New Jersey Comprehensive Demonstration
Section 1115 Annual Report
Demonstration Year 9: July 1, 2020 – June 30, 2021

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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 June 30, 2022.

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 the annual report to reflect operation/activities throughout DY9.

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

The administrative cost for demonstration year (DY) 9 is $1,034,281,464.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, etc.

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;

Yearly enrollment reports for demonstration enrollees for each DY are included in Attachment F at the end of this report.

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 maintained its health and safety precautions due to the COVID -19 health emergency during the 2021 demonstration year. NJ's declaration of a state of emergency in March 2020 resulted in facility closures, social distancing guidelines, and Personal Care Assistance (PCA) Agency staffing concerns. To assure access to personal care services (PCS), the Personal Preference Program (PPP) Team collaborated with NJ's fiscal intermediary (FI) to seek and receive CMS approval to provide operational flexibilities that support current participants and those newly seeking self-directed PCS.

To protect the health and safety of NJ FamilyCare members (NFJC) members, their families, and the FI's staff, all in-person Information and Assistance (I&A) visits are replaced with telephonic/online interactions with NFJC members. This includes new enrollment, wage updates and quarterly visit activities; expedited enrollment for prospective participants that require prompt access to the PPP; and faster access to new hires, and rate changes for current workers for beneficiaries currently accessing the PPP.

Due to the current operational program changes PPP enrollment for NJFC participants has increased. For PPP participants receiving managed long-term services and supports (MLTSS) program enrollment increased by 20% from DY20 to DY21. MLTSS members do not have to experience a loss of PCS or unnecessary risks due to COVID-19 concerns. These changes allow PPP/MLTSS members to replace face-to-face meetings with telephonic/online interactions of the program for both currently enrolled and newly seeking sell-direction.

The PPP maintains these flexibilities while COVID-19 health and safety measures are required for NJFC members. As these measures are redefined, the PPP Team will evaluate current practices that best serve the program for opportunities to make long-term enhancements to NJ's self-directed program.

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 is receiving encounter data from the MCOs. Section 3.9 of the managed care contract requires our 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 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.

Monthly, the encounter data submitted by each MCO is reviewed by OBI to asses accepted service encounter submission volume, identify duplicate service encounter denial rates for the processing month, and the submission of CAPDT encounters records, both accepted and denied. Denials for duplicate encounter submissions or excess denied CAPDT submissions that exceeds the allowable 2% denial rate threshold are assessed immediate liquidated damages at a rate of $1 per each record in excess of the 2% threshold.

Service encounter denials that exceed the 2% threshold are identified for corrections by the MCOs and they have three months to make the needed corrections or the remaining deficiencies will result in withholds that the MCOs are required to correct within 9 months or the withhold will be converted to liquidated damages that are not refunded. Denied encounters do not count towards the achievement of a COS benchmark until the encounter is corrected and resubmitted by the MCO. The withhold for excess denied encounters is calculated in the aggregate for all denials that exceed the 2% threshold each processing month, and that amount is will reduce the monthly capitation payments made to the MCOs.
All service encounters are additionally assessed to measure the completeness of the encounter data submission against the active categories of service based on an all plan benchmark that is weighted per 1,000 members by each plan. All accepted encounters are assigned a category of service based on the type of service rendered as defined for each unique category of service, and is counted towards the achievement of the benchmark for the corresponding service month. All plans have nine months to submit all encounters to meet the required benchmark or any incomplete categories are assessed withholds that based on the level of benchmark achievement is a calculated percentage of the monthly capitation payment. All denied service encounters must be corrected prior their being counted towards the achievement of said benchmark(s). Failure to meet any benchmark within 18 months, will result in the conversion of any remaining withholds to liquidated damages, which based on the level of completion achieved the damages are calculated by the tier or percentage of achievement and the calculated value is what will be retained by DMAHS and is not refundable.

All MCOs may submit an attestation for OBI review if they certify that they have reviewed all claims data and found now additional services were rendered for a specific category. OBI reviews all attestations submitted by the plans and if the encounter data supports the attestation, OBI has the discretion to refund COS related liquidated damages.

All subcontracted service encounters are applied to the appropriate COS benchmarks and are credits towards satisfying the COS benchmark. The CAPDT records noted above are the financial transactions that reflect the payment made to a subcontractor on a PM/PM basis, and are distinct from the service encounters rendered to recipients by the providers that are subcontracted of belong to the network of the managing entity.

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 and long term care recipient data from the Division of Aging Services, electronic birth certificate information from the Department of Health). Access to this warehouse is available to all 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 for senior level Governor's Office staff to detailed claims-based analysis in support of future

policy making and fraud detection.

Another way we use 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 remeasurement years where interventions are actively ongoing, followed by a sustainability year to ensure that the interventions put into place are sustainable.

Performance Improvement Projects

DMAHS is actively engaged in three clinical and one non-clinical performance improvement projects (PIPs). In January 2017, Amerigroup initiated a non-collaborative Prenatal PIP with a focus on Reduction of Preterm Births. Amerigroup revised their aim statement and performance indicators from their initial project proposal in 2014, resulting in a new PIP cycle. During this annual review, Amerigroup submitted a final report in August 2020. Regarding the second PIP, in January 2018, Aetna (ABHNJ), Amerigroup (AGNJ), Horizon (HNJH), United (UHC), and WellCare (WCHP) initiated a PIP with the focus on Developmental Screening and Early Intervention. During this annual review, the MCOs submitted remeasurement and sustainability data, and will submit a final report in August 2021. For the third PIP, 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 2 years of remeasurement data. For the fourth PIP, in August 2020, the five MCOs, with the guidance of the external quality review organization (EQRO), initiated a non-clinical PIP with a focus on Access to and Availability of Provider Services tied to claims. The MCOs submitted individual PIP proposals in September 2020 and were reviewed by the EQRO. The individual proposals were approved and project activities began in early 2021. During this annual review, the MCOs submitted baseline and remeasurement data.

PIP Project Quarterly Update

Currently, DMAHS is actively engaged in three PIPs in both clinical and non-clinical areas. In January 2018, Aetna (ABHNJ), Amerigroup (AGNJ), Horizon (HNJH), United (UHC), and Wellcare (WCHP) initiated a PIP with the focus on Developmental Screening and Early Intervention. The MCOs will submit a final report in August 2021, as the concluding sustainability data collection was completed in June 2021. In January 2019, the MCOs initiated a collaborative PIP with a focus on Risk Behaviors and Depression in the Adolescent Population. January 2021 was the start of the sustainability year for the MCOs. The MCOs submitted a PIP update in April 2021 which included results of the remeasurement year 2 and sustainability quarter 1 data. In September 2020, the MCOs submitted individual PIP proposals with a focus on Access to and Availability of Provider Services tied to claims. The individual proposals were approved and project activities were initiated by the MCOs in early 2021. The MCOs submitted a PIP update in April 2021 which included results of the baseline year data and remeasurement year 1 quarter 1 data.

MLTSS PIP Project Annual Update

All 5 MCOs submitted individual PIP proposals in December 2018 on the topic of Decreasing Gaps in Care specific to members receiving managed long term services and supports. The individual proposals were approved and the Health Plans initiated project activities in early 2019. All 5 MCOs submitted a progress report update in August 2020 on the topic of Decreasing Gaps in Care which included the 2018 baseline data which the EQRO reviewed. January 2021 was the start of the sustainability year for this PIP topic. Recommendations for performance improvement provided to the MCOs regarding this new topic were to

target preventive services for MLTSS members and /or services related to chronic disease.

In October 2018, one MCO was required to submit a new Falls PIP proposal as a result of incongruent and inconclusive data observed in the entirety of their initial Falls PIP. This MCO submitted their new Falls PIP proposal in October 2018. The New Falls PIP Proposal for this MCO was approved and accepted by the State in collaboration with the EQRO. The MCO submitted their Sustainability Year New Falls PIP update in April 2021.

Five MCOs provided project status updates for Gaps in Care through March 2021 which were submitted in April 2021. One MCO was required to revise their Gaps in Care PIP submission due to recommendations from the EQRO. All of the PIP submissions were reviewed by the EQRO in collaboration with DMAHS.

Recommendations for improvement were provided to all of the MCOs. Due to the onset of COVID-19 in early 2020, many of the MCOs have identified ongoing challenges that have extended through 2021 with implementing planned interventions for their PIPs. In August 2021, all five MCOs are expected to submit PIP Project sustainability updates.

MLTSS PIP Project Quarterly Update

All 5 MCOs submitted a progress report update in April 2021 on the topic of Decreasing Gaps in Care which included the 2018 baseline data, all of which was reviewed by the EQRO. January 2021 was the start of Sustainability Year for this PIP Topic. Recommendations for performance improvement provided to the MCOs regarding this topic were to target preventative services for MLTSS members and /or target services related to chronic disease.

In October 2018, one MCO was required to submit a New Falls PIP proposal as a result of incongruent and inconclusive data observed in the entirety of their initial Falls PIP. This MCO submitted their New Falls PIP proposal in October 2018. The New Falls PIP Proposal for this MCO was approved and accepted by the State in collaboration with the EQRO. The MCO submitted their Falls PIP Topic update in April of 2021.

One MCO was required to revise their Gaps in Care PIP submission as a result of recommendations from the EQRO, which currently remains under their review.

Due to the onset of COVID 19 in early 2020 many of the MCOs have identified challenges which have extended through 2021 with the implementation of planned interventions for their PIPs. In August 2021 all five MCOs are expected to submit PIP Project sustainability updates.

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

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. 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, 2020 through June 30, 2021, the below statistical data identifies the number of SCS that resulted in referrals for comprehensive assessments. 62% of screens that identified at risk individuals were referred for comprehensive assessment based on consumer consent. This is an increase from 54% last year. The rate has fluctuated between 52-90% over the last several years. Total SCS are down slightly – 1,400 fewer screenings than the prior year.

SCS - I&A/Options Counseling	4,475
SCS – comprehensive assessment recommended	6,298
• SCS referred for comprehensive assessment	3,875
TOTAL	10,773

The NJ Family Care Managed Care Organizations (MCO) are the entities responsible for identifying and screening members who are 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 their programming and use and effective January 1, 2020 is a state mandated tool. Reports are pending development for inclusion of MCO screenings in future reports.

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 completion of 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 developed for the assessment of individuals newly seeking MLTSS enrollment. As a result of the suspension of assessments from 3/1/20 to the end of this reporting period of 6/30/21, there have been no submissions during this reporting year. Therefore, there is no reporting or analysis available.

NJ Choice HC Recertification

Individuals who conduct assessment utilizing the state's standardized assessment tool are required to undergo recertification and demonstrate competency every three years. The recertification for all stakeholders conducting NJ Choice assessment including the MCOs was held in February 2021. Due to the public health emergency related to COVID-19 and limits on in-person activities, the training was held virtually via web applications. MCO Care Management Supervisors and Master Trainers were the target audience. The MCOs are then required to conduct training for their employees and submit the results to the State. All NJ Choice certified assessors were required to be trained and recertified no later than June 30, 2021. A total of 932 individuals have been recertified for the 2021 cycle.

Supports Program /Community Care Program

Due to the COVID-19 pandemic, the Division of Developmental Disabilities' (DDD) assessment tool, the New Jersey Comprehensive Assessment Tool (NJ CAT), was conducted through an electronic process and

was completed by an individual that is knowledgeable about the service recipient. These assessments are normally conducted in person rather than through an electronic paper process, but during this DY they were conducted over the phone or through a telehealth modality due to health and safety factors. In addition to the clinical assessment being conducted in person, a check is completed by State staff to ensure that all Demonstration Program criteria are met for eligibility. This includes items such as : age, Medicaid eligibility, living arrangement, if they are on another Demonstration program, etc. In addition to verifying the accuracy of screening and assessment of participants at the time of enrollment DDD conducts monthly audits to check the ongoing eligibility criteria. In addition, to DDD's internal monitoring, Medicaid conducts an annual audit as well as the external auditors.

I/DD-MI Program, Serious Emotional Disturbance Program:

Department of Children and Families/Children's System of Care's (DCF/CSOC) 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, and;

E. Providing Quality and Outcomes Management, and System Measurement that supports CSOC's goal to promote best practices and aiding 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 youth. Youth that meet the waiver criteria are enrolled into the Children's Support Program Intellectual Disabilities/Developmental Disabilities (CSSP I/DD) if they meet the criteria for the program. The waiver algorithm identifies eligible youth and supports CSOC claiming Federal Financial Participation (FFP) for waiver services.

All demonstration enrolled youth are authorized at a minimum for Care Management Organization (CMO) services. The CMO 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 a 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 end.

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

There are currently no waiting lists being used under the demonstration.

XII. STC 73 (k): The Various Service Modalities Employed by the State, Including Updated Service Models, Opportunities for Self-direction in Additional Program, etc.

Along with streamlining administrative inefficiencies, the Comprehensive Demonstration also allowed the State to give different groups of individuals access to more services through MLTSS, and provide more services to children through the ASD, SED, and ID/DD-MI programs. The implementation of the Supports Program in DY5 is also giving 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, however, without these supports would likely deteriorate and would need institutional services.

The services in MLTSS were available prior to implementation; however, these services were only accessible depending on which waiver the individual was in. MLTSS combined four 1915(c) waivers and allowed individuals in those programs access to all available services. For example, private duty nursing services were only accessible in the Global Options (GO) waiver and the Community Resources for Persons with Disabilities (CRPD) waiver prior to implementation of MLTSS. Now individuals who would have been enrolled in the Traumatic Brain Injury (TBI) or AIDS Community Care Alternative Program (ACCAP) waivers can now access private duty nursing services. MLTSS removed the silos of services that were created with the individual 1915(c) waivers.

The Supports Program (SP) is the primary demonstration program that ID/DD young adults enter upon high school graduation. The SP services traditionally replace the educational entitlement with day services such as employment, career planning, day habilitation and pre-vocational services. However, the SP did not offer ID/DD young adults with complex medical needs access to private duty nursing

(PDN) which was an entitlement as a youth under early and periodic, screening, diagnostic and treatment (EPSDT). An additional barrier was that EPSDT ends on a young adult's 21st birthday, not upon graduation, and DDD waiver services are not available for a young adult until they are outside of their educational entitlement. However, DDD and Medicaid worked with CMS to allow this smaller sub-population within the SP to access PDN services from the MLTSS program. All other SP services become available upon graduation and enrollment onto the SP. This change has ensured the continuity of care for the individual during the gap months of their 21st birthday, graduation, and enrollment onto the SP program. DDD worked closely with DCF, DMAHS, and the MCOs to coordinate these services from one funding steam to another without gaps in service delivery so the transition for the young adults and their families would be seamless.

Both DDD's Community Care Program and Supports Program offer opportunities for self-direction. Self-directed options provide a portable budget allowing families to identify not only what services they need, but to also identify how much of each service they need. DDD has conducted analysis and it seems that many individuals are choosing to self-direct some services, while also electing to purchase some provider managed services. For example, an individual may choose to attend a traditional provider managed day program 3 days a week, but are self-directing the other two days a week by attending classes in the community or seeking employment/volunteering in the community. Another example is where an individual chooses to attend a traditional day services provider during day hours, but hires a self-directed employee to assist them at their home and in the community during early evening and evening hours. DDD saw an increase in self-direction this DY as a result of the public health emergency and DDD's Appendix K flexibilities. Within the Appendix K, DDD permitted the employment of parents, spouses, and guardians to render certain services. Additionally, classes that had not been previously permitted to be received in individuals homes (i.e.: virtual classes) were permitted through the Appendix K. Individuals and families actively pursued these options as congregate day sites and community businesses closed, and local CDC guidance recommended remaining indoors. In addition, DDD experienced a shortage of direct support professionals. However, families and individuals have expressed that the ability to ascertain services through self-direction provided them with meaningful activities that they did not previously consider. Some individuals have continued to self-direct day services despite the re-opening of traditional provider managed congregate day programs.

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

Managed Long-Term Services and Supports

WellCare:

The member is a 71 year old female, who was living in the community with her daughter, who is the only family member and caregiver. The daughter was diagnosed with an aggressive form of cancer and required hospitalization for surgery and subsequent chemotherapy treatment. No longer able to care for the member who requires someone be available mostly at night and on the weekends when the aide was not present, the member and daughter reached out to the Care Manager with a request for a transfer to an Assisted Living Facility (ALF).

The member had just enrolled with WellCare and was assigned to the Care Manager who during her initial call was notified of her wish to transfer to an ALF. Her only request was for the facility to be in the same

county and not far away from her daughter. The member discussed her medical concerns, her dependency on the daughter, and her desire to enter into an ALF, while being able to maintain a level of independence while receiving quality care and assistance with daily activities. Multiple IDTS meetings were held with the member and daughter for options counseling (Home Delivered Meals, Personal Emergency Response System, increased in PCA hours, Respite care in a Nursing Facility). At the end of the options counseling meetings it was decided that ALF was the best option.

The Care Manager coordinated through the MCO Provider Relations unit to assist in locating an ALF. The Care Manager arranged for the member and daughter to visit the facility prior to the transfer and they loved it. On the day of transfer to the ALF, the care manager needed assistance from her supervisor to obtain transportation as the initial transportation provider did not have sufficient resources to assist the member with exiting the home, as the member's current residence had 7 steps to enter/exit the home which presented a challenge. The supervisor was able to secure transportation through Services for Elderly and Disabled. The member recently reported to the Care Manager that she was very happy because of her new friends and the nurses at the facility. She enjoys the activities that she is getting. The transfer also provided the daughter peace of mind, allowing her to focus on her own health knowing that her mother is safe and cared for.

United:

An 84 year old, female UHC member that has diagnoses which include Hypertension, Heart Disease, Hyperlipidemia, and Osteoarthritis on both knees and other chronic conditions. The member is overweight, has poor balance, unsteady gait, and history of fall. The member and her husband are both UHC members and needed a stair lift for safety and to be more independent in their home.

UHC Care Manager (CM) worked on a home modification request and received three quotes from three vendors that were over the yearly MLTSS maximum cost for the benefit. The original request for the stair lift was approved for the husband. Unfortunately, the husband passed away prior to completion of the home modification process.

CM reached out to the vendor that was closest to the yearly maximum cost for the benefit allowed and was able to negotiate a discounted price on behalf of the member. The stress of losing her husband was challenging and the family was worried they would not be able to obtain the stair lift. The CM offered emotional support and reassurance that the care manager will be working on resubmitting the documentation required to review the stair lift request. CM gathered and resubmitted all the documentation to request the home modification. The stair lift was approved and installed for the member. CM remained in constant communication with the family and vendor, keeping them informed throughout the process. The family expressed appreciation for CM's care, concern, support, and persistence in getting the stair lift for the member.

Horizon:

Prior to her recent passing, the member was a 58 year old woman who had been with Horizon MLTSS since Go Live in 2014. The member's many diagnoses included epilepsy, Behcet's Disease (rare disorder causing inflammation in blood vessels), Von Willenbrand Disease (a bleeding disorder caused low levels of clotting protein in the blood), Crohn's Disease, Diabetes Mellitus, COPD, Hypotension, Glaucoma, Anemia, Hypothyroid, Arthritis, Chronic Kidney Disease, Adrenal Insufficiency and history of stroke. Due to her significant health issues, she had been receiving 12 hours of PDN care per day which allowed her to continue to reside in her home with her husband. MLTSS CM worked closely with the member and her

spouse over the next several years to provide linkage to specialists and other services to help achieve the member's best quality of life.

The member began to actively receive hemodialysis 5 days per week when her kidneys could no longer function. Due to her fragile health status, her nephrologist recommended that she have dialysis in her home. The MLTSS care manager worked with the nurses from her PDN provider and the staff at the dialysis center to ensure the nurses were trained and certified to administer in-home dialysis. MLTSS CM also advocated for the member's spouse to be trained to provide the dialysis in the event there was ever a gap in care due to a missed PDN shift.

As the member's health continued to decline, and after multiple hospitalizations for an ongoing cellulitis infection, the care manager coordinated hospice services. Through the efforts of care management coordination, the member was able to die peacefully and comfortably in her home, with her husband and her PDN nurse at her bedside.

Amerigroup:

The member is a 50 year-old female MLTSS member living in the community with her partner. In 2016, the member was the victim of a random shooting which left her paralyzed from the chest down and made her wheelchair dependent with numerous physical issues. She reported that she withdrew into her own anger, denial and pain following this event. In October 2019, member's only child was killed in another random shooting. The member was was extremely distraught and reported being unable to cope. She initially received support from family and community following her son's death and funeral but this tapered off as time moved forward.

The Amerigroup Behavioral Health Case Manager (BHCM) was able to speak with the member soon after her son's funeral, and she was receptive to behavioral health support. The member was assessed to be moderately depressed with no suicidal ideations. The member was not under care of psychiatrist or talk therapist at the time of her loss and initially resisted referrals, but in time with encouragement from her care manager and family, she saw the need for them. The member stated that her faith was a comfort to her and BHCM encouraged her to contact a local minister or spiritual support person, and she was receptive to this suggestion. The member later requested a female talk therapist. BHCM performed follow up calls on a regular basis and was able to develop trust with the member who opened up about her son. The member shared details on his death and his life and was tearful at times. She described him as "her world" and talked about how loving and caring he was to the needy in his community. Encouragement and respectful, active listening was provided by BHCM, as was education on the nature of grief during several conversations. Member later reported that she was in group counselling for grief and seeing a therapist whot taught her healthy coping skills to manage grief. The member reported that these were supports were helping her.

In March 2020, about six months after opening the behavioral health case, the member reported that she had organized a support group to help women who had suffered the same type of violent loss of a loved one as she had. COVID impacted the ability of the group to transition to a larger facility and the group began to meet online. The member continued to seek help for her emotional pain and attended an online grief conference, sharing a link with group members who were coping with similar issues. In June 2020, member reported that she had organized an event with speakers to bring attention to the issues of gun violence, Black Lives Matter and to commemorate her son. Understandably, the member continues to grapple with grief over her son's death but she also continues to persevere on behalf of her community.

BHCM commended her for her selfless dedication to honoring her son through these many worthy outreaches. She replied, “I thank God for allowing me to do it.”

Aetna:

The member is a 41year-old female who enrolled with MLTSS on 3/1/2021. At the time of enrollment, the member was residing in a Nursing Facility (NF). The member has a past medical history of, Sepsis, Major Depressive Disorder, Alcohol Abuse, bilateral Hearing Loss, Polyneuropathy and Abnormal Involuntary Movements. The member was placed in the NF post hospitalization for what was thought to be an undiagnosed neurological disorder. The member had lost feeling in her legs and was unable to sit up, stand, transfer or walk. The member also had visual and hearing deficits, and lost full use of her hands. She was able at times to feed herself some finger foods but was being fed at the facility. The member was also having some memory deficits. Despite all of this, the member and family expressed their desire to have the member transition home, as they believed her recovery would be more successful at home with her family.

Challenges:

The member needed total care and family was refusing PCA as well as a Hoyer lift to assist with transferring the member. The member’s only informal support was her mother and father. The member was not receiving PT/OT at the NF as the facility had determined that member was at her baseline and would make no further improvement with ongoing therapies. There are stairs to enter and exit the home which would also be challenging for the family to navigate as the member was unable to hold herself up while sitting. The care manager offered home modification as an option for a ramp installation and the family also declined.

Care Manager Intervention:

The care manager worked with the NF, the Aetna Member Advocate and MLTSS supervisor to coordinate a safe discharge through NF Transition IDT’s. The Care Manager and ABHNJ Member Advocate worked together with the NF SW, to ensure the member had all the supplies needed upon transitioning home including a hospital bed. The Care Manager also worked with the NF to ensure the family was properly trained to safely lift and transfer the member from her bed and wheelchair. The Care Manager assisted with locating and coordinating outpatient physical therapy for the member. The Care Manager offered to set up transportation for therapy however the mother refused. The Care Manager educated the member and family on Personal Preference Program (PPP) and assisted with completing the application. The Care Manager provided Behavioral Health Counseling resources in the member’s local area as requested by the family.

Outcome:

The member safely transitioned home on 04/1/2021 has been receiving outpatient therapy, and is enrolled in PPP and is able to access care through self-direction. The Care Manager completes a monthly call with the family to ensure member is receiving the proper care. Member was seen by their Primary Care Physician and placed on new medications. With the current therapy and new medication, the member surprised her mother by independently walking down the hall in her home on Mother’s Day. Member still has hearing and vision deficits but is now able to make phone calls independently.

The family expressed their appreciation for the progress the member is making and the assistance giving by ABHNJ.

Children System of Care Programs

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 family, the impact waiver services have on the quality of life for the youth and their family or caregiver.

1. The CMO has been working with this youth since January 2020. He has a diagnosis of Autistic Disorder and is nonverbal. At the time of his referral to the CMO he was struggling to use his communication device as well with feeding and putting on his clothes. The child family team (CFT) decided to implement individual support services (ISS) to assist with increasing these skills. Since ISS implementation, the youth is able to hold a cup to drink (which was recently witnessed by the CMO during a CFT meeting). He is able to understand to put stuff in the garbage when he is done with his food. He knows how to wipe his face after eating and is able to hold a fork to feed himself and use a spoon with some assistance. The ISS Tech is teaching him how to also wipe the table as well. The ISS services are helping him gain a level of independence. He has evolved so much since this Tech 2 has been working with the youth. The mother is very pleased with the services of ISS deeply.

2. The CMO has been working with the youth since September 2019. He has a diagnosis of Autistic Disorder and Attention Deficit Hyperactivity Disorder (ADHD). Intensive in home (IIH) - clinical and ISS services started on December 8, 2019. Since then IIH has been working with youth to improve hyperactive and impulsive behavior. Upon referral to CMO, the youth had difficulties staying focused, following caregiver directions, communicating, going to the restroom independently and completing daily tasks. The IIH clinician has been educating parents about youth's diagnosis and providing effective strategies for parents to implement at home. Parents have learned not to energize negative behavior and to celebrate youth accomplishments. The ISS services have helped this youth build many skills. He has been able to use visual cards as a communication tool to express his desires and emotions. Youth's mother reported that he is able to use the restroom independently while proving verbal prompt. At home, the youth is able to play with the ball when providing specific instructions such as imitating the behavior and movement. He has increased his ability to dress himself in learning how to put on and take off socks and put on the pants with verbal prompts. ISS also helped the youth to develop his functional skills such making his bed, cleaning, drawing, self-dress, riding the bike with some physical prompt and play with toys while using his imagination. IIH and ISS has been working in collaboration to help youth meeting his needs and show improvement. Youth continues his activities of daily living (ADL) progress as well as progress with his communications. This youth is tentatively scheduled to graduate from the CMO next month due to his improvement in these areas. The parents also expressed the services has improved their understanding of how to communicate with their son and how it has elevated their stress as their son is now able to manage some daily living skills that he was not able to managed before the service was implemented.

3. When this youth was first opened with CMO at 5 years old, he was labeled non-verbal and non-vocal with a diagnosis of Autism Spectrum Disorder. He had severely limited communicative skills and would engage in aggression towards his younger brother and parents due to not being able to express himself verbally. Over the years and with the support of IIH-clinical and IIH-behavioral providers, this youth is now able to produce full sentences and communicate his needs effectively, and no longer engages in aggression. The youth has come a long way in his journey and has overcome what the family considered the most challenging concern for this youth. He can identify how he is feeling and

is able to respond to Yes/No questions, can produce sentences like "please can we go to the park," or "can I please have chicken nuggets?" His most recent IIH-clinical provider has proven to be the most supportive and thus far introduced the most effective strategies that this youth is responding to. The Yes/No intervention has opened a whole new world for this family as it deepens his understanding of his own thoughts as well as increasing his awareness. Although challenges persist in other domains, the youth has shown the most improvement in this area when the family thought he would not be able to speak all his life.

4. This 9-year-old youth was referred to the CMO on 1/31/2019 and is diagnosed with attention deficit hyperactivity disorder and autism spectrum disorder. The youth is non-verbal and would bite himself when frustrated, and when happy. The youth's mother had difficulties understanding the youth's diagnosis, which increased the level of frustration, and stress within the household. ISS services were provided to the youth and family. Intensive in community and behavioral assistance (IIC/BA) services were also in place in order to assist the youth with improving his focus and decreasing his aggressive behavior. The team requested an iPod from the Board of Education to assist the youth with his communication and he is striving with the device. ISS assists the youth 3x a week with his daily living skills. The youth now has the ability to complete his daily living skills such as take shower, brush his teeth, and dress himself. He practices the lacing of his shoes, is learning to cover his mouth when he coughs, and washes his hands. The youth is also more social when he is out riding his bicycle in the park with other children. He continues to strive daily with in home supports especially with ISS services.

5. This youth has been enrolled with CMO services since 8/1/2018. Upon enrollment she demonstrated severe challenges with social anxiety. She was fearful to communicate with family and strangers and would often speak very softly or shut down completely when she had to engage with others. Through IIH clinical therapy, youth has progressed in overcoming her social anxiety fears. Therapist has been consistently working with youth and has been able to tailor her treatment to make it unique and individualized to her needs. Currently, youth can go out into the community with the support of her sister. She can go into stores, hold conversations with family, friends, peers, and strangers. She can better communicate her emotions. A proud moment for the youth and her family was that she recently received her First Holy Communion; she was able to walk down the church aisle in front of others and was able to navigate her own anxiety of people watching or staring at her. Currently, youth is engaged with therapist's service dog, which is helping her understand emotions of others, teaching her how to care for others, and helping her self-regulate her emotions as well. The family has been pleased with the services and the progress she has made so far.

<u>Supports Program/Community Care Program</u>

The addition of a second waiver program, Supports Program including the Supports Program + PDN, as well as the movement of the Community Care Waiver into the 1115 has resulted in countless stories of how much better service recipients lives are. Examples include how the addition of services such as therapies and behavioral supports have changed the quality of life for individuals. Families have stated that these services, especially the behavioral supports, are instrumental in allowing individuals to remain in their own homes rather than having to be placed in a provider's residential setting. Families have also stated that therapies have always been available only through the state plan. The issue families of this population faced was that the state plan only allowed for rehabilitative therapy and it was time limited. The addition of habilitative therapies into the waiver allowed them to receive on-going maintenance

therapy which aids in maintaining range of motion, etc. Many individuals have been able to benefit from adaptive equipment and habilitative physical and occupational therapy.

Additional positive feedback has been received from individuals and families around assigning a budget based on need and one that is portable. Individuals need to operate within their assigned budget, but they can purchase the waiver services that best meet their needs as well as the amount of service needed. Individuals also choose if they want to receive services from a traditional provider or if they want to hire their own employees and self-direct their services. Individuals may also choose to self-direct some services and receive some services in a more traditional provider managed setting.

During this DY, the Appendix K flexibilities were continued. We received much positive feedback from providers as well as families regarding the Appendix K flexibilities. Specifically, families expressed that at a time of staff shortages and health risks the permission to hire parents, spouses, and guardians to provide Individual Supports or Community Based Supports was instrumental. Some families have also reached out to express that the flexibility of services being provided via telehealth and/or remotely turned out to be a great opportunity for their adult children. They expressed that when DDD closed congregate day settings due to health and safety factors their adult children looked into attending online classes/activities. Some families have indicated that their adult children are choosing to continue to self-direct their day activities following the end of the health emergency rather than returning to a congregate setting.

Lastly, families have expressed that the movement between service systems since the movement of them into the 1115 has been smoother than in the past. Families have stated that they appreciate that there are dedicated staff who work within the different service systems to ensure that there is not a gap in services if a change in Program is requested or needed. Families have cited the above for movement from MLTSS to CCP and when children receiving PDN services through EPSDT expire on their 21st birthday and they need to enroll onto the SP+PDN on the same day.

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 following identified responsibilities:

- Promote, identify, and facilitate nursing home transitions for individuals that reside in the nursing facility under Medicaid fee for service (grandfathered population; those pending 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 help 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 rebalancing dollars to set aside apartments for nursing home transitions
- Utilize and track NED2 and 811 Mainstream vouchers
    - Identify eligible individuals, identify housing resources and facilitate lease up process other voucher programs, such as 811 Mainstream program

Through CMS approval the MCO contract was amended in July 2017 requiring the MCO to staff a dedicated Housing Specialist(s) who will be 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.

A standardized quarterly housing report template was developed and implemented 4/1/19. This 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 (60) Non-Elderly Disabled (NED) housing vouchers and thirty-nine (39) 811 mainstream 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.

Money Follows the Person/Nursing Facility Transitions

New Jersey participates in the federal demonstration project that assists individuals who meet CMS eligibility requirements to transition from institutions to the community in order to improve community based systems of long-term care for low-income seniors and individuals with disabilities. Under MLTSS Nursing Facility Transition refers to the process applicable to all MLTSS Members who are currently residing in a NF/SCNF facility regardless of the length of time the Member has been in the facility. The managed care organizations (MCOs) are responsible for NF/SCNF transition planning and the cost of all assessed transitional service needs. The State is responsible for identifying FFS members and counseling them on enrolling in MLTSS in order to facilitate transition, providing guidance as needed to the MCOs, and tracking and completing Money Follows the Person (MFP) requirements for qualified NF/SCNF residents as identified by the MCO or the State for the MFP demonstration. The Office of Community Choice Options or its designee shall participate in all MFP transitions.

First Quarter (July 2020- Sept 2020)

MCO	# of Transitions
Aetna	25

Amerigroup	19
Horizon	126
United Health Care	8
Wellcare	14
Quarter Total	**192**

Second Quarter (Oct 2020- Dec 2020)

MCO	**# of Transitions**
Aetna	27
Amerigroup	24
Horizon	94
United Health Care	16
Wellcare	9
Quarter Total	**170**

Third Quarter (Jan 2021- March 2021)

MCO	**# of Transitions**
Aetna	21
Amerigroup	22
Horizon	111
United Health Care	13
Wellcare	11
Quarter Total	**178**

Fourth Quarter (April 2021- June 2021)

MCO	**# of Transitions**
Aetna	33
Amerigroup	24
Horizon	115
United Health Care	28
Wellcare	17
Quarter Total	**217**

Grand Totals for DY

MCO	**# of Transitions**
Aetna	106
Amerigroup	89

Horizon	446
United Health Care	65
Wellcare	51
Grand Total	**757**

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 ten counties.

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

	BEACON OF LIFE	TRINITY HEALTH LIFE	LUTHERAN SENIOR LIFE	INSPIRA LIFE	LIFE ST. FRANCIS	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

PACE Initiatives during DY9:

- Six established PACE programs are currently serving an average of 1164 participants which is a slight decrease over the last year.
- Union, Ocean and Essex County service areas are awarded to applicants.
  - Ocean County is expected to begin operations in late 2021.
  - Essex County is pending application submission to CMS.
  - Union County has no activity at this time.

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

Children System of Care

Performance Measures

Please refer to attachment C.1 for summary data on CSOC's performance measures.

Comprehensive Audit

DMAHS's Quality Management Unit (QMU) performs a Comprehensive Audit of Autism Spectrum Disorder (ASD) Program and Children's Support Services Program for youth with Intellectual/Developmental Disabilities (I/DD). The Division of Children's System of Care (CSOC) 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 Division of Developmental Disabilities (DDD). At this time, beneficiaries with Serious Emotional Disturbance (SED) and Intellectual Development Disability Program for Out of State New Jersey Residents (ID/DD-OOS) are

not included as part of the annual comprehensive audit.

The QMU monitors adherence of CSOC and DDD to their quality management strategies through evaluation of level of care determinations, responsiveness of plans of care to participants' needs, verification of provider's qualifications, health and welfare assessment, and fiscal accountability.

The Covid-19 pandemic presented challenges for all branches of State government, including DMAHS, DDD and DCF. During this public health emergency, DMAHS was required to adjust priorities. DMAHS established a hierarchy of all projects, and some programs, including the QMU's annual comprehensive audit, were paused. CMS directed states to put audits on hold during the public health emergency; therefore, the QMU did not conduct all audits in 2020 (for CY2019).

Recently, the QMU resumed audits in March of 2021, which has allowed work to begin toward finalizing the audits for CY 2018 and start those for CY 2019. The QMU has already started the auditing process for CSOC and starting around fall of 2021, DDD/CCP and Supports audit will start.

The HCBS comprehensive audit conducted for calendar year 2018 is not final due to the public health emergency.. CSOC and DDD have also had to prioritize other projects during this time. The QMU is working to address these challenges and finalizing these audits as expediently as possible.

Managed Long Term Services and Supports:

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

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

The State developed and employs a cost effective/cost neutral placement policy in which MLTSS members receive the most cost-neutral placement which is typically in a community setting. The Contractor is required to evaluate the cost neutrality of the plan of care for all MLTSSS 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 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 practice ascertained from other state's MLTSS programs.

What are we (and the plans) doing and is it effective?

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 to coordinate 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 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 through case management, HCBS Services are provided to mitigate the need for more intensive and costly services.

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

There are currently no waiting lists in use.

XVIII. 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.

Managed Long Term Services and Supports Program

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 current public health emergency MCOs and the state continue 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. As is shown above, 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.

Summary of Consumer Issues from July 1 2020 to June 30, 2021

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

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Provider Search	Authorization status	Member requests to speak to Care Manager	Benefits-Medical Benefits	Members calling to speak to their care managers
2	Eligibility	Contact their Care Manager	Authorization Inquiries	PCP Inquiry	Benefits inquiries
3	Benefits information	Questions regarding the PPP program	Request to change PCP	PCP Update	Members requesting information on PPP Application status or

					questions with regards to PPP Process
4	Members needing to speak to CM	ID Card Inquiry	Confirm eligibility	ID Card inquiry	New authorization requests
5	Member seeking to enroll in MLTSS	Benefits questions	PPP enrollment process	Provider Search/ Verification	Members requesting change of PCP and new ID cards

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

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	Authorization status	Claims status/denials	Authorization Inquiries	Claims status	Eligibility inquiries
2	Claims status	Service Authorization status	Confirm eligibility	Network provider inquiries	Claims status
3	Network provider inquiries	Eligibility inquiries	Network provider inquiries	Authorization Inquiries	Status of authorization
4	Eligibility	Benefits questions	Claims status	Eligibility inquiries	Status of reauthorization
5	EOB/TPL questions	Timely Filing	Benefit and eligibility inquiries	Member benefit status	Benefits inquiries

MLTSS:

Annual MLTSS Claims Processing Information by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
Total Submitted	492,827	1,000,222	3,323,788	241,944	883,819
Paid	400,630	924,673	3,005,730	227,253	761,311
Denied	81,540	59,891	217,331	12,382	97,257
Pending	10,657	15,658	100,727	2,309	25,251

4th Quarter MLTSS Claims Processing Information by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
Total Submitted	140,692	263,059	922,206	61,543	244,026
Paid	116,718	242,216	852,374	56,445	198,089

Denied	21,270	14,266	61,064	4,172	37,863
Pending	2,704	6,577	8,768	926	8,074

Top Reasons for MLTSS Claims Denial by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	1. M86 - Service denied because payment already made for same/similar procedure within set time frame.	Units exceed UM authorization	Resubmit with EOB from Medicare	Benefits not available based on admission date	No Authorization
2	18 – Exact Duplicate Claim/Service	Procedure non-reimbursable	This claim is a duplicate of a previously submitted claim	Secondary medical coverage	Timely Filing
3	96 – Non-Covered Charge(s)	Deny – pre authorization not obtained	Provider Not Eligible by Contract for Payment	NPI not billed	No Patient Responsibility on file
4	29 – The time limit for filing has expired		Incomplete/Missing Payer Claim Control Number	Claim not submitted per EVV guidelines	
5				Submitted after Provider filing limit	

MLTSS Outreach and Communications to Ensure Access Update

The State has continued to maintain its efforts to ensure that consumers, stakeholders, MCOs, providers and other community-based organizations are knowledgeable about the comprehensive waivers and informed of changes. The State has depended on its relationships with stakeholder groups to inform consumers.

During this quarter, DHS provided updates to the following long-term care industry provider(s):

During this quarter, the New Jersey Medical Assistance Advisory Council (MAAC), a group comprised of medical care and health services professionals as well as advocacy groups who advise the State's Medicaid Director met to discuss topics that included policy updates on the 1115 Comprehensive Medicaid Demonstration Renewal, SFY22 Maternal and Child Health Budget Initiatives, Autism Spectrum Disorder benefits, and NJ FamilyCare application processing including ABD Provider Assistor Portal Pilot. Additionally, an update was provided by the Department on the COVID-19 Vaccination Distribution.

New Jersey considers public input to be a critical part of any process that spends public dollars. Stakeholders and the general public therefore played a crucial role in our efforts to craft the initial

American Rescue Plan HCBS FMAP spending plan. Beginning May 25, 2021, several targeted small group calls were held, each focusing on a distinct subset of HCBS services. Over 50 organizations and individuals participated in these open discussions with DHS leadership. In addition, an open public listening session was held on June 4, 2021 following a posted public notice on the DMAHS website. Over 230 individuals attended the session where open comments were given to leadership representing the Governor's Office, the NJ Department of Human Services (NJ DHS) and the NJ Department of Children and Families (NJ DCF). Finally, an email inbox was provided for any written submissions and over 90 written submissions from the public were received and reviewed as this spending plan was constructed.

During the state of emergency, DHS continues outreach and technical assistance efforts with consumers and stakeholders. DHS has a webpage dedicated to COVID-19 waiver flexibilities and interim processes to communicate to providers and facilitate access to services for consumers. Additionally, DMAHS hosts weekly calls with the five contracted MCOs to provide updates specific to the public health emergency and identify challenges and policy needs.

The Office of Managed Health Care (OMHC) has remained committed to its communications efforts to ensure access through its provider networks. Its provider-relations unit has continued to respond to inquiries through its email account on multiple issues, including: MCO contracting, credentialing, reimbursement, authorizations, appeals and complaint resolution.

I/DD-MI Pilot Program, Serious Emotional Disturbance Program:

Provider Enrollment/Access to Services

There are 160 CSOC qualified providers that deliver demonstration services.

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

Demonstration	Demonstration Service	Number of Qualified Agencies
CSSP I/DD Demonstration	Individual Supports	27
CSSP I/DD Demonstration	Intensive In- Community Services – Habilitation (IIH) (Clinical/ Therapeutic)	36
CSSP I/DD Demonstration	Intensive In- Community Services – Habilitation (IIH) (Behavioral)	31
CSSP I/DD Demonstration	Respite	62
CSSP I/DD Demonstration	Interpreter Services	3
CSSP I/DD Demonstration	Non-Medical Transportation	1

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

Demonstration	Demonstration Service	Number of Qualified Agencies
CSSP I/DD Demonstration	Individual Supports	0

CSSP I/DD Demonstration	Intensive In- Community Services – Habilitation (IIH) (Behavioral)	0
CSSP I/DD Demonstration	Intensive In- Community Services – Habilitation (IIH) (Behavioral)	0
CSPP I/DD Demonstration	Respite	0
CSSP I/DD Demonstration	Interpreter Services	0
CSSP I/DD Demonstration	Non-Medical Transportation	0

No new demonstration providers were added during this reporting period.

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

	SFY20 MLR Summary	
	Acute	**MLTSS**
Horizon	91.9%	95.9%
UHC	93.3%	96.1%
Amerigroup	93.5%	94.5%
Aetna	92.3%	95.0%
Wellcare	92.9%	95.9%

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.

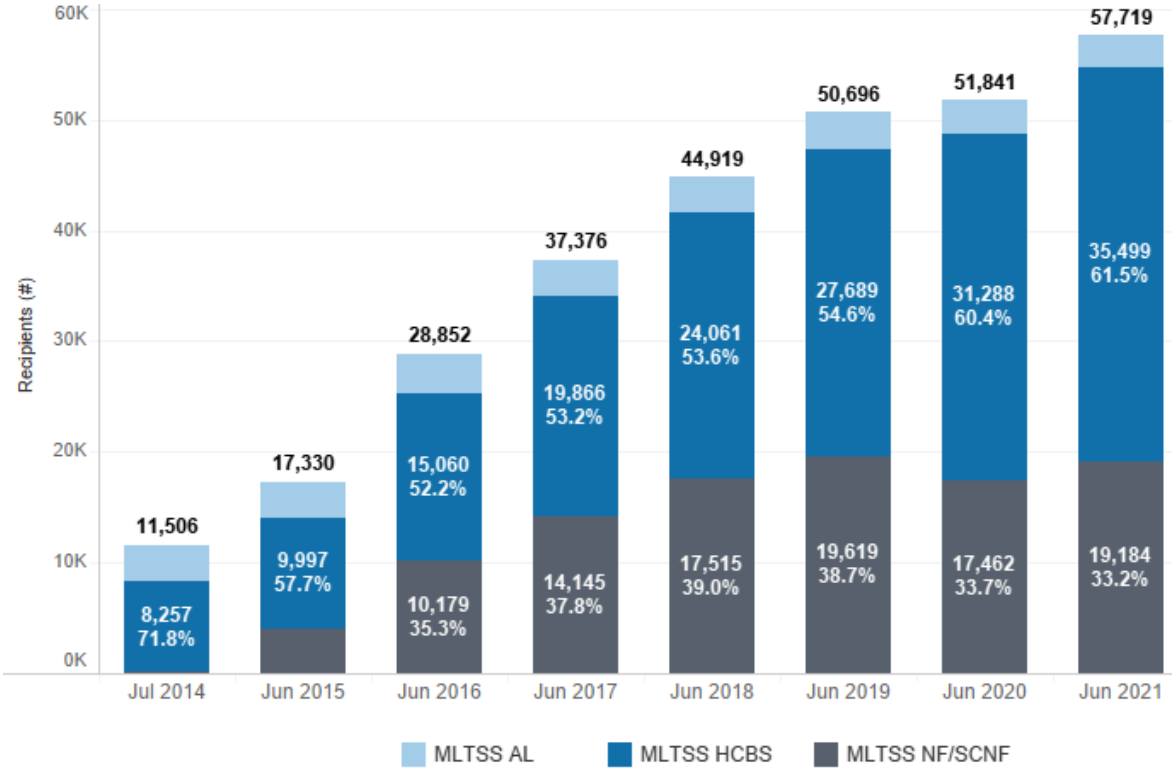
The Division of Aging Services (DoAS) is the primary liaison to the aging and disability networks. The DoAS has oversight of the Aging and Disability Resource Connection (ADRC) partnership as the single entry/no wrong door system for consumers to access MLTSS. The state continues to meet with groups 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, has been 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.

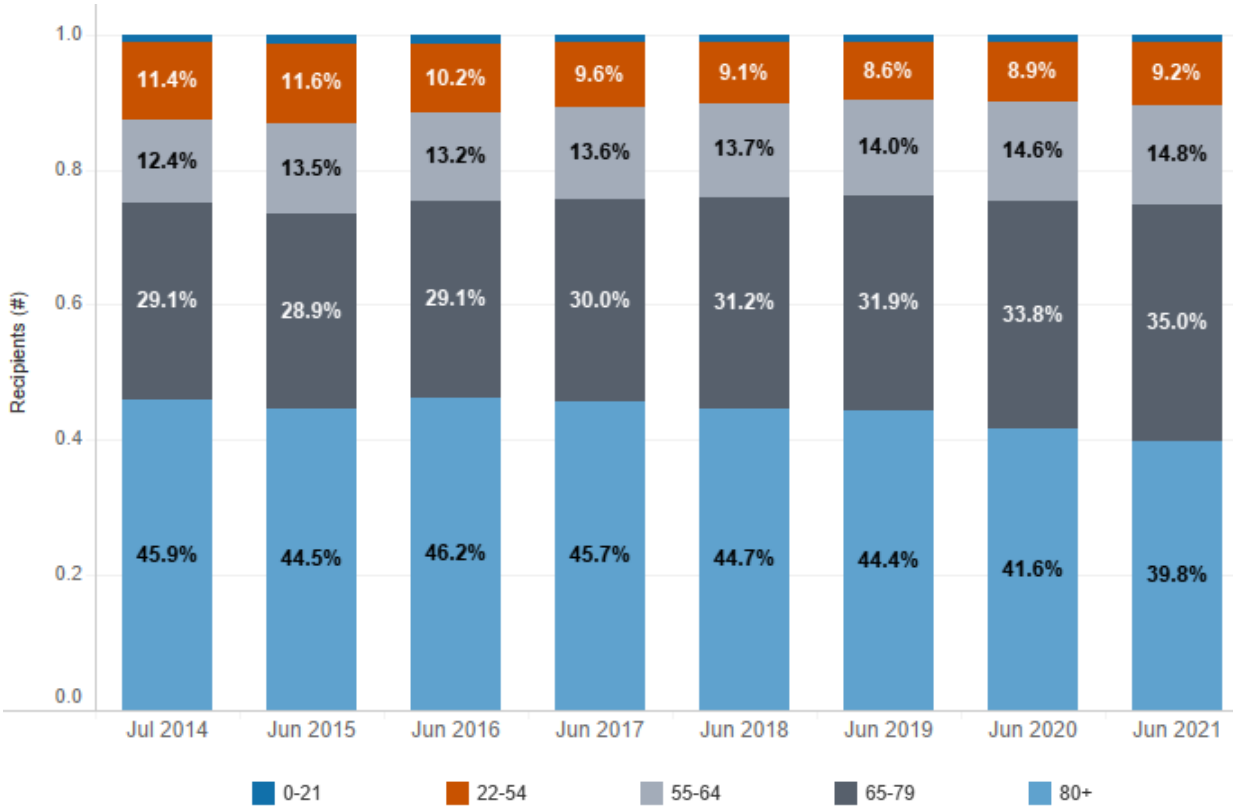
As of June 30, 2021, a total of 57,719 individuals were enrolled in MLTSS. As shown in the chart below, as the program has grown and evolved, more individuals are enrolled in Home and Community-Based (HCBS) settings than Nursing Facilities (NF). Please note that the growth of the NF population since 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 is mostly attributable to the ongoing public health emergency (PHE).

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 ages 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 rule have identified, through the CMS crosswalk, those areas needing to come into compliance. The state is currently working on the identified regulatory changes and provider instructions to implement the HCBS final rule.

Interim Management Entity Update

During the annual reporting period from July 1, 2020 to June 30, 2021, the IME received 39,116 calls from individuals seeking information, referral or admission to SUD treatment. There were 4,699 referrals to treatment and 4,044 individuals who received Care Coordination to facilitate treatment admission. The UM staff issued 24,682 clinical reviews for admission to the appropriate level of care, and 24,682 clinical reviews for extended treatment for Medicaid recipients and 7,787 clinical reviews for treatment extensions for Medicaid beneficiaries based on clinical need. The IME received and responded to a total of 7,035 calls on the provider assistance call line to support Medicaid SUD treatment providers.

Operational/Policy Updates

Self-attestations for transfer of assets:
There were a total of 46 self-attestations for the time period of July 1, 2020 to June 30, 2021.
MCO Choice and Auto-assignment:
10,497 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. ASD Pilot, I/DD-MI Pilot Program, SED Program
- b. Managed Long Term Services and Supports
- c. Supports
- d. CCP

B) Geo Access Report by MCO
C.1) ASD and 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

Report Submitted to CMS on November 23, 2021.

FEE FOR SERVICE PAYMENTS, SERVICE UNITS, AND CLAIM COUNT FOR JULY 1, 2020 THROUGH MARCH 31, 2021 FOR IDD-MI, AND SED
FEDERALLY MATCHED WAIVER SERVICES

Notes:

Service from dates for claims span July 1, 2020 through March, 31, 2021 and were paid from July 1, 2020 and August 13, 2021. Only non-voided, paid claims are reflected in the data.

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. NJMMIS Project Request Report # 14947 incorporating language interpreter services as a IDD/MI matchable waivered services is also used to identify matchable waivered claims.

Report categorizes claims as a IDD-MI or SEDS claim only if **ALL criteria** are satisfied on Appendix A OR NJMMIS Project Request Report 14947.

Row Labels	CLM PROC CDE	CLM PROC MOD CDE	CLM PROC MOD 2 CDE	PROV TYPE CDE	PROV SPECLT CDE	CLAIM PMT AMT	CLAIM SVC UNITS QTY	NET PAID CLAIM COUNT
IDD/MI						**5,241,867**	**411,199**	**28,345**
COMM BASED WRAP AROUND SERV(II HABIL	**T2021**	52	**HO**	44	**826**	**834,955**	**39,387**	**4,517**
COMM BASED WRAP AROUND SERV(II HABIL	**T2021**	HA	**HO**	44	**826**	**62,581**	**2,976**	**227**
COMM BASED WRAP AROUND(II HABILITATI	**T2021**	HA	**HN**	44	**826**	**4,613**	**246**	**49**
COMMUN BASED WRAP AROUND SERV(II HAB	**T2021**	22	**HA**	44	**826**	**812,822**	**28,865**	**4,386**
COMMUN BASED WRAP AROUND SERV(II HAB	**T2021**	HA	**22**	44	**826**	**20,538**	**727**	**81**
COMP COMM SUPP SERV(HAB IN HOME)	**H2016**	HA	**HO**	44	**826**	**2,808,987**	**250,917**	**14,785**
COMP COMM SUPP SERV(INDIV SUPPORTS)	**H2015**	HA	**HN**	44	**826**	**1,581**	**253**	**5**
COMP COMM SUPP SERV(INDIV SUPPORTS)	**H2016**	HA	**HN**	44	**826**	**139,939**	**12,614**	**629**
COMP COMMUN SUPP SERV(IND SUPPORTS)	**H2015**	HA	**HO**	44	**826**	**22,391**	**3,596**	**220**
HABILITATION RES(DDD OUT OF HOME SER	**T2016**	HA	**U1**	44	**825**	**31,008**	**203**	**203**
HABILITATION RES(DDD OUT OF HOME SER	**T2016**	HA	**U2**	44	**825**	**54,408**	**177**	**95**
MENTAL HEALTH ASSESSMENT(BCBA)	**H0031**	HA	**22**	44	**826**	**4,739**	**76**	**19**
RESPITE CARE IN HOME (PER 15 MINS)	**S9125**	HA	**52**	44	**865**	**443,306**	**71,162**	**3,129**
SED						**30,548,802**	**512,460**	**102,605**
BEHAVIORAL ASSIST SERVICES EA 15 MIN	**H2014**	TJ	**BA**	44	**903**	**3,413**	**350**	**90**
BEHAVIORAL ASSIST SERVICES EA 15 MIN	**H2014**	TJ	**U1**	44	**903**	**1,003**	**113**	**19**
BEHAVIORAL ASSIST SERVICES EA 15 MIN	**H2014**	TJ	**U2**	44	**903**	**410**	**42**	**5**
BEHAVIORAL ASSIST SERVICES EA 15 MIN	**H2014**	TJ	**TU**	44	**903**	**45**	**8**	**1**
CSOCI CARE MANAGEMENT (CMO) SERVICES	**Z5008**			44	**901**	**17,216,034**	**22,214**	**22,298**
GRP BEHAV ASSIST SERV 2 CHILDREN	**H2014**	TJ	**UN**	44	**903**	**9,756**	**1,736**	**216**
HOSPITAL LEAVE JCAHO RTC/DYFS	**Y9952**			59	**897**	**6,017**	**11**	**11**
IIC ASSESSMENT-CLIN LICENSED PRACT	**H0018**	TJ	**U1**	44	**902**	**17,628**	**156**	**52**
INDIVID BEHAVIOR ASSIST SERV 15 MIN	**H2014**	TJ		44	**903**	**673,398**	**69,272**	**10,160**
INTENS IN-COM GRP CLIN LEV 2 CHILD	**H0036**	UN	**U1**	44	**902**	**34,200**	**1,800**	**224**
INTENS IN-COM INDIV CLIN LEVEL SERV	**H0036**	TJ	**U1**	44	**902**	**7,700,756**	**273,874**	**43,736**
INTENS IN-COMM PROF IND SERV MASTERS	**H0036**	TJ	**U2**	44	**902**	**2,880,932**	**136,041**	**20,958**
MEN HLTH REHAB GROUP HOME/DYFS	**Y9935**			44	**897**	**142,331**	**1,254**	**1,048**
MEN HLTH REHAB GROUP HOME/DYFS	**Y9935**			44	**899**	**329,099**	**1,936**	**483**
MEN HLTH REHAB JCAHO RTC/DYFS	**Y9948**			59	**896**	**232,290**	**522**	**522**
MEN HLTH REHAB JCAHO RTC/DYFS	**Y9948**			59	**897**	**34,461**	**63**	**63**
MH RHAB TRANSITIONAL LIVNG HOME/DYFS	**Y9936**			44	**899**	**114,308**	**713**	**488**
MH RHB NON-RTC RESIDENTIAL CARE/DYFS	**Y9943**			44	**896**	**780,191**	**1,661**	**1,682**
MOBILE RESPONSE - INITIAL	**S9485**	TJ		44	**894**	**326,304**	**240**	**240**
MULTISYSTEMIC THERAPY FOR JUVENILES,	**H2033**			44	**903**	**10,614**	**183**	**38**
MH RHAB IN TREATMENT HOMES / DMHS	**Y9932**			44	**897**	**35,612**	**271**	**271**
Grand Total						**35,790,669**	**923,659**	**130,950**

ENCOUNTER PAYMENTS, SERVICE UNITS, AND CLAIM COUNT FOR JULY 1, 2020 THROUGH MARCH 31, 2021 FOR MLTSS WAIVER RECIPIENTS

Clm Proc Code	Clm Proc Curr La	Sum of Clm Net Paid Claim Indicat	Sum of Claim Payment Amt	Sum of Clm Service Units Qty
MEDICAL DAY CARE	S5102	1,616,760	131,041,539	1,639,326
TEAM EVALUATION & MANAGEMENT	T1024	1,454	534,952	1,746
ADULT DAYCARE SERVICES 15MIN	S5100	32	2,047	564
		1,618,246	**131,578,538**	**1,641,636**
ASSIST LIVING WAIVER/DIEM	T2031	79,729	45,215,098	836,333
HOME MEALS PER MEAL	S5170	1,162,501	12,452,080	1,816,482
MEDICAL DAY CARE	S5102	8,231	287,188	9,103
GRP THERAPEUTIC PROCEDURE	97150	4,623	431,080	4,625
NURSING FACILITY		504	1,474,051	6,545
RES, NOS WAIVER PER DIEM	T2033	56,963	10,803,872	58,828
PERS MONTHLY FEE	S5161	133,347	4,040,960	133,387
P.T. THER PROC,1 OR MORE AREAS	97110	9,683	1,178,476	33,569
ALCOHOL AND/OR DRUG SERVICES	H0004	1,851	167,603	5,929
CHORE SERVICES PER DIEM	S5121	42	27,496	42
COMM TRANS WAIVER/SERVICE	T2038	121	175,050	121
PRIVATE DUTY/INDEP NURS SERV	T1000	8,070	4,202,516	337,037
MED REMINDER SERV PER MONTH	S5185	1,068	37,114	1,068
ADULT FOSTER CARE PER DIEM	S5140	109	137,442	2,691
ADULT DAYCARE SERVICES 15MIN	S5100	38,395	2,913,831	811,943
HOME MODIFICATIONS PER MONTH	S5165	291	731,521	292
UNSKILLED RESPITECARE /DIEM	S5151	5	7,010	77
LPN/LVN SERVICES UP TO 15MIN	T1003	49,399	22,010,266	1,962,892
SELF CARE MANAGEMENT TRAINING	97535	8,107	978,367	27,982
PT OR MANIP FOR MAINT	S8990	2,803	237,740	10,135
SPEECH,LANGUAGE/HEARING THERAP	92508	2,814	265,696	2,820
PERS INSTAL & EQUIP	S5160	764	37,287	764
RESPITE CARE SERVICE 15 MIN	T1005	1,948	397,014	109,029
SPEECH LANGUAGE HEARING THERAP	92507	4,097	582,963	4,107
HOMAKER SERVICE NOS PER 15M	S5130	1,073	59,390	15,589
RN SERVICES UP TO 15 MINUTES	T1002	24,721	12,462,691	899,673
DAY HABIL WAIVER PER 15 MIN	T2021	842	43,455	5,857
ELEC MED COMP DEV, NOC	T1505	53	3,333	53
N-ET; PER DIEM	T2002	3	389	3
VEHICLE MOD WAIVER/SERVICE	T2039	6	133,188	6
HOME ENVIRONMENT ASSESSMENT	T1028	340	29,947	340
CHORE SERVICES PER 15 MIN	S5120	18	9,770	2,846
NON-EMERG TRANSP ONE WAY	T2003	3	1,637	3
HLTH BHV IVNTJ GRP EA ADDL	96165	5,019	271,648	12,143
THER IVNTJ EA ADDL 15 MIN	97130	15,380	1,511,125	55,015
HLTH BHV IVNTJ GRP 1ST 30	96164	5,321	246,577	5,335
THER IVNTJ 1ST 15 MIN	97129	15,450	624,005	15,561
FAMILY HOMECARE TRAIN/SESSIO	S5111	1	384	48
		1,643,695	**124,189,260**	**7,188,273**
NURSING FACILITY		160,905	883,942,053	4,392,332
		160,905	**883,942,053**	**4,392,332**
PERSONAL CARE SER PER 15 MIN	T1019	2,743,308	251,009,094	50,899,882
PERSONAL CARE SER PER DIEM	T1020	18	2,910	856
		2,743,326	**251,012,004**	**50,900,738**
PSYTX PT&/FAMILY 30 MINUTES	90832	27,626	337,487	27,725
PSYCH DIAG EVAL W/MED SRVCS	90792	2,708	302,981	2,710
SPECIAL FAMILY THERAPY	90847	135	1,619	135
ALCOHOL AND/OR DRUG SERVICES	H0020	3,918	342,548	5,089
ALCOHOL AND/OR DRUG SERVICES	H0019	5,720	1,295,515	7,067
ALCOHOL AND/OR DRUG SERVICES	H0015	103	11,276	103
ALCOHOL AND/OR DRUG SERVICES	H0018	61	10,020	61
ALCOHOL AND/OR DRUG SERVICES	H0010	20	8,162	20
PSYTX PT&/FAMILY 60 MINUTES	90837	2,874	42,305	2,892
PSYCH DIAGNOSTIC EVALUATION	90791	3,266	132,494	3,277
BRIEF EMOTIONAL/BEHAV ASSMT	96127	395	517	397
SMOKING AND TOBACCO USE CESSAT	99406	365	2,084	365
SMOKING AND TOBACCO USE CESSAT	99407	66	435	66
PSYTX PT&/FAMILY 45 MINUTES	90834	11,848	271,137	11,850
NEUROBEHAVIORAL STATUS EXAM	96116	48	524	48
E/M OFFICE/OP - ESTABLISHED PT	99212	71	2,001	78
MH PARTIAL CARE	H0035	6,627	577,636	32,336
ALCOHOL AND/OR SUBSTANCE (OTHE	99408	103	895	103
ALCOHOL AND/OR SUBSTANCE (OTHE	99409	3	-	3
ELECTROCONVULSIVE THERAPY	90870	129	1,179	129
PSYTX PT&/FAM W/E&M 45 MIN	90836	155	2,864	155
PSYTX CRISIS INITIAL 60 MIN	90839	30	1,489	30
E/M OFFICE/OP ESTAB PATIENT	99213	736	38,204	738
GROUP MEDICAL PSYCHOTHERAPY...	90853	1,041	18,293	1,385
GRP PSYCH PARTIAL HOSP 45-50	G0410	220	573	508
PSYTX PT&/FAM W/E&M 30 MIN	90833	1,507	27,413	1,509
E/M OFFICE/OP ESTAB PT VISIT	99215	19	1,321	19
E/M EST PT MINIMAL PROBLEM(S)	99211	153	8,333	168

ENCOUNTER PAYMENTS, SERVICE UNITS, AND CLAIM COUNT FOR JULY 1, 2020 THROUGH MARCH 31, 2021 FOR MLTSS WAIVER RECIPIENTS

Clm Proc Code	Clm Proc Curr La	Sum of Clm Net Paid Claim Indicat	Sum of Claim Payment Amt	Sum of Clm Service Units Qty
E/M OFFICE/OP ESTABLISHED PT	99214	477	33,316	481
ALCOHOL/SUBS INTERV 15-30MN	G0396	6	19	6
ALCOHOL AND/OR DRUG ASSESS	H0003	45	360	94
HOSPITAL OUTPT CLINIC VISIT	G0463	404	1,625	410
DEVELOPMENTAL SCREEN W/SCORE	96110	9	83	10
FAMILY MEDICAL PSYCHOTH--1 HR.	90846	46	334	46
CONSULTATION WITH FAMILY	90887	8	92	8
PSYTX PT&/FAM W/E&M 60 MIN	90838	66	203	66
STANDARDIZED COGNITIVE PERFORM	96125	1	60	1
E/M OFFICE/OP NEW PATIENT	99203	1	-	1
E/M OFFICE/OP NEW PATIENT	99204	5	42	5
E/M OFFICE/OP NEW PATIENT	99205	1	78	1
E/M OFFICE/OP NEW PATIENT	99201	1	-	1
E/M OFFICE/OP NEW PATIENT	99202	1	-	1
BEHAVIORAL HEALTH HOME-ACTIVE	H0046	34	2,730	34
NRPSYC TST EVAL PHYS/QHP 1ST	96132	4	-	4
TCRANIAL MAGN STIM TX DELI	90868	29	2,173	29
PSYCL/NRPSYC TST PHY/QHP EA	96137	3	-	9
NRPSYC TST EVAL PHYS/QHP EA	96133	3	-	13
PSYCL/NRPSYC TST PHY/QHP 1ST	96136	2	-	2
HLTH BHV IVNTJ INDIV 1ST 30	96158	50	944	50
ORAL MED ADM DIRECT OBSERVE	H0033	38	7,209	38
A/D TX PROGRAM, PER DIEM	H2036	34	2,663	34
PSYCL/NRPSYC TST TECH EA	96139	1	-	1
HLTH BHV IVNTJ INDIV EA ADDL	96159	40	261	77
PSYCL/NRPSYC TECH 1ST	96138	1	-	1
TCRANIAL MAGN STIM TX PLAN	90867	4	170	4
ALCOHOL/SUBS INTERV >30 MIN	G0397	11	-	11
HLTH BHV IVNTJ GRP EA ADDL	96165	3	-	6
HLTH BHV ASSMT/REASSESSMENT	96156	31	120	31
BIOFEEDBACK TRAINING	90901	1	-	1
PARTIAL HOSPITAL INTENSIVE	OP913	6	-	17
HLTH BHV IVNTJ GRP 1ST 30	96164	3	-	3
HLTH BHV IVNTJ FAM 1ST 30	96167	1	25	1
NALTREXONE, DEPOT FORM	J2315	1	1,349	380
OTHER MENTAL HEALTH	*various*	38,137	6,609,908	116,047
		109,455	**10,103,069**	**216,890**
Total Long Term Care and Home and Community Based Services for MLTSS Waiver Recipients		**6,166,172**	**1,390,721,855**	**64,122,979**
Grand Total MLTSS or LTC Encounter Services, including Behavioral Health		**6,275,627**	**1,400,824,924**	**64,339,869**

Notes:

Service from dates for claims span July 1, 2020 through March, 31, 2021 and were paid from July 1, 2020 and August 13, 2021. 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.

Existing issues with encounter data submission by the Managed Care Organization (e.g. span dates for services no matching service unit counts) are not corrected in the data provided.

FEE FOR SERVICE PAYMENTS, SERVICE UNITS, AND CLAIM COUNT FOR JULY 1, 2020 THROUGH MARCH 31, 2021 FOR MLTSS WAIVER RECIPIENTS

Clm Proc Code	Clm Proc Curr La	Sum of Clm Net Paid Claim Indicat	Sum of Claim Payment Amt	Sum of Clm Service Units Qty
		2,673	15,560,266	72,534
MEDICAL DAY CARE	S5102	570	46,054	570
ASSIST LIVING WAIVER/DIEM	T2031	56	96,943	1,649
ALR DAILY RATE	Y9633	1,467	2,035,707	41,233
CPCH DAILY RATE	Y7574	266	318,694	7,367
		5,032	**18,057,664**	**123,353**
Behavioral Health FFS Total		**16,183**	**3,769,626**	**54,763**
Grand Total MLTSS or LTC Fee for Service, including Behavioral Health		**21,215**	**21,827,291**	**178,116**

Notes:
Service from dates for claims span July 1, 2020 through March, 31, 2021 and were paid from July 1, 2020 and August 13, 2021. 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, 2020 through March 31, 2021

Data run through 8/13/2021

Row Labels	Claim Payments	Service Units Quantity	Net Paid Claims
ALCOHOL AND/OR DRUG SERVICES	172,199	23,958	2,365
BEHAV ASSISTANCE SERVICES IND	167,399	20,428	1,113
CAMP OVERNITE WAIVER/SESSION	121,765	1,004	329
COM WRAP-AROUND SV, 15 MIN	73,345,501	9,304,725	266,293
COMP COMM SUPP SVC, 15 MIN	521,340	123,022	12,851
DAY HABIL WAIVER PER 15 MIN	6,493,201	1,092,393	70,937
FINANCIAL MGT WAIVER/15MIN	2,950,801	39,379	39,042
HABIL PREVOC WAIVER PER HR	1,542,279	210,589	12,606
HABIL SUP EMPL WAIVER 15MIN	2,212,692	171,746	16,053
HOME MODIFICATIONS PER MONTH	478,544	60	59
NOC RETAIL ITEMS ANDSUPPLIES	7,288,546	77,611	43,305
NON-EMERG.TRANSP./MILE VOL.INT	3,350,973	1,604,008	56,183
PT OR MANIP FOR MAINT	372,415	13,508	2,248
RESPITE CARE SERVICE 15 MIN	958,232	171,470	9,615
SELF CARE MANAGEMENT TRAINING	205,747	7,772	1,761
SERV ASMNT/CARE PLAN WAIVER	23,570,188	144,719	99,116
SPECIAL MED EQUIP, NOSWAIVER	400	4	1
SPECIAL SUPPLY, NOS WAIVER	183,721	229	182
SPEECH LANGUAGE HEARING THERAP	13,003	1,751	488
VEHICLE MOD WAIVER/SERVICE	167,880	15	15
SIGN LANG/ORAL INTERPRETER	4,156	664	22
SUPPORT BROKER WAIVER/15 MIN	37,223	6,151	496
PERS INSTAL & EQUIP	1,257	15	15
FAMILY HOMECARE TRAINING 15M	10,339	90	32
Grand Total	**124,169,804**	**13,015,311**	**635,127**

Notes:

Service dates for claims span July 1, 2020 through March 31, 2021 and were paid from July 1, 2020 through August 13, 2021

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'

Community Care Program Report - July 1, 2020 through March 31, 2021

Data run through 08/16/2021

Procedure	Claim Payments	Service Units Quantity	Net Paid Claims
BEHAVIORAL HLTH COUNSEL/TPY PER 15MN	$499,833.32	68,659	13,024
BEH HLTH COUN & THERAPY/15MINUTES	$1,230,325.45	64,311	10,544
COMP COM SUP SERV PER 15 MINUTES	$42,899,377.60	3,457,273	42,796
COMPR COMM SUPPORT SERV PER 15 MINS	$175,219.32	33,771	2,606
COMPREHENSIVE COM SUPP SERV PER DIEM	$65,308,945.80	125,120	106,321
COMPREHENSIVE COM SUP SERV/15 MINS	$42,241,585.72	5,728,075	106,332
COMPREHENSIVE COM SUP SERV PER DIEM	$805,917,258.88	7,156,958	1,793,839
DAY CAMP ONLY UP TO 6 HRS PER DAY	$25,347.52	210	58
DAY HABILITATION WAIVER/ 15 MINUTES	$18,791,088.18	3,288,131	244,450
DAY HABILITATION WAIVER/15 MINUTES	$12,467,005.42	1,608,755	113,103
DAY HABILITATION WAIVER PER 15 MINS	$249,095.88	97,801	7,749
DAY HABILITATION WAIVER PER/15MINS	$143,090.79	30,555	2,656
DDD FI NONMCD PROVIDER TRANSPORT	$44,418.29	7,998	710
EMERG RESPONSE SYS/MO NO INST/TEST	$5,640.40	139	139
EMERG RESPONSE SYS/MO W/INST/TESTING	$738.00	13	13
HABILITATION,PREVOC,,WAIVER PER HOUR	$26,123.48	7,074	680
HABILITATION,PREVOC,WAIVER PER HOUR	$424,444.01	56,598	5,381
HABILITATION,SUP EMPLOY,WAIVER 15MIN	$90,623.42	17,930	1,280
HABILITATION,SUP EMPLOY,WAIVER,15MIN	$4,273.47	461	41
HABILITATION,SUP,EMPLOY WAIVER 15MIN	$78,366.88	16,614	1,123
HABILITATION,SUPEMPLOY,WAIVER,15MIN	$804,750.95	57,506	5,997
HME CARE TRAINING,FAMILY;PER 15 MINS	$6,450.00	79	19
HOME MODIFICATIONS PER SERVICE	$416,876.68	51	51
MAINTENANCE PHYSICAL THERAPY	$454,648.54	16,490	3,272
MISC THER ITEM PURCHASES NOC	$2,020,254.70	32,604	13,591
NON-EMERGENCY TRANSPORT PER MILE	$331,488.44	454,758	4,888
OCCUPATIONAL THERAPY 15 MINS	$23,476.40	3,089	840
RESPITE CARE,HOME,PER DIEM	$149.11	1	1
RESPITE CARE SERVICES,UP TO 15 MINS	$458,851.70	93,231	3,238
RESPITE/DAY OOH OVNGT TIER B	$5,093.76	42	6
RESPITE/DAY OOH OVNGT TIER B AC DI	$16,260.62	67	10
RESPITE/DAY OOH OVNGT TIER C	$128,468.82	7,615	110
RESPITE/DAY OOH OVNGT TIER D	$60,019.72	206	76
RESPITE/DAY OOH OVNGT TIER D AC DIF	$38,718.84	67	14
RESPITE/DAY OOH OVNGT TIER E	$12,348.00	33	9
RESPITE/DAY OOH OVNGT TIER E AC DIF	$9,530.23	13	13
RESPITE/DAY OVNGT TIER C AC DIF	$39,982.74	98	24
RESPITE SELF DIRECTED EMPLOYEE	$102,171.81	18,522	755
SELF-CARE/HME HGT TRAINING/15 MINS	$231,089.24	8,722	2,043
SERV ASSESS/POC,DVLP,WAIVER	$22,822,160.78	135,497	95,596
SIGN LGE OR ORAL INTERP SERV/15MINS	$9,628.60	496	62
SKILLS TRNG & DEVELOPMENT/15MINUTES	$65,821.89	5,095	495
SPECIALIZED SUPPLY NOC WAIVER	$169,172.29	221	175
SPEC MED EQUIP NOC WAIVER	$700.00	7	2
SPEECH THERAPY IN HOME PER DIEM	$12,787.03	1,723	436
SPEECH THERAPY,IN HOME, PER DIEM	$519,451.49	20,039	5,869
SUPPORTS BROKE,SELF-DIR,WVR,15 MINS	$70,753.62	11,748	620
TRANSPORTATION NON-MEDICAL MFP	$1,061,678.82	483,411	13,549
VEHICLE MOD,WAIVER;PER SERVICE	$116,713.03	14	14
Grand Total	**$1,020,632,299.68**	**23,117,891**	**2,604,620**

Notes:
Service dates for claims span July 1, 2020 through March 31, 2021 and were paid from July 1, 2020 through August 16, 2020.
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 3.0) March 2019 for NJFC beneficiaries with a SPC = 07.

Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	92.2%	99.8%	89.0%	99.5%	100.0%	91.6%	100.0%	94.9%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	94.8%	99.9%	99.0%	99.6%	100.0%	91.3%	100.0%	94.2%	100.0%
Pediatric PCPs	94.5%	99.9%	98.9%	99.8%	100.0%	96.0%	100.0%	94.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	77.6%	100.0%	99.1%	94.1%	0.0%	97.9%	100.0%	97.1%	100.0%

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	99.4%	99.3%	100.0%	96.4%	94.4%	97.9%	99.9%	92.7%	99.7%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	100.0%	100.0%	96.6%	96.3%	97.8%	98.8%	100.0%	99.7%
Pediatric PCPs	100.0%	99.9%	100.0%	97.0%	96.6%	98.2%	98.5%	100.0%	95.6%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	96.6%	100.0%	99.9%	93.5%	94.4%	99.3%	94.1%	0.0%	99.5%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	95.1%	100.0%	100.0%
Pediatric PCPs	91.3%	100.0%	98.2%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	63.0%	100.0%	38.6%

Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	91.1%	99.8%	88.4%	99.4%	100.0%	91.0%	100.0%	95.7%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	91.7%	100.0%	96.2%	99.4%	100.0%	91.0%	100.0%	93.1%	100.0%
Pediatric PCPs	33.2%	100.0%	94.7%	99.9%	100.0%	92.3%	100.0%	94.4%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	91.2%	100.0%	97.4%	99.8%	97.2%	96.6%	100.0%	99.5%	100.0%

green cell	increase
Orange cell	decreases
red font	are these figures correct?

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	99.7%	100.0%	97.2%	94.5%	98.9%	99.9%	95.4%	98.5%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	0.0%	99.5%	99.9%	96.1%	94.8%	97.6%	99.8%	100.0%	92.8%
Pediatric PCPs	88.8%	99.5%	99.9%	98.5%	96.3%	99.0%	98.9%	99.4%	98.4%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	31.9%	99.9%	100.0%	99.9%	99.3%	97.6%	99.8%	100.0%	99.9%

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	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	95.1%	100.0%	86.5%
Pediatric PCPs	91.6%	100.0%	55.2%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	66.8%	100.0%	49.2%

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Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	88.3%	99.9%	93.1%	98.8%	100.0%	92.1%	100.0%	95.5%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	94.1%	100.0%	98.3%	99.9%	100.0%	93.2%	100.0%	97.4%	100.0%
Pediatric PCPs	91.1%	100.0%	98.6%	99.9%	100.0%	96.8%	100.0%	97.5%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	97.8%	100.0%	98.3%	99.8%	98.7%	2.5%	100.0%	96.6%	100.0%

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	99.9%	99.3%	100.0%	98.2%	94.4%	96.6%	94.4%	100.0%	93.7%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	100.0%	100.0%	98.2%	96.7%	98.5%	99.7%	100.0%	99.9%
Pediatric PCPs	100.0%	100.0%	100.0%	98.6%	97.6%	98.8%	97.4%	100.0%	99.9%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	99.7%	100.0%	100.0%	99.8%	100.0%	99.7%	99.3%	95.5%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	97.1%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	97.3%	100.0%	100.0%
Pediatric PCPs	97.0%	100.0%	97.6%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	69.4%	100.0%	97.6%

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	88.7%	99.1%	91.5%	99.0%	100.0%	91.5%	100.0%	91.4%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	96.4%	100.0%	97.8%	99.9%	100.0%	92.7%	100.0%	95.5%	100.0%
Pediatric PCPs	96.7%	100.0%	98.2%	100.0%	100.0%	96.7%	100.0%	96.7%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	94.0%	100.0%	97.2%	99.9%	98.0%	98.1%	100.0%	99.8%	100.0%

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	99.6%	99.4%	97.9%	93.9%	87.7%	97.6%	100.0%	99.4%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	99.9%	100.0%	98.4%	99.9%	98.7%	99.9%	100.0%	99.9%
Pediatric PCPs	100.0%	99.9%	100.0%	99.0%	99.9%	95.9%	99.9%	100.0%	99.8%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	99.7%	100.0%	100.0%	99.9%	100.0%	99.2%	99.6%	100.0%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	95.7%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	100.0%	100.0%	100.0%
Pediatric PCPs	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	63.5%	100.0%	97.2%

Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	90.0%	100.0%	97.5%	100.0%	100.0%	94.9%	100.0%	100.0%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	95.5%	100.0%	96.7%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%
Pediatric PCPs	95.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	100.0%	100.0%	98.3%	100.0%	98.3%	100.0%	100.0%	100.0%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	0.0%	100.0%	100.0%	97.3%	100.0%	97.8%	100.0%	100.0%	100.0%
Pediatric PCPs	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	100.0%	100.0%	100.0%
Pediatric PCPs	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	65.7%	100.0%	95.7%

Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	92.2%	99.8%	89.0%	99.5%	100.0%	91.6%	100.0%	94.9%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	94.8%	99.9%	99.0%	99.6%	100.0%	91.3%	100.0%	94.2%	100.0%
Pediatric PCPs	94.5%	99.9%	98.9%	99.8%	100.0%	96.0%	100.0%	94.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	77.6%	100.0%	99.1%	94.1%	0.0%	97.9%	100.0%	97.1%	100.0%

Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	99.4%	99.3%	100.0%	96.4%	94.4%	97.9%	99.9%	92.7%	99.7%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	100.0%	100.0%	96.6%	96.3%	97.8%	98.8%	100.0%	99.7%
Pediatric PCPs	100.0%	99.9%	100.0%	97.0%	96.6%	98.2%	98.5%	100.0%	95.6%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	96.6%	100.0%	99.9%	93.5%	94.4%	99.3%	94.1%	0.0%	99.5%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	95.1%	100.0%	100.0%
Pediatric PCPs	91.3%	100.0%	98.2%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	63.0%	100.0%	38.6%

Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	91.1%	99.8%	88.4%	99.4%	100.0%	91.0%	100.0%	95.7%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	91.7%	100.0%	96.2%	99.4%	100.0%	91.0%	100.0%	93.1%	100.0%
Pediatric PCPs	33.2%	100.0%	94.7%	99.9%	100.0%	92.3%	100.0%	94.4%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	91.2%	100.0%	97.4%	99.8%	97.2%	96.6%	100.0%	99.5%	100.0%

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Attachment B Geo Access Report by MCO

	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	99.7%	100.0%	97.2%	94.5%	98.9%	99.9%	95.4%	98.5%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	0.0%	99.5%	99.9%	96.1%	94.8%	97.6%	99.8%	100.0%	92.8%
Pediatric PCPs	88.8%	99.5%	99.9%	98.5%	96.3%	99.0%	98.9%	99.4%	98.4%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	31.9%	99.9%	100.0%	99.9%	99.3%	97.6%	99.8%	100.0%	99.9%

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	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	95.1%	100.0%	86.5%
Pediatric PCPs	91.6%	100.0%	55.2%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	66.8%	100.0%	49.2%

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Attachment B Geo Access Report by MCO

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	88.3%	99.9%	93.1%	98.8%	100.0%	92.1%	100.0%	95.5%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	94.1%	100.0%	98.3%	99.9%	100.0%	93.2%	100.0%	97.4%	100.0%
Pediatric PCPs	91.1%	100.0%	98.6%	99.9%	100.0%	96.8%	100.0%	97.5%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	97.8%	100.0%	98.3%	99.8%	98.7%	2.5%	100.0%	96.6%	100.0%

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	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	99.9%	99.3%	100.0%	98.2%	94.4%	96.6%	94.4%	100.0%	93.7%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	100.0%	100.0%	98.2%	96.7%	98.5%	99.7%	100.0%	99.9%
Pediatric PCPs	100.0%	100.0%	100.0%	98.6%	97.6%	98.8%	97.4%	100.0%	99.9%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	99.7%	100.0%	100.0%	99.8%	100.0%	99.7%	99.3%	95.5%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	97.1%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	97.3%	100.0%	100.0%
Pediatric PCPs	97.0%	100.0%	97.6%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	69.4%	100.0%	97.6%

	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	88.7%	99.1%	91.5%	99.0%	100.0%	91.5%	100.0%	91.4%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	96.4%	100.0%	97.8%	99.9%	100.0%	92.7%	100.0%	95.5%	100.0%
Pediatric PCPs	96.7%	100.0%	98.2%	100.0%	100.0%	96.7%	100.0%	96.7%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	94.0%	100.0%	97.2%	99.9%	98.0%	98.1%	100.0%	99.8%	100.0%

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	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	99.6%	99.4%	97.9%	93.9%	87.7%	97.6%	100.0%	99.4%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	100.0%	99.9%	100.0%	98.4%	99.9%	98.7%	99.9%	100.0%	99.9%
Pediatric PCPs	100.0%	99.9%	100.0%	99.0%	99.9%	95.9%	99.9%	100.0%	99.8%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	99.7%	100.0%	100.0%	99.9%	100.0%	99.2%	99.6%	100.0%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	95.7%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	100.0%	100.0%	100.0%
Pediatric PCPs	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	63.5%	100.0%	97.2%

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	Atlantic County 2021 2Q	Bergen County 2021 2Q	Burlington County 2021 2Q	Camden County 2021 2Q	Cape May County 2021 2Q	Cumberland County 2021 2Q	Essex County 2021 2Q	Gloucester County 2021 2Q	Hudson County 2021 2Q
Dentist (PCDs)	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
Dentist	90.0%	100.0%	97.5%	100.0%	100.0%	94.9%	100.0%	100.0%	100.0%
PCPs	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**	**2 in 6 Miles**
PCP	95.5%	100.0%	96.7%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%
Pediatric PCPs	95.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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	Hunterdon County 2021 2Q	Mercer County 2021 2Q	Middlesex County 2021 2Q	Monmouth County 2021 2Q	Morris County 2021 2Q	Ocean County 2021 2Q	Passaic County 2021 2Q	Salem County 2021 2Q	Somerset County 2021 2Q
Dentist (PCDs)	**2 in 15 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 15 Miles**	**2 in 6 Miles**
Dentist	100.0%	100.0%	100.0%	98.3%	100.0%	98.3%	100.0%	100.0%	100.0%
PCPs	**2 in 15 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 15 Miles**	**2 in 6 Miles**
PCP	0.0%	100.0%	100.0%	97.3%	100.0%	97.8%	100.0%	100.0%	100.0%
Pediatric PCPs	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**	**1 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	**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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Sussex County 2021 2Q	Union County 2021 2Q	Warren County 2021 2Q
Dentist (PCDs)	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
Dentist	100.0%	100.0%	100.0%
PCPs	**2 in 15 Miles**	**2 in 6 Miles**	**2 in 15 Miles**
PCP	100.0%	100.0%	100.0%
Pediatric PCPs	100.0%	100.0%	100.0%
Specialist (13 Dobi)	**1 in 45 Miles**	**1 in 45 Miles**	**1 in 45 Miles**
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	**1 in 15 Miles**	**1 in 15 Miles**	**1 in 15 Miles**
Hospital	65.7%	100.0%	95.7%

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Department of Children and Families
Children's System of Care

Quality Strategy Measures

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

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

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

#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 demonstration program by exercising oversight of the performance of the demonstration 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 assurances that are substantially compliant (86 % or greater)	DMAHS reports on this sub assurance
Denominator: **T**otal 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 demonstration
Demonstration	**I/DD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	546
Denominator: Total number of new enrollees	549
Percentage	99%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. One youth did not have the required Care Management Entity (CME) or assessments. This was a manual error and shouldn't have been enrolled in the demonstration or included in the report. Another youth was enrolled in the demonstration at the end of the quarter and is in the process of having their assessments done timely but was not captured when the report was generated. A third youth did not receive the CANS and was transitioned from CME due to no contact.

#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 Demonstration Outcome
Sampling Methodology	Number of youth enrolled in the demonstration for at least 1 year
Demonstration	**I/DD**
Numerator: Number of youth who improved within one year of admission	1016
Denominator: Number of youth with Child and Adolescent Needs and Strengths assessments	1096

conducted 1 year from admission or last CANS conducted	
Percentage	93%

#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 demonstration
Demonstration	**I/DD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	547
Denominator: Number of new enrollees	549
Percentage	99.6%*

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. Two youth did not have the required Care Management Entity (CME) or assessments. In review, it was found that that these were manual errors and they should not have been enrolled in the demonstration. *This percentage should be 100% due to the two youth being added in error.

#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	
Demonstration	**I/DD**	**ASD**
Numerator: Number of Plans of Care that address	544	125

youth's assessed needs		
Denominator: Number of Plans of Care reviewed	549	125
Percentage	99%	100%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. One youth did not have the required Care Management Entity (CME) or assessments. This was a manual error and shouldn't have been enrolled in the demonstration or included in the report. Another youth was enrolled in the demonstration at the end of the quarter and is in the process of having their assessments done. The third youth did not receive the CANS and was transitioned from CME due to no contact. The fourth youth transitioned to out of home and out of the demonstration before receiving a treatment plan. The final youth did receive a treatment plan after enrollment. It was submitted late and after the report was generated.

#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 Demonstration ISP Aggregate Report All Youth
Sampling Methodology	100% of youth enrolled during the measurement period
Demonstration	**I/DD**
Numerator: Number of current Plans of Care updated at least annually	362
Denominator: Number of Plans of Care reviewed	362
Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care Data Report: CSA NJ1220 Demonstration Services Provided	
Data Source	CSA Data Report of Authorizations Record Review	
Sampling Methodology	100% of youth enrolled during the measurement period	
Demonstration	**I/DD**	**ASD**
Numerator: Number of Plans of	546	125

Care that had services authorized based on the Plan of Care		
Denominator: Number of Plans of Care reviewed	549	125
Percentage	99%	100%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. One youth was enrolled in the demonstration toward the end of the quarter but ultimately did receive a demonstration service after this report was generated. Another youth was transitioned to out of home and was transitioned out of the CMO and demonstration before receiving a demonstration service. The third youth did not have any demonstration services. This was a manual error and shouldn't have been enrolled in the demonstration and included in the report.

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care
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
Demonstration	**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
Demonstration	I/DD
Numerator:	2043

Number of youth/families given a choice of providers as indicated in progress notes	
Denominator: Number of records reviewed	2732
Percentage	75%

CSOC conducted a review for all the youth during the reporting period served under the I/DD demonstration 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 demonstration services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing demonstration services
Data Source	Record review
Sampling Methodology	100% Agency
Demonstration	**I/DD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing demonstration services	0
Denominator: Total number of new providers	0
Percentage	N/A

No new demonstration providers were enrolled during this reporting period.

# 11 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of demonstration services continually meet required qualified status, including any applicable licensure and/or certification standards
Data Source	Provider Certification
Sampling Methodology	100% Agency

Demonstration	**I/DD**
Numerator: Number of providers that meet the qualifying standards applicable-licensures/certification	76
Denominator: **Total** number of providers that initially met the qualified status	76
Percentage	100%

The information is obtained based on the provider's contracted renewal date. The data only includes provider information for those providers that had a contracted renewal date that fell between the date of implementation and the end the reporting period. It would not include any provider that had a contracted date outside of this time period.

# 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 demonstration
Data Source	Record Review
Sampling Methodology	100% Community Provider Agencies
Demonstration	**I/DD**
Numerator: Number of providers that have been trained and are qualified to provide demonstration services	In Development
Denominator: Total number of providers that provide demonstration services	In Development
Percentage	In Development

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

# 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
Demonstration	**I/DD**
Numerator: Total number of UIRs submitted timely according to State policies	89
Denominator: Number of UIRs submitted involving enrolled youth	89
Percentage	100%

# 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 polices 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
Demonstration	**I/DD**
Numerator: The number of incidents that were reported through UIRMS and had required follow up	88
Denominator: Total number of incidents reported that required follow up	89
Percentage	99%

One youth was found not to have documentation of follow-up. This UIR was brought to the attention of CSOC' s internal UIR workgroup for review and any action as may be required.

# 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
Demonstration	**I/DD**
Numerator: Number of unusual incidents reported involving restrictive interventions that were remediated in accordance to policies and procedures	0
Denominator: Total number of unusual incidents reported involving restrictive interventions	0
Percentage	N/A

# 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
Demonstration	**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 demonstration and only for services rendered
Data Source	Claims Data, Plans of Care, Authorizations
Sampling Methodology	100% of youth enrolled for the reporting period
Demonstration	**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.

1115 Comprehensive Demonstration Quarterly Report
Demonstration Year 9
Federal Fiscal Quarter: 4 (4/01/21 – 6/30/21)
Department of Children and Families
Division of Children's System of Care

CSOC continues enrollment in both the Children's Support Services Program Intellectual/Developmental Disabilities (CSSP I/DD) and for Plan A benefits under the Children's Support Services Program Serious Emotional Disturbance (CSSP SED). During this quarter, CSOC enrolled 763 youth in the CSSP I/DD. In addition, there were an additional 422 youth in the CSSP SED that received Plan A benefits that would have not otherwise been eligible for these benefits if not for demonstration participation.

As needed, implementation meetings were held with the Division of Medical Assistance and Health Services (DMAHS), Gainwell Technologies (Medicaid's fiscal agent), Children's System of Care (CSOC) and CSOC's Contracted Systems Administrator (CSA). CSOC will continue to assist and provide technical assistance to providers as it relates to procedures. CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.

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

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

#2 Quality of Life Sub Assurance	All youth that meet the clinical criteria for services through the Department of Children and Families (DCF), Division of Children' s System of Care (CSOC) will be assessed utilizing the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool

Data Source	Review of Child and Adolescent Needs and Strengths scores Contracted System Administrator (CSA) Data Data report: CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
Sampling Methodology	100% new youth enrolled in the demonstration
Demonstration	**I/DD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	92
Denominator: Total number of new enrollees	93
Percentage	99%

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

#3 Quality of Life Sub Assurance	80% of youth should show improvement in Child and Adolescent Needs and Strengths composite rating within a year
Data Source	CSA Data on CANS Initial and Subsequent Assessments. Data report: CSA NJ2021CANS Demonstration Outcome
Sampling Methodology	Number of youth enrolled in the demonstration for at least 1 year
Demonstration	**I/DD**
Numerator: Number of youth who improved within one year of admission	668
Denominator: Number of youth with Child and Adolescent Needs and Strengths Assessments conducted 1 year from admission or last CANS conducted	731
Percentage	91%

#4 Level of Care Sub Assurance	CSOC's Contracted System's Administrator (CSA), conducts an initial Level of Care assessments (aka Intensity of Services (IOS) prior to

	enrollment for all youth
Data Source	CSA Data. Data report: CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
Sampling Methodology	100% new youth enrolled in the demonstration
Demonstration	**I/DD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	93
Denominator: Number of new enrollees	93
Percentage	100%

#5 Plan of Care Sub Assurance	The Plan of Care (aka Individual Service Plan (ISP) is developed based on the needs identified in the Child and Adolescent Needs and Strengths assessment tool and according to CSOC policies
Data Source	CSA Data on Plans of Care completions, Record Review Data report: CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
Sampling Methodology	100% of youth enrolled during the measurement period
Demonstration	**I/DD**
Numerator: Number of Plans of Care that address youth's assessed needs	90
Denominator: Number of Plans of Care reviewed	93
Percentage	97%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. One youth was enrolled in the demonstration at the end of the quarter and is in the process of having their assessments done timely. It was not captured when the report was generated. Another youth was transitioned to out of home and out of CMO and the demonstration before receiving a treatment plan. The third youth did receive a treatment plan after enrollment. It was submitted late and after the report was generated.

#6 Plan of Care Sub Assurance	Plan of Care is updated at least annually or as the needs of the youth changes
Data Source	CSA Data Report: CSA NJ1289 Demonstration ISP Aggregate Report All Youth
Sampling Methodology	100% of youth enrolled during the measurement period
Demonstration	**I/DD**
Numerator: Number of current Plans of Care updated at least annually	240
Denominator: Number of Plans of Care reviewed	240
Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care (treatment plan) Data Report: CSA NJ1220 Demonstration Services Provided
Data Source	CSA Data Report of Authorizations Record Review
Sampling Methodology	100% of youth enrolled during the measurement period.
Demonstration	**I/DD**
Numerator: Number of plans of care that had services authorized based on the plan of care	92
Denominator: Number of plans of care reviewed	93
Percentage	99%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. One youth was enrolled in the demonstration toward the end of the quarter and received a demonstration service after this report was generated.

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care (ISP).

Data Source	CSA Data Report of Authorizations Claims paid on authorized services through MMIS Record Review
Sampling Methodology	Random sample representing a 95% confidence level
Demonstration	**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
Demonstration	**I/DD**
Numerator: Number of youth/families given a choice of providers as indicated in progress notes	463
Denominator: Number of records reviewed	629
Percentage	74%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD demonstration. 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 demonstration services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing demonstration services
Data Source	Record review
Sampling Methodology	100% agency
Demonstration	**I/DD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing demonstration services	0
Denominator: Total number of new providers	0
Percentage	N/A

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

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

CSOC monitors certifications/qualifications of contracted providers as part of the contract renewal process. Monitoring and reporting on this measure were recently implemented but does not yet break the data down by quarters. CSOC is working to modify the report to indicate both quarterly and annual data for future reporting.

# 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 demonstration
Data Source	Record Review
Sampling Methodology	100% community provider agencies
Demonstration	**I/DD**
Numerator: Number of providers that have been trained and are qualified to provide demonstration services	In Development
Denominator: Total number of providers that provide demonstration services	In Development
Percentage	In Development

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

# 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
Demonstration	**I/DD**
Numerator: Total number of UIRs submitted timely according to State policies	19
Denominator: Number of UIRs submitted involving enrolled youth	19
Percentage	100%

# 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
Demonstration	**I/DD**
Numerator: The number of incidents that were reported through UIRMS and had required follow up	17
Denominator: Total number of incidents reported that required follow up	19
Percentage	89%

Two youth were found not to have documentation of follow-up. CSOC has recently convened an internal UIR workgroup and these youth have been brought to their attention for review and action as needed.

# 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
Demonstration	**I/DD**
Numerator: Number of unusual incidents reported involving restrictive interventions that were remediated in accordance to policies and procedures	0
Denominator: Total number of unusual incidents	0

reported involving restrictive interventions	
Percentage	N/A

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

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

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

# 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 demonstration and only for services rendered
Data Source	Claims Data, Plans of Care, Authorizations
Sampling Methodology	100% of youth enrolled for the reporting period
Demonstration	**I/DD**
Numerator: The number of claims there were paid according to code within youth's centered plan 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.

Deliverables due during MLTSS Year 7 (7/1/2020 - 6/30/2021)

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) and their relation to the MLTSS population. IPRO, the External Quality Review Organization (EQRO) for the State, on behalf of the State of New Jersey, conducts the mandatory CMS activities of: Review of Compliance with Medicaid and CHIP Managed Care Regulations, Validation of Performance Measures, and Validation of Performance Improvement Projects (PIPs).

The Annual Assessment of MCO Operations conducted by the EQRO reviews compliance for contractual Federal and State operational and quality requirements. MCOs demonstrating compliance receive a partial review every third year for those elements that are "Not Met" or "N/A" during the comprehensive review. Most MLTSS elements are subject to review each year regardless of their compliance determination in the prior year. The 2020 review included partial reviews for all five MCOs for Core/MLTSS. Corrective Action Plans (CAPs) were requested from the MCOs for any elements that received recommendations for deficiencies. DMAHS elected not to conduct a FIDE SNP/MLTSS Annual Assessment review in calendar year 2020 as the MCOs participated in a full audit in 2019.

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, annually review and refine Performance Measure specifications 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 the first measurement period 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.

Annual MLTSS PIP Project Update 7/1/20 – 6/30/21

All 5 MCOs submitted individual PIP proposals in December 2018 on the topic of Decreasing Gaps in Care specific to members receiving managed long term services and supports. The individual proposals were approved and the Health Plans initiated project activities in early 2019. All 5 MCOs submitted a progress report update in August 2020 on the topic of Decreasing Gaps in Care which included the 2018 baseline data which the EQRO reviewed. January 2021 was the start of Sustainability Year for this PIP topic. Recommendations for performance improvement provided to the MCOs regarding this new topic were to target preventative services for MLTSS members and /or target services related to chronic disease.

In October 2018, one MCO was required to submit a New Falls PIP proposal as a result of incongruent and inconclusive data observed in the entirety of their initial Falls PIP. This MCO submitted their new Falls PIP proposal in October, 2018. The New Falls PIP Proposal for this MCO was approved and accepted by the State in collaboration with the EQRO. The MCO submitted their Sustainability Year New Falls PIP update in April of 2021.

Five MCOs provided Project status updates for Gaps in Care through March 2021 which were submitted in April 2021. One MCO was required to revise their Gaps in Care PIP submission due to recommendations from the EQRO. All of the PIP submissions were reviewed by the EQRO in collaboration with DMAHS. (Reports are provided annually to CMS in April)

Recommendations for improvement were provided to all of the MCOs. Due to the onset of COVID 19 in early 2020, many of the MCOs have identified ongoing challenges that have extended through 2021 with implementing planned interventions for their PIPs. In August 2021, all five MCOs submitted PIP Project sustainability updates.

The EQRO also performs voluntary CMS activities inclusive of conducting MLTSS Care Management audits and the Calculation of Performance Measures. Two separate MLTSS Care Management audits, one for members receiving Home and Community Based Services (HCBS), and one for members receiving services in a Nursing Facility/Special Care Nursing Facility (NF/SCNF), were conducted by the EQRO to evaluate the effectiveness of each MCO's contractually-required MLTSS Care Management program. Audit activities included an evaluation of the following metrics: Assessment, Outreach, Face-to-Face Visits, Initial Plan of Care, Ongoing Care Management, and Gaps in Care. Based on the findings, the MCOs were required to submit work plans to the State addressing the EQRO's recommendations. For this audit period the NF audit was postponed until May 2021 due to the onset of Covid-19. A special focus study was added to evaluate the impact of Covid-19. In addition the audit methodology was revised and for the first time Performance Measures were evaluated in this audit. The Performance Measures included PM # 8, 9, 9a, 11 and 16. (Reports are provided to CMS annually in April of each year.)

The EQRO uses the data from the annual assessment, focus studies, and MLTSS Care Management (CM) audits to calculate certain MLTSS Performance Measures for each MCO. The results of the MLTSS Performance Measures calculated by the EQRO are included in each specific report.

In 2016, IPRO redeveloped the methodology for assessing the feasibility of producing Performance Measure #13 (PM #13) using administrative data rather than care management record review. The result of this assessment was the determination that use of administrative data, based on comparison of authorization data and claims data, to calculate PM #13 was not feasible. In 2017, IPRO calculated PM #13, using Plans of Care (POCs) and claims data. This task was completed in March of 2019 and reporting continues.

The EQRO was tasked with performing a focus study for Performance Measure #13 – MLTSS/HCBS Services delivered in accordance with the Plan of Care (POC), including the type, scope, amount, frequency, and duration. The EQRO conducted a study comparing claims against care management records including the member's Plan of Care. The purpose of Performance Measure #13 is to assess if Home and Community Based Services (HCBS) for members enrolled in Managed Long Term Services and Supports (MLTSS) are delivered in accordance with the Plan of Care (POC) in type, scope, amount, frequency, and duration.

This is the fourth year Performance Measure #13 has been produced through review of care management records and the first year the MCOs were required to provide a Corrective Action Plan (CAP) for any areas that did not meet the 95 % threshold for compliance. Comparison of care management records to claims is the recommended methodology for producing this performance measure. Where appropriate, planned service discontinuations and black-out periods were removed from this analysis. Black-out periods are periods of time when home-based MLTSS services are stopped temporarily due to hospitalizations, extended family visits, non-custodial inpatient rehabilitations, and other reasonable circumstances. MCOs were responsible for providing details of such events to the EQRO. MCOs were given a template for reporting pertinent information for black-out periods, including start and end dates, and the reason why the black-out period or service discontinuation occurred. MCOs were required to provide a rationale; if no explanation was documented, the black-out period was not removed from this analysis. The EQRO continues to work with the MCOs for consistency and standardization in their submissions of Performance Measure #13 data.

The Office of MLTSS Quality Monitoring is also involved in multiple initiatives consisting of workgroups, meetings, and surveys with the goal of evaluating and improving the health, safety, and quality of life of the members enrolled in MLTSS. These initiatives include but are not limited to: the MLTSS MCO Quality Workgroup, National Core Indicators – Aging and Disabilities (NCI-AD) Survey, Interdivisional Quality Workgroup, monthly MCO Conference calls, and Monthly MCO Accountability 360 Reviews.

The MLTSS MCO Quality Workgroup consists of representatives from each of the MCOs, Division of Aging Services (DoAS), the EQRO, MLTSS QM, and other DMAHS units. The monthly meetings have a primary focus on the MLTSS Performance Measures as well as other contract required reports. These meetings facilitate the discussion of reporting elements that may present challenges to the MCOs in reporting and a consensus is developed on how to address these issues so that the data received from each MCO can be aggregated and representative of the overall MLTSS program.

National Core Indicators – Aging and Disabilities

The National Core Indicators for Aging and Disabilities© (NCI-AD) are standard measures used across participating states to assess the quality of life and outcomes of seniors and adults with physical disabilities, including traumatic or acquired brain injury, who are accessing publicly-funded services. NCI-AD is coordinated by ADvancing States and Human Services Research Institute (HSRI). New Jersey voluntarily participates in this extensive, confidential, face to face consumer survey, the purpose of which is to procure feedback directly from service recipients regarding service satisfaction and quality of life issues. The NCI-AD survey is important to NJ because data gleaned from survey participants can be used to support New Jersey's efforts to strengthen LTSS policy, inform quality assurance activities, and improve the quality of life of LTSS consumers regardless of funding source. The Medical Assistance Customers Centers (MACCs), Program of All-inclusive Care for the Elderly (PACE) organizations, NJ Hospital Association, American Association of Retired Persons (AARP), and the Managed Care Organizations (MCOs) all have a stake in the continued completion and outcomes of this survey. Due to the COVID-19 Pandemic the 2019-20 NCI-AD data collection period ended in April 2020. New Jersey had completed 509 survey interviews with MLTSS members, both in the community and in nursing facilities, and PACE members when the data collection ended. Because participating states were in various stages of completion, ADvancing States and HSRI cautioned states that some demographics, including program populations, may not be fully represented and that data in the 2019-2020 state reports should not be used as a true comparison between states for this year or in previous years. All NCI-AD reports along with additional information regarding the NCI-AD Survey process can be found on the NCI-AD website, www.nci-ad.org.

MLTSS Performance Measure Data Report

Each year, the Office of MLTSS QM works with the EQRO in the selection and development of MLTSS Performance Measures to meet the reporting requirements of the Special Terms and Conditions (STC) of the 1115 Comprehensive Medicaid Waiver and to evaluate MCO performance in areas not specifically required in the STC. The MCOs, DoAS, and the DMAHS PPP State Program Office submit the required Performance Measure reports to the Office of MLTSS QM. All corrections/reconciliations received by the respective specified data source (MCOs, DoAS, EQRO or the DMAHS PPP State Program Office) are reported to CMS quarterly.

Annual Performance Measure Validation Reporting Monitoring

The EQRO has been working with the MCOs on their MLTSS Annual Performance Measure Validation during the July 1, 2019 – June 30, 2020 period. The EQRO conferred individually with each MCO to review their data sources and reporting systems for each Performance Measure. Data sources

included claims data, eligibility data, care management systems, and living arrangement files. MCOs submitted source code, member level files and preliminary rates for the first reporting cycle for each measure for review and approval. MCOs were provided with feedback on initial submissions and were given an opportunity to correct source code and or processes used to produce the Performance Measures. Upon completion of the review process and receiving approval from the EQRO, MCOs submitted their rates to DMAHS Office of MLTSS QM.

Quarterly Performance Measure Validation Reporting Monitoring

The EQRO has been actively working with the MCOs to obtain for their Performance Measures their source codes, sample files, preliminary rates, preliminary data, flow charts, and tools the MCOs have developed that will describe how the measures are being produced. As multiple sources of data are being utilized (systems, claims, complaints/grievances), the EQRO sought consistency across all MCOs and arranged calls with each MCO to discuss. As Performance Measure source codes are validated by the EQRO, the MCOs simultaneously submit their Performance Measures to the State and to the EQRO's FTP site. This enables the EQRO to capture the MCO Performance Measure data in real time and perform real time quarterly monitoring. The MCOs must resubmit to the State and to the EQRO all Performance Measures not accepted by either the State or the EQRO. All Performance Measure reports, including corrections, are to be submitted to both the State and to the EQRO.

Monthly MCO Conference Calls

The DMAHS Office of Managed Health Care conducts monthly operational meetings with each of the five MCOs. In those meetings, operational areas such as Member utilization of MLTSS services, care management ratios, nursing facility to community transitions, and critical incident trends are reviewed. These areas among others are used as a method to allow MCOs to self-examine their operational effectiveness, report issues to the state where guidance or partnership would be needed and work to resolution.

The DMAHS and its sister agencies operating MLTSS also meet monthly to discuss new and trending issues needing resolution.

Beginning in March 2020, challenges related to the COVID-19 pandemic have mandated changes to the MLTSS program, including the suspension of face-to-face assessments and in-person care management visits. The Office of MLTSS QM is working closely with DMAHS administration to assure that MLTSS members maintain continuity of care amid the rapid changes to available services. The Office of MLTSS QM recognizes that these changes will be reflected in many of the Performance Measures and other monitoring activities reported for the measurement periods covering the COVID-19 pandemic time period.

Monitoring activities of critical incident reports:

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, 2020 to June 30, 2021. 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 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limiting to, 1135 waiver reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration. For this annual measurement period, a total of 12,196 CIs were reported in two business days within the reporting year.

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, 2020 - June 30, 2021. 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 Blanket Waivers for Health Care Providers, issued by CMS on March 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limiting to, 1135 waiver reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration.

For this annual measurement period, a total of 642 CI were reported to DoAS verbally within one business day for media and unexpected death incidents. Out of the 642 incidents reported, 617 were related to unexpected deaths and 25 related to Media events. Unexpected deaths includes both Covid-19 and non-Covid-19 related deaths.

Supports and CCP Update:

Outreach/Innovative Activities to Ensure Success:

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 program and the supports and the majority of services are identical in both programs. The primary difference between the two programs is the required level of care. Therefore the below represents data elements that is representative of both DDD programs.

4th Quarter 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 waiver operations. During the fourth quarter, there were 1,290 questions submitted and answered. Three domains consistently compose approximately 70-75% of the emails received. These areas are Medicaid troubleshooting (35%), voucher payments (13%), and Supports Program + Private Duty Nursing (20%). The remainder of the questions focus on citizenship issues, wavier admission questions, follow-up emails that result in an immediate resolution, and emails that need to be routed to a different helpdesk or Unit. The helpdesk is 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. Examples include children losing their educational entitlement and needing a DDD program.

Annual
The MEH was developed out of a need to offer guidance to individuals, guardians, payees, and providers on how to maintain and re-establish Medicaid. The helpdesk received 5,492 questions this DY. The Division has received many compliments regarding the helpdesk's customer service, timely responses, and helpful information. The majority of the questions received focus on trouble shooting Medicaid questions such as what to do when someone is notified that their Medicaid is terming, a parent is planning to retire-how will SSDI impact my child's Medicaid, and Medicaid has been terminated-what do I do now? The helpdesk also receives a large amount of questions related to enrollment or transition between 1115 programs.

In addition to the helpdesk, Medicaid related webinars and guidance documents were developed and are on the DDD website for families and individuals, Support Coordinators, and Providers. The Home and Community Based Services (HCBS) Unit staff also presents information related to maintaining and/or reinstating Medicaid at provider meetings, family meetings, and Support Coordination meetings. The HCBS Unit also meets with Medicaid staff from the Eligibility Unit regularly, to ensure that the information is current and accurate. During this DY, as a result of these collaborative meetings, a minor edit was made to the Medicaid application that has already been recognized as an improvement by the I/DD population. This change includes a question on the application asking if the participant is linked to DDD. This question alerts the person reviewing the application that the person may be eligible for Medicaid based on their CCP/SP status. These two Units met more frequently this year as a result of the public health emergency and Appendix K flexibilities. 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.

4th Quarter Supports Program (SP) and Community Care Program (CCP)

During this quarter, the Division of Developmental Disabilities (DDD) continues enrollment of individuals into the Supports Program and Community Care Program. At of the end of the 4th reporting quarter DDD enrolled over 298 individuals onto the Supports Program for a total over 11,800 and over 90 individuals onto the CCP for a total over 11,924. It is worth noting that approximately 100 individuals, per program, lose their Medicaid each month. However, most individuals who lost their Medicaid in the previous quarter had it reinstated this quarter because of follow-up actions between DDD and the individual/guardian and/or payee while some remain pending a determination at Medicaid. The primary reason for individuals being dis-enrolled from a DDD program was due to loss of Medicaid. The majority of these cases was loss of SSI due to the starting of SSDI or failure to respond to an annual redetermination. Waiver staff continue to monitor the anticipated loss of Medicaid, based on termination dates, and reach out accordingly to offer assistance with reinstatement. The additional reasons for loss of Waiver status is due to death. DDD continues enrollment of individuals into Supports Program + Private Duty Nursing (PDN) and provides options counseling to individuals identified as needing PDN. Supports Program + PDN is captured in the Supports Program data.

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. In addition, DDD continues to assist individuals with Medicaid eligibility including assisting individuals in accessing Supports Program Only Medicaid. 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. Additionally, the Assistant Commissioner for DDD holds a bi-weekly Webinar for all constituents to discuss COVID-19 actions and DDD initiatives. Additionally, during this quarter the Division continued to work collaboratively with their sister Divisions on the implementation of CMS' Electronic Visit Verification (EVV) and Home and Community Based Services Final Rule's Statewide Transition Plan (STP) federal mandates. DDD developed various communications, guidance documents, and webinars related to these initiatives.

Annual

During this DY the Supports Program enrollment increased by approximately 800 individuals. The CCP enrollment increased by approximately 200 individuals. The Supports Program enrollment is higher annually due to children transitioning into the adult I/DD service system following graduation.

It is worth noting that approximately 100 individuals, per program, lose their Medicaid each month. However, most individuals who lost their Medicaid in the previous quarter had it reinstated this quarter because of follow-up actions between DDD and the individual/guardian and/or payee while some remain pending a determination at Medicaid. The primary reason for individuals being dis-enrolled from a DDD program was due to loss of Medicaid. The majority of these cases was loss of SSI due to the starting of SSDI or failure to respond to an annual redetermination. Waiver staff continue to monitor the anticipated loss of Medicaid, based on termination dates, and reach out accordingly to offer assistance with reinstatement. The additional reasons for loss of Waiver status is due to death. DDD

continues enrollment of individuals into Supports Program + Private Duty Nursing (PDN) and provides options counseling to individuals identified as needing PDN. Supports Program + PDN is captured in the Supports Program data.

DDD routinely meets with the trade organizations, individual providers, family members, and advocacy organizations including Disability Rights of NJ to provide systems updates. Traditionally, these meetings occur in person, but due to the public health emergency (PHE) all of these meetings occurred via telehealth modalities such as zoom and Teams. In addition to the standard monthly and quarterly meetings the Division of Developmental Disabilities leadership facilitated or attended the following using a telehealth modality: Support Coordination Supervisors meeting, the Medical Assistance Advisory Committee meeting (MAAC), the Family Advisory Council meeting. Additionally, the Assistant Commissioner for DDD held bi-weekly Webinars for all constituents to discuss COVID-19 actions and DDD initiatives. During the early months these webinars had an attendance rate of a couple hundred. At the end of the DY the attendance average is near 1,000. Additionally, during this DY the Division worked collaboratively with their sister Division's on the implementation of CMS' Electronic Visit Verification (EVV) and Home and Community Based Services Final Rule's Statewide Transition Plan (STP) federal mandates. DDD developed numerous communications, guidance documents, and webinars related to these initiatives. All these materials are available to the public on DDD's website.

Quality Assurance/Monitoring Activity
4th Quarter and Annual Report
Similar quality reviews, audits, and monitoring are conducted for both the SP and the CCP. Data is provided for each Program and then reviewed to determine if there are systemic issues occurring in either or both programs. Systemic and individual remediation occurs as required.

DDD requires reporting on approximately 80 Incident Reporting (IR) codes. The IR codes are the same for both DDD programs. During the fourth quarter there were 239 incidents reported for the Supports Program. Thirty-two percent of all incidents reported this quarter for the Supports Program had a COVID-19 positive code, which is a decrease from the previous quarter. For the CCP, there were 2,303 incidents reported in the fourth quarter. Thirty-four percent of these incidents were a coded as a COVID-19 positive incident which is also a decrease from the previous quarter. Some IR codes, such as abuse, neglect, or exploitation require an investigation by the Office of Investigations. Less than 1% of the Incident Reports filed required an investigation by the Office of Investigations. If there were minor or no injuries then the provider agency is responsible to conduct an investigation and submit their findings/action plan for review by the Department of Human Services Critical Incident Management Unit. If there were moderate to major injuries then the Department of Human Services Special Response Unit will conduct an investigation. A Risk Council meets to look at IR from a system perspective. This committee meets quarterly and develops action items based on the data. The Risk Management Unit also conducts systemic and individual remediation activities because of IR analysis.

Annual
During this DY there were 1,191 incident reports generated averaging 99 per month. For the CCP there were 10,324 incident reports generated. It is worth noting that consistent with the last two quarters of the previous DY the Division saw a large amount of incidents due to COVID-19. The DDD

Office of Risk Management worked closely with The Office of Program Integrity to be fluid in the tracking of COVID incidents and to ensure proper guidance was available and updated. For instance, as COVID incidents increased the reporting criteria changed. During the early stages of COVID, all areas of risk/outcomes were captured (e.g.: possible exposure, being tested, negative outcome, positive outcome, death), however due to the volume of incidents over time the criteria changed (e.g.: exposure, positive outcome, death). Additionally, throughout this second DY with COVID incidents additional preventative protocols were put in place such as mandatory testing of provider managed settings, the closure of congregate day program sites, and vaccine mandates that impacted provider managed participants, and vaccine incentives for residential and congregate day program employees. Similar to the Walkaway and Choking deep dive reports created, the Office of Risk Management created a Public Health Emergency report focusing on COVID-19 incidents. The report includes incident reporting beyond waiver participants (e.g.: family, staff). The report is complete and is currently in the final vetting stages before being shared. The report is quite comprehensive including cross-referencing trending amongst the broader community and the I/DD community. Outside of COVID related incidents trending over the past DY showed in a decrease in other incident codes which seemed to be a National trend, however a couple incident categories did not decrease and analysis is being conducted.

A Risk Management Council was established a few years ago that meets quarterly and looks at risk indicators. The Risk Management Council offers technical assistance and enhanced oversight regarding agencies that trip a certain percentage of risk indicators. This Council made some changes to the risk indicator report based upon feedback from members of the risk council and provider feedback. The new report was implemented this DY and quarterly meetings resumed via Zoom.

Waiver Unit staff continues to meet with the Provider Performance & Monitoring Unit (PPMU)to discuss monitoring activities. This unit utilizes tools to monitor Medicaid/DDD approved providers for both DDD programs and provides further guidance and technical assistance based on the results/findings. The tools are being reviewed and updated to include elements of HCBS characteristics included in the statewide transition plan.

Audits were modified this DY as a result of COVID. Day Program sites were closed for a significant part of the DY and for health and safety reasons audits that occurred were primarily completed remotely. Many audits were changed to desk audits. Protocols were put in place to ensure privacy compliance. The external auditing firm completed their audit and DDD is working on a corrective action plan.

DDD participates in the National Core Indicators. This DY DDD needs to conduct over 400 face-to-face interviews with adults receiving services via telehealth modalities. This has posed some challenges for families who do not have supporting technology. However, it is an exciting time because the NCI survey has added a considerable amount of questions related to services as a result of COVID. These questions will be included in this DYs annual NCI report. NJ also 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 also worked on the Electronic Visit Verification (EVV) and HCBS Final Rule's Statewide Transition Plan (STP) federal mandates. Significant progress has been made in each area. During this DY DDD created a new webpage which highlights all efforts of these initiatives. DDD partners with their sister

Division's on the State's implementation strategy, but also engages in the development of DDD specific webinars and guidance documents. During this DY approximately 10 webinars have been conducted related to EVV and approximately 5 for the STP. DDD has received many compliments related to our transparency, webinars, and helpdesks related to these initiatives. Webinars and tool kits are being developed for providers to ensure that community integration and quality improvement are at the forefront of every service plan.

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.
Enter the projected annual expenditures for each DY per MEG for the active DYs.
For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

Total Computable

		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																								
Title XIX	1		$793,955,851	$1,303,321,084																				
ABD	2		$877,191,536	$2,745,729,065																				
LTC	3		$292,162,848	$1,029,922,750																				
HCBS – State Plan	4		$261,749,572	$1,268,171,910																				
Medicaid Aggregate																								
Medicaid Aggregate - WW only																								
SED at Risk	1		$8,898,209	$36,428,875																				
Supports Expansion	2		$84,709,048	$433,004,948																				
DSRIP	3																							
Community Care Program	4		$541,092,463	$1,758,609,683																				
IDD/OOS	5																							
OPC Eligibility	6			$3,854,683																				
NJHV	7			$39,352,314																				
Hypothetical 1 Per Capita																								
HCBS 217-Like	1		$241,675,453	$1,112,949,798																				
SED – 217 Like	2		$5,141,281	$26,415,291																				
GDDM – 217 Like	3		$3,180,257	$12,321,195																				
Hypothetical 1 Aggregate																								
Hypothetical 2 Per Capita																								
New Adult Group	1		$1,102,574,293	$4,235,229,617																				
Hypothetical 2 Aggregate																								
Hypothetical 3 Per Capita																								
SUD IMD Services MEG 1	1		$7,843,235	$42,676,767																				
SUD IMD Services MEG 2	2		$6,444,845	$72,274,578																				
SUD IMD Services MEG 3	3		$4,132,894	$67,735,536																				
Hypothetical 3 Aggregate																								

Federal Share

		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																								
Title XIX	1		$396,977,926	$1,651,660,542																				
ABD	2		$438,595,768	$1,372,864,532																				
LTC	3		$146,081,424	$514,961,375																				
HCBS – State Plan	4		$130,874,786	$634,085,955																				
Medicaid Aggregate																								
Medicaid Aggregate - WW only																								
			$4,449,105	$18,214,438																				
			$42,354,524	$216,502,474																				
			$270,546,231	$879,304,841																				
				$1,827,342																				
				$19,676,157																				
Hypothetical 1 Per Capita																								
HCBS 217-Like	1		$120,837,727	$556,474,899																				
SED – 217 Like	2		$2,570,640	$13,207,646																				
GDDM – 217 Like	3		$1,580,129	$6,160,598																				
Hypothetical 1 Aggregate																								
Hypothetical 2 Per Capita																								
New Adult Group	1		$992,316,864	$3,811,706,655																				
Hypothetical 2 Aggregate																								
Hypothetical 3 Per Capita																								
SUD IMD Services MEG 1	1		$3,921,618	$21,338,384																				
SUD IMD Services MEG 2	2		$3,222,423	$36,137,289																				
SUD IMD Services MEG 3	3		$2,066,447	$33,867,768																				
Hypothetical 3 Aggregate																								

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

Blue	Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
Red	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
Green	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

Data Entry

Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

Pre-populated values in the downloaded Budget Neutrality workbook template

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

Calculating With Waiver (WW) numbers

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

Calculating Without Waiver (WOW) numbers

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

Below are the definitions for the tabs of the workbook which require data entries from State User.

On top of the C Report tab, enter data in the following highlighted cells:

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled
'For the Time Period Through :' - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

Notes:
- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

State User enters information on the following tabs:

C Report Tab

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.
From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

Total Adjustments tab

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.
Note: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -$10,000).

WW Spending Projected tab

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.
For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

MemMonth Actual tab

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

MemMonth Projected tab

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.
For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

Summary TC tab

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.
In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.
Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date	10/01/2012	07/01/2013	07/01/2014	07/01/2015	07/01/2016	07/01/2017	07/01/2018	07/01/2019	07/01/2020	07/01/2021																				
End Date	06/30/2013	06/30/2014	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020	06/30/2021	06/30/2022																				

Enter any general comments / notes:

MEG Definitions

	MEG Name	MEG Description	WOW	WW	Per Capita or Aggregate	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
	Medicaid Per Capita											
1	Title XIX	Medical assistance for all individual in groups identified as "Title XIX" in Table A of the STCs	Yes	Yes	Per Capita	Savings Phase-Down	No	N/A	1	10/01/2012	10	06/30/2022
2	ABD	Medical assistance for all individual in groups identified as "ABD" in Table A of the STCs	Yes	Yes	Per Capita	Savings Phase-Down	No	N/A	1	10/01/2012	10	06/30/2022
3	LTC	Medical assistance for all individual in groups identified as "LTC" in Table A of the STCs	Yes	Yes	Per Capita	Savings Phase-Down	No	N/A	1	10/01/2012	10	06/30/2022
4	HCBS – State Plan	Medical assistance for all individual in groups identified as "HCBS – State Plan" in Table A of the STCs	Yes	Yes	Per Capita	Savings Phase-Down	No	N/A	1	10/01/2012	10	06/30/2022
								N/A				
	Medicaid Per Capita - WOW only											
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
	Medicaid Aggregate											
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
	Medicaid Aggregate - WOW only											
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
						N/A		N/A				
	Medicaid Aggregate - WW only											
1	SED at Risk	Children's Support Services Program (SED): Medical assistance for SED children under age 21 at risk of hospitalization who have been diagnosed as seriously emotionally disturbed	No	Yes	Aggregate	N/A	No	N/A	1	10/01/2012	10	06/30/2022
2	Supports Expansion	Supports Program: Medicaid assistance for individuals over the age of 21, who live with a family member in their own home that is not licensed by the state and who are otherwise not eligible under the Medicaid State Plan due to income.	No	Yes	Aggregate	N/A	No	N/A	1	10/01/2012	10	06/30/2022
3	DSRIP	Delivery System Reform Incentive Payment Program: Expenditures for Incentive payments to eligible providers for the Delivery System Reform Incentive Payment (DSRIP) program as described in Section VIII of the STCs	No	Yes	Aggregate	N/A	Yes	N/A	2	07/01/2013	8	06/30/2020
4	Community Care Program	Community Care Program: Expenditures for health-care related costs for services and supports under the Community Care Program as described in the STCs for Medicaid eligible individuals above the age of 21 with developmental disabilities living in the home or a residential facility who meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) level of care criteria and specific Medicaid requirements regarding income and resources. Individuals over the age of 21, who live with a family member in their own home that is not licensed by the state and who are otherwise not eligible under the Medicaid State Plan due to income.	No	Yes	Aggregate	N/A	Yes	N/A	1	10/01/2012	5	06/30/2017
5	IDD/OOS	Intellectual Development Disability Program for Out of State New Jersey Residents (ID/DD-OOS): Expenditures for health-care related costs to provide home and community based support services for individuals who are Medicaid eligible and reside in an eligible out of state setting or those individuals who are court ordered after to receive services outside of New Jersey. Individuals receiving out-of-state HCBS coordinated by DDD, and individuals ordered by a court to receive HCBS services in an out-of-state setting.	No	Yes	Aggregate	N/A	No	N/A	1	10/01/2012	10	06/30/2022
6	OPG Eligibility	Expedited Eligibility Determination for Individuals under the Guardianship of the Office of the Public Guardian (OPG). Effective July 25, 2019, expenditures for health-care related costs up to 12 months for individuals under the guardianship of the OPG during the expedited eligibility determination period as set forth in STC 41 and Attachment Q.	No	Yes	Aggregate	N/A	No	N/A	8	07/01/2019	10	06/30/2022
7	NJHV	New Jersey Home Visiting Pilot Program: Effective July 25, 2019, expenditures to deliver evidence-based home visiting services in identified areas throughout the state as set forth in STC 40.	No	Yes	Aggregate	N/A	No	N/A	8	07/01/2019	10	06/30/2022
	Hypothetical 1 Per Capita							Hypothetical Test 1				
1	HCBS 217-Like	Medical assistance for individuals receiving Medicaid State plan services, targeted HCBS services and MLTSS service, authorized under this demonstration, for individuals identified in the STCs who would otherwise be Medicaid-eligible under section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR § 435.217, identified as "HCBS 217-Like" in Table A of the STCs	Yes	Yes	Per Capita	N/A		Yes	1	10/01/2012	10	06/30/2022
2	SED – 217 Like	Children's Support Services Program (SED): Medical assistance for SED children under age 21 meeting hospital level of care who have been diagnosed as seriously emotionally disturbed. 42 CFR 435.217, 435.726, 435.236 and 1924 of the Social Security Act	Yes	Yes	Per Capita	N/A			1	10/01/2012	10	06/30/2022
3	IDD/MI – 217 Like	Children's Support Services Program (I/DD): IDD/MI children under age 21 meeting state mental hospital level of care 42 CFR 435.217, 435.726, 435.236 and 1924 of the Social Security Act	Yes	Yes	Per Capita	N/A			1	10/01/2012	1	06/30/2013
	Hypothetical 1 Aggregate											

					N/A N/A N/A							
	Hypothetical 2 Per Capita											
1	New Adult Group	Medical asstance for Affordable Care Act new adult group, described in 1902(a)(10)(A)(i)(VIII) and 42 CFR 435.119, pursuant to the approved state plan.	Yes	Yes	Per Capita	N/A N/A N/A	No	Hypothetical Test 2 Yes	*2*	*07/01/2013*	*10*	*06/30/2022*
	Hypothetical 2 Aggregate				N/A N/A N/A							
	Hypothetical 3 Per Capita											
1	SUD IMD Services MEG 1	Treatment or therapeutic community provided in a licensed long term residential facility which provides a structured recovery environment, combined with professional clinical services, designed to address addiction and living skills problems for persons with substance abuse diagnosis who require longer treatment stays to support and promote recovery.	Yes	Yes	Per Capita	N/A	No	Hypothetical Test 3 Yes	*6*	*07/01/2017*	*10*	*06/30/2022*
2	SUD IMD Services MEG 2	All expenditures for costs of medical assistance that could be covered, were it not for the IMD prohibition under the state plan provided to otherwise eligible individuals during a month in which they were in an IMD including no less than twelve (12) hours per week of counseling services on at least six (6) separate occasions.	Yes	Yes	Per Capita	N/A	No		*6*	*07/01/2017*	*10*	*06/30/2022*
3	SUD IMD Services MEG 3	All expenditures for costs of medical assistance that could be covered, were it not for the IMD prohibition under the state plan provided to otherwise eligible individuals during a month in an IMD for care of withdrawal signs and symptoms that are sufficiently severe to require 24-hour medical monitoring care.	Yes	Yes	Per Capita	N/A	No		*6*	*07/01/2017*	*10*	*06/30/2022*
	Hypothetical 3 Aggregate				N/A N/A N/A							
	Tracking Only											

WOW PMPMs and Aggregates

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	$327.03	$346.69	$366.74	$387.95	$410.40	$427.00	$445.00	$463.00	$482.00	$502.00																				
ABD	2	$1,045.04	$1,124.49	$1,164.91	$1,206.78	$1,250.17	$1,295.00	$1,342.00	$1,390.00	$1,440.00	$1,492.00																				
LTC	3	$8,636.81	$8,975.89	$9,325.83	$9,689.41	$10,067.17	$10,460.00	$10,868.00	$11,292.00	$11,732.00	$12,189.00																				
HCBS – State Plan	4	$2,256.69	$2,347.84	$2,434.29	$2,523.94	$2,616.93	$2,714.00	$2,814.00	$2,918.00	$3,026.00	$3,138.00																				
Medicaid Per Capita - WOW only																															
Medicaid Aggregate																															
Medicaid Aggregate - WOW only																															

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	$2,256.69	$2,340.19	$2,426.78	$2,516.57	$2,609.68	$2,706.00	$2,806.00	$2,910.00	$3,018.00	$3,130.00																				
SED – 217 Like	2	$2,246.37	$2,381.15	$2,524.02	$2,675.46	$2,835.99	$2,969.00	$3,109.00	$3,255.00	$3,408.00	$3,568.00																				
IDD/MI – 217 Like	3	$9,839.39	$10,429.75	$11,055.53	$11,718.87	$12,422.00	$13,006.00	$13,617.00	$14,257.00	$14,927.00	$15,629.00																				
Hypothetical 1 Aggregate																															

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Hypothetical 2 Per Capita																															
New Adult Group	1		$492.15	$516.75	$542.59	$568.72	$466.74	$488.68	$511.65	$535.70	$560.87																				
Hypothetical 2 Aggregate																															

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1						$3,184.00	$3,340.00	$3,504.00	$3,676.00	$3,856.00																				
SUD IMD Services MEG 2	2						$4,123.00	$4,325.00	$4,537	$4,760.00	$4,993.00																				
SUD IMD Services MEG 3	3						$3,097.00	$3,428.00	$3,407.00	$3,574	$3,750.00																				
Hypothetical 3 Aggregate																															

Program Spending Limits

	Cap Amounts per Demonstration Year																														TOTAL
Program Name and Associated WSDs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Spending Cap																															
D2RUP		$83,300,000	$169,600,000	$166,600,000	$166,600,000																										$ 583,100,000
Expenditures Subject to Cap																															
D2RUP		$83,384,870	$169,600,001	$166,600,000	$166,600,000	$166,599,999	$166,600,000	$166,600,000																							
Variance		($84,870)	($1)			($166,599,999)	($166,600,001)	($166,600,000)																							$ (499,804,870)
Over or Under		Over	Over			Over	Over	Over																							Over

Data Pulled On: Aug 26 2021 **Reporting DY** 09

For the Time Period Through: 06/30/2021 **Reporting Quarter** 06/30/2021

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
- MAP Waivers/ Total Computable section – into cell A100
- MAP Waivers/ Federal Share section – into cell A200

3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
- ADM Waivers/ Total Computable section – cell A300
- ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	01	02	03	04	05	06	07	08	09	Total Less Non-Adds
ABD	3,968,214,093	5,408,905,105	5,134,521,650	5,078,514,226	5,221,048,865	4,772,010,986	4,562,606,411	4,359,200,436	4,146,545,208	42,651,566,980
ACCAP – 217 Like	630,539	880,454	0	0	0	0	0	0	0	1,510,993
ACCAP – SP	900,000	966,297	0	0	0	0	0	0	0	1,866,297
AWDC	1,529,772	674,018	0	0	0	0	0	0	0	2,203,790
CCP MEG	0	0	0	0	0	27,152,653	850,097,854	1,524,075,402	1,835,237,634	4,236,563,543
Childless Adults	27,844,394	48,216,389	0	0	0	0	0	0	0	76,060,783
CRPD – 217 Like	11,803,536	16,894,842	0	0	0	0	0	0	0	28,698,378
CRPD –SP	10,672,842	15,247,535	0	0	0	0	0	0	0	25,920,377
DSRIP	0	83,304,870	166,600,001	166,600,000	166,600,000	166,599,999	166,600,000	166,600,000	0	1,082,904,870
GME State Plan	(9,533,864)	100,000,001	100,000,000	127,291,443	188,000,000	199,833,304	260,452,409	60,500,000	0	1,026,543,293
GO – 217 Like	181,068,236	221,682,839	0	0	0	0	0	0	0	402,751,075
GO – SP	23,869,092	33,606,671	0	0	0	0	0	0	0	57,475,763
HCBS – 217 Like	288,890	21,558,904	331,749,289	376,403,885	404,760,844	664,085,816	742,985,910	876,295,669	983,528,945	4,401,658,152
HCBS – State Plan	86,938	5,736,943	99,424,331	240,210,194	365,291,358	663,648,138	792,002,330	952,323,951	1,072,579,346	4,191,303,529
HRSF & GME	192,443,637	0	0	0	0	0	0	0	0	192,443,637
HRSF Transition Payments	0	83,302,681	0	0	0	0	0	0	0	83,302,681
IDD/MI – 217 Like	0	0	1,186,792	7,798,525	10,984,729	21,760,260	22,842,582	22,465,602	13,701,958	100,740,448
MATI at Risk	4,069,775	3,429,158	0	0	0	0	0	0	0	7,498,933
New Adult Group	7,940,104	849,408,487	2,862,995,849	2,915,559,488	3,146,351,868	3,170,627,665	3,189,233,111	3,215,312,567	4,189,078,809	23,546,507,948
NJCW	0	0	0	0	0	467,444,238	552,620,639	0	0	1,020,064,877
SED – 217 Like	83	58,922	27,837	96,680	12,236,369	22,824,203	22,204,926	23,653,862	21,187,664	102,490,546
SED at Risk	24,261,050	36,820,806	35,571,478	39,987,861	42,808,686	47,698,715	39,185,664	38,430,731	37,636,515	342,401,506
SUD-Detox	0	0	0	0	0	2,588	15,997,381	22,193,990	19,816,992	58,010,951
SUD-Long Term	0	0	0	0	0	0	15,875,615	28,632,536	31,032,522	75,540,673
SUD-Short Term	0	0	0	0	0	20,536	11,595,787	16,002,359	25,480,906	53,099,588
Supports Program	0	0	0	0	0	66,842,019	278,353,983	324,564,664	355,653,231	1,025,413,897
TBI – 217 Like	13,673,932	17,438,251	0	0	0	0	0	0	0	31,112,183
TBI – SP	7,457,114	9,364,928	0	0	0	0	0	0	0	16,822,042
Title XIX	1,660,583,428	2,401,765,195	2,588,419,726	2,549,689,308	2,591,772,498	2,628,599,121	2,764,625,104	2,452,035,359	2,835,295,342	22,472,785,081
XIX CHIP Parents	0	126,863,607	0	0	0	0	0	0	0	126,863,607
Total	**6,127,803,591**	**9,486,126,903**	**11,320,496,953**	**11,502,151,610**	**12,149,855,217**	**12,919,150,241**	**14,287,279,706**	**14,082,287,128**	**15,566,975,072**	**107,442,126,421**

Federal Share

Waiver Name	01	02	03	04	05	06	07	08	09	Total Less Non-Adds
ABD	1,990,016,012	2,721,319,826	2,580,279,620	2,543,877,159	2,612,694,217	2,389,702,588	2,285,811,930	2,326,236,615	2,332,722,429	21,782,660,396
ACCAP – 217 Like	319,151	446,869	0	0	0	0	0	0	0	766,020
ACCAP – SP	454,312	489,362	0	0	0	0	0	0	0	943,674
AWDC	777,617	344,491	0	0	0	0	0	0	0	1,122,108
CCP MEG	0	0	0	0	0	13,588,212	426,094,461	816,819,400	1,031,414,708	2,287,916,781
Childless Adults	14,715,147	24,778,164	0	0	0	0	0	0	0	39,493,311
CRPD – 217 Like	6,026,151	8,740,654	0	0	0	0	0	0	0	14,766,805
CRPD –SP	5,447,877	7,899,121	0	0	0	0	0	0	0	13,346,998
DSRIP	0	41,652,435	83,300,003	83,300,002	83,300,002	83,300,000	83,300,000	93,629,200	0	551,781,642
GME State Plan	(4,766,932)	55,642,502	66,797,499	84,588,472	122,350,400	127,079,448	168,957,117	41,505,794	0	662,154,300
GO – 217 Like	91,709,982	114,209,771	0	0	0	0	0	0	0	205,919,753
GO – SP	12,108,906	17,304,835	0	0	0	0	0	0	0	29,413,741
HCBS – 217 Like	147,459	11,154,795	170,361,648	189,473,049	202,414,047	332,140,469	371,613,464	466,362,381	552,796,142	2,296,463,454
HCBS – State Plan	44,479	2,972,207	51,064,256	120,801,147	182,721,173	331,954,316	396,143,742	506,682,438	602,956,133	2,195,339,891
HRSF & GME	96,221,820	0	0	0	0	0	0	0	0	96,221,820
HRSF Transition Payments	0	41,651,341	0	0	0	0	0	0	0	41,651,341
IDD/MI – 217 Like	0	0	599,439	3,903,695	5,492,456	10,880,225	11,425,419	12,037,251	7,700,607	52,039,092
MATI at Risk	2,055,322	1,783,162	0	0	0	0	0	0	0	3,838,484
New Adult Group	7,938,698	849,378,031	2,862,019,497	2,913,087,529	3,060,274,323	2,995,695,863	2,980,968,652	2,941,174,200	3,770,193,567	22,380,730,360
NJCW	0	0	0	0	0	233,727,049	276,315,164	0	0	510,042,213
SED – 217 Like	42	29,462	13,944	48,354	6,119,189	11,413,865	11,112,159	12,686,483	12,020,667	53,444,165
SED at Risk	12,617,861	19,091,377	18,489,075	20,485,806	21,899,156	24,099,950	19,606,009	20,762,472	21,151,721	178,203,427
SUD-Detox	0	0	0	0	0	2,399	13,363,305	18,491,400	16,475,217	48,332,321
SUD-Long Term	0	0	0	0	0	0	13,992,035	24,918,347	26,525,747	65,436,129
SUD-Short Term	0	0	0	0	0	19,296	9,468,162	13,297,693	21,370,592	44,155,743
Supports Program	0	0	0	0	0	33,425,252	139,262,885	173,233,511	199,884,091	545,805,739
TBI – 217 Like	6,928,494	8,987,060	0	0	0	0	0	0	0	15,915,554
TBI – SP	3,776,704	4,819,278	0	0	0	0	0	0	0	8,595,982
Title XIX	833,653,853	1,329,321,526	1,419,825,446	1,293,830,668	1,302,143,614	1,322,003,317	1,391,108,231	1,312,880,527	1,600,140,725	11,804,907,907
XIX CHIP Parents	0	64,746,447	2,148	0	0	0	0	0	0	64,748,595
Total	**3,080,192,955**	**5,326,762,716**	**7,252,752,575**	**7,253,395,881**	**7,599,408,577**	**7,909,032,249**	**8,598,542,735**	**8,780,717,712**	**10,195,352,346**	**65,996,157,746**

ADM Waivers

Total Computable

Waiver Name	01	02	03	04	05	06	07	08	09	Total Less Non-Adds
FAMILY PLAN	0	0	0	0	0	33,692	789,344	68,585,613	689,378,125	758,786,774
New Jersey Family Care	0	0	0	0	0	33,692	789,344	68,585,613	689,378,125	758,786,774
Total	**0**	**0**	**0**	**0**	**0**	**33,692**	**789,344**	**68,585,613**	**689,378,125**	**758,786,774**

Federal Share

Waiver Name	01	02	03	04	05	06	07	08	09	Total Less Non-Adds
FAMILY PLAN	0	0	0	0	0	17,775	(303,797)	35,834,613	440,714,544	476,263,135
New Jersey Family Care	0	0	0	0	0	17,775	(303,797)	35,834,613	440,714,544	476,263,135
Total	**0**	**0**	**0**	**0**	**0**	**17,775**	**(303,797)**	**35,834,613**	**440,714,544**	**476,263,135**

Created On: Thursday, August 26, 2021 1:33 PM

C Report Grouper

MAP+ADM Waivers

DY9 DY10

Total Computable

MEG Names		C Report Waiver Names	DEMONSTRATION YEARS (DY) 1	2	3	4	5	6	7	8	9
Medicaid Per Capita											
Title XIX	1	Title XIX	$1,680,583,428	$2,401,765,195	$2,588,419,726	$2,549,689,308	$2,591,772,498	$2,628,599,121	$2,784,625,104	$2,452,035,359	$2,835,295,342
ABD	2	ABD	$3,968,214,093	$5,408,905,105	$5,134,521,650	$5,078,514,226	$5,221,048,865	$4,772,010,986	$4,562,606,411	$4,359,200,436	$4,146,545,208
LTC	3	LTC									
HCBS – State Plan	4	HCBS – State Plan	$86,938	$5,736,943	$99,424,331	$240,210,194	$365,291,358	$663,648,138	$792,002,330	$952,323,951	$1,072,579,346
Medicaid Aggregate											
Medicaid Aggregate - WW only											
SED at Risk	1	SED at Risk	$24,261,050	$28,830,808	$35,571,478	$30,087,881	$42,808,686	$47,608,715	$30,185,684	$38,430,731	$37,638,515
Supports Expansion	2	Supports Program						$66,842,019	$278,353,983	$324,564,664	$355,653,231
DSRIP	3	DSRIP		$83,304,870	$166,600,001	$166,600,000	$166,600,000	$166,599,999	$166,600,000	$166,600,000	
Community Care Program	4	CCP MEG						$27,152,653	$850,097,854	$1,524,075,402	$1,835,237,634
IDD/OOS	5	IDD/OOS									
OPG Eligibility	6	OPG Eligibility									
NJHV	7	NJHV									
Community Care Program	4	NJCW						$467,444,238	$552,620,639		
Hypothetical 1 Per Capita											
HCBS 217 Like	1	HCBS – 217 Like	$288,890	$21,558,904	$331,749,289	$376,403,885	$404,760,844	$664,085,816	$742,985,910	$876,295,669	$983,528,945
SED – 217 Like	2	SED – 217 Like	$83	$58,922	$27,837	$96,680	$12,236,369	$22,824,203	$22,204,926	$23,653,882	$21,387,664
IDD/MI – 217 Like	3	IDD/MI – 217 Like			$1,186,702	$7,708,535	$10,084,720	$21,780,280	$22,842,582	$22,465,602	$13,701,958
Hypothetical 1 Aggregate											
Hypothetical 2 Per Capita											
New Adult Group	1	New Adult Group	$7,940,104	$849,408,487	$2,862,995,849	$2,915,559,488	$3,146,351,868	$3,170,627,665	$3,189,233,111	$3,215,312,567	$4,189,078,809
Hypothetical 2 Aggregate											
Hypothetical 3 Per Capita											
SUD IMD Services MEG 1	1	SUD Long Term							$15,875,615	$28,632,536	$31,032,522
SUD IMD Services MEG 2	2	SUD Short Term						$20,536	$11,595,787	$16,002,359	$25,480,906
SUD IMD Services MEG 3	3	SUD Detox						$2,588	$15,907,381	$22,103,990	$19,816,992
Hypothetical 3 Aggregate											
TOTAL			$ 5,661,374,586	$ 8,807,559,232	$ 11,220,496,953	$ 11,374,860,167	$ 11,961,855,217	$ 12,719,293,813	$ 13,983,358,514	$ 13,954,958,243	$ 15,490,644,652

MEG Names	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Federal Share

MEG Names		C Report Waiver Names	DEMONSTRATION YEARS (DY) 1	2	3	4	5	6	7	8	9
Medicaid Per Capita											
Title XIX	1	Title XIX	$833,653,853	$1,329,321,526	$1,419,825,446	$1,293,830,668	$1,302,143,614	$1,322,003,317	$1,391,108,231	$1,312,880,577	$1,600,140,725
ABD	2	ABD	$1,990,016,012	$2,721,319,826	$2,580,279,820	$2,543,877,159	$2,612,694,217	$2,389,702,588	$2,285,811,930	$2,326,236,615	$2,332,722,429
LTC	3	Not Applicable									
HCBS – State Plan	4	HCBS – State Plan	$44,479	$2,972,207	$51,064,256	$120,801,147	$182,721,173	$331,954,316	$396,143,742	$506,682,438	$602,956,133
Medicaid Aggregate											
Medicaid Aggregate - WW only											
Hypothetical 1 Per Capita											
HCBS 217 Like	1	HCBS – 217 Like	$147,450	$11,154,705	$170,361,648	$189,473,040	$202,414,047	$332,140,480	$371,613,464	$468,382,381	$552,708,142
SED – 217 Like	2	SED – 217 Like	$42	$29,462	$13,944	$48,354	$6,119,189	$11,413,865	$11,112,159	$12,686,483	$12,020,667
IDD/MI – 217 Like	3	IDD/MI – 217 Like			$599,439	$3,903,695	$5,492,456	$10,880,225	$11,425,419	$12,037,251	$7,700,607
Hypothetical 1 Aggregate											
Hypothetical 2 Per Capita											
New Adult Group	1	New Adult Group	$7,938,698	$849,378,031	$2,862,019,497	$2,913,087,529	$3,060,274,323	$2,995,695,863	$2,980,968,652	$2,941,174,200	$3,770,193,567
Hypothetical 2 Aggregate											
Hypothetical 3 Per Capita											
SUD IMD Services MEG 1	1	SUD Long Term							$13,992,035	$24,918,347	$26,525,747
SUD IMD Services MEG 2	2	SUD Short Term						$10,208	$9,468,182	$13,207,802	$21,270,502
SUD IMD Services MEG 3	3	SUD Detox						$2,399	$13,363,305	$18,491,400	$16,475,217
Hypothetical 3 Aggregate											
TOTAL			$2,831,800,543	$4,914,175,847	$ 7,084,163,850	$ 7,065,021,601	$ 7,371,859,019	$ 7,393,812,338	$ 7,485,007,099	$ 7,634,767,335	$ 8,942,901,826

MEG Names	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.
Positive adjustments increase expenditures, and negative adjustments decrease expenditures.
Enter adjustments for every MEG for which adjustments were made or are planned.
Helpful Hint: Remember to enter total adjustments as positive or negative (for example, -$10,000 reflects a decrease in expenditures)

		DEMONSTRATION YEARS (DY)																														Description (type of collection, time period, CMS-64 reporting line, etc.)
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Medicaid Per Capita																																
Title XIX	1																															
ABD	2	$1,352,747,540	$1,573,981,386	$1,680,638,396	$1,840,670,449	$1,700,016,750	$1,352,747,540	$1,332,873,586	$1,283,000,862	$1,302,498,110																						
LTC	3	$1,352,747,540	$1,573,981,386	$1,680,638,396	$1,840,670,449	$1,700,016,750	$1,352,747,540	$1,332,873,586	$1,283,000,862	$1,302,498,110																						
HCBS – State Plan	4																															
Medicaid Aggregate																																
Medicaid Aggregate - WW only																																
SED at Risk	1																															
Supports Expansion	2																															
DSRIP	3																															
Community Care Program	4																															
IDD/OOS	5																															
OPG Eligibility	6																															
NJHV	7																															
Hypothetical 1 Per Capita																																
HCBS 217 Like	1																															
SED – 217 Like	2																															
IDD/MI – 217 Like	3																															
Hypothetical 1 Aggregate																																
Hypothetical 2 Per Capita																																
New Adult Group	1																															
Hypothetical 2 Aggregate																																
Hypothetical 3 Per Capita																																
SUD IMD Services MEG 1	1																															
SUD IMD Services MEG 2	2																															
SUD IMD Services MEG 3	3																															
Hypothetical 3 Aggregate																																

WW Spending - Actual

Total Computable

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	$1,660,583,428	$2,401,765,195	$2,588,419,726	$2,549,689,308	$2,591,772,498	$2,628,599,121	$2,764,625,104	$2,452,035,359	$2,835,295,342																					
ABD	2	$2,615,466,553	$3,834,913,719	$3,443,882,354	$3,237,843,777	$3,521,032,115	$3,419,263,446	$3,229,732,825	$3,066,199,574	$2,944,047,098																					
LTC	3	$1,352,747,540	$1,573,991,386	$1,690,639,296	$1,840,670,449	$1,700,016,750	$1,352,747,540	$1,332,873,586	$1,293,000,862	$1,202,498,110																					
HCBS – State Plan	4	$86,938	$5,736,943	$99,424,331	$240,210,194	$365,291,358	$663,648,138	$792,002,330	$952,323,951	$1,072,579,346																					
Medicaid Aggregate																															
Medicaid Aggregate - WW only																															
SED at Risk	1	$24,261,050	$36,820,806	$35,571,478	$39,987,861	$42,808,686	$47,698,715	$39,185,664	$38,430,731	$37,636,515																					
Supports Expansion	2						$66,842,019	$278,353,983	$324,564,664	$355,653,231																					
DSRIP	3		$83,304,870	$166,600,001	$166,600,000	$166,600,000	$166,599,999	$166,600,000	$166,600,000																						
Community Care Program	4						$494,596,891	$1,402,718,493	$1,524,075,402	$1,835,237,634																					
IDD/OOS	5																														
OPG Eligibility	6																														
NJHV	7																														
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	$288,890	$21,558,904	$331,749,289	$376,403,885	$404,760,844	$664,085,816	$742,985,910	$876,295,669	$983,528,945																					
SED – 217 Like	2	$83	$58,922	$27,837	$96,680	$12,236,369	$22,824,203	$22,204,926	$23,653,862	$21,387,664																					
IDD/MI – 217 Like	3			$1,186,792	$7,798,525	$10,984,729	$21,760,260	$22,842,582	$22,465,602	$13,701,958																					
Hypothetical 1 Aggregate																															
Hypothetical 2 Per Capita																															
New Adult Group	1	$7,940,104	$849,408,487	$2,862,995,849	$2,915,559,488	$3,146,351,868	$3,170,627,665	$3,189,233,111	$3,215,312,567	$4,189,078,809																					
Hypothetical 2 Aggregate																															
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							$15,875,615	$28,632,536	$31,032,522																					
SUD IMD Services MEG 2	2						$20,536	$11,595,787	$16,002,359	$25,480,906																					
SUD IMD Services MEG 3	3						$2,588	$15,997,381	$22,193,990	$19,816,992																					
Hypothetical 3 Aggregate																															
TOTAL		**$5,661,374,586**	**$8,807,559,232**	##############	##############	##############	##############	##############	##############	##############																					

Federal Share

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	$833,653,853	$1,329,321,526	$1,419,825,446	$1,293,830,668	$1,302,143,614	$1,322,003,317	$1,391,108,231	$1,312,880,527	$1,600,140,725																					
ABD	2	$1,990,016,012	$2,721,319,826	$2,580,279,620	$2,543,877,159	$2,612,694,217	$2,389,702,588	$2,285,811,930	$2,326,236,615	$2,332,722,429																					
LTC	3																														
HCBS – State Plan	4	$44,479	$2,972,207	$51,064,256	$120,801,147	$182,721,173	$331,954,316	$396,143,742	$506,682,438	$602,956,133																					
Medicaid Aggregate																															
Medicaid Aggregate - WW only																															
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	$147,459	$11,154,795	$170,361,648	$189,473,049	$202,414,047	$332,140,469	$371,613,464	$466,362,381	$552,796,142																					
SED – 217 Like	2	$42	$29,462	$13,944	$48,354	$6,119,189	$11,413,865	$11,112,159	$12,686,483	$12,020,667																					
IDD/MI – 217 Like	3			$599,439	$3,903,695	$5,492,456	$10,880,225	$11,425,419	$12,037,251	$7,700,607																					
Hypothetical 1 Aggregate																															
Hypothetical 2 Per Capita																															
New Adult Group	1	$7,938,698	$849,378,031	$2,862,019,497	$2,913,087,529	$3,060,274,323	$2,995,695,863	$2,980,968,652	$2,941,174,200	$3,770,193,567																					
Hypothetical 2 Aggregate																															
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							$13,992,035	$24,918,347	$26,525,747																					
SUD IMD Services MEG 2	2						$19,296	$9,468,162	$13,297,693	$21,370,592																					
SUD IMD Services MEG 3	3						$2,399	$13,363,305	$18,491,400	$16,475,217																					
Hypothetical 3 Aggregate																															
TOTAL		**$2,831,800,543**	**$4,914,175,847**	**$7,084,163,850**	**$7,065,021,601**	**$7,371,859,019**	**$7,393,812,338**	**$7,485,007,099**	**$7,634,767,335**	**$8,942,901,826**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

WW Spending - Total

Total Computable

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	$1,660,583,428	$2,401,765,195	$2,588,419,726	$2,549,689,308	$2,591,772,498	$2,628,599,121	$2,764,625,104	$2,452,035,359	$3,629,251,193	$3,303,321,084																				
ABD	2	$2,615,466,553	$3,834,913,719	$3,443,882,354	$3,237,843,777	$3,521,032,115	$3,419,263,446	$3,229,732,825	$3,066,199,574	$3,821,238,634	$2,745,729,065																				
LTC	3	$1,352,747,540	$1,573,991,386	$1,690,639,296	$1,840,670,449	$1,700,016,750	$1,352,747,540	$1,332,873,586	$1,293,000,862	$1,494,660,958	$1,029,922,750																				
HCBS – State Plan	4	$86,938	$5,736,943	$99,424,331	$240,210,194	$365,291,358	$663,648,138	$792,002,330	$952,323,951	$1,334,328,918	$1,268,171,910																				
Medicaid Aggregate																															
Medicaid Aggregate - WW only																															
SED at Risk	1	$24,261,050	$36,820,806	$35,571,478	$39,987,861	$42,808,686	$47,698,715	$39,185,664	$38,430,731	$46,534,724	$36,428,875																				
Supports Expansion	2						$66,842,019	$278,353,983	$324,564,664	$440,362,279	$433,004,948																				
DSRIP	3		$83,304,870	$166,600,001	$166,600,000	$166,600,000	$166,599,999	$166,600,000	$166,600,000																						
Community Care Program	4						$494,596,891	$1,402,718,493	$1,524,075,402	$2,376,330,097	$1,758,609,683																				
IDD/OOS	5																														
OPG Eligibility	6										$3,654,683																				
NJHV	7										$39,352,314																				
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	$288,890	$21,558,904	$331,749,289	$376,403,885	$404,760,844	$664,085,816	$742,985,910	$876,295,669	$1,225,204,398	$1,112,949,798																				
SED – 217 Like	2	$83	$58,922	$27,837	$96,680	$12,236,369	$22,824,203	$22,204,926	$23,653,862	$26,528,945	$26,415,291																				
IDD/MI – 217 Like	3			$1,186,792	$7,798,525	$10,984,729	$21,760,260	$22,842,582	$22,465,602	$16,862,215	$12,321,195																				
Hypothetical 1 Aggregate																															
Hypothetical 2 Per Capita																															
New Adult Group	1	$7,940,104	$849,408,487	$2,862,995,849	$2,915,559,488	$3,146,351,868	$3,170,627,665	$3,189,233,111	$3,215,312,567	$5,291,653,102	$4,235,229,617																				
Hypothetical 2 Aggregate																															
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							$15,875,615	$28,632,536	$38,875,757	$42,676,767																				
SUD IMD Services MEG 2	2						$20,536	$11,595,787	$16,002,359	$31,925,751	$72,274,578																				
SUD IMD Services MEG 3	3						$2,588	$15,997,381	$22,193,990	$23,949,886	$67,735,536																				
Hypothetical 3 Aggregate																															
TOTAL		**$5,661,374,586**	**$8,807,559,232**	##############	##############	##############	##############	##############	##############	##############	##############																				

Federal Share

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	$833,653,853	$1,329,321,526	$1,419,825,446	$1,293,830,668	$1,302,143,614	$1,322,003,317	$1,391,108,231	$1,312,880,527	$1,997,118,651	$1,651,660,542																				
ABD	2	$1,990,016,012	$2,721,319,826	$2,580,279,620	$2,543,877,159	$2,612,694,217	$2,389,702,588	$2,285,811,930	$2,326,236,615	$2,771,318,197	$1,372,864,532																				
LTC	3									$146,081,424	$514,961,375																				
HCBS – State Plan	4	$44,479	$2,972,207	$51,064,256	$120,801,147	$182,721,173	$331,954,316	$396,143,742	$506,682,438	$733,830,919	$634,085,955																				
										$317,349,860	$1,135,525,252																				
Medicaid Aggregate																															
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
Medicaid Aggregate - WW only																															
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	$147,459	$11,154,795	$170,361,648	$189,473,049	$202,414,047	$332,140,469	$371,613,464	$466,362,381	$673,633,869	$556,474,899																				
SED – 217 Like	2	$42	$29,462	$13,944	$48,354	$6,119,189	$11,413,865	$11,112,159	$12,686,483	$14,591,307	$13,207,646																				
IDD/MI – 217 Like	3			$599,439	$3,903,695	$5,492,456	$10,880,225	$11,425,419	$12,037,251	$9,280,736	$6,160,598																				
Hypothetical 1 Aggregate																															
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
Hypothetical 2 Per Capita																															
New Adult Group	1	$7,938,698	$849,378,031	$2,862,019,497	$2,913,087,529	$3,060,274,323	$2,995,695,863	$2,980,968,652	$2,941,174,200	$4,762,510,431	$3,811,706,655																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
Hypothetical 2 Aggregate																															
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							$13,992,035	$24,918,347	$26,525,747																					
SUD IMD Services MEG 2	2						$19,296	$9,468,162	$13,297,693	$21,370,592																					
SUD IMD Services MEG 3	3						$2,399	$13,363,305	$18,491,400	$16,475,217																					
Hypothetical 3 Aggregate																															
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
										$317,349,860	$1,135,525,252																				
TOTAL		**$2,831,800,543**	**$4,914,175,847**	**$7,084,163,850**	**$7,065,021,601**	**$7,371,859,019**	**$7,393,812,338**	**$7,485,007,099**	**$7,634,767,335**	##############	##############																				

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.
For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.
Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.
Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	5,773,487	7,850,901	8,663,532	8,860,753	8,783,577	8,630,630	8,298,373	7,951,227																						
ABD	2	2,485,666	3,342,730	3,121,468	3,104,985	3,045,217	2,949,444	2,861,771	2,772,590																						
LTC	3	273,900	273,900	273,911	279,247	290,462	294,010	300,047	290,951																						
HCBS – State Plan	4	13,594	18,860	25,169	58,682	98,154	137,778	167,377	196,367																						
Medicaid Per Capita - WOW only																															
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	96,351	127,895	121,755	132,151	147,480	159,411	175,156	195,846																						
SED – 217 Like	2	113	145	116	114	1,880	3,494	3,831	4,185																						
IDD/MI – 217 Like	3	-	582	594	3,119	4,330	7,761	8,491	8,766																						
Hypothetical 2 Per Capita																															
New Adult Group	1	6,057	1,186,513	6,526,455	6,768,458	6,846,365	6,775,554	6,574,730	6,453,512																						
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							4,896	9,267																						
SUD IMD Services MEG 2	2							3,934	6,321																						
SUD IMD Services MEG 3	3							3,063	6,224																						

Member Months - Projected

Enter/adjust projected member months based on reported actuals.
Enter projected number of member months for each active DY per MEG for the demonstration.
For the current DY, enter only the number that reflects projections for future quarters of the DY.
Do not include member months for either the current reporting quarter or past quarters

		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																								
Title XIX	1		8 824 952	8 835 326	8 604 591	8 833 474	9 068 446	9 309 668	9 557 307															
ABD	2		2 665 099	2 577 729	2 929 004	2 982 768	3 037 520	3 093 276	3 150 056															
LTC	3		249 287	239 939	305 017	310 616	316 317	322 124	328 037															
HCBS – State Plan	4		213 810	259 752	209 008	212 845	216 752	220 730	224 782															
Medicaid Per Capita - WOW only																								
Hypothetical 1 Per Capita																								
HCBS 217-Like	1		211 848	231 925	207 629	211 441	215 322	219 274	223 299															
SED – 217 Like	2		4 218	5 162	64 605	65 791	66 998	68 228	69 481															
IDD/MI – 217 Like	3		4 690	4 784	8 780	8 941	9 106	9 273	9 443															
Hypothetical 2 Per Capita																								
New Adult Group	1		7 584 955	7 781 731	6 817 099	6.942.234	7.069.665	7.199.435	7.331.587															
Hypothetical 3 Per Capita																								
SUD IMD Services MEG 1	1		9 267	9 267	6 164	6 164	6 164	6 164	6 164															
SUD IMD Services MEG 2	2		6 321	6 321	5 895	5 895	5 895	5 895	5 895															
SUD IMD Services MEG 3	3		6 224	6 224	8 615	8 615	8 615	8 615	8 615															

-

Member Months - Total

		DEMONSTRATION YEARS (DY)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Medicaid Per Capita																															
Title XIX	1	5,773,487	7,850,901	8,663,532	8,860,753	8,783,577	8,630,630	8,298,373	7,951,227	8,824,952	8,835,326	8,604,591	8,833,474	9,068,446	9,309,668	9,557,307															
ABD	2	2,485,666	3,342,730	3,121,468	3,104,985	3,045,217	2,949,444	2,861,771	2,772,590	2,665,099	2,577,729	2,929,004	2,982,768	3,037,520	3,093,276	3,150,056															
LTC	3	273,900	273,900	273,911	279,247	290,462	294,010	300,047	290,951	249,287	239,939	305,017	310,616	316,317	322,124	328,037															
HCBS – State Plan	4	13,594	18,860	25,169	58,682	98,154	137,778	167,377	196,367	213,810	259,752	209,008	212,845	216,752	220,730	224,782															
Medicaid Per Capita - WOW only																															
Hypothetical 1 Per Capita																															
HCBS 217-Like	1	96,351	127,895	121,755	132,151	147,480	159,411	175,156	195,846	211,848	231,925	207,629	211,441	215,322	219,274	223,299															
SED – 217 Like	2	113	145	116	114	1,880	3,494	3,831	4,185	4,218	5,162	64,605	65,791	66,998	68,228	69,481															
IDD/MI – 217 Like	3		582	594	3,119	4,330	7,761	8,491	8,766	4,690	4,784	8,780	8,941	9,106	9,273	9,443															
Hypothetical 2 Per Capita																															
New Adult Group	1	6,057	1,186,513	6,526,455	6,768,458	6,846,365	6,775,554	6,574,730	6,453,512	7,584,955	7,781,731	6,817,099	6,942,234	7,069,665	7,199,435	7,331,587															
Hypothetical 3 Per Capita																															
SUD IMD Services MEG 1	1							4,896	9,267	9,267	9,267	6,164	6,164	6,164	6,164	6,164															
SUD IMD Services MEG 2	2							3,934	6,321	6,321	6,321	5,895	5,895	5,895	5,895	5,895															
SUD IMD Services MEG 3	3							3,063	6,224	6,224	6,224	8,615	8,615	8,615	8,615	8,615															

Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	1
Budget Neutrality Reporting End DY	10

Actuals + Projected

Without-Waiver Total Expenditures

			6	7	8	9	10	Total
Medicaid Per Capita								
Title XIX	1	**Total**	$ 3.685.279.010	$ 3.692.775.985	$ 3.681.418.101	$ 4.253.626.935	$ 4.435.333.828	
		PMPM	$427.00	$445.00	$463.00	$482.00	$502.00	
		Mem-Mon	**8.630.630**	8.298.373	7.951.227	8.824.952	8.835.326	
ABD	2	**Total**	$ 3.819.529.980	$ 3.840.496.682	$ 3.853.900.100	$ 3.837.743.090	$ 3.845.971.127	
		PMPM	$1.295.00	$1.342.00	$1.390.00	$1.440.00	$1.492.00	
		Mem-Mon	**2.949.444**	2.861.771	2.772.590	2.665.099	2.577.729	
LTC	3	**Total**	$ 3.075.344.600	$ 3.260.910.796	$ 3.285.418.692	$ 2.924.630.632	$ 2.924.620.089	
		PMPM	$10.460.00	$10.868.00	$11.292.00	$11.732.00	$12.189.00	
		Mem-Mon	294.010	300.047	290.951	249.287	239.939	
HCBS – State Plan	4	**Total**	$ 373.929.492	$ 470.998.878	$ 572.998.906	$ 646.989.722	$ 815.101.159	
		PMPM	$2.714.00	$2.814.00	$2.918.00	$3.026.00	$3.138.00	
		Mem-Mon	137.778	167.377	196.367	213.810	259.752	
TOTAL			**$ 10.954.083.082**	**$ 11.265.182.341**	**$ 11.393.735.799**	**$ 11.662.990.378**	**$ 12.021.026.203**	**$ 103.222.945.159**

With-Waiver Total Expenditures

		6	7	8	9	10	TOTAL
Medicaid Per Capita							
Title XIX	1	$ 2.628.599.121	$ 2.764.625.104	$ 2.452.035.359	$ 3.629.251.193	$ 3.303.321.084	
ABD	2	$ 3.419.263.446	$ 3.229.732.825	$ 3.066.199.574	$ 3.821.238.634	$ 2.745.729.065	
LTC	3	$ 1.352.747.540	$ 1.332.873.586	$ 1.293.000.862	$ 1.494.660.958	$ 1.029.922.750	
HCBS – State Plan	4	$ 663.648.138	$ 792.002.330	$ 952.323.951	$ 1.334.328.918	$ 1.268.171.910	
Medicaid Aggregate - WW only							
SED at Risk	1	$ 47.698.715	$ 39.185.664	$ 38.430.731	$ 46.534.724	$ 36.428.875	
Supports Expansion	2	$ 66.842.019	$ 278.353.983	$ 324.564.664	$ 440.362.279	$ 433.004.948	
DSRIP	3	$ 166.599.999	$ 166.600.000	**$ 166.600.000**	$ -	$ -	
Community Care Program	4	$ 494.596.891	$ 1.402.718.493	$ 1.524.075.402	$ 2.376.330.097	$ 1.758.609.683	
IDD/DOS	5	$ -	$ -	$ -	$ -	$ -	
OPG Eligibility	6	$ -	$ -	$ -	$ -	$ 3.654.683	
NJHV	7	$ -	$ -	$ -	$ -	$ 39.352.314	
TOTAL		**$ 8.839.995.869**	**$ 10.006.091.985**	**$ 9.817.230.543**	**$ 13.142.706.803**	**$ 10.618.195.311**	**$ 90.560.969.121**

Savings Phase-Down

Medicaid Per Capita			6	7	8	9	10	TOTAL
Title XIX	1	*Savings Phase-Down*						
		Without Waiver	$ 3.685.279.010	$ 3.692.775.985	$ 3.681.418.101	$ 4.253.626.935	$ 4.435.333.828	
		With Waiver	$ 2.628.599.121	$ 2.764.625.104	$ 2.452.035.359	$ 3.629.251.193	$ 3.303.321.084	
Difference			$ 1.056.679.889	$ 928.150.881	$ 1.229.382.742	$ 624.375.741	$ 1.132.012.744	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 792.509.917	$ 696.113.161	$ 922.037.057	$ 468.281.806	$ 849.009.558	
ABD	2	*Savings Phase-Down*						
		Without Waiver	$ 3.819.529.980	$ 3.840.496.682	$ 3.853.900.100	$ 3.837.743.090	$ 3.845.971.127	
		With Waiver	$ 3.419.263.446	$ 3.229.732.825	$ 3.066.199.574	$ 3.821.238.634	$ 2.745.729.065	
Difference			$ 400.266.534	$ 610.763.857	$ 787.700.526	$ 16.504.456	$ 1.100.242.063	
Phase-Down Percentage			63%	58%	53%	48%	43%	
Savings Reduction			$ 148.098.618	$ 256.520.820	$ 370.219.247	$ 8.582.317	$ 627.137.976	
LTC	3	*Savings Phase-Down*						
		Without Waiver	$ 3.075.344.600	$ 3.260.910.796	$ 3.285.418.692	$ 2.924.630.632	$ 2.924.620.089	
		With Waiver	$ 1.352.747.540	$ 1.332.873.586	$ 1.293.000.862	$ 1.494.660.958	$ 1.029.922.750	
Difference			$ 1.722.597.060	$ 1.928.037.210	$ 1.992.417.830	$ 1.429.969.674	$ 1.894.697.340	
Phase-Down Percentage			63%	58%	53%	48%	43%	
Savings Reduction			$ 637.360.912	$ 809.775.628	$ 936.436.380	$ 743.584.231	$ 1.079.977.484	
HCBS – State Plan	4	*Savings Phase-Down*						
		Without Waiver	$ 373.929.492	$ 470.998.878	$ 572.998.906	$ 646.989.722	$ 815.101.159	
		With Waiver	$ 663.648.138	$ 792.002.330	$ 952.323.951	$ 1.334.328.918	$ 1.268.171.910	
Difference			$ (289.718.646)	$ (321.003.452)	$ (379.325.045)	$ (687.339.197)	$ (453.070.751)	
Phase-Down Percentage			100%	100%	100%	100%	100%	
Savings Reduction			$ -	$ -	$ -	$ -	$ -	
Total Reduction			**$ 1.577.969.447**	**$ 1.762.409.609**	**$ 2.228.692.684**	**$ 1.220.448.354**	**$ 2.556.125.917**	**$ 9.345.645.110**

BASE VARIANCE		**$ 536.117.766**	**$ (503.319.253)**	**$ (652.187.428)**	**$ (2.700.164.778)**	**$ (1.153.294.125)**	$	**3.376.340.928**
Excess Soending from Hvoothetical							$	(954.333.790)
1115A Dual Demonstration Savings (state preliminary estimate)							$	-
1115A Dual Demonstration Savings (OACT certified)							$	-
Carry-Forward Savings From Prior Period								
NET VARIANCE							$	**2.422.007.138**

Cumulative Target Limit

		6	7	8	9	10	
Cumulative Target Percentage (CTP)		0.25%	0.25%				
Cumulative Budget Neutrality Limit (CBNL)		$ 55.302.040.991	$ 64.804.813.723	$ 73.969.856.838	$ 84.412.398.862	$ 93.877.300.048	
Allowed Cumulative Variance (= CTP X CBNL)		$ 138.255.102	$ 162.012.034	$ -	$ -	$ -	
Actual Cumulative Variance (Positive = Overspending)		$ (8.385.306.512)	$ (7.881.987.259)	$ (7.229.799.831)	$ (4.529.635.053)	$ (3.376.340.928)	
Is a Corrective Action Plan needed?							

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			6	7	8	9	10	TOTAL
Hvoothetical 1 Per Capita								
HCBS 217-Like	1	**Total**	$ 431.366.166	$ 491.487.736	$ 569.911.860	$ 639.357.794	$ 725.925.355	
		PMPM	$2.706.00	$2.806.00	$2.910.00	$3.018.00	$3.130.00	
		Mem-Mon	159.411	175.156	195.846	211.848	231.925	
SED – 217 Like	2	**Total**	$ 10.373.686	$ 11.910.579	$ 13.622.175	$ 14.373.732	$ 18.417.167	
		PMPM	$2.969.00	$3.109.00	$3.255.00	$3.408.00	$3.568.00	
		Mem-Mon	3.494	3.831	4.185	4.218	5.162	
IDD/MI – 217 Like	3	**Total**	$ 100.939.566	$ 115.621.947	$ 124.976.862	$ 70.005.777	$ 74.775.771	
		PMPM	$13,006.00	$13,617.00	$14,257.00	$14,927.00	$15,629.00	
		Mem-Mon	7.761	8.491	8.766	4.690	4.784	
TOTAL			**$542,679,418**	**$619,020,262**	**$708,510,897**	**$723,737,303**	**$819,118,294**	**$5,052,218,632**

With-Waiver Total Expenditures

		6	7	8	9	10	TOTAL
Hvoothetical 1 Per Capita							
HCBS 217-Like	1	$664,085,816	$742,985,910	$876,295,669	$1,225,204,398	$1,112,949,798	
SED – 217 Like	2	$22,824,203	$22,204,926	$23,653,862	$26,528,945	$26,415,291	
IDD/MI – 217 Like	3	$21,760,260	$22,842,582	$22,465,602	$16,862,215	$12,321,195	
TOTAL		**$ 708,670,279**	**$ 788,033,418**	**$ 922,415,133**	**$ 1,268,595,558**	**$ 1,151,686,286**	**$ 6,006,552,422**
HYPOTHETICALS VARIANCE 1		**$ (165,990,861)**	**$ (169,013,156)**	**$ (213,904,236)**	**$ (544,858,255)**	**$ (332,567,990)**	**$ (954,333,790)**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			6	7	8	9	10	TOTAL
Hvoothetical 2 Per Capita								
New Adult Group	1	**Total**	$ 3.162.422.074	$ 3.212.939.056	$ 3.301.939.415	$ 4.063.260.218	$ 4.364.539.576	
		PMPM	$466.74	$488.68	$511.65	$535.70	$560.87	
		Mem-Mon	6.775.554	6.574.730	6.453.512	7.584.955	7.781.731	
TOTAL			**$ 3.162.422.074**	**$ 3.212.939.056**	**$ 3.301.939.415**	**$ 4.063.260.218**	**$ 4.364.539.576**	**$ 29.627.750.662**

With-Waiver Total Expenditures

		6	7	8	9	10	TOTAL
Hvoothetical 2 Per Capita							
New Adult Group	1	$ 3.170.627.665	$ 3.189.233.111	$ 3.215.312.567	$ 5.291.653.102	$ 4.235.229.617	
TOTAL		**$ 3.170.627.665**	**$ 3.189.233.111**	**$ 3.215.312.567**	**$ 5.291.653.102**	**$ 4.235.229.617**	**$ 28.884.311.858**
HYPOTHETICALS VARIANCE 2		**$ (8,205,591)**	**$ 23,705,945**	**$ 86,626,848**	**$ (1,228,392,884)**	**$ 129,309,959**	**$ 743,438,804**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			6	7	8	9	10	TOTAL
Hvoothetical 3 Per Capita								
SUD IMD Services MEG 1	1	**Total**	$ -	$ 16.352.640	$ 32.471.568	$ 34.065.492	$ 35.733.552	
		PMPM	$3.184.00	$3.340.00	$3.504.00	$3.676.00	$3.856.00	
		Mem-Mon		4.896	9.267	9.267	9.267	
SUD IMD Services MEG 2	2	**Total**	$ -	$ 17.014.550	$ 28.678.377	$ 30.087.992	$ 31.560.753	
		PMPM	$4.123.00	$4.325.00	$4.537.00	$4.760.00	$4.993.00	
		Mem-Mon		3.934	6.321	6.321	6.321	
SUD IMD Services MEG 3	3	**Total**	$ -	$ 10.499.964	$ 21.205.168	$ 22.244.576	$ 23.340.000	
		PMPM	$3.097.00	$3.428.00	$3.407.00	$3.574.00	$3.750.00	
		Mem-Mon		3.063	6.224	6.224	6.224	
TOTAL			**$ -**	**$ 43.867.154**	**$ 82.355.113**	**$ 86.398.028**	**$ 90.634.305**	**$ 303.254.600**

With-Waiver Total Expenditures

		6	7	8	9	10	TOTAL
Hvoothetical 3 Per Capita							
SUD IMD Services MEG 1	1	$ -	$ 15.875.615	$ 28.632.536	$ 38.875.757	$ 42.676.767	
SUD IMD Services MEG 2	2	$ 20.536	$ 11.595.787	$ 16.002.359	$ 31.925.751	$ 72.274.578	
SUD IMD Services MEG 3	3	$ 2.588	$ 15.997.381	$ 22.193.990	$ 23.949.886	$ 67.735.536	
TOTAL		**$ 23,124**	**$ 43,468,783**	**$ 66,828,885**	**$ 94,751,395**	**$ 182,686,881**	**$ 387,759,068**
HYPOTHETICALS VARIANCE 3		**$ (23,124)**	**$ 398,371**	**$ 15,526,228**	**$ (8,353,367)**	**$ (92,052,576)**	**$ (84,504,468)**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

Waiver List

MAP WAIVERS

Not Applicable
ABD
ACCAP – 217 Like
ACCAP – SP
AWDC
CCP MEG
Childless Adults
CRPD – 217 Like
CRPD –SP
DSRIP
GME State Plan
GO – 217 Like
GO – SP
HCBS – 217 Like
HCBS – State Plan
HRSF & GME
HRSF Transition Payments
IDD/MI – 217 Like
IDD/OOS
LTC
MATI at Risk
New Adult Group
NJCW
NJHV
OPG Eligibility
SED – 217 Like
SED at Risk
SUD-Detox
SUD-Long Term
SUD-Short Term
Supports Program
TBI – 217 Like
TBI – SP
Title XIX
XIX CHIP Parents

ADM WAIVERS

FAMILY PLAN
FAMILY PLANNING

Demonstration Reporting Start DY 6
Demonstration Reporting End DY 10

Reporting Net Variance
$ (6,853,131,041)