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	99.9%	64.8%	100.0%	97.8%	99.3%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	2.5%	99.6%	62.7%	100.0%	97.7%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	0.6%	98.6%	45.8%	100.0%	0.0%	99.4%
Pediatric Endocrinology	100.0%	100.0%	99.7%	100.0%	99.6%	100.0%	97.4%	99.5%
Pediatric Cardiology	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	98.0%	98.4%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	99.0%	99.5%
Pediatric Rheumatology	100.0%	100.0%	0.0%	91.9%	41.8%	100.0%	98.7%	99.4%
Pediatric Pulmonology	100.0%	100.0%	9.6%	100.0%	99.2%	100.0%	99.1%	99.5%
Pediatric Hematology	100.0%	100.0%	8.9%	99.0%	88.1%	100.0%	58.2%	99.3%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	99.5%
Neonatology	100.0%	100.0%	100.0%	100.0%	67.2%	100.0%	98.6%	98.5%
Pediatric Nephrology	100.0%	100.0%	8.9%	99.0%	65.7%	100.0%	97.4%	99.4%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	99.9%	64.8%	100.0%	97.8%	99.3%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	2.5%	99.6%	62.7%	100.0%	97.7%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	0.6%	98.6%	45.8%	100.0%	0.0%	99.4%
Pediatric Endocrinology	100.0%	100.0%	99.7%	100.0%	99.6%	100.0%	97.4%	99.5%
Pediatric Cardiology	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	98.0%	98.4%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	99.0%	99.5%
Pediatric Rheumatology	100.0%	100.0%	0.0%	91.9%	41.8%	100.0%	98.7%	99.4%
Pediatric Pulmonology	100.0%	100.0%	9.6%	100.0%	99.2%	100.0%	99.1%	99.5%
Pediatric Hematology	100.0%	100.0%	8.9%	99.0%	88.1%	100.0%	58.2%	99.3%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	99.5%
Neonatology	100.0%	100.0%	100.0%	100.0%	67.2%	100.0%	98.6%	98.5%
Pediatric Nephrology	100.0%	100.0%	8.9%	99.0%	65.7%	100.0%	97.4%	99.4%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	99.9%	64.8%	100.0%	97.8%	99.3%

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	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Pediatric Specialist (Both)	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Pediatric Psychiatry	100.0%	100.0%	95.5%	56.9%	77.2%	100.0%	97.2%	97.6%
Pediatric Oncology	100.0%	82.8%	0.0%	88.9%	34.5%	100.0%	0.0%	97.4%
Child Development	100.0%	100.0%	99.9%	100.0%	96.3%	100.0%	99.5%	98.8%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. In 40 Miles	2 Prov. In 40 Miles	2 Prov. In 40 Miles	2 Prov. In 15 Miles	2 Prov. in 40 Miles
Pediatric Dentist (PCDs)					
Pedodontist	100.0%	0.0%	100.0%	100.0%	100.0%
Pediatric PCPs					
PCPs (Geo/Choice)	89.0%	100.0%	86.7%	100.0%	31.8%
Pediatric Specialist (Geo)					
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	93.0%	100.0%	86.1%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	93.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	91.6%	100.0%	79.7%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	79.1%
Adolescent Medicine	100.0%	100.0%	95.4%	100.0%	86.1%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	91.6%	100.0%	86.1%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	51.8%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)					
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	93.0%	100.0%	86.1%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	93.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	91.6%	100.0%	79.7%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	79.1%
Adolescent Medicine	100.0%	100.0%	95.4%	100.0%	86.1%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	91.6%	100.0%	86.1%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	51.8%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	100.0%	100.0%	28.0%	93.4%	38.7%
Pediatric Oncology	100.0%	100.0%	55.4%	100.0%	48.7%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%

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	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q	Hudson County 2023 1Q
Dentist (PCDs)	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 10 miles	2 in 5 miles	2 in 10 miles	2 in 5 miles
General Dentist	99.7%	99.6%	90.1%	97.9%	99.7%	97.5%	99.9%	100.0%	100.0%
PCPs	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 10 miles	2 in 5 miles	2 in 10 miles	2 in 5 miles
Adult PCPs	99.7%	99.9%	95.9%	98.6%	98.7%	96.9%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles
Hospital	90.0%	100.0%	98.3%	99.8%	99.0%	98.3%	100.0%	99.7%	100.0%
Laboratories	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Pharmacy	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles
Pharmacies	93.8%	100.0%	98.5%	99.9%	92.1%	92.4%	100.0%	99.3%	100.0%

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	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q	Salem County 2023 1Q	Somerset County 2023 1Q
Dentist (PCDs)	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 10 miles
General Dentist	74.0%	99.0%	99.3%	96.6%	98.9%	93.5%	90.9%	91.6%	100.0%
PCPs	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 10 miles
Adult PCPs	100.0%	99.9%	100.0%	97.3%	100.0%	97.1%	98.7%	100.0%	100.0%
Specialist (13 Dobi)	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles	2 in 45 miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles
Hospital	99.6%	100.0%	100.0%	99.8%	100.0%	99.7%	99.3%	98.8%	100.0%
Laboratories	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacy	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles	2 in 6 miles
Pharmacies	88.4%	99.9%	100.0%	99.6%	100.0%	99.6%	99.9%	79.6%	99.7%

	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Dentist (PCDs)	2 in 10 miles	2 in 5 miles	2 in 10 miles
General Dentist	90.4%	100.0%	69.0%
PCPs	2 in 10 miles	2 in 5 miles	2 in 10 miles
Adult PCPs	93.9%	100.0%	95.0%
Specialist (13 Dobi)	2 in 45 miles	2 in 45 miles	2 in 45 miles
Cardiologist	100.0%	100.0%	100.0%
Dermatologist	98.9%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%
Hospitals & Labs	1 in 15 miles	1 in 15 miles	1 in 15 miles
Hospital	69.3%	100.0%	97.7%
Laboratories	95.7%	100.0%	99.5%
Pharmacy	2 in 6 miles	2 in 6 miles	2 in 6 miles
Pharmacies	87.2%	100.0%	97.3%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Dentist (PCDs)	2 in 40 miles	2 in 15 miles	2 in 15 miles	2 in 15 miles	2 in 40 miles	2 in 40 miles	2 in 15 miles	2 in 40 miles
Pedodontist	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 10 miles	2 in 5 miles	2 in 10 miles
PCPs (Geo/Choice)	99.3%	100.0%	96.4%	98.7%	98.5%	98.7%	100.0%	100.0%
Pediatric Specialist (Geo)	1 in 40 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 40 miles	1 in 40 miles	1 in 15 miles	1 in 40 miles
Pediatric Allergy and Immunology	100.0%	98.7%	71.9%	99.5%	99.9%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	26.8%	99.9%	92.7%	99.4%	0.0%	97.1%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	87.7%	99.6%	72.2%	100.0%	100.0%	100.0%
Pediatric Cardiology	99.3%	99.9%	95.2%	99.5%	2.7%	97.1%	100.0%	100.0%
Pediatric Gastroenterology	31.7%	100.0%	94.4%	99.6%	0.0%	97.5%	100.0%	100.0%
Pediatric Rheumatology	0.0%	99.9%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Pulmonology	100.0%	99.9%	93.4%	94.3%	99.6%	100.0%	100.0%	100.0%
Pediatric Hematology	16.3%	99.9%	35.0%	77.5%	0.0%	91.5%	100.0%	100.0%
Adolescent Medicine	100.0%	98.1%	92.4%	86.7%	46.1%	99.5%	100.0%	100.0%
Neonatology	100.0%	99.9%	98.2%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Emergency Medicine	47.1%	97.9%	99.6%	99.3%	0.0%	95.5%	100.0%	100.0%
Pediatric Sleep Medicine	27.7%	99.9%	92.7%	0.0%	1.0%	100.0%	100.0%	100.0%
Child Development	100.0%	100.0%	3.6%	0.0%	78.9%	99.8%	100.0%	38.8%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	59.2%	100.0%	100.0%	100.0%	9.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	25.9%	100.0%	99.9%	100.0%	0.0%	98.1%	100.0%	100.0%
Pediatric Endocrinology	60.0%	100.0%	100.0%	100.0%	9.1%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	10.5%	99.8%	100.0%	100.0%
Pediatric Gastroenterology	52.0%	100.0%	100.0%	100.0%	2.7%	99.8%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	38.9%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	34.3%	100.0%	100.0%	100.0%	0.0%	98.1%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	52.4%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.1%	100.0%	95.1%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Emergency Medicine	47.1%	100.0%	100.0%	100.0%	2.7%	99.4%	100.0%	100.0%
Pediatric Sleep Medicine	43.3%	100.0%	100.0%	100.0%	2.7%	99.8%	100.0%	100.0%
Child Development	100.0%	100.0%	100.0%	57.1%	99.9%	100.0%	100.0%	50.8%

OQA - 20231Q - Comprehensive Waiver Annual Report

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Specialist (Both)	2 in 30 miles	2 in 10 miles	2 in 10 miles	2 in 60 mins	2 in 30 miles	2 in 30 miles	2 in 10 miles	2 in 30 miles
Pediatric Psychiatry	100.0%	100.0%	64.9%	100.0%	21.1%	76.3%	100.0%	100.0%
Pediatric Oncology	0.0%	52.1%	10.4%	60.7%	0.0%	1.5%	100.0%	99.6%
Child Development	100.0%	92.6%	0.0%	0.0%	30.8%	54.3%	100.0%	1.8%

OQA - 20231Q - Comprehensive Waiver Annual Report

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Dentist (PCDs)	2 in 15 miles	2 in 40 miles	2 in 15 miles	2 in 15 miles	2 in 15 miles	2 in 40 miles	2 in 15 miles	2 in 15 miles
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%
Pediatric PCPs	2 in 5 miles	2 in 10 miles	2 in 5 miles	2 in 5 miles	2 in 5 miles	2 in 10 miles	2 in 5 miles	2 in 5 miles
PCPs (Geo/Choice)	100.0%	100.0%	99.9%	99.9%	98.2%	100.0%	97.9%	96.9%
Pediatric Specialist (Geo)	1 in 15 miles	1 in 40 miles	1 in 15 miles	1 in 15 miles	1 in 15 miles	1 in 40 miles	1 in 15 miles	1 in 15 miles
Pediatric Allergy and Immunology	100.0%	100.0%	99.9%	100.0%	97.0%	100.0%	98.2%	94.2%
Pediatric Infectious Disease	100.0%	100.0%	30.8%	98.5%	91.2%	100.0%	42.6%	97.7%
Pediatric Endocrinology	100.0%	100.0%	18.2%	100.0%	99.8%	100.0%	98.3%	98.3%
Pediatric Cardiology	100.0%	100.0%	27.2%	100.0%	100.0%	100.0%	99.9%	95.5%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.9%
Pediatric Rheumatology	96.1%	100.0%	7.4%	99.9%	93.3%	100.0%	95.7%	97.7%
Pediatric Pulmonology	100.0%	100.0%	41.4%	100.0%	99.6%	100.0%	95.7%	97.7%
Pediatric Hematology	100.0%	100.0%	0.0%	98.3%	81.3%	100.0%	97.5%	99.4%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	93.5%	100.0%	96.5%	99.4%
Neonatology	100.0%	100.0%	100.0%	99.9%	87.9%	100.0%	97.8%	95.2%
Pediatric Nephrology	100.0%	100.0%	8.7%	99.3%	93.0%	100.0%	95.9%	99.4%
Pediatric Emergency Medicine	100.0%	100.0%	98.0%	99.0%	1.8%	100.0%	0.5%	93.3%
Pediatric Sleep Medicine	100.0%	100.0%	41.4%	100.0%	91.6%	100.0%	95.7%	97.7%
Child Development	100.0%	100.0%	100.0%	99.4%	77.7%	100.0%	6.8%	97.7%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%
Pediatric Sleep Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

OQA - 20231Q - Comprehensive Waiver Annual Report

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
	2 in 10 miles	2 in 30 miles	2 in 10 miles	2 in 10 miles	2 in 10 miles	2 in 30 miles	2 in 10 miles	2 in 10 miles
Pediatric Specialist (Both)								
Pediatric Psychiatry	100.0%	100.0%	95.2%	100.0%	95.4%	100.0%	89.1%	89.6%
Pediatric Oncology	77.7%	82.1%	0.0%	77.9%	67.1%	100.0%	68.7%	97.0%
Child Development	100.0%	100.0%	0.0%	63.5%	56.3%	100.0%	0.2%	96.7%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Pediatric Dentist (PCDs)	2 in 40 miles	2 in 40 miles	2 in 40 miles	2 in 15 miles	2 in 40 miles
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 in 10 miles	2 in 10 miles	2 in 10 miles	2 in 5 miles	2 in 10 miles
PCPs (Geo/Choice)	100.0%	100.0%	89.1%	100.0%	96.1%
Pediatric Specialist (Geo)	1 in 40 miles	1 in 40 miles	1 in 40 miles	1 in 15 miles	1 in 40 miles
Pediatric Allergy and Immunology	100.0%	100.0%	96.7%	100.0%	94.4%
Pediatric Infectious Disease	96.5%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	95.4%	100.0%	100.0%
Pediatric Cardiology	96.5%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	96.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	95.1%	100.0%	92.6%
Pediatric Pulmonology	100.0%	100.0%	95.1%	100.0%	100.0%
Pediatric Hematology	96.5%	100.0%	95.8%	100.0%	90.7%
Adolescent Medicine	99.0%	100.0%	96.1%	100.0%	92.1%
Neonatology	100.0%	100.0%	95.3%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	95.8%	100.0%	92.9%
Pediatric Emergency Medicine	73.1%	100.0%	66.0%	100.0%	66.1%
Pediatric Sleep Medicine	100.0%	100.0%	95.1%	100.0%	100.0%
Child Development	12.5%	100.0%	95.3%	100.0%	100.0%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	91.7%	100.0%	97.2%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	99.4%	100.0%	84.3%	100.0%	84.5%
Pediatric Sleep Medicine	100.0%	100.0%	100.0%	100.0%	100.0%
Child Development	17.2%	100.0%	100.0%	100.0%	100.0%

8/22/2024

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 in 30 miles	2 in 30 miles	2 in 30 miles	2 in 10 miles	2 in 30 miles
Pediatric Specialist (Both)					
Pediatric Psychiatry	90.0%	100.0%	79.2%	100.0%	100.0%
Pediatric Oncology	21.8%	100.0%	78.4%	100.0%	66.5%
Child Development	2.1%	100.0%	64.6%	99.9%	94.4%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q	Hudson County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
General Dentist	100.0%	97.2%	93.7%	99.7%	99.2%	99.5%	100.0%	99.9%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
Adult PCPs	99.9%	100.0%	99.1%	100.0%	99.3%	98.3%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Laboratories	100.0%	100.0%	99.8%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	95.3%	100.0%	98.5%	99.9%	90.9%	92.8%	100.0%	98.7%	100.0%

	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q	Salem County 2023 1Q	Somerset County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
General Dentist	78.6%	99.4%	98.5%	97.8%	99.9%	95.0%	97.6%	97.7%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Adult PCPs	100.0%	100.0%	100.0%	98.5%	100.0%	99.5%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Laboratories	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	92.7%	99.9%	100.0%	99.5%	99.9%	99.1%	99.9%	91.0%	99.9%

	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
Dentist (PCDs)			
General Dentist	94.1%	99.4%	73.8%
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
PCPs			
Adult PCPs	100.0%	100.0%	100.0%
	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Specialist (13 Dobi)			
Cardiologist	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%
	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospitals & Labs			
Hospital	93.2%	100.0%	100.0%
Laboratories	95.3%	100.0%	97.1%
	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacy			
Pharmacies	88.0%	100.0%	96.7%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pedodontist	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
PCPs (Geo/Choice)	99.9%	100.0%	98.3%	100.0%	99.2%	99.1%	100.0%	100.0%
Pediatric Specialist (Geo)	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles
Pediatric Allergy and Immunology	46.6%	100.0%	96.6%	100.0%	2.2%	95.7%	100.0%	100.0%
Pediatric Infectious Disease	9.2%	100.0%	50.7%	81.8%	0.0%	89.6%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	67.5%	100.0%	85.4%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	25.6%	100.0%	99.1%	100.0%	1.5%	100.0%	100.0%	100.0%
Pediatric Rheumatology	24.9%	97.7%	40.5%	99.2%	1.5%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	72.8%	99.9%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	22.2%	100.0%	54.8%	99.9%	0.0%	98.1%	100.0%	100.0%
Adolescent Medicine	26.1%	99.0%	70.7%	100.0%	2.3%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	24.9%	99.9%	46.0%	99.2%	1.5%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	54.3%	99.7%	91.4%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	68.3%	100.0%	100.0%	100.0%	9.3%	99.9%	100.0%	100.0%
Pediatric Infectious Disease	11.9%	100.0%	100.0%	100.0%	0.0%	97.5%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	53.2%	100.0%	100.0%	100.0%	11.3%	100.0%	100.0%	100.0%
Pediatric Rheumatology	46.5%	100.0%	100.0%	100.0%	11.3%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	19.6%	100.0%	99.8%	100.0%	0.5%	99.9%	100.0%	100.0%
Adolescent Medicine	49.5%	100.0%	100.0%	100.0%	11.7%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	46.5%	100.0%	100.0%	100.0%	11.3%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	0.0%	19.7%	10.8%	67.0%	0.0%	1.0%	81.9%	99.0%
Pediatric Oncology	7.4%	96.9%	14.3%	88.2%	0.0%	36.2%	100.0%	100.0%
Child Development	100.0%	84.7%	21.9%	95.3%	26.3%	61.8%	100.0%	100.0%

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.1%	99.5%
Pediatric PCPs	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles
PCPs (Geo/Choice)	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	97.8%	99.8%
Pediatric Specialist (Geo)	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Pediatric Allergy and Immunology	100.0%	99.9%	0.0%	97.8%	75.2%	100.0%	0.0%	98.5%
Pediatric Infectious Disease	100.0%	100.0%	0.0%	98.7%	95.7%	100.0%	73.4%	99.6%
Pediatric Endocrinology	100.0%	100.0%	18.1%	100.0%	98.6%	100.0%	94.7%	99.8%
Pediatric Cardiology	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	99.1%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.3%	100.0%
Pediatric Rheumatology	90.9%	100.0%	0.0%	94.5%	29.4%	100.0%	69.3%	96.1%
Pediatric Pulmonology	100.0%	100.0%	13.6%	100.0%	99.9%	100.0%	69.5%	99.9%
Pediatric Hematology	100.0%	100.0%	0.0%	98.3%	73.7%	100.0%	19.4%	99.6%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	85.8%	100.0%	35.5%	99.6%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	1.8%	99.2%	97.4%	100.0%	76.4%	97.4%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	99.9%	100.0%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	2.5%	98.7%	87.5%	100.0%	62.9%	99.6%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.7%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Pediatric Psychiatry	100.0%	100.0%	11.4%	80.8%	6.2%	98.2%	54.1%	0.0%
Pediatric Oncology	100.0%	93.9%	0.0%	78.4%	52.7%	100.0%	1.3%	95.4%
Child Development	88.9%	100.0%	0.3%	74.1%	70.7%	100.0%	18.2%	98.5%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pediatric Dentist (PCDs)					
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs					
PCPs (Geo/Choice)	100.0%	100.0%	99.9%	100.0%	100.0%
Pediatric Specialist (Geo)					
Pediatric Allergy and Immunology	97.0%	100.0%	86.2%	100.0%	32.7%
Pediatric Infectious Disease	97.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	95.2%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	94.8%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	94.9%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	95.0%	100.0%	78.6%
Neonatology	100.0%	100.0%	98.7%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	94.8%	100.0%	76.2%
Pediatric Emergency Medicine	100.0%	100.0%	95.7%	100.0%	100.0%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	94.7%	100.0%	100.0%
Pediatric Specialist (Choice)					
Pediatric Allergy and Immunology	100.0%	100.0%	94.6%	100.0%	97.6%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	99.9%	100.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	99.9%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	99.9%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%

8/22/2024

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	99.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	20.2%	100.0%	2.2%	98.8%	93.9%
Pediatric Oncology	60.6%	100.0%	54.2%	100.0%	93.4%
Child Development	99.9%	100.0%	58.4%	100.0%	93.9%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q	Hudson County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
General Dentist	100.0%	100.0%	93.9%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
Adult PCPs	100.0%	100.0%	96.5%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	92.4%	100.0%	88.9%	99.8%	98.0%	98.1%	100.0%	99.6%	100.0%
Laboratories	100.0%	100.0%	99.7%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles
Pharmacies	96.8%	100.0%	99.3%	100.0%	99.6%	95.3%	100.0%	99.7%	100.0%

QQA - 20231Q - Comprehensive Waiver Annual Report

	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q	Salem County 2023 1Q	Somerset County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
General Dentist	100.0%	99.5%	100.0%	98.5%	100.0%	97.0%	99.9%	100.0%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Adult PCPs	100.0%	99.7%	100.0%	99.1%	100.0%	98.3%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	58.6%	99.9%	100.0%	100.0%	100.0%	99.7%	99.0%	100.0%	93.9%
Laboratories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacy	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles	2 Prov. in 06 Miles
Pharmacies	98.3%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	98.2%	100.0%

	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
Dentist (PCDs)			
General Dentist	100.0%	100.0%	100.0%
PCPs			
Adult PCPs	100.0%	100.0%	100.0%
Specialist (13 Dobi)			
Cardiologist	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%
Endocrinologist	98.2%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%
Hospitals & Labs			
Hospital	66.2%	99.4%	92.0%
Laboratories	95.1%	100.0%	92.2%
Pharmacy			
Pharmacies	91.6%	100.0%	94.1%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 Prov. in 10 Miles	2 Prov. in 05 Miles	2 Prov. in 05 Miles	2 Prov. in 05 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 05 Miles	2 Prov. in 10 Miles
PCPs (Geo/Choice)	100.0%	99.9%	90.9%	96.4%	100.0%	99.4%	100.0%	100.0%
Pediatric Specialist (Geo)	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles
Pediatric Allergy and Immunology	0.0%	42.4%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Infectious Disease	22.1%	99.3%	90.9%	99.3%	0.0%	43.5%	100.0%	100.0%
Pediatric Endocrinology	100.0%	99.3%	81.4%	100.0%	70.3%	100.0%	100.0%	100.0%
Pediatric Cardiology	63.8%	99.9%	99.0%	100.0%	79.7%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	22.1%	100.0%	59.5%	99.3%	0.0%	98.5%	100.0%	100.0%
Pediatric Rheumatology	0.0%	95.7%	0.0%	0.0%	0.0%	0.0%	85.9%	0.0%
Pediatric Pulmonology	100.0%	99.3%	82.1%	100.0%	45.9%	100.0%	100.0%	100.0%
Pediatric Hematology	14.4%	99.9%	35.4%	92.2%	0.0%	98.5%	100.0%	100.0%
Adolescent Medicine	100.0%	83.9%	48.3%	99.3%	68.9%	100.0%	100.0%	100.0%
Neonatology	100.0%	99.9%	92.8%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	14.4%	99.9%	35.4%	92.2%	0.0%	98.5%	100.0%	100.0%
Pediatric Emergency Medicine	31.4%	99.9%	85.4%	100.0%	0.0%	100.0%	100.0%	100.0%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	99.2%	7.6%	80.5%	75.7%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	0.0%	94.1%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Infectious Disease	10.0%	100.0%	99.6%	97.4%	0.0%	0.6%	100.0%	99.7%
Pediatric Endocrinology	22.1%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	63.2%	100.0%	100.0%	100.0%	78.4%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	22.1%	100.0%	100.0%	100.0%	0.0%	98.5%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	6.3%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	45.9%	100.0%	100.0%	100.0%
Pediatric Hematology	11.3%	100.0%	91.1%	100.0%	0.0%	9.6%	100.0%	100.0%
Adolescent Medicine	22.1%	100.0%	90.7%	100.0%	0.0%	98.5%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	11.3%	100.0%	96.0%	100.0%	0.0%	9.6%	100.0%	96.9%
Pediatric Emergency Medicine	31.4%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%

OQA - 20231Q - Comprehensive Waiver Annual Report

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	85.0%	99.3%	86.5%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	1 Prov. in 40 Miles
Pediatric Psychiatry	22.1%	70.1%	49.4%	99.3%	0.0%	98.5%	65.4%	100.0%
Pediatric Oncology	14.4%	99.9%	35.4%	92.2%	0.0%	98.5%	100.0%	100.0%
Child Development	100.0%	99.2%	7.6%	80.5%	75.7%	100.0%	100.0%	100.0%

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles
Pediatric Dentist (PCDs)								
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	2 Prov. in 05 Miles	2 Prov. in 10 Miles	2 Prov. in 05 Miles	2 Prov. in 05 Miles	2 Prov. in 05 Miles	2 Prov. in 10 Miles	2 Prov. in 05 Miles	2 Prov. in 05 Miles
Pediatric PCPs								
PCPs (Geo/Choice)	100.0%	100.0%	99.7%	95.4%	95.7%	100.0%	98.2%	99.3%
	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Pediatric Specialist (Geo)								
Pediatric Allergy and Immunology	40.5%	50.0%	0.0%	96.3%	38.7%	85.4%	0.0%	98.5%
Pediatric Infectious Disease	75.7%	100.0%	93.9%	49.1%	87.3%	100.0%	2.2%	99.4%
Pediatric Endocrinology	83.0%	100.0%	11.3%	100.0%	89.9%	100.0%	91.0%	99.5%
Pediatric Cardiology	83.1%	100.0%	0.3%	94.4%	75.0%	100.0%	2.8%	99.4%
Pediatric Gastroenterology	100.0%	100.0%	99.9%	100.0%	88.4%	100.0%	97.1%	99.4%
Pediatric Rheumatology	71.4%	60.0%	0.0%	94.6%	73.0%	100.0%	2.2%	99.3%
Pediatric Pulmonology	80.4%	100.0%	10.3%	100.0%	89.8%	100.0%	97.1%	99.4%
Pediatric Hematology	80.6%	60.0%	5.4%	85.8%	83.1%	100.0%	94.8%	99.4%
Adolescent Medicine	46.4%	60.0%	5.9%	93.0%	31.8%	100.0%	12.9%	99.4%
Neonatology	100.0%	100.0%	100.0%	100.0%	87.3%	100.0%	95.2%	98.2%
Pediatric Nephrology	75.7%	100.0%	5.4%	97.7%	86.5%	100.0%	93.2%	99.4%
Pediatric Emergency Medicine	58.0%	100.0%	100.0%	86.0%	77.5%	100.0%	0.0%	99.2%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	99.9%	63.3%	66.5%	100.0%	2.2%	99.4%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	50.0%	11.4%	100.0%	20.4%	80.8%	1.6%	99.6%
Pediatric Infectious Disease	100.0%	60.0%	100.0%	100.0%	98.7%	100.0%	96.9%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.5%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	60.0%	11.4%	96.4%	98.7%	100.0%	96.9%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	60.0%	11.4%	100.0%	99.3%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	60.0%	12.7%	100.0%	28.1%	100.0%	4.2%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	60.0%	26.5%	100.0%	100.0%	100.0%	98.6%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.3%	100.0%

OQA - 20231Q - Comprehensive Waiver Annual Report

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Pediatric Specialist (Both)	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	77.3%	100.0%	0.0%	87.6%	35.9%	100.0%	0.0%	99.4%
Pediatric Oncology	80.6%	60.0%	5.4%	85.8%	83.1%	100.0%	94.8%	99.4%
Child Development	100.0%	100.0%	99.9%	63.3%	66.5%	100.0%	2.2%	99.4%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles
Pediatric Dentist (PCDs)					
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs					
PCPs (Geo/Choice)	100.0%	100.0%	87.7%	100.0%	100.0%
Pediatric Specialist (Geo)					
Pediatric Allergy and Immunology	0.0%	100.0%	15.1%	99.3%	0.0%
Pediatric Infectious Disease	52.1%	100.0%	100.0%	77.8%	100.0%
Pediatric Endocrinology	100.0%	100.0%	90.1%	99.2%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	98.3%	100.0%
Pediatric Gastroenterology	99.5%	100.0%	90.1%	99.1%	100.0%
Pediatric Rheumatology	0.0%	100.0%	88.7%	37.7%	83.3%
Pediatric Pulmonology	99.5%	100.0%	100.0%	99.9%	100.0%
Pediatric Hematology	99.5%	100.0%	88.7%	99.5%	83.3%
Adolescent Medicine	99.5%	100.0%	88.7%	99.9%	84.9%
Neonatology	100.0%	100.0%	62.0%	100.0%	82.1%
Pediatric Nephrology	99.5%	100.0%	88.7%	69.6%	84.5%
Pediatric Emergency Medicine	100.0%	100.0%	88.7%	87.4%	91.3%
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)					
Pediatric Allergy and Immunology	0.0%	100.0%	3.9%	100.0%	0.0%
Pediatric Infectious Disease	11.6%	100.0%	90.5%	100.0%	94.8%
Pediatric Endocrinology	99.5%	100.0%	90.1%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	99.5%	100.0%	88.7%	100.0%	86.5%
Pediatric Rheumatology	0.0%	100.0%	88.7%	100.0%	83.3%
Pediatric Pulmonology	99.5%	100.0%	90.1%	100.0%	100.0%
Pediatric Hematology	11.1%	100.0%	88.7%	100.0%	83.3%
Adolescent Medicine	99.5%	100.0%	88.7%	100.0%	83.3%
Neonatology	100.0%	100.0%	62.0%	100.0%	81.3%
Pediatric Nephrology	4.7%	100.0%	86.6%	100.0%	71.4%
Pediatric Emergency Medicine	100.0%	100.0%	88.7%	100.0%	98.0%

8/22/2024

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Pediatric Sleep Medicine	0.0%	0.0%	0.0%	0.0%	0.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	99.5%	100.0%	100.0%	89.1%	100.0%
Pediatric Oncology	99.5%	100.0%	88.7%	99.5%	83.3%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q	Hudson County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
General Dentist	99.5%	99.7%	91.3%	99.6%	98.7%	98.0%	100.0%	100.0%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles
Adult PCPs	99.8%	100.0%	97.0%	99.8%	99.3%	97.5%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	99.9%	100.0%	99.9%	100.0%	97.7%	97.9%	100.0%	100.0%	100.0%
Laboratories	100.0%	100.0%	99.9%	100.0%	100.0%	99.1%	100.0%	96.8%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	93.4%	100.0%	98.8%	99.9%	100.0%	94.3%	100.0%	98.1%	100.0%

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	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q	Salem County 2023 1Q	Somerset County 2023 1Q
Dentist (PCDs)	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
General Dentist	89.3%	98.7%	99.3%	95.8%	100.0%	96.2%	99.7%	94.5%	100.0%
PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Adult PCPs	100.0%	99.9%	100.0%	97.6%	100.0%	97.5%	98.8%	100.0%	100.0%
Specialist (13 Dobi)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Cardiologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospitals & Labs	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Hospital	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%
Laboratories	85.2%	100.0%	100.0%	86.0%	100.0%	98.6%	100.0%	89.8%	100.0%
Pharmacy	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles	2 Prov. in 6 Miles
Pharmacies	88.4%	100.0%	100.0%	99.3%	99.9%	99.2%	100.0%	76.6%	100.0%

	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
Dentist (PCDs)			
General Dentist	86.0%	100.0%	100.0%
PCPs			
Adult PCPs	92.9%	100.0%	100.0%
Specialist (13 Dobi)			
Cardiologist	100.0%	100.0%	100.0%
Dermatologist	100.0%	100.0%	100.0%
Endocrinologist	100.0%	100.0%	100.0%
ENT	100.0%	100.0%	100.0%
General surgeon	100.0%	100.0%	100.0%
Neurologist	100.0%	100.0%	100.0%
Obstetrician/gynecologist	100.0%	100.0%	100.0%
Oncologist	100.0%	100.0%	100.0%
Ophthalmologist	100.0%	100.0%	100.0%
Oral surgeon	100.0%	100.0%	100.0%
Orthopedist	100.0%	100.0%	100.0%
Psychiatrist	100.0%	100.0%	100.0%
Urologist	100.0%	100.0%	100.0%
Hospitals & Labs			
Hospital	66.0%	100.0%	38.2%
Laboratories	91.9%	100.0%	47.7%
Pharmacy			
Pharmacies	88.2%	100.0%	95.6%

	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Dentist (PCDs)	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pedodontist	100.0%	100.0%	98.5%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric PCPs	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
PCPs (Geo/Choice)	100.0%	100.0%	96.8%	100.0%	98.4%	98.4%	100.0%	100.0%
Pediatric Specialist (Geo)	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles
Pediatric Allergy and Immunology	100.0%	98.8%	77.6%	99.9%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	10.0%	100.0%	35.6%	74.7%	0.0%	93.2%	100.0%	100.0%
Pediatric Endocrinology	100.0%	100.0%	35.6%	74.7%	69.4%	99.9%	100.0%	100.0%
Pediatric Cardiology	44.2%	100.0%	86.1%	99.8%	0.0%	97.2%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	92.1%	99.0%	98.4%	100.0%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Pulmonology	100.0%	100.0%	35.6%	74.7%	76.4%	99.9%	100.0%	100.0%
Pediatric Hematology	0.1%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Adolescent Medicine	100.0%	100.0%	97.5%	99.9%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	91.7%	99.8%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Emergency Medicine	41.4%	100.0%	65.2%	74.7%	0.0%	93.2%	100.0%	100.0%
Pediatric Sleep Medicine	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Child Development	100.0%	100.0%	41.0%	74.7%	73.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	12.5%	100.0%	99.7%	100.0%	0.0%	98.1%	100.0%	100.0%
Pediatric Endocrinology	12.5%	100.0%	100.0%	100.0%	0.0%	98.1%	100.0%	100.0%
Pediatric Cardiology	79.0%	100.0%	100.0%	100.0%	0.0%	98.1%	100.0%	100.0%
Pediatric Gastroenterology	31.8%	100.0%	100.0%	100.0%	2.2%	100.0%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	27.2%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	7.4%	100.0%	100.0%	15.8%	0.0%	0.0%	100.0%	0.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	75.5%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	93.8%	0.0%	0.0%	0.0%	100.0%	0.0%
Pediatric Emergency Medicine	79.0%	100.0%	100.0%	100.0%	0.0%	98.1%	100.0%	100.0%

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	Atlantic County 2023 1Q	Bergen County 2023 1Q	Burlington County 2023 1Q	Camden County 2023 1Q	Cape May County 2023 1Q	Cumberland County 2023 1Q	Essex County 2023 1Q	Gloucester County 2023 1Q
Pediatric Sleep Medicine	0.0%	100.0%	27.3%	0.0%	0.0%	0.0%	100.0%	0.0%
Child Development	19.7%	100.0%	100.0%	99.7%	0.0%	98.1%	100.0%	46.7%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	42.2%	98.3%	51.7%	74.0%	0.0%	56.3%	100.0%	100.0%
Pediatric Oncology	0.0%	96.9%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Child Development	0.0%	79.7%	0.0%	0.0%	0.0%	1.5%	100.0%	3.8%

	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles
Pediatric Dentist (PCDs)								
Pedodontist	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	95.6%	99.2%
	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles
Pediatric PCPs								
PCPs (Geo/Choice)	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	98.0%	98.8%
	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles
Pediatric Specialist (Geo)								
Pediatric Allergy and Immunology	100.0%	100.0%	0.8%	97.3%	59.3%	100.0%	93.6%	98.9%
Pediatric Infectious Disease	100.0%	100.0%	0.3%	96.0%	80.9%	100.0%	6.8%	99.1%
Pediatric Endocrinology	100.0%	100.0%	1.1%	99.4%	98.8%	100.0%	92.1%	99.4%
Pediatric Cardiology	100.0%	100.0%	0.3%	97.6%	93.9%	100.0%	94.3%	96.9%
Pediatric Gastroenterology	100.0%	100.0%	99.8%	98.8%	85.2%	100.0%	91.4%	99.1%
Pediatric Rheumatology	100.0%	100.0%	0.0%	93.0%	64.7%	100.0%	6.8%	99.1%
Pediatric Pulmonology	100.0%	100.0%	0.3%	96.9%	83.9%	100.0%	95.8%	99.3%
Pediatric Hematology	100.0%	100.0%	4.6%	98.4%	88.0%	100.0%	94.9%	99.1%
Adolescent Medicine	100.0%	100.0%	91.6%	100.0%	96.7%	100.0%	100.0%	99.1%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	98.7%
Pediatric Nephrology	100.0%	100.0%	4.6%	98.4%	85.5%	100.0%	91.4%	99.1%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	61.7%	100.0%	95.2%	99.1%
Pediatric Sleep Medicine	89.6%	100.0%	3.4%	99.1%	1.3%	100.0%	0.0%	41.6%
Child Development	100.0%	100.0%	100.0%	99.3%	66.6%	100.0%	94.9%	99.1%
Pediatric Specialist (Choice)	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Allergy and Immunology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%
Pediatric Endocrinology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Cardiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Gastroenterology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Rheumatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Emergency Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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	Hudson County 2023 1Q	Hunterdon County 2023 1Q	Mercer County 2023 1Q	Middlesex County 2023 1Q	Monmouth County 2023 1Q	Morris County 2023 1Q	Ocean County 2023 1Q	Passaic County 2023 1Q
Pediatric Sleep Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.3%	100.0%
Child Development	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Specialist (Both)	2 Prov. in 45 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles
Pediatric Psychiatry	100.0%	100.0%	0.0%	91.5%	98.5%	100.0%	93.7%	98.3%
Pediatric Oncology	100.0%	82.9%	0.0%	80.6%	52.2%	100.0%	84.6%	98.3%
Child Development	83.4%	87.3%	0.0%	21.5%	48.3%	100.0%	90.2%	98.3%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
	2 Prov. in 40 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 15 Miles	2 Prov. in 40 Miles
Pediatric Dentist (PCDs)					
Pedodontist	100.0%	100.0%	100.0%	100.0%	100.0%
	2 Prov. in 10 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 5 Miles	2 Prov. in 10 Miles
Pediatric PCPs					
PCPs (Geo/Choice)	100.0%	100.0%	98.5%	100.0%	100.0%
	1 Prov. in 40 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 15 Miles	1 Prov. in 40 Miles
Pediatric Specialist (Geo)					
Pediatric Allergy and Immunology	100.0%	100.0%	89.3%	100.0%	100.0%
Pediatric Infectious Disease	97.5%	100.0%	100.0%	10.0%	10.0%
Pediatric Endocrinology	97.5%	100.0%	92.6%	100.0%	100.0%
Pediatric Cardiology	97.5%	100.0%	100.0%	44.2%	44.2%
Pediatric Gastroenterology	97.8%	100.0%	91.3%	100.0%	100.0%
Pediatric Rheumatology	0.0%	100.0%	91.3%	0.0%	0.0%
Pediatric Pulmonology	97.5%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	0.0%	100.0%	91.3%	0.1%	0.1%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	92.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	91.3%	0.0%	0.0%
Pediatric Emergency Medicine	97.5%	100.0%	90.7%	41.4%	41.4%
Pediatric Sleep Medicine	0.0%	100.0%	72.8%	0.0%	0.0%
Child Development	97.5%	100.0%	91.3%	100.0%	100.0%
	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles	2 Prov. in 45 Miles
Pediatric Specialist (Choice)					
Pediatric Allergy and Immunology	100.0%	100.0%	88.0%	100.0%	100.0%
Pediatric Infectious Disease	100.0%	100.0%	100.0%	12.5%	12.5%
Pediatric Endocrinology	100.0%	100.0%	100.0%	12.5%	12.5%
Pediatric Cardiology	100.0%	100.0%	100.0%	79.0%	79.0%
Pediatric Gastroenterology	100.0%	100.0%	99.6%	31.8%	31.8%
Pediatric Rheumatology	0.0%	100.0%	99.6%	0.0%	0.0%
Pediatric Pulmonology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Hematology	0.0%	100.0%	99.6%	7.4%	7.4%
Adolescent Medicine	100.0%	100.0%	100.0%	100.0%	100.0%
Neonatology	100.0%	100.0%	100.0%	100.0%	100.0%
Pediatric Nephrology	0.0%	100.0%	95.0%	0.0%	0.0%
Pediatric Emergency Medicine	100.0%	100.0%	93.7%	79.0%	79.0%

	Salem County 2023 1Q	Somerset County 2023 1Q	Sussex County 2023 1Q	Union County 2023 1Q	Warren County 2023 1Q
Pediatric Sleep Medicine	0.0%	100.0%	63.3%	0.0%	0.0%
Child Development	25.8%	100.0%	95.0%	19.7%	19.7%
Pediatric Specialist (Both)	2 Prov. in 30 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 10 Miles	2 Prov. in 30 Miles
Pediatric Psychiatry	100.0%	100.0%	58.7%	42.2%	42.2%
Pediatric Oncology	0.0%	100.0%	59.8%	0.0%	0.0%
Child Development	1.6%	100.0%	58.7%	0.0%	0.0%

**New Jersey 1115 Comprehensive Waiver Annual Report
Demonstration Year 11 & 12 (July 1, 2022 – June 30, 2023)
Department of Children and Families
Children's System of Care**

New Jersey's Department of Children and Families (DCF) is charged with serving and safeguarding the most vulnerable children and families. Since its creation in 2006, the New Jersey Department of Children and Families has designed and managed a strong, state-wide network of core services including child protection and child welfare services, children's behavioral health care, programming to support children with intellectual and developmental disabilities and their families, community-based family strengthening services, specialized educational programming, and services and programming to support women.

DCF's vision is that all New Jersey residents are safe, healthy and connected:

- **Safe:** absent harm or maltreatment.
- **Healthy:** refers to physical, mental, developmental and emotional wellbeing.
- **Connected:** bonded or tied together through biology, familiarity and/or community.

The Children's System of Care (CSOC) is a Division under DCF that serves children, youth, and young adults, herein referred to as youth, with emotional, behavioral, and substance use challenges and intellectual and developmental disabilities. The family or caregiver plays a central role in the health and well-being of youth. CSOC involves families/caregivers throughout the planning and treatment process in order to promote the advice and recommendations of the family and provide families the tools and support needed to create successful and sustainable life experiences for their youth.

The goal of DCF's CSOC is to enable the youth to remain at home, in school, and within their community. Therefore, through an organized system of care approach, CSOC is committed to providing services that are:

- A. Clinically appropriate and accessible;
- B. Individualized, and delivered through a continuum of services and supports, both formal and informal, based on the unique strengths and needs of each youth and his or her family/caregivers;
- C. Provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and his or her family or caregivers;
- D. Family-guided, with families engaged as active participants at all levels of planning, organization, and service delivery;
- E. Community-based, coordinated, and integrated with the focus of having services, decision-making responsibility, and management operational at a community level;

- F. Culturally competent, with agencies, programs, services, and supports that are reflective of and responsive to the cultural, racial, and ethnic differences of the populations they serve;
- G. Protective of the rights of youth and their family/caregivers; and
- H. Collaborative across child-serving systems, including mental health, substance use, child protection, juvenile justice, and other system partners who are responsible for providing services and supports to the target populations.

Brief Descriptions of the Waiver Services

Habilitation services are long term supports designed to assist youth that are intellectually/developmentally disabled in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to function successfully in home, at school and in community-based settings.

I. Intensive in Community – Habilitation (IIH) Clinical/Therapeutic Supports

Intensive in Community – Habilitation (IIH) Clinical/Therapeutic Supports are intensive community-based, family-centered services delivered face-to-face as a defined set of interventions by a clinically licensed practitioner. The purpose of IIH services is to improve or stabilize the youth's level of functioning within the home and community in order to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the youth at increased clinical risk, or that may impact on the ability of the youth to function in their home, school or community.

The clinical and therapeutic services to be delivered are those necessary to improve the individual's independence and inclusion in their community. These services are flexible, multi-purpose, in-home/community, clinical supports for youth and their parents/caregivers. These services are flexible both as to where and when they are provided based on the youth and family's needs.

Development of an integrated plan of care, which may include:

- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods;
 - Cognitive Behavioral Intervention - individual, family and group counseling;
 - Trauma informed counseling;
 - Positive Behavioral Supports;
 - Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
1. Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
 2. Instruction in stress reduction techniques;
 3. Problem solving skill development;
 4. Social skills development.

Qualifications: Master's degree in psychology, special education, guidance and counseling, social work or a related field with at least one year of experience in providing clinical services for

individuals who have intellectual/developmental disabilities and clinically licensed to independently practice in NJ or a master's level licensed practitioner (e.g. LSW under a LCSW or LAC under a LPC) practicing under the supervision of a clinician who is clinically licensed to independently practice in NJ.

II. Individual Support Services

Individual Support Services assist the youth with acquiring, retaining, improving and generalizing the behavioral, self-help socialization and adaptive skills necessary to function successfully in the home and community. Tasks are performed and/or supervised face-to-face by a service provider in the individuals' family home, the home of a relative or in the community.

Individual Support Services are family centered and intended to develop a safe structured home environment while increasing the ability of the family/caregiver to provide the youth with needed support to remain home with their natural supports. Services are not office-based, and work to improve the youth's functioning in his/her natural environment.

Individual Support Services include:

Providers are required to assist youth who exhibit behavior challenges when performing Activities of Daily Living (ADLs), some of which are described below. ADLs are defined as needed skills related to daily self-care activities within an individual's place of residence, in outdoor environments, or both.

- Basic ADLs (BADLs) skill building: BADLs consist of self-care tasks, including but not limited to:
 - Bathing and showering
 - Dressing
 - Eating
 - Personal hygiene and grooming (including washing hair and brushing teeth)
 - Toilet hygiene
- Instrumental ADLs skill building: Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning, but they enable an individual to live independently in a community and include but are not limited to:
 - Housework
 - Taking medications as prescribed
 - Managing money
 - Shopping for groceries or clothing
 - Use of telephone or other form of communication
 - Using technology (as applicable)
 - Transportation within the community

Individual Support Plan:

The Individual Support Plan is a requested component of the youth's approved Individualized Service Plan (ISP). Individual Support Services as described in the Individual Support Plan must be directly related to the goals and objectives established in the youth's ISP.

The Individual Support Plan assists the youth with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization and adaptive skills necessary to function successfully in the home and community. Family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue throughout the service delivery.

The Individual Support Plan as a component of the Individual Service Plan includes multicomponent intervention(s) based on the principles of Positive Behavior Support with target dates for accomplishment of goals that focus on changing the many facets of a youth's living context that are problematic and interfere with a youth acquiring, retaining, improving and generalizing skills needed to remain in the home and participate in the community. It combines assessment and strategies of Positive Behavior Supports with the principle and ideal of normalization/inclusion and person-centered values.

Specifically, the Individual Support Plan will be driven by the Children's Adaptive Behavior Summary (CABS). The CABS is intended to gather information about the typical functioning within the last 6 months and reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community. Other critical information necessary in the development of the Individual Support Plan may also include collateral information and other assessments such as the: Vineland, Occupational, Physical, or Speech assessments if available.

III. Respite Services

Agency hired respite service provides care and supervision to youth with intellectual/developmental disabilities, either in their family home or in a community setting, to temporarily relieve the family from the demands of caring for them. The care is intended to be provided during the times when the family normally would be available to provide care.

Respite services allow the parent/caregiver to improve the nature of their caregiving activities through attendance at trainings and educational programs that will increase their ability to become experts on handling the challenges facing their families.

Respite services as part of a service plan can achieve several goals:

1. avoid "burnout"
2. reduce stress
3. prevent family disruption
4. enhance relationships

The qualified provider, in consultation with the family, clearly states reasons and goals for the type of respite provided in a respite service plan that is to be reviewed quarterly, at a minimum, to ensure achievement of goals and track progress. The type of respite that is right for the family will depend on what is available in the community as well as the family's unique needs and preferences. Identifying the specific reason that the family needs respite may help clarify the type of respite that will work best and help plan how to use the respite time effectively. Respite is not a substitute for childcare, school, or participation in other age appropriate activities. Respite is also not a

substitute for services provided by a home health aide for self-care needs (bathing, dressing, feeding and toileting).

IV. Interpreter Services

Interpreter Services are delivered face-to-face to youth to support them in carrying out the treatment/plan of care. Interpreter services are provided in the youth's home and/or in community-based settings, and not in provider offices or other office settings. This service may be used only when Language Line interpretation is not available, feasible or when natural interpretive supports, i.e. an adult family member, neighbor, friend, etc. who can provide the interpretation, are not available.

For language interpretation, the interpreter service must be delivered by an individual proficient in reading and speaking in the language that the youth and family speak.

Qualified interpreter means an interpreter who, via an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include but not limited to sign language interpreters, oral translators, and cued-language translators.

V. Non-Medical Transportation Services

Non-medical transportation is short-term transportation services for youth and parents/caregivers involved with the Department of Children and Families (DCF), Division of Children's System of Care (CSOC) for youth involved with Mobile Response and Stabilization Services (MRSS) and Care Management Organization (CMO).

The objective of this service is to offer non-medical transportation for youth and the youth's parent /caregiver to provide access to community activities and services as identified in the youth's plan of care and is not a professional service. Examples include but are not limited to:

- After-school programs (not associated with an IEP)
- Parent support services
- Recreational activities
- Youth training services
- Transitioning youth services

Provider Enrollment/Access to Services

There are (142) CSOC qualified providers that deliver waiver services.

Total Number of Agencies Qualified by the CSOC to Deliver Waiver Services

Waiver	Waiver Service	Number of Qualified Agencies
CSSP I/DD Waiver	Individual Supports	24

CSSP I/DD Waiver	Intensive In- Community Services – Habilitation (IIH) (Clinical/Therapeutic)	38
CSSP I/DD Waiver	Intensive In- Community Services – Habilitation (IIH) (Behavioral)	25
CSSP I/DD Waiver	Respite	55
CSSP I/DD Waiver	Interpreter Services	0
CSSP I/DD Waiver	Non-Medical Transportation	0

Total Number of New Agencies Qualified by the CSOC to Deliver Waiver Services

Waiver	Waiver Service	Number of Qualified Agencies
CSSP I/DD Waiver	Intensive In- Community Services – Habilitation (IIH) (Clinical/Therapeutic)	10
CSSP I/DD Waiver	Intensive In- Community Services – Habilitation (IIH) (Behavioral)	0
CSSP I/DD Waiver	Interpreter Services	0
CSSP I/DD Waiver	Non-Medical Transportation	0

Quality Strategy Measures

Data reports were created through CSOC's Contracted System Administrator (CSA) to assist CSOC in measuring waiver 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 Waiver Services Provided
- CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
- CSA NJ1289 Waiver ISP Aggregate Report All Youth
- CSA NJ2021 CANS Waiver Outcome
- CSA NJ1384 Waiver Sub Assurance

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above - CSSP I/DD Waiver

#1 Administrative Authority Sub Assurance	The New Jersey State Medicaid Agency, Division of Medical Assistance and Health Services (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	DMAHS reports on this sub assurance
Sampling Methodology	DMAHS reports on this sub assurance
Numerator: Number of sub	DMAHS reports on this sub assurance

assurances that are substantially compliant (86 % or greater)	
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	419
Denominator: Total number of new enrollees	421
Percentage	99.5%

One youth did not receive their Strength and Needs Assessments due to loss of contact with the family. Another youth did have a Strength and Needs Assessment, but it was not completed within the reporting period.

#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	708
Denominator:	773

Number of youth with Child and Adolescent Needs and Strengths assessments conducted 1 year from admission or last CANS conducted	
Percentage	92.0%

#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 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	420
Denominator: Number of new enrollees	421
Percentage	99.8%

One youth was added to the waiver just as Care Management services were ending, the same youth resumed Care Management services 2 months later and was re-added to the waiver and all documentation from that point on is complete.

#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	418

youth's assessed needs	
Denominator: Number of Plans of Care reviewed	421
Percentage	99.3%

Two youth did not receive a Plan of Care due to loss of contact with the family. Another youth did have a Plan of Care, but it was not completed within the reporting period.

#6 Plan of Care Sub Assurance	Plan of Care (ISP) 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	225
Denominator: Number of Plans of Care reviewed	225
Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care 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	421
Denominator: Number of Plans of Care reviewed	421
Percentage	100%

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care
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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	1,501
Denominator: Number of records reviewed	1,763
Percentage	85%

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	10
Denominator: Total number of new providers	10
Percentage	100%

# 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 Certification
Sampling Methodology	100% Agency
Waiver	I/DD
Numerator: Number of providers that meet the qualifying standards applicable-licensures/certification	132
Denominator: Total number of providers that initially met the qualified status	132
Percentage	100%

# 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	100% Community Provider Agencies

Methodology	
Waiver	I/DD
Numerator: Number of providers that have been trained and are qualified to provide waiver services	132
Denominator: Total number of providers that provide waiver services	132
Percentage	100%

# 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	22
Denominator: Number of UIRs submitted involving enrolled youth	27
Percentage	81.5%

Out of the 27 youth with incidents during this period, 5 of them had incidents that were submitted late without an explanation. These issues are being addressed through CSOC's UIR practice group through several trainings and meetings.

# 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	27
Denominator: Total number of incidents reported that required follow up	27
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	27
Denominator: Total number of unusual incidents reported involving restrictive interventions	27
Percentage	100%

# 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 -this is a DMAHS measure
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	I/DD

Numerator: Number of youth enrolled that received a well visit	DMAHS reports on this sub assurance
Denominator: Total number of youth enrolled	DMAHS reports on this sub assurance
Percentage	DMAHS reports on this sub assurance

# 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 of care authorization	In Development
Denominator: Total number of claims submitted	In Development
Percentage	In Development

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

MLTSS DY11/DY12 Annual Report:

Performance Measure #17

Performance Measure 17 is the timeliness of Critical Incidents (CI) written reporting within two business days in the SAMS critical incident reporting system from July 1, 2022 to June 30, 2023. This measurement is determined by the number of CIs reported in writing to the Division of Aging Services (DoAS) within two business days divided by the total number of critical incidents reported to DoAS for the measurement period.

DoAS established that the minimum percentage accepted is 100%. Anything less requires a response from the MCO stating what actions will be taken to improve timeliness. As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS on March, 2022 used to implement a range of flexibilities has been lifted as of September, 2022. For this annual measurement period, a total of 13,807 CIs were reported. Out of the total CIs, 13,359 were reported timely yielding to 96.75 percentage. The total number increased by 1,429 compared to the last annual report. Corrective action plans were obtained from all the MCOs that did not meet the reporting timeliness requirement.

Performance Measure #17a

Performance Measure #17a is the measurement of Critical Incidents (CI) reported to DoAS verbally reported within one business day for media and unexpected death incidents from July 1, 2022 to June 30, 2023. This measurement is determined by the number of Critical Incidents (CI) reported to DoAS verbally reported within one business day for media and unexpected death incidents divided by the total number of CI reported verbally to DoAS for the measurement period.

Based on the first and second year of reporting, the DoAS has established that the minimum percentage accepted is 100%. Anything less will require a response from the MCO stating what actions they will take to improve timeliness. As per the COVID-19 Emergency Declaration issued by CMS on March 30, 2020 used to implement a range of flexibilities has been lifted as of September, 2021. For this annual measurement period, a total of 135 CIs were reported to DoAS verbally within one business day for media and unexpected death incidents. Out of the total incidents reported, 128 CIs were reported timely yielding to 94.81 percentage. The total number decreased by 39 compared to the pervious annual report. Of the total, 114 were related to unexpected deaths and 21 related to Media events. Unexpected deaths includes both Covid-19 and non-Covid-19 related deaths.

DY 11-12

Quarterly Report: April 1, 2023-June 30, 2023 and

Annual Report: July 1, 2022-June 30, 2023

Outreach/Innovative Activities to Ensure Success:

The 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 to address access to both their programs concurrently as the same providers and advocacy organizations are affiliated with both programs as well as the supports and the majority of services are identical in both programs. The primary difference between the two DDD programs is the required level of care. Therefore the below represents data elements that is representative of both DDD programs.

Supports Program (SP) and Community Care Program (CCP)

The Waiver Unit's DDD Medicaid Eligibility Helpdesk (MEH) assists families, providers, advocates, etc. with questions related to Medicaid and DDD 1115 programming operations. During this quarter, there were 1,514 questions submitted and answered or referred to the correct helpdesk which is consistent with the previous quarter. Three domains have consistently composed approximately 70% of the emails received. These are Medicaid trouble shooting, SP+ Private Duty Nursing (PDN), and general Medicaid questions. Medicaid trouble shooting reflects questions about Medicaid issues while general Medicaid questions represents Medicaid questions where the individual is looking for information rather than assistance with a problem/Medicaid issue. These 3 categories represented 67% of all questions again this quarter. Medicaid Troubleshooting represented (28%), SP+PDN (32%), and General Medicaid Policy/Process (7%) of all emails received.

The helpdesk is also involved in assisting children who are losing their EPSDT PDN services on their 21st birthday enroll onto the Supports Program + PDN without a gap in service delivery as well as assisting individuals who want to move to another 1115 program. During this quarter 6 individuals were added to the SP+PDN program on their 21st birthday, 6 individuals elected to transfer from MLTSS to the SP+PDN program, 10 individuals chose to transfer from MLTSS to the SP, and 7 individuals transferred from MLTSS to the CCP. Options counseling was provided to all individuals prior to transfer.

Annual:

The Waiver Unit's DDD Medicaid Eligibility Helpdesk (MEH) assists families, providers, advocates, etc. with questions related to Medicaid and DDD 1115 programming operations. During this DY, there were just under 5,000 questions submitted and answered or referred to the correct helpdesk. The MEH staff conducted an analysis on the domains used to capture questions as the domain "other" was observed to be increasing. As a result of this analysis the MEH removed the domain "other" and added 2 new domains: General Medicaid questions/Policies and Process and Referred Elsewhere (ie: a different helpdesk, Board of Social Services, etc.). The 3 domains that consistently had the greatest number of emails each quarter were: Medicaid Troubleshooting, General Medicaid, and SP+PDN. The remaining

domains are: citizenship issues, county Board of Social Services verification of individual being affiliated with DDD, no issue (already resolved), NOEA for SP, referred elsewhere, vouchers, and housing unit verifying income.

The helpdesk also assists children who are losing their EPSDT PDN services on their 21st birthday enroll onto the Supports Program + PDN without a gap in service delivery as well as assisting individuals who want to move to another 1115 program. During this DY the MEH was involved in assisting 13 children access PDN services from the SP+PDN on their 21st birthday as a result of losing these services from EPSDT. They also assisted 51 other individuals transition from 1115 program to another.

In addition to the helpdesk, Medicaid related webinars and guidance documents continue to be developed and are on the DDD website for families and individuals, Support Coordinators, and Providers. The HCBS staff, inclusive of the MEH staff, meets with Medicaid staff from the Eligibility Unit regularly, to ensure that the information is current and accurate. The meetings primarily focus on the public health emergency and Appendix K flexibilities as well as developing an action plan as the PHE nears. The collaboration between the two units has improved the consistency in messaging to families, providers, and advocates.

Operational/Policy/Systems/Fiscal Developments/Issues

As previously indicated most operational, policy, systems and fiscal developments/issues for both the SP and CCP are concurrently shared/discussed at meetings and through communications. Therefore the below is representative of both DDD programs.

During this quarter, the Division of Developmental Disabilities (DDD) continues enrollment of individuals onto the Supports Program and Community Care Program. At the end of this reporting quarter DDD had approximately 12,450 individuals enrolled on the CCP and 13,500 individuals enrolled on the SP.

DDD routinely meets with the trade organizations, individual providers, family members, and advocacy organizations including Disability Rights of NJ to provide systems updates. DDD continues to answer provider questions and provide guidance on the application process for provider enrollment. During this quarter, the Division of Developmental Disabilities leadership facilitated or attended the following using a telehealth system such as zoom or Teams: Support Coordination Supervisors meeting, the Medical Assistance Advisory Committee meeting (MAAC), the Family Advisory Council meeting, and Provider Leadership meetings. Additionally, the Assistant Commissioner for DDD holds a bi-weekly Webinar for all constituents to discuss DDD initiatives and updates. During this quarter the Division continued to work collaboratively with their sister

Annual:

During this DY the CCP saw an increase of approximately 300 individuals and the SP saw an increase of approximately 700 individuals. It is important to note that during the public health emergency individuals who would typically lose their Medicaid for non-compliance to Medicaid redeterminations or no longer meeting Medicaid standards did not. As we move forward in the next demonstration year it is expected that the growth in the program numbers, with the unwinding of Appendix K and redetermination of all Medicaid members, may decrease. However, DDD MEH staff and Medicaid Eligibility staff have been meeting to ensure that the redetermination process is as seamless and

transparent as possible. Webinars and communications related to this were developed and are available on the website.

DDD rolled out the CARES Act Phase 1 and 2 of Electronic Visit Verification. In addition to numerous webinars and communication documents DDD created an EVV helpdesk to assist with questions/issues related to EVV. All webinars, communications, and exempt providers are maintained on the DDD website.

DDD also led the team that created NJ's Statewide Transition Plan. Sister Divisions worked collaboratively to develop and submit NJ's Statewide Transition Plan which was approved by CMS. The HCBS Access Rule continues to be at the forefront of DDD initiatives and trainings.

Quality Assurance/Monitoring Activity

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) categories. The IR codes are the same for both DDD programs. During this quarter there were approximately 350 incidents reported for the Supports Program and approximately 3,200 incidents reported for the CCP. Medical Event was the category that generated the greatest number of incident reports submitted representing 61% of IRs for the SP and 46% of the IRs for the CCP. 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 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. Additionally, a Risk Council meets to look at IRs from a system perspective. This committee meets quarterly and develops action items based on the data. The Risk Management Unit from DDD participates in these meetings and also conducts systemic and individual remediation activities as a result of IR analysis. The DDD Risk Management Unit continues work on annual reports that contain data related to COVID, elopements/walkaways, and choking. Additionally, the Risk Management Unit conducted a project related to hospital claims and incident reports. Lastly the Risk Management Unit reviews all unexpected deaths and conducts a mortality review of each.

The Division continues to work closely with its sister Division's on the implementation of EVV's phase II of the 2023 EVV Cares Act compliance as related to new services such as therapies and behavior supports. Webinars, communications, and the helpdesk were developed to assist providers as they moved towards the full implementation. DDD continues to have an active EVV helpdesk and audit compliance on Phase 1 of EVV.

DDD participates in the National Core Indicators. DDD was successful in conducting over 400 face-to-face interviews with adults receiving services via telehealth modalities. This had once again posed some challenges for families who did not have supporting technology. However, it remains an exciting time because the NCI survey added a considerable amount of questions related to services as a result of COVID. NJ DDD once again participated in the NCI Staff Stability Survey this DY and is proud to state that once again, despite challenging times, had good representation of participation from our providers. Again, the State is looking forward to seeing the impact of COVID as related to staff issues.

DDD continues to receive comments related to our transparency, webinars, and helpdesks related to these initiatives. Webinars and tool kits were developed for providers to ensure that community integration and quality improvement are at the forefront of every service plan. DDD's Support Coordination Unit continues to develop monthly training opportunities for Support Coordination Agencies around policies and expectations. A training calendar is provided monthly and trainings average over 500 participants.

Annual:

DDD requires reporting on approximately 80 Incident Reporting (IR) categories. The IR codes are the same for both DDD programs. During this DY there were approximately 2,025 incidents reported for the Supports Program and approximately 13,450 incidents reported for the CCP. Medical Event was the category that generated the greatest number of incident reports submitted representing 70% of IRs for the SP and 51% of the IRs for the CCP. There are 2 codes for Medical Events. The first code is inclusive of an ER/hospital visit that results in a treatment beyond basic first aid. Examples of basic first aid would be considered receipt of over the counter medication such as ibuprofen or a Band-Aid. Examples of treatment would be a prescription for a non-OTC medication and/or stitches. The second medical event is a hospital visit that results in an unplanned hospitalization. Examples would include hospitalization due to COVID, an injury, or an infection. Due to the high percentage of incidents in this category the Risk Management Data Unit will be conducting analysis on the medical events. It is expected that a webinar or report will be developed and shared.

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 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. Additionally, a Risk Council meets to look at IRs from a system perspective. This committee meets quarterly and develops action items based on the data. The Risk Management Unit from DDD participates in these meetings and also conducts systemic and individual remediation activities as a result of IR analysis.

The DDD Risk Management Unit conducted research on IR data related to COVID, elopements/walkaways, and choking during this DY. Additionally, the Risk Management Unit conducted a project related to hospital claims and incident reports. Lastly the Risk Management Unit reviews all unexpected deaths and conducts a mortality review of each.

The DDD Quality Unit analyzed NJs NCI findings and developed a Webinar that provided information on NJ's results in relation to the national average. The Quality Unit also developed a webinar related to the NCI staff stability survey results. DDD continues to participate in the NCI surveys in the upcoming DY.

NJ's Statewide Transition Plan was approved by CMS during this DY and the CARES Act EVV was implemented. Audit tools for Phase 1 of EVV were developed and audits are ongoing.

Monitoring of the Quality and Accuracy of Screening and Assessment of Participants who Qualify for HCBS/MLTSS

DDD's assessment tool, the New Jersey Comprehensive Assessment Tool (NJ CAT), is conducted through an electronic process and is completed by an individual that is knowledgeable about the service recipient. The NJCAT is the tool used to identify an individual's budget and also to determine program 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 internal and external auditors check the ongoing eligibility criteria of the NJCAT for eligibility and cross-check the assessment findings with other documents for consistency (ie: person-centered planning tool, individual service plan, case notes, etc.).

Annual:

An annual audit was conducted by both internal and external auditors during the DY. DDD was found to be in 100% compliance related to eligibility and claims.