New Jersey Comprehensive Demonstration
Section 1115 Quarterly Report
***Demonstration Year: 10* (7/1/21-6/30/22)**
***State Fiscal Quarter:* Quarter 4 (4/01/22-6/30/22)**

I. Introduction

The New Jersey Comprehensive Demonstration (NJCD) was approved by the Centers for Medicare and Medicaid Services (CMS) on October 2, 2012, and is effective October 1, 2017 through June 30, 2022. New Jersey has subsequently received an extension on the current demonstration period through December 31, 2022.

This five year demonstration will:

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

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

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

II. Enrollment and Benefit Information

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

Aside from certain temporary changes due to the COVID-19 emergency, there have been no changes in trends or issues related to eligibility, enrollment, disenrollment, access, and

delivery networks in the current quarter. We continue to see increased and sustained enrollment due to the continuing public health emergency.

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

On October 28, 2021, CMS approved NJ's amendment request to extend postpartum care from 60 days to 12 months. The State is moving forward with implementation to ensure that no postpartum members lose coverage once the PHE ends. We continue to have ongoing discussions with CMS as we work towards implementation.

III. Enrollment Counts for Quarter

Demonstration Populations by MEG	Total Number of Demonstration participants Quarter Ending – 06/21	Total Number of Demonstration participants Quarter Ending – 09/21	Total Number of Demonstration participants Quarter Ending – 12/21	Total Number of Demonstration participants Quarter Ending – 03/22
Title XIX	777,315	798,896	816,124	821,572
ABD	228,093	227,589	226,479	222,856
LTC				
HCBS - State plan	18,635	18,678	18,640	18,581
TBI – SP				
ACCAP – SP				
CRPD – SP				
GO – SP				
HCBS - 217-Like	18,336	18,666	18,726	18,673
TBI – 217-Like				
ACCAP – 217-Like				
CRPD – 217-Like				
GO – 217-Like				
SED - 217 Like	419	421	430	424
IDD/MI – (217 Like)	689	670	632	572
NJ Childless Adults				
Expansion Adults	680,852	699,936	716,324	723,612
SED at Risk	2,836	2,720	4,911	5,065
MATI at Risk				

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

IV. Outreach/Innovative Activities to Assure Access

MLTSS

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

During this quarter, DHS provided updates to the following long-term care stakeholders:

- 1/27/22 - the New Jersey Medical Assistance Advisory Council, a group comprised of medical care and health services professionals as well as advocacy groups who advise the State's Medicaid Director. The meeting topics included:
  - 1) Policy updates on the 1115 Comprehensive Medicaid Waiver Demonstration Renewal, American Rescue Plan Enhanced Federal Match for HCBS
  - 2) COVID-19 updates including at-home testing coverage, vaccination mandates for healthcare workers, and vaccination rates
  - 3) 2021 overview of goals and initiatives
- 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 regarding the public health emergency and identify challenges and policy needs.

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

I-DD/SED

As needed, implementation meetings were held with the Division of Medical Assistance and Health Services (DMAHS), Gainwell Technologies (Medicaid's fiscal agent), Children's System

of Care (CSOC) and CSOC's Contracted Systems Administrator (CSA). CSOC will continue to assist and provide technical assistance to providers as it relates to procedures. CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.

Supports Program and Community Care Program

The Division of Developmental Disabilities (DDD) is responsible for the daily operations of both the Supports Program (SP) and the Community Care Program (CCP). DDD addresses outreach and activities for both their programs concurrently as the same providers and advocacy organizations are affiliated with both programs. Additionally, the majority of the supports and services are identical in both programs. The primary difference between the two programs is the required level of care. Therefore, the below represents outreach and collaboration with our State partners, beneficiaries, families, and the provider and advocacy communities that is representative of both DDD programs. However, data metrics are broken down by program.

The Waiver Unit established a "DDD Medicaid Eligibility Helpdesk" to assist families, providers, advocates, etc. with questions related to Medicaid and the operations of the SP and CCP as related to Medicaid and billing. During this quarter, there were 1,076 questions submitted and answered. Three domains compose approximately 72% of the emails received. These areas are Medicaid Troubleshooting (33%), Transitioning between waiver programs (i.e.: From MLTSS to Supports Program + Private Duty Nursing, SP to CCP, CCP to MLTSS, etc.) (21%), and Other (17%) Due to a trend of the category "Other" increasing analysis was conducted. The majority of these questions in the category "Other" focused on future Medicaid planning, special program code questions (opening and closing), and HMO enrollment questions. Future Medicaid planning is generally around parents retiring. The remainder of the questions in this category focused on citizenship issues, wavier admission questions, inquiries from the Board of Social Services asking if an individual is affiliated with DDD, follow-up emails that resulted in an immediate resolution, and inquiries which needed to be re-routed to the appropriate entities. Included in the 21% "Transitioning" category above the helpdesk was also involved in assisting DDD eligible children who are losing their EPSDT PDN services on their 21st birthday as well as individuals who wanted to change from one demonstration program to another. Examples include children losing their educational entitlement and needing SP+PDN services, specifically the PDN or individuals wanting to transfer from MLTSS to a DDD program. The helpdesk received 228 questions related to these topics and assisted 9 individuals transitioning between waiver programs or enrolling into a program through the age-out process this quarter.

Interim Management Entity (IME)

Background: As part of the NJ FamilyCare Comprehensive Demonstration, the state identified University Behavioral Health Care (UBHC) within Rutgers University to develop and implement a 24-hour call center (ReachNJ) and an Interim Managing Entity (IME) to manage adult Substance Use Disorder (SUD) treatment services while New Jersey moved toward an

integrated managed system of care. The IME went live on July 1, 2015 and continues to serve as a point of entry for residents seeking treatment or information about SUD.

During Federal Fiscal Quarter 3 of Demonstration Year 10, 1/1/22 - 3/31/22:

- The Interim Managing Entity (IME) and ReachNJ received 9,195 calls from individuals seeking information, referral or admission to SUD treatment.
- ReachNJ made 910 referrals for treatment sent directly to treatment providers.
- The IME also began tracking referrals for Medication Assisted Treatment (MAT) at Office Based Addictions Treatment (OBAT) providers and during this quarter, 80 referrals were made for MAT services.
- The IME responded to 854 requests for Care Coordination services to facilitate treatment admission. CC services are offered to any individual waiting 2 days for admission to treatment.
- The IME Utilization Management (UM) staff performed clinical reviews based on ASAM patient placement criteria for admission to the appropriate level of care and from 10/1/21 to 12/31/21 and completed 7,824 reviews for Medicaid beneficiaries for treatment admission. They also performed 3,478 clinical reviews for Medicaid beneficiaries to extend treatment services based on clinical necessity.
- The IME received supports providers through education and guidance and responded to 1,470 provider assistance calls that support Medicaid SUD treatment providers.

V. Collection and Verification of Encounter Data and Enrollment Data

Summary of Issues, Activities or Findings

No issues or findings.

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

MLTSS
The State held bi-weekly conference calls with the Managed Care Organizations (MCOs) during the Demonstration Year to review statistics such as return to field face to face rates and review and care management ratios to ensure compliance with the MCO contract and discuss and create an action plan for any issues encountered by either the State or MCOs. Also, State staff from various divisions involved in MLTSS meet monthly to discuss any issues to ensure that they are resolved in a timely manner and in accordance with the rules and laws that govern the Medicaid program.
I-DD/SED
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 663 youth in the CSSP I/DD. In addition, there were an additional 458 youth in the CSSP SED that received Plan A benefits that would have not otherwise been eligible for these benefits if not for waiver participation.

Supports Program and Community Care Program

At the close of this quarter, the SP enrollment was approximately 12,450 and the CCP enrollment remains at a little over 12,000. Despite the maintenance of effort (MOE) requiring individuals to remain enrolled in Medicaid during the PHE, DDD has continued to conduct outreach to individuals who may be at-risk of losing Medicaid coverage and/or are up for a redetermination once the PHE ends. Individuals and families have been responsive to the outreach and have chosen to complete the required paperwork despite the flexibility. DDD has been successful in maintaining pre-PHE levels of responsiveness to redeterminations ensuring that eligible individuals will retain Medicaid coverage following the end of the PHE.

Despite meetings remaining remote through platforms such as Zoom, Teams, and Webinars this quarter DDD administration continued to participate in or facilitate meetings with the provider community, families, advocacy organizations, councils, and disability rights leaders through bi-weekly webinars. The webinars provided operational updates and guidance as well as regularly scheduled meetings with organizations and varied state leaders. In addition to the bi-weekly webinars, the Department of Human Services created a COVID-19 webpage that provides ongoing guidance in addition to a dashboard related to DDD operations and individuals served.

Work continued on NJ's electronic visit verification implementation with its state and community partners. This work has been successful and this quarter the EVV Teams extended their work on the new 2023 EVV requirements. Progress has moved swiftly as a result of lessons learned from the first EVV mandate. A DDD specific helpdesk related to EVV was established January 2020. The EVV helpdesk received 2,718 emails this quarter. The majority of the emails were related to billing questions. Additionally, DDD is working on a Pilot audit of 3 agencies who indicated that they were exempt from EVV as all services were delivered in the community. The Pilot audit will be conducted in the next quarter.

Other

Managed Care Contracting:

There are no updates for this quarter.

Self-attestations:

There were a total of 12 self-attestations for the time period of January 1, 2022 to March 31, 2022.

MCO Choice and Auto-assignment:

The number of individuals who changed their MCO after auto-assignment is 2,262

MLR:

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

VII. Action Plan for Addressing Any Issues Identified

No Issues Identified.

VIII. Financial/Budget Neutrality Development/Issues

New Jersey has been in discussions with CMS related to budget neutrality issues and continues to have ongoing conversations to address them.

IX. Member Month Reporting

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

X. Consumer Issues

Summary of Consumer Issues

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

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
	Contact Care Manager	Members/Providers calling for authorization status	Benefits and Eligibility	Benefits and Eligibility	PPP Program application requests
	Network provider info	Contact their Care Manager	Speak with Care Manager	PCP Change/ ID Card PCP Inquiry	D-SNP members – requesting information on flex cards for utility and

					grocery expenses
	PCP Information and Education	Questions regarding PPP	PCP Information and Education	Misdirected Call Received- General Inquiry	Speak with Care Manager
	Eligibility	PHE protocols	Provider Search Inquiries	Benefits Inquiry	Place orders for OTC benefits
	Benefits	Scheduled Visits	Member ID card Request	Provider issues/ obtaining providers	Status of assessment

XI. Quality Assurance/Monitoring Activity

MLTSS:

MLTSS Claims Processing Information by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
# Claims Received	167,743	385,511	849,557	127,719	341,498
# Claims Paid	135,340	360,988	780,536	112,150	289,109
# Claims Denied	26,967	24,521	62,847	13,826	43,289
# Claims Pending	5,436	2	6,174	1,743	9,100
Average # days for adjudication	15	15	15	15	15

Top Reasons for MLTSS Claims Denial by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
	1. Service denied because payment already made for same/similar procedure within set time frame.	1. Duplicate claim/service	1. This claim is a duplicate of a previously submitted claim for this member	1. Medicaid secondary Carrier	1.Exact Duplicate of Another Claim or Service
	2. Exact duplicate claim/service	2. Submitted after timely filing	2.Incomplete/Missing Payer Claim Control Number	2. Billing Taxonomy not valid	2.The time limit for filing

					this claim has expired
	3. The time limit for filing has expired	3. Electronic Visit Verification (EVV) submission error	3. Provider not eligible by contract for payment	3. Using type of service (TOS) based on Place of Service	3.Must submit an EOB from the primary insurance carrier
	4. Non-covered charge(s)	4. Deny preauthorization not obtained	4. Resubmit with explanation of benefit (EOB) from primary carrier	4. Submitted after Provider filing limit	4.Service was not billed through electronic visit verification
	5. Invalid combination of HCPCS modifiers	5. Units exceed utilization management authorization	5. Resubmit with EOB from Medicare	5. No authorization on file	5.Per ICD10, the combined diagnosis codes cannot be reported together

SED/IDD

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

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

Supports and Community Care Program

Similar quality reviews, audits, and monitoring are conducted for both the SP and the CCP. Data is provided for each Program and then reviewed to determine if there are systemic issues occurring in either or both programs. Systemic and individual remediation occurs as required. DDD requires reporting on approximately 80 Incident Reporting (IR) codes. The IR codes are the same for both DDD demonstration programs. During this quarter there were 555 incidents reported for 515 individuals on the Supports Program. For the CCP, there were 2,937 incidents reported for 2,021 individuals this quarter. The majority of individuals with incident reports filed in both programs experienced a single incident this quarter. Due to the State of Emergency and anticipated health crisis two new Incident Codes were developed for COVID in March 2020. One was for a medically related COVID incident and the other was for

an operational breakdown, for example, insufficient staffing. These codes already existed, but a modifier of "COVID" was added for the purpose of tracking trends.

This quarter started in the same way as the last quarter, with an increase in COVID incidents. The number of incidents increased during the last quarter and continued to increase through the end of January. Numbers began to decrease in early February. The number of service recipients with a positive COVID diagnosis this quarter was approximately 772. This is a decrease of approximately 200 since the last quarter. DDD also collects COVID data for provider staff as well and the same trend was identified. Although there were a large number of individuals testing positive for COVID, most have received the primary vaccine series as well as booster vaccines.

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 would be responsible for conducting an investigation and submitting 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 would conduct an investigation. The ORM will continue to conduct quarterly analyses around choking and walkaway incidents and provide updates to supporting units (Support Coordination Unit/Provider Performance and Monitoring Unit). The annual Walkaway Report was finalized.

The Office of Risk Management also developed a PowerPoint related to COVID incidents and trending. A Risk Council meets quarterly to look at IR from a system perspective and develops action items based on the data. This meeting took place this quarter and was held remotely. The Risk Management Unit also conducts systemic and individual remediation activities based on IR analysis which has continued during the remote work period.

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

DDD will participate in the in the National Core Indicators again this year and will include the COVID-19 questions developed by Health Services Reporting Services (HSRS). DDD will also participate in the Staff Stability survey again this year. HSRS recognized DDD's participation rate by providers during our first year (2019) as high and recently informed DDD that the

2020 response rate far exceeded the previous year's rate. DDD is appreciative of the providers' participation. The survey is expected to yield interesting and informative data, as it was conducted during the public health emergency, during which agencies expressed staffing and infrastructure concerns as a result of the PHE. The draft results are currently being reviewed to identify systemic areas to improve upon. DDD is a member of the Community of Practice and has been working to blend Person Centered philosophy tools and practices amongst the Division's Units. DDD has also been working on the Statewide Transition Plan with our sister agencies and blending the HCBS settings rule elements into all of our monitoring tools.

The New Jersey Comprehensive Assessment Tool (NJ CAT), continues to be conducted using secure video conferencing or by telephone. In addition to the clinical assessment, a check is completed by State staff to ensure that all Waiver Program criteria are met for eligibility. This includes items such as age, Medicaid eligibility, living arrangement, enrollment in additional waiver programs, etc. In addition to verifying the accuracy of screening and assessment of participants at the time of enrollment, DDD conducts monthly audits to check the ongoing eligibility criteria. In addition to DDD's internal monitoring Medicaid, as well as external auditor, conduct an annual audit. Mercadien, an outside auditor, has completed their annual audit and the findings are expected to be shared next quarter.

Other Quality/Monitoring Issues:

EQR PIP

Currently, the Division of Medical Assistance and Health Services (DMAHS) is engaged in three performance improvement projects (PIPs) in both clinical and non-clinical areas. In January 2019, Aetna (ABHNJ), Amerigroup (AGNJ), Horizon (HNJH), United (UHC), and WellCare (WCHP) initiated a collaborative clinical PIP with a focus on Risk Behaviors and Depression in the Adolescent Population. The sustainability year concluded on 12/31/2021 for all five MCOs. A final project status report will be submitted by each MCO in August 2022 completing the three-year PIP cycle.

In September 2020, the five MCOs submitted individual non-clinical PIP proposals with a focus on Access to and Availability of Provider Services tied to claims. January 2022 was the start of remeasurement year 2 for AGNJ, HNJH, UHC, and WCHP. ABHNJ revised their aim statement and performance indicators, resulting in a new PIP cycle. ABHNJ resubmitted its PIP proposal in August 2021. It was reviewed and approved by the EQRO, and project activities were initiated in early 2022.

In September 2021, the five MCOs submitted individual clinical PIP proposals with a focus on Preventative Care in the first 30 months of life. The individual proposals were reviewed and approved by the EQRO, and the MCOs have initiated project activities in early 2022.

State Sanctions against MCO, ASO, SNP or PACE Organization:

There were no State Sanctions taken against an MCO, ASO, SNP, or Pace Organization this quarter.

XII. Demonstration Evaluation

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

A.	***Expanding Medicaid managed care to include long-term care services and supports will result in improved access to care and quality of care and reduced costs, and allow more individuals to live in their communities instead of institutions.***
	During this quarter, the State's independent evaluator compiled and submitted the complete interim evaluation report, including chapters pertaining to MLTSS. The evaluator began developing a work plan for calculating all outcome metrics, population indicators, and recipient characteristics which will be used for their forthcoming annual metric report and combined with data for all years of the Demonstration period to test this, and all other hypotheses in the approved evaluation plan. Quantitative work additionally consisted of routine processing of monthly data extracts of Medicaid claims and encounter data. The evaluator also continued to monitor developments related to the Managed Long-term Services and Supports program and Medicaid overall through attendance at the Medical Assistance Advisory Council meeting on January 27, 2022.
B.	***Providing home and community-based services to Medicaid and CHIP beneficiaries and others with serious emotional disturbance, opioid addiction, pervasive developmental disabilities, or intellectual disabilities/developmental disabilities will lead to better care outcomes.***
	During this quarter, the State's independent evaluator compiled and submitted the complete interim evaluation report, including chapters pertaining to these populations. The evaluator's preparations for the analytic data work described in Section A also applies to this hypothesis, and work began on identification of out of home stays in residential treatment facilities in the 2020 claims database.
C.	***Utilizing a projected spend-down provision and eliminating the look back period at time of application for transfer of assets for applicants or beneficiaries seeking long term services and supports whose income is at or below 100% of the FPL will simplify Medicaid eligibility and enrollment processes without compromising program integrity.***
	During this quarter, the State's independent evaluator compiled and submitted the complete interim evaluation report, including a chapter pertaining to these administrative simplifications.
D.	***The Delivery System Reform Incentive Payment (DSRIP) Program will result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower cost through improvement.***
	No evaluation activities pertaining to this hypothesis were undertaken this quarter.
E.	***Other hypotheses to address new research questions in the Demonstration renewal:*** • ***What is the impact of providing home and community-based services to expanded eligibility groups, who would otherwise have not been eligible for Medicaid or CHIP***

	absent the demonstration? ***What is the impact of providing substance use disorder services to Medicaid beneficiaries? Including paying for services rendered in an institution for mental disease (IMD)?***
	Expanded eligibility: During this quarter, the State's independent evaluator compiled and submitted the complete interim evaluation report, including chapters pertaining to these populations. OUD/SUD: During this quarter, the State's independent evaluator compiled and submitted the complete interim evaluation report on the OUD/SUD Demonstration. The independent evaluator met February 10, 2022 with state subject matter experts on OUD/SUD to discuss data to be used in the final evaluation report. OUD/SUD Midpoint Assessment: The evaluator received and responded to comments on the report submitted December 29, 2021 on February 1, 2022. Subsequent comments were received on March 10, 2022, which were responded to on March 11, 2022.

XIII. Enclosures/Attachments

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

XIV. State Contact(s)

Jennifer Langer Jacobs
Assistant Commissioner
NJ Division of Medical Assistance and Health Services
PO Box 712, Trenton, NJ 08625

Phone: 609-588-2600
Fax: 609-588-3583

Sanjana Inamdar
NJ Division of Medical Assistance and Health Services
PO Box 712, Trenton, NJ 08625

Phone: 609-588-2606
Fax: 609-588-3583

XV. Date Submitted to CMS

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

The Division of Medical Assistance and Health Services' (DMAHS) Office of Managed Long-Term Services and Supports Quality Monitoring (MLTSS QM) receives and analyzes the Performance Measure (PM) data submitted by the respective data source. This quarterly report reflects the Performance Measures (PMs) that were reported by the Managed Care Organizations (MCOs) and the Division of Aging Services (DoAS) to the Office of MLTSS QM during the eighth year, third quarter (1/1/2022 – 3/31/2022) of the MLTSS program. Depending on the data source for the numerator/denominator, some PMs require longer lag times to allow for collection and analysis of the information. Because of the different lag times, each Performance Measure in this report identifies the measurement period reported.

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

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

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

In March 2020, challenges related to the COVID-19 pandemic mandated changes to the MLTSS program, including the suspension of face-to-face assessments and in-person Care Manager (CM) visits. Policy guidance was issued to the MCOs in August 2021 regarding the phase in of the resumption of face-to-face CM visits. High-risk MLTSS members were prioritized for visits from 8/15/2021 to 11/15/2021 for wellness checks and Plan of Care (POC) reviews.

Beginning 11/16/2021, the face-to-face visits were expanded to all MLTSS members and MCO CMs resumed conducting the NJ Choice level of care assessment. The changes that took place during this reporting period may affect some of the PMs in this report and subsequent reports. The impact will be noted in the narrative for the respective PM in this and subsequent reports.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

7/1/2021 – 9/30/2021	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

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

PM 04	Timeliness of nursing facility level of care assessment by MCO
Numerator:	Cases in the denominator who received an assessment within 30 days of referral to the MCO or from the date of discharge from rehabilitation.
Denominator:	Unique count of MCO enrolled members with a referral for MLTSS during the measurement period
Data Source:	MCO
Frequency:	Monthly – Due 45 days after measurement period

November 2021	A	B	C	D	E	TOTAL
Numerator	0	0	13	0	0	**13**
Denominator	0	35	152	154	147	**488**
%	0	0	8.6	0	0	**2.7**

December 2021	A	B	C	D	E	TOTAL
Numerator	0	0	3	0	0	**3**
Denominator	0	33	79	113	131	**356**
%	0	0	3.8	0	0	**0.8**

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

January 2022	A	B	C	D	E	TOTAL
Numerator	0	0	25	0	0	**25**
Denominator	0	44	263	179	118	**604**
%	0	0	9.5	0	0	**4.1**

MCO A reports no referrals were received for the NJ Choice Assessment in November, December 2021 and January 2022. MCO A is working with the EQRO to further investigate the denominator of zero. Due to COVID-19 pandemic, not all in person assessment visits could be completed. MCO B reports continued rates of 0, due to state guidance related to Covid 19. MCO B has returned to the field for completion of the NJCA for existing MTLSS members. MCO B continues to perform telephonic outreaches and field visits (per State guidance for NJCA resumption) to ensure that care management activities continue, and necessary services are put into place to meet member's needs. MCO C reports although permission was granted to begin the NJ Choice assessments, guidance does not allow for members referred to MLTSS to have a NJ Choice assessment completed and submitted. MCO C has reported receiving referrals, and being approved by OCCO and now enrolled, during the reporting period, although the numbers remain low. MCO D reports due to the COVID 19 face-to-face suspension, no NF level of care assessments were completed. MCO E reports there were no NJHC assessments completed for the members enrolled due to COVID-19 NJ State mandate.

PM 04a	Timeliness of nursing facility level of care assessment
Numerator:	The number of assessments in the denominator where the OCCO/ADRC assessment/determination date is less than 30 days from the referral date
Denominator:	Number of new MLTSS enrollees within the reporting month with an assessment completed by OCCO/ADRC
Data Source:	DoAS
Frequency:	Monthly – Due 45 days after measurement period

Measurement period	**11/2021**	**12/2021**	**1/2022**	**02/2022**
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A
%	N/A	N/A	N/A	N/A

During review of PM #04a, data integrity issues were identified. PM #04a is currently under further review and rates for this measure will be reported when resolved. The reconciled rates are expected to be included in the next quarter report.

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

Due to the COVID-19 State of Emergency Order and the subsequent suspension of all face-to-face assessments, initial and annual, effective March 2020, the 12- and 13-month reports are being sent to the MCOs, however, no action plan is required. Therefore, there is no data to report for the quarterly report due March 2022. Level of care assessments and re-assessments using the NJ Choice assessment resumed on 11/16/2021. The State anticipates there will be data reported in an upcoming report.

PM 07	Members offered a choice between institutional and HCBS settings
Numerator:	Number of assessments in the denominator with an indicator showing choice of setting within the IPOC
Denominator:	Number of levels of care assessments with a completed Interim Plan of Care (IPOC)
Data Source:	DoAS
Frequency:	Monthly – Due 45 days after the measurement period

Measurement Period	**12/2021**	**1/2022**	**2/2022**
Numerator	N/A	N/A	N/A
Denominator	N/A	N/A	N/A
%	N/A	N/A	N/A

During review of PM #07, data integrity issues were identified. PM #07 is currently under further review and rates for this measure will be reported when resolved. The reconciled rates are expected to be included in the next quarter report.

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

Waiver Year 2021	A	B	C	D	E	TOTAL
Numerator	78	82	90	73	90	**413**
Denominator	102	103	99	98	100	**502**
%	76.5	79.6	90.9	74.5	90.0	**82.3**

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

Waiver Year 2021	A	B	C	D	E	TOTAL
Numerator	34	13	40	36	39	**162**
Denominator	37	39	43	42	44	**205**
%	91.9	33.3	93.0	85.7	88.6	**79.0**

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

Waiver Year 2021	A	B	C	D	E	TOTAL
Numerator	6	7	6	1	0	**20**
Denominator	8	7	6	1	1	**23**
%	75.0	100	100	100	0	**87.0**

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

Waiver Year 2021	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

Due to the COVID-19 pandemic, Managed Care Organizations (MCOs) were mandated to suspend certain in-person Care Management activities. Because this care management activity could not be conducted for the entirety of the review period, PM #10 was not evaluated during the 2021 annual MCO MLTSS HCBS Care Management Audit.

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

Waiver Year 2021	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	69	91	97	11	97	**365**
Denominator	107	110	100	100	102	**519**
%	64.5	82.7	97.0	11.0	95.1	**70.3**

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

Waiver Year 2021	A	B	C	D	E	TOTAL
Numerator	91	98	79	86	99	**453**
Denominator	91	99	81	98	99	**468**
%	100	99.0	97.5	87.8	100	**96.8**

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

Waiver Year 2021	A	B	C	D	E	TOTAL
Numerator	107	108	100	95	102	**512**
Denominator	107	110	100	100	102	**519**
%	100	98.2	100	95.0	100	**98.7**

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

Measurement period	**12/2021**	**1/2022**	**2/2022**
Numerator	803	1049	851
Denominator	844	1112	898
%	95.1	94.3	94.8

High percentage of CI reports were filed timely during this reporting period. The reported analysis shows that the number of critical incidents did decrease in December 2021 from previous month's data. Subsequently, the following month (January 2022) reports reflected that the number of critical incidents significantly increased compared to December 2021's data. February 2022 data reflects a slight decrease compared to January's data. Four out of the five MCOs were required to submit a Corrective Action Plans (CAPs).

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

Measurement period	**12/2021**	**1/2022**	**2/2022**
Numerator	10	30	26
Denominator	10	30	28
%	100	100	92.9

Of the 40 critical incidents reported in December 2021 and January 2022, verbally to DoAS, requiring state notification within one day, 37 events were unexpected deaths due to COVID-19 and non-COVID-19 related. There were also three Media events reported timely during this same period. In February 2022, 27 out of the 28 critical incidents requiring state notification within one day, were unexpected deaths due to COVID-19 and non-COVID-19 related; and 1 Media event was also reported timely during this measurement period. MCO C did not report two of these deaths timely, resulting in a CAP (corrective action plan) that was later submitted.

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

Table 3A UM Appeals

10/1/2021 – 12/31/2021	A	B	C	D	E	TOTAL
Numerator	13	10	101	23	16	**163**
Denominator	13	10	101	23	16	**163**
%	100	100	100	100	100	**100**

Table 3B Non-UM Grievances

10/1/2021 – 12/31/2021	A	B	C	D	E	TOTAL
Numerator	30	47	48	21	11	**157**
Denominator	30	47	56	21	11	**165**
%	100	100	86	100	100	**95**

During the 10/1/2021 – 12/31/2021 measurement period all MCOs reported that 100% of UM Appeals in Table 3A were resolved within 30 days. For this measurement period, the top five UM appeal categories for all MCOs combined were Denial of dental services (51/163 = 31.2%); Denial of skilled nursing facility inpatient rehabilitation services (23/163 = 14.1%); Denial of PCA services (21/163 = 12.9%); Denial of inpatient hospital stays (19/163 = 11.7%); and Pharmacy (15/163 = 9.2%).

During the 10/1/2021 – 12/31/2021 measurement period, four MCOs reported that 100% of non-UM Grievances in Table 3B were resolved within 30 days. MCO C reported that eight grievances took more than 30 days to resolve.

The top three non-UM grievance categories were Waiting time too long at office, PCP (29/165 = 17.8%); Dissatisfaction with quality of medical care, PCP (25/165 = 15.2%); Dissatisfaction with utilization management appeal process (19/165 = 11.5%).

The tables below detail the number and type of MLTSS enrollee appeals (Table 3A) and grievances (Table 3B) filed during the measurement period of 10/1/2021 – 12/31/2021.

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

PM 19 - Table 3A Utilization Management (UM) enrollee appeal categories	October - December 2021					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Denial of acute inpatient rehabilitation services			2			2
Denial of assisted living services						
Denial of dental services	**2**	**2**	**37**	**6**	**4**	**51**
Denial of hearing aid services						
Denial of home delivered meal services						
Denial of hospice care						
Denial of in-home periodic skilled services (nursing, social services, nutrition, etc.)						
Denial of in-home rehabilitation therapy (PT, OT, speech, etc.)						
Denial of inpatient hospital days	9	2	6	1	1	19
Denial of Medical Day Care (adult & pediatric)						
Denial of medical equipment (DME) and/or supplies		3	1	3		7
Denial of Mental Health services						
Denial of non-medical transportation						
Denial of optical appliances						
Denial of optometric services						
Denial of other TBI services (CRS, Structured Day, Supported Day, etc.)					1	1
Denial of outpatient medical treatment/diagnostic testing	1	2	9	1	1	14
Denial of outpatient rehabilitation therapy (PT, OT, Cardiac, Speech, Cognitive, etc.)			2			2
Denial of outpatient TBI habilitation therapy (PT, OT, speech, cognitive etc.)						
Denial of PCA services			**14**	**7**		**21**
Denial of Personal Emergency Response Systems (PERS)						
Denial of Private Duty Nursing	1		2			3
Denial of referral to out-of-network specialist						
Denial of residential modification			2			2
Denial of respite services						
Denial of skilled nursing facility (custodial)						
Denial of skilled nursing facility inpatient rehabilitation services			**22**	**1**		**23**
Denial of Special Care Nursing Facility (custodial) SCNF						
Denial of sub-acute inpatient rehabilitation services			2			2
Denial of SUD services			1			1
Denial of surgical procedure						
Denial of vehicle modification						
Other (MLTSS)						
Other (non-MLTSS)						
Pharmacy		1	1	4	9	15
Reduction of acuity level (inpatient)						
Service considered cosmetic, not medically necessary						
Service considered experimental/investigational						
Table 3A/UM Appeal TOTALS	**13**	**10**	**101**	**23**	**16**	**163**

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

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

PM 19 - Table 3B non-utilization management (non-UM) enrollee grievance categories	October - December 2021					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Appointment availability, other type of provider						
Appointment availability, PCP			1			1
Appointment availability, specialist			1			1
Difficulty obtaining access to a healthcare professional after hours (via phone)						
Difficulty obtaining access to DME and/or medical supplies	2		1	1		4
Difficulty obtaining access to mental health providers		1	2	1		4
Difficulty obtaining access to MLTSS providers						
Difficulty obtaining access to non-MLTSS providers						
Difficulty obtaining access to other in-home health services (skilled and non-skilled)			2		1	3
Difficulty obtaining access to PCA services				1		1
Difficulty obtaining access to PDN services			1	1		2
Difficulty obtaining access to self-directed PCA services (PPP)			1	1		2
Difficulty obtaining access to SUD providers				2		2
Difficulty obtaining access to transportation services	1		3		2	6
Difficulty obtaining referral to network specialist of member's choice						
Difficulty obtaining referrals for covered mental health services						
Difficulty obtaining referrals for covered MLTSS services		3				3
Difficulty obtaining referrals for covered services, dental services	1					1
Difficulty obtaining referrals for covered SUD services						
Difficulty related to obtaining emergency services	1					1
Dissatisfaction with dental services	2	2	3	2	2	11
Dissatisfaction with DME and/or medical supplies			2			2
Dissatisfaction with marketing, member handbook, etc.	2	7	1	1		11
Dissatisfaction with NJ FamilyCare Benefits				4		4
Dissatisfaction with other in-home health services (skilled and non-skilled)						
Dissatisfaction with PCA services	2	1		1		4
Dissatisfaction with PDN services	1		3			4
Dissatisfaction with policies regarding specialty referrals (i.e. out of network specialist)						
Dissatisfaction with provider network						
Dissatisfaction with provider office administration						
Dissatisfaction with quality of medical care, hospital		2	5			7
Dissatisfaction with quality of medical care, other type of provider	1		3			4
Dissatisfaction with quality of medical care, PCP	**5**	**7**	**6**	**3**	**4**	**25**
Dissatisfaction with quality of medical care, specialist		1				1
Dissatisfaction with transportation services		2	2			4
Dissatisfaction with utilization management appeal process	**4**	**13**	**1**	**1**		**19**
Dissatisfaction with vision services		1				1
Enrollment issues			1			1
Laboratory issues		1				1
Pharmacy/formulary issues						
Reimbursement problems/unpaid claims		3	2			5
Waiting time too long at office, PCP	**8**	**3**	**14**	**2**	**2**	**29**
Waiting time too long at office, specialist			1			1
Table 3B/non-UM Grievance TOTALS	**30**	**47**	**56**	**21**	**11**	**165**

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

4/1/2021 – 6/30/2021	A	B	C	D	E	TOTAL
Numerator	3897	7568	17338	5788	7677	**42268**
Denominator	5261	9672	22071	9343	12614	**58961**
%	74.1	78.3	78.6	62.0	60.9	**71.7**

7/1/2020 – 6/30/2021	A	B	C	D	E	TOTAL
Numerator	4816	9097	21232	7851	9750	**52746**
Denominator	6182	11369	25769	10957	14424	**68701**
%	77.9	80.0	82.4	71.7	67.6	**76.8**

4/1/2021-06/30/2021 quarter MCO A reports slight increase (74.1%) during the measuring period from previous quarter (73.7%). MCO A also states the majority of MLTSS members with claims for services during this quarter represent residential authorizations which is 3091 (79.3%); are NF and Assisted Living residents. MCO B reports as this quarter fell during COVID-19 pandemic Care Managers adjusted members services based on informal supports and other identified needs. While some members increased LTSS services, some continue to request services to be paused due to fear of exposure. 4/1/2021-06/30/2021 quarter MCO D reports that members without certain claims were identified as members that were unable to be contacted, or that were refusing services or that were enrolled and disenrolled within the same quarter. Also noted instances of members who had commercial coverage for services as well as members who were in the hospital for much of the period. Critical incidents have been filed on those who were unable to be reached. 4/1/2021-06/30/2021 quarter MCO C reports the maximum claims during this period with 78.6 % and MCO E reported the least at 60.9% for MLTSSS specific service utilization.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM 20b	MLTSS HCBS members receiving MLTSS services
Numerator:	The unique count of members in the denominator with at least one claim for MLTSS services during the measurement period. Services for CM, PCA, Medical Day, NF, and Behavioral Health Services are not counted.
Denominator:	The unique count of MLTSS HCBS Members meeting eligibility criteria at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Due 210 days after measurement period

1/1/2021 to 3/31/2021	A	B	C	D	E	TOTAL
Numerator	1333	N/A	N/A	N/A	5062	**N/A**
Denominator	2664	N/A	N/A	N/A	9611	**N/A**
%	50.0	N/A	N/A	N/A	52.67	**N/A**

4/1/2021 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	1404	N/A	N/A	N/A	5292	**N/A**
Denominator	2801	N/A	N/A	N/A	9954	**N/A**
%	50.1	N/A	N/A	N/A	53.16	**N/A**

7/1/2020 to 6/30/2021	A	B	C	D	E	TOTAL
Numerator	1836	N/A	N/A	N/A	N/A	**N/A**
Denominator	3486	N/A	N/A	N/A	N/A	**N/A**
%	52.7	N/A	N/A	N/A	N/A	**N/A**

This is a newly introduced measure to exclude NF claims for reporting rate for the HCBS population. MCO A reported that for the two quarters reported on and the annual view that around 50% of MLTSS members having claims for at least one MLTSS-specific service. During these measurement periods, the highest number of claims received was for Personal Emergency Response System (PERS).
MCO E reports a little more than 50% of MLTSS members having claims for at least one MLTSS-specific service. MCO E also reports that MLTSS membership was impacted by the COVID-19 pandemic where member's response and fear of infection due to PHE (public health emergency) caused many members to temporarily decline MLTSS services. MCO B, C and D are waiting validation from IPRO for this measure. Therefore, data has not been submitted and will be reported later.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

7/1/2021-9/30/2021	A	B	C	D	E	TOTAL
Numerator	4	3	53	N/A	10	**N/A**
Denominator	2250	2717	7710	N/A	2351	**N/A**
%	0.2	0.1	0.7	N/A	0.4	**N/A**

10/1/2021-12/31/2021	A	B	C	D	E	TOTAL
Numerator	5	4	78	N/A	7	N/A
Denominator	2295	2748	7901	N/A	2409	N/A
%	0.2	15	1.0	N/A	0.3	N/A

MCO A reported transitioning five members from a NF (nursing facility) to an HCBS setting during the 10/1/2021 - 12-31/2021 measurement period. Out of the five transitioned members, four are still enrolled and receiving services and one has expired. MCO B reported transitioning three members from a NF (nursing facility) to an HCBS setting for the measurement period 7/1/2021-9/30/2021, this data is reflected in red in the first chart. MCO B also reports 4 members, or 15%, transitioning from a NF setting to an HCBS setting during the 10/1/2021 - 12-31/2021 measurement period that meets eligibility criteria set forth in this measure. MCO C reported seventy-eight members that transitioned from a NF to a HCBS setting, which is an increase from the previous quarter, 53 to 78 or 0.7% to 1.0%. Of the 78 reported by MCO C, thirty-nine members (50%) were transitioned to a private residence with family members. MCO E reports a decrease in the number of transitions this quarter compared to the previous quarter, from 10 to 7. There were three transitions in October, four transitions in November and none reported in December for MCO E in the 10/1/2021 - 12-31/2021 measurement period.

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

7/1/2021-9/30/2021	A	B	C	D	E	TOTAL
Numerator	1	N/A	10	N/A	N/A	**N/A**
Denominator	6	N/A	68	N/A	N/A	**N/A**
%	16.7	N/A	14.7	N/A	N/A	**N/A**

For the 7/1/2021-9/30/2021 measurement period, MCO A reported six NF transitions; only one member returned to the NF setting within ninety days of the initial HCBS transition. This member was discharged on his own recognizance and returned to the NF, due to lack of shelter, low income and physical condition. MCO C reported for measurement period 7/1/2021 - 9/30/2021, that out of sixty-eight members that transitioned, ten members returned to the NF setting. Eight of the ten members that returned to the NF setting, did so at the family member request and two returned due to a functional decline.

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	187	340	N/A	429	N/A	**N/A**
Denominator	5812	14892	N/A	14246	N/A	**N/A**
%	3.2	2.3	N/A	3.0	N/A	**N/A**

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	230	422	N/A	450	N/A	N/A
Denominator	6951	17436	N/A	14383	N/A	N/A
%	3.3	2.4	N/A	3.1	N/A	N/A

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	183	497	N/A	561	N/A	N/A
Denominator	6748	17805	N/A	15583	N/A	N/A
%	2.7	2.8	N/A	3.6	N/A	N/A

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	210	564	N/A	560	N/A	N/A
Denominator	7158	16860	N/A	16280	N/A	N/A
%	2.9	3.34	N/A	3.4	N/A	N/A

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	774	2005	N/A	1947	N/A	N/A
Denominator	26120	64097	N/A	59873	N/A	N/A
%	3.0	3.1	N/A	3.3	N/A	N/A

For the 4/1/2021-6/30/2021 measurement period, MCO A reported 2.9% admissions per member month of HCBS member during this period. This is a slight increased rate from the previous quarter. MCO B reported 564 inpatient events for this 4/1/2021 - 6/30/2021 measurement period. The 564 events were maternity (1), surgery (132) and medicine (431). The average length of inpatient stays this measurement period was 8.21 days, reported for MCO B. MCO B also reports an increase in the IP utilization of MLTSS members during the annual reporting period 7/1/2020 - 6/30/2021 from the previous annual reporting period. MCO D reported 560 unique inpatient hospitalizations for the measurement period 4/1/2021 - 6/30/2021. Sepsis (8.93%), Urinary tract infection (5.36%), COPD (3.21%) and HTN Heart & CKD (3.21%) were the most common hospitalization primary diagnoses reported of the 560 unique inpatient hospitalizations. MCOs C and E are continuing to work with the State's EQRO on their coding for this performance measure and have an extension to submit this report upon validation. This data along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	191	154	N/A	182	N/A	**N/A**
Denominator	5929	8164	N/A	8724	N/A	**N/A**
%	3.2	1.9	N/A	2.1	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	188	141	N/A	159	N/A	**N/A**
Denominator	6394	8772	N/A	8249	N/A	**N/A**
%	2.9	1.6	N/A	1.9	N/A	**N/A**

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	179	160	N/A	155	N/A	**N/A**
Denominator	6383	8690	N/A	8272	N/A	**N/A**
%	2.8	1.8	N/A	1.9	N/A	**N/A**

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	211	215	N/A	180	N/A	**N/A**
Denominator	6546	8595	N/A	8557	N/A	**N/A**
%	3.2	2.5	N/A	2.1	N/A	**N/A**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	750	804	N/A	647	N/A	**N/A**
Denominator	23899	32121	N/A	32427	N/A	**N/A**
%	3.1	2.5	N/A	2.0	N/A	**N/A**

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

For the (annual) measurement period 07/01/2020-06/30/2021 MCO A reports 750 acute inpatient hospitalization visits during the measurement period, with an average length of stay of 7.42 days. Most of these acute inpatient visits occurred in members over the age of 65. The percentage of acute inpatient visits per member months calculates to 3.1%. The quarterly results for this measure, chronologically, are: 3.2%, 2.9%, 2.8% and 3.2%. MCO A Care management team is monitoring members with high utilization and put additional efforts on educating them on disease management and proper use of emergency services. MCO B reports 804 acute inpatient events during the (annual) measurement period 07/01/2020-06/30/2021 with average length of stay is 8.52 days. Highest per 1000 age band for this population and setting is ages 45-64 with 252 instances (40.66 per 1000). The 804 acute inpatient events are broken up by two procedure types: surgery (220) and medicine (584). MCO B reports taking steps to improve care management processes by focusing on early identification of inpatient events and management of chronic diseases to improve member outcomes and to decrease inpatient events. MCO D reports 647 acute inpatient events during the (annual) measurement period 07/01/2020-06/30/2021 with 55% (356/647) involved were DSNP members. Of the 647 unique inpatient hospitalizations, 64.14% (415/647) were from members age 65 and over and 3.40% (22/647) were from members under eighteen years of age. Of all the acute inpatient admissions, the five most common hospitalization primary diagnoses were: Sepsis, Unspecified Organism 17.47% (113/647), Acute Kidney Failure 3.40% (22/647), Other specified sepsis 3.09% (20/647), Infection and inflammatory reaction 2.94% (19/647), Pneumonia Unspecified Organism 2.32% (15/647). MCOs C and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	3	50	N/A	34	N/A	**N/A**
Denominator	10	254	N/A	233	N/A	**N/A**
%	30.0	19.6	N/A	14.6	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	9	47	N/A	55	N/A	**N/A**
Denominator	25	288	N/A	280	N/A	**N/A**
%	36.0	16.3	N/A	19.6	N/A	**N/A**

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

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	4	63	N/A	74	N/A	**N/A**
Denominator	14	335	N/A	332	N/A	**N/A**
%	28.6	18.8	N/A	22.3	N/A	**N/A**

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	4	84	N/A	75	N/A	**N/A**
Denominator	26	367	N/A	332	N/A	**N/A**
%	15.4	22.9	N/A	22.6	N/A	**N/A**

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	4	117	N/A	108	N/A	**N/A**
Denominator	50	804	N/A	799	N/A	**N/A**
%	8.0	14.6	N/A	13.5	N/A	**N/A**

MCO A reports 26 HCBS member inpatient discharges that occurred during the 4/1/2021 - 6/30/2021 measurement period; of the 26 discharges, four had at least one readmission to the acute setting within 30 days of the discharge date. MCO B reports a 22.9% readmission rate for the 4/1/2021 - 6/30/2021 measurement period. MCO D reports there were 75 unique re-admissions within 30 days (22.59%) for measurement period 04/01/2021 To 06/30/2021; this was a 0.30 percentage point increase of re-admissions within 30 days from the previous reporting period (01/01/2021 - 03/31/2021) of 22.3%. MCO D reported 108 unique re-admissions within 30 days (13.5%) for annual reporting period 07/01/2020 To 06/30/2021; this was a 4.64 percentage point increase of re-admissions within 30 days from the previous annual reporting period (07/01/2019 - 06/30/2020) of 8.88%. MCOs C and E are continuing to work with the State's EQRO on their coding for this performance measure and have an extension to submit this report upon validation. This data along with any reconciled rates will be included in the next quarterly report. Data entry issues were noted for the Measurement periods of 7/1/2020 - 9/30/2020 and 10/1/2020 – 12/31/2020 for MCO A and D. The reconciled rates are included above and are indicated in red font.

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	15	N/A	8	N/A	N/A
Denominator	12	57	N/A	64	N/A	N/A
%	16.7	26.3	N/A	12.5	N/A	N/A

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	1	10	N/A	13	N/A	N/A
Denominator	14	75	N/A	65	N/A	N/A
%	7.1	13.3	N/A	20.0	N/A	N/A

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	6	18	N/A	13	N/A	N/A
Denominator	16	68	N/A	76	N/A	N/A
%	37.5	26.5	N/A	17.1	N/A	N/A

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	10	16	N/A	17	N/A	N/A
Denominator	31	55	N/A	83	N/A	N/A
%	32.3	29.1	N/A	20.5	N/A	N/A

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	11	22	N/A	17	N/A	N/A
Denominator	58	120	N/A	181	N/A	N/A
%	19.0	18.3	N/A	9.4	N/A	N/A

MCO A reported this annual reporting period 7/1/2020 - 6/30/2021 a 19.0% readmission rate to the acute setting within 30 days of the discharge date. The age group with the largest number of admissions reported (34 admissions) was age band 55 – 64. MCO B reported, of the 120 discharges, 22 readmissions within 30 days for the NF population for this annual fiscal year; with a noted readmission rate of 18.33%. MCO D reported 17 unique All Cause Readmissions of MLTSS NF members to hospital within 30 days out of 181 admissions (9.4%) for the annual reporting period (07/01/2020 – 06/30/2021). This is a 4.13 percentage point increase of re-admissions within 30 days from the previous annual reporting period (07/01/2019 – 06/30/2020) of 5.26%. MCOs C and E are continuing to work with the State's EQRO on their coding for this performance measure and have an extension to submit this report upon validation. This data along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	256	655	N/A	752	N/A	**N/A**
Denominator	5812	14892	N/A	14246	N/A	**N/A**
%	4.4	4.4	N/A	5.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	235	733	N/A	758	N/A	**N/A**
Denominator	6951	17436	N/A	14383	N/A	**N/A**
%	3.4	4.2	N/A	5.3	N/A	**N/A**

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	236	783	N/A	842	N/A	**N/A**
Denominator	6748	17805	N/A	15583	N/A	**N/A**
%	3.5	4.4	N/A	5.4	N/A	**N/A**

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	324	1051	N/A	1100	N/A	**N/A**
Denominator	7163	16860	N/A	16280	N/A	**N/A**
%	4.5	6.2	N/A	6.8	N/A	**N/A**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	1017	3555	N/A	3420	N/A	**N/A**
Denominator	26120	64097	N/A	59873	N/A	**N/A**
%	3.9	5.5	N/A	5.7	N/A	**N/A**

MCO B reported during the 4/1/2021 - 6/30/2021 measurement period that 1051 ED events during this quarter for the home and community-based population or a 62.34 per 1,000. Additionally, MCO B reported that highest per 1000 rate occurred amongst the 45-64 age band of members in the HCBS

population for this quarter at 377 events. MCO B reported they are focusing on improved discharge planning efforts to reduce inpatient admissions and ED visits to avoid gaps in MLTSS services and minimizing emergency room visits. MCO D reported during the 4/1/2021 - 6/30/2021 measurement period that there was a total of 1100 unique ER utilizations by MLTSS HCBS members. This is 6.76% of the total MLTSS HCBS population (16,280) during the measurement quarter and reflects an increase of 1.36 percentage points over the last quarter report of 5.40%. Additionally, MCO D reported the month of June had the highest percentage of ED utilizations from MLTSS HCBS members at 7.67% (423/5,516). The month of April had the second highest percentage at 6.47% (345/5,335) and the month of May had the lowest percentage of ED utilizations in the quarter, 6.12% (332/5,429). Furthermore, MCO D reported of the Emergency Department (ED) utilization by MLTSS HCBS members, 49.27% (542/1100) were from 167 individual members who had multiple admissions within the reporting period. Of the 542 ED utilizations by 167 unique MLTSS HCBS members having more than one admission, 13.10% (71/542) were from 29 individual DSNP members. MCOs C and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

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

7/1/2020-9/30/2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	13	48	N/A	44	N/A	**N/A**
Denominator	5929	8164	N/A	8724	N/A	**N/A**
%	0.2	0.6	N/A	0.5	N/A	**N/A**

10/1/2020 – 12/31/2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	21	36	N/A	68	N/A	**N/A**
Denominator	6394	8772	N/A	8249	N/A	**N/A**
%	0.3	0.4	N/A	0.8	N/A	**N/A**

1/1/2021 – 3/31/2021	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	18	51	N/A	54	N/A	**N/A**
Denominator	6383	8690	N/A	8272	N/A	**N/A**
%	0.3	0.6	N/A	0.7	N/A	**N/A**

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

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	41	84	N/A	53	N/A	**N/A**
Denominator	6547	8578	N/A	8557	N/A	**N/A**
%	0.6	1.0	N/A	0.6	N/A	**N/A**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	87	225	N/A	207	N/A	**N/A**
Denominator	23899	32121	N/A	32427	N/A	**N/A**
%	0.4	0.7	N/A	0.6	N/A	**N/A**

MCO B reported during the 4/1/2021 - 6/30/2021 measurement period that 84 ED events amongst the NF population for this quarter or a 9.97 per 1000 rate and the highest per 1000 rate occurred amongst the 45-64 age band of members in the NF population for this quarter at 42 events. Additionally, MCO B reported they are focusing on improved discharge planning efforts to even further reduce inpatient admissions and ED visits and continue to support members through care planning, and care management practices to avoid gaps in MLTSS services and minimizing emergency room visits. Furthermore, MCO B reported their Care Managers are receiving ongoing education on disease management plans for focused interventions to serve member's needs through individualized care planning for identified chronic diseases. This includes proactive identification, at each visit, of medical risks, SDOH impacts, and working collaboratively with the provider to decrease potential complications. MCO D reported during the 4/1/2021 - 6/30/2021 measurement period that there was a total of 53 unique ER utilizations by MLTSS NF members. This is 0.62% of the total MLTSS NF population (8,557) during the measurement quarter and this reflects a decrease of 0.03 of a percentage point over the last quarter of 0.65%. Additionally, MCO D reported of the Emergency Department (ED) utilization by MLTSS NF members, 30.19% (16/53) were from seven members who had multiple admissions within the reporting period and of the 16 ED utilizations, seven unique MLTSS NF members had more than one readmission, and 6.25% (1/16) was from one DSNP member. MCOs C and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	194	1130	2535	959	612	**5430**
Denominator	2801	6496	14333	6137	10091	**39858**
%	6.9	17.4	17.7	15.6	6.1	**13.6**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	224	1181	2723	1053	660	**5841**
Denominator	3486	7704	17140	7194	11682	**47206**
%	6.4	15.3	15.9	14.6	5.7	**12.4**

MCO A reported during the 4/1/2021 - 6/30/2021 measurement period that 2801 HCBS members that meet eligibility criteria as defined in the approved specifications, enrolled at any time during the measurement period. Of these HCBS members, 194 had claims for PCA services ONLY during the measurement period (meaning they had no MLTSS-specific service claims submitted during that time). This calculates to 6.9% of the HCBS population. This is a slight decrease from the previous quarter, which MCO A reported 7.2%. Additionally, MCO A reported of the members without PCA or any other MLTSS-specific services, 117 of them enrolled in June 2021. These members may have initiated services in the next quarter, and therefore were not identified in the numerator and 33 of the 169 PCA-only recipients dis-enrolled during the measurement period. MCO A reported that many HCBS members live with families who provide them meals and supervision. These members only need the PCA hours for ADL support and many files show care coordination for DME, incontinence supplies, etc. Furthermore, MCO A reported to ensure members are receiving adequate services, such as PCA, the MLTSS team has implemented monthly contacts to members. The process started in August 2021 and their care management associates (CMA) who support the MLTSS care managers with non-care management activities conduct calls.

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

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	429	175	149	168	1915	**2836**
Denominator	2801	6496	14333	6137	10091	**39858**
%	15.3	2.7	1.0	2.7	19.0	**7.1**

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	435	182	156	193	1827	**2793**
Denominator	3486	7704	17140	7194	11682	**47206**
%	12.5	2.4	0.9	2.7	15.6	**5.9**

MCO A reported during the 4/1/2021 - 6/30/2021 measurement period that 2801 HCBS members that meet the criteria, 429 were identified for at least one claim for Medical Day services which resulted in 15.3% of the HCBS members have claims for MDC services only and had no service claims for MLTSS-specific services or for PCA services. Additionally, MCO A reported all the MDC recipients were receiving adult medical day services, and none of them received pediatric medical day services. Furthermore, MCO A reported Care managers continue to conduct options counseling and provide alternative service or resources when Medical Day is not accepted by the member. MCO B reported during the 4/1/2021 - 6/30/2021 measurement period that 175 members are utilizing medical day services only, and these quarters rates are similar to the previous quarter.

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	6	9	1	N/A	**N/A**
Denominator	4	13	14	3	N/A	**N/A**
%	50	46.2	64.3	33.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	2	3	5	3	N/A	**N/A**
Denominator	4	14	13	7	N/A	**N/A**
%	50.0	21.4	38.5	42.9	N/A	**N/A**

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	2	4	N/A	2	N/A	**N/A**
Denominator	4	7	N/A	3	N/A	**N/A**
%	50.0	57.1	N/A	66.7	N/A	**N/A**

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	3	3	N/A	4	N/A	**N/A**
Denominator	9	6	N/A	5	N/A	**N/A**
%	33.3	50.0	N/A	80.0	N/A	**N/A**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	9	16	N/A	14	N/A	**N/A**
Denominator	23	23	N/A	26	N/A	**N/A**
%	39.1	69.6	N/A	53.9	N/A	**N/A**

MCO A reported during the 4/1/2021 - 6/30/2021 measurement period that of the nine acute inpatient discharges of HCBS members with principal diagnoses of Mental Illness or Intentional self-Harm, 3 had claims submitted for appropriate BH follow-up within 30 days of the discharge and two of the 3 inpatient discharges had a follow up visit within 7 days following discharge. Additionally, MCO A reported of the 9 discharges, 7 discharges reported for HCBS members are in the age group 18-64 years and 2 discharges for members in the age group 65 and older. Furthermore, MCO A reported MLTSS case managers identify members in need of additional support for their BH needs including referrals to the BH Administrator, Peer Support Specialist and additional staff as appropriate. Also, members with high ED and inpatient usage are assisted with securing appointments and connecting to resources both internal and external to the plan. The multidisciplinary approach provides the member with supports for optimal functioning and outcomes. MCO D reported during the 7/1/2020 - 6/30/2021 measurement period there were 26 acute inpatient discharges of eligible MLTSS HCBS members and 14 claims for a follow-up visit for MLTSS HCBS members with a mental health practitioner within 30 days of discharge. MCO D reported of the 12 eligible MLTSS HCBS members with no claims for a follow up visit with a mental health practitioner with 30 days of discharge, in one case, the discharging facility provided notification of a medical and not a mental health inpatient admission and in another case, there was no notification of a mental health inpatient admission, so no discharge information was provided. Additionally, MCO D reported in the ten cases in which notification of a mental health inpatient admission was provided, 8 members were discharged with a mental health aftercare appointment scheduled within 30 days of discharge and a Behavioral Health Care Manager confirmed that 4 of the 8 members were receiving ongoing community-based mental health care management services. Furthermore, MCO D reported in 8 of the 10 discharges with notification, a Behavioral Care Manager successfully outreached members and discussed their aftercare needs. Behavioral Health Care Managers offered assistance with behavioral health referrals when appropriate. Two members declined to participate in behavioral health care management. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E is still working with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

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

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

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	0	0	N/A	0	N/A	**N/A**
Denominator	0	0	N/A	0	N/A	**N/A**
%	0	0	N/A	0	N/A	**N/A**

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

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	0	0	N/A	0	N/A	**N/A**
Denominator	3	3	N/A	3	N/A	**N/A**
%	0	0	N/A	0	N/A	**N/A**

MCO A reported during the 7/1/2020 - 6/30/2021measurement period that the three discharges from inpatient setting with a principal diagnosis of Mental Illness or Intentional Self-Harm during the measurement period, none of these discharges had a qualifying follow-up visit with a mental health professional within 30 days of the discharge date. Additionally, MCO A reported of the three discharges reported, one discharge occurred in August, one in October, and one in November 2020 respectively. MCO D reported during the 7/1/2020 - 6/30/2021 measurement period that there were three eligible MLTSS NF member with no claims for a follow up visit with a mental health

practitioner with 30 days of discharge. MCO D reported that in one case, records indicate that the discharge facility provided notification of a medical and not a mental health inpatient admission and in another there is no record of the discharge facility providing notification of a behavioral health inpatient admission, so no discharge information was provided. Additionally, MCO D reported in the one case in which notification of a mental health inpatient admission was provided, the behavioral health care manager successfully outreached the member and encouraged them to attend their scheduled mental health aftercare appointment. The Behavioral Health Care Manager confirmed with the outpatient provider that member failed to attend the appointment. Also, MCO D reported the Behavioral Health Care Manager contacted the member a second time to identify any barriers that may have prevented member from attending their follow up visit. Member reported they had no additional behavioral health needs at that time. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E is still working with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

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

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	274	293	489	149	1335	**2540**
Denominator	2801	6496	14333	6137	10091	**39858**
%	9.8	4.5	3.4	2.4	13.2	**6.4**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	296	335	568	181	1416	**2796**
Denominator	3486	7704	17140	7194	11682	**47206**
%	8.5	4.3	3.3	2.5	12.1	**5.9**

For the 4/1/2021 - 6/30/2021 measurement period, MCO C reported 489 members out of 14,333 had at least one claim for PCA and MDC services and did not have any other MLTSS service claims during the measurement period. Additionally, MCO C reported they identified that out of the 489 members, 6 had claims with no authorization on file and these members have been sent to the MLTSS Care Manger for further investigation. Furthermore, MCO C reported the average amount of PCA

services authorized was 23 hours per week. And the average amount of MDC services authorized was 4 days per week. The member's age ranged from 34 years old to 106 years old, with the average age being 79 years old and no pediatric members were identified as receiving both MDC and PCA only. For the 7/1/2020 - 6/30/2021 measurement period, MCO E reported review of the claims output file identified 11682 unique members for inclusion in the denominator of whom 2774 were enrolled in FIDE-SNP and of the 1416 members reported in the numerator, 1344 were age 65 or older. Additionally, MCO E reported they saw a continued decrease in the rate reported from the previous submitted report for this measure, from 13.23% to 12.12%. Furthermore, MCO E reported they continue to re-educate staff regarding MLTSS services and continue routine review of services offered by care managers to monitor for trends and to ensure that the full complement of MLTSS services are made available to all members.

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

7/1/2020 - 9/30/2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	0	2	5	2	N/A	**N/A**
Denominator	4	9	21	12	N/A	**N/A**
%	0	22.2	23.8	16.7	N/A	**N/A**

10/1/2020 – 12/31/2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	1	1	5	0	N/A	**N/A**
Denominator	5	13	27	5	N/A	**N/A**
%	20.0	7.7	18.5	0	N/A	**N/A**

1/1/2021 – 3/31/2021	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	0	3	N/A	2	N/A	**N/A**
Denominator	3	8	N/A	10	N/A	**N/A**
%	0	37.5	N/A	20.0	N/A	**N/A**

4/1/2021 - 6/30/2021	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	1	2	N/A	3	N/A	**N/A**
Denominator	9	11	N/A	18	N/A	**N/A**
%	11.1	18.2	N/A	16.7	N/A	**N/A**

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

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	1	12	N/A	9	N/A	**N/A**
Denominator	15	127	N/A	45	N/A	**N/A**
%	6.7	9.4	N/A	20.0	N/A	**N/A**

For the 4/1/2021 - 6/30/2021 measurement period, MCO B reported that six of the nine events that did not meet requirements to be included in the numerator, did have a follow-up visit within 30 days. However, the provider, either did not code for the AOD, or did not identify it as the primary diagnosis. MCO B reported they will continue to encourage providers to engage in telehealth visits for members to avoid any gaps in member care or access to services, during the PHE but are reporting challenges when member follow up visits are timely, however, AOD is not the primary diagnosis coded by the provider. MCO A reported during the 7/1/2020 - 6/30/2021 measurement period that all 15 ED visit claims received for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS HCBS members, are identified for the age group of 18 years of age or older. Additionally, MCO A reported manages the MLTSS members across physical, psychological, and social needs. The MLTSS care manager will outreach to the Behavioral Health Administrator and Peer Support Specialist for guidance, resources, and to coordinate care between Substance Abuse and physical health needs. Furthermore, members with high ED usage are contacted to engage the member and build relationships and the BH and MLTSS staff assist with securing appointments and providing resources for the members. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E is still working with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

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

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	0	0	N/A	0	N/A	**N/A**
Denominator	0	0	N/A	0	N/A	**N/A**
%	0	0	N/A	0	N/A	**N/A**

4/1/2021 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0	1	N/A	0	N/A	**N/A**
Denominator	2	2	N/A	2	N/A	**N/A**
%	0	50.0	N/A	0	N/A	**N/A**

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	0	3	N/A	0	N/A	**N/A**
Denominator	3	8	N/A	0	N/A	**N/A**
%	0	37.5	N/A	0	N/A	**N/A**

For the 4/1/2021 - 6/30/2021 measurement period, MCO B reported that of the 2 events requiring follow up after an ED visit with principal diagnosis of AOD, 1 of these events had a follow up that was successful and the second was reported that the member noted for failing follow-up with any practitioner for an appointment following the ED visit for alcohol or other drug dependence was discharged home from the hospital, and did not return to the NF. MCO B reported the member has been unable to contact since discharge. Furthermore, MCO B reported they continue to work closely with nursing facilities and encourage providers to engage in telehealth visits for members to avoid any gaps in care or access to services, during the PHE. MCO B reported they are developing reporting to assist with early identification of emergency room visits for members to allow for timely care manager intervention to assist members with follow-up appointments and care planning. MCO D reported for the 4/1/2021 - 6/30/2021 measurement period there were 2 ED visits for eligible MLTSS NF members with a principal diagnosis of Alcohol or Other Drug Dependence during the measurement period and there is no record of a claim during the measurement period for a qualifying follow-up visit that occurred within thirty days after an ED visit for MLTSS NF members with a principal diagnosis of Alcohol or Other Drug Dependence. MCO D reported due to the small sample, no patterns were identified. Additionally, MCO D reported they will continue to monitor emergency room discharges for MLTSS NF members with a diagnosis of Alcohol or Other Drug Dependence. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E continues to work with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

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

7/1/2020-9/30/2020	A	B	C	D	E	TOTAL
Numerator	2	7	10	5	N/A	**N/A**
Denominator	2	9	18	6	N/A	**N/A**
%	100	77.8	55.6	83.3	N/A	**N/A**

10/1/2020 – 12/31/2020	A	B	C	D	E	TOTAL
Numerator	0	3	9	3	N/A	**N/A**
Denominator	1	3	13	5	N/A	**N/A**
%	0	100	69.2	60.0	N/A	**N/A**

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	2	8	N/A	4	N/A	**N/A**
Denominator	3	15	N/A	12	N/A	**N/A**
%	66.7	53.3	N/A	33.3	N/A	**N/A**

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	8	6	N/A	7	N/A	**N/A**
Denominator	8	10	N/A	12	N/A	**N/A**
%	100	60.0	N/A	58.3	N/A	**N/A**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	10	73	N/A	18	N/A	**N/A**
Denominator	12	112	N/A	33	N/A	**N/A**
%	83.3	65.2	N/A	54.5	N/A	**N/A**

For the 4/1/2021 - 6/30/2021 measurement period, MCO A reported that of the 8 ED visits reported for Mental Illness (FUM) for MLTSS HCBS members, during the measurement period, all the 8 ED visits and subsequent follow up within 30 days were reported for members with age group of 18 -64

and all the qualifying visits were also credited for follow-up within 7 days of initial ED visit for Mental Illness (FUM). Additionally, MCO A reported manages the MLTSS members across physical, psychological, and social needs. The MLTSS care manager will outreach to the Behavioral Health Administrator and Peer Support Specialist for guidance, resources, and to coordinate care between Substance Abuse and physical health needs. Members with high ED usage are contacted to engage the member and build relationships. The BH and MLTSS staff assist with securing appointments and providing resources for the members. For the 7/1/2020 - 6/30/2021 measurement period, MCO D reported that there were 33 ED visits for eligible MLTSS HCBS members with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder during the measurement period and 18 claims for a qualifying follow-up visit that occurred within thirty days after an ED visit. MCO D reported due to a small sample, no patterns were identified but will continue to monitor emergency room discharges for MLTSS HCBS members. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E is still working with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

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

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

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

1/1/2021 – 3/31/2021	A	B	C	D	E	TOTAL
Numerator	0	0	N/A	0	N/A	**N/A**
Denominator	0	1	N/A	1	N/A	**N/A**
%	0	0	N/A	0	N/A	**N/A**

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

7/1/2020 - 6/30/2021	A	B	C	D	E	TOTAL
Numerator	1	6	N/A	0	N/A	**N/A**
Denominator	1	12	N/A	1	N/A	**N/A**
%	100	50.0	N/A	0	N/A	**N/A**

For the 7/1/2020 - 6/30/2021 measurement period, MCO A reported that there was 1 ED visit for an eligible MLTSS NF member with a principal diagnosis of a mental health disorder during the measurement period that resulted with a qualifying follow-up visit that occurred within thirty days after an ED visit for a MLTSS NF member with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder. MCO D reported for the 4/1/2021 - 6/30/2021 measurement period that due to a small sample, no patterns were identified and they will continue to monitor emergency room discharges for MLTSS NF members with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder. MCO C is working with the State's EQRO and the MCO's HEDIS vendor on a potential issue with the inclusion criteria for the MLTSS population for this measure. MCO E is still working with the State's EQRO on their coding for this performance measure and has extensions to submit this report next quarter. The data for MCOs C and E along with any reconciled rates will be included in the next quarterly report.

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

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	274	346	1230	656	665	**3171**
Denominator	2638	4270	10515	6034	8080	**31537**
%	10.4	8.1	11.7	10.9	8.2	**10.1**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	482	513	1400	708	795	**3898**
Denominator	2959	4971	12719	7155	9338	**37142**
%	16.3	10.3	11.0	9.9	8.5	**10.5**

For the 7/1/2020-6/30/2021 measurement period, MCO A reported 2959 HCBS members were enrolled at any time during the reporting period. Of these members, 482 unique members had no MLTSS services or PCA or MDC services during the period. MCO A reported that COVID-19 pandemic affected services this annual reporting period. Members refused or declined services due to COVID19. Additionally, MCO A reported some members expressed not feeling comfortable with outside visitors and refused PCA services. MCO B reports 513 unique members as not receiving MLTSS HCBS, personal care or medical day care services during this annual reporting period. MCO B experienced members putting services on hold while they limited exposure to Covid-19 and navigated the unprecedented time with their families. MCO C reports 12,719 members enrolled in MLTSS HCBS during the 7/1/2020-6/30/2021 measurement period. MCO C identified that 1,400 members had no paid claims for PCA, Medical Day or MLTSS HCBS services while enrolled in MLTSS HCBS during the annual reporting period. MCO D reports 7155 members enrolled in MLTSS HCBS during the 7/1/2020 - 6/30/2021 reporting period. Of these members, 708 had no PCA, Medical Day or MLTSS HCBS services. MCO D also reported that the impact of the pandemic continues to take effect during this period. MCO E reported there were 795 unique members identified as not having MLTSS services, including PCA or MDC, corresponding to an 8.51% rate of MLTSS HCBS members not receiving MLTSS HCBS, PCA or Medical Day Services.

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

4/1/2021-6/30/2021	A	B	C	D	E	TOTAL
Numerator	122	200	780	388	392	**1882**
Denominator	1949	3691	8237	5315	7229	**26421**
%	6.3	5.4	9.5	7.3	5.4	**7.1**

7/1/2020-6/30/2021	A	B	C	D	E	TOTAL
Numerator	164	241	730	427	366	**1928**
Denominator	2372	5387	8745	7060	8370	**31934**
%	6.9	4.5	8.3	6.0	4.4	**6.0**

For the 4/1/2021-6/30/2021 measurement period, MCO A reports that 1949 members met the continuous enrollment criteria for this measurement and of that number, 122 or 6.3%, did not have claims submitted for MLTSS-specific services, PCA or adult MDC services during this measurement period. This reflects a 1.1% increase from the previous quarter for this measure. MCO A reports that members were without service claims for various reasons related to circumstances including services under arrangements, member delay in service acceptance, inaccurate claim submissions, claims submissions delays, etc. MCO B reported 200 members meeting continuous eligibility, as not receiving MLTSS HCBS or PCA/MDC services during the period. This is 5.42% of the population, which is an increase from the previously reported quarter. MCO B reported a slight decrease in members with no services; and as members became more accustomed to the conditions of the pandemic, they would temporarily pause services to avoid exposure. MCO B also reports members were unable to be contacted but would not withdraw from the program, due to State COVID guidance to avoid gaps in health care services. MCO C reports 8,237 members enrolled in MLTSS HCBS during the measurement period. Upon review, MCO C reported that the most frequently used reasons for members not receiving services were: 327 refused MLTSS Services, 131 refused MLTSS Services, (however received informal supports), 67 were Unable to Contact, 58 had Other Insurance, 46 Voluntarily withdrew from MLTSS Program, 29 Moved out of the State, 28 received informal supports during PPP process, and 28 Members Expired. MCO D reported a continued impact of the pandemic during this period on its members. For the measurement period 4/1/2021 - 6/30/2021, MCO D had 5315 members continuously enrolled in MLTSS HCBS and of these members, 388 had no PCA, Medical Day or MLTSS HCBS services. MCO E reports there were 392 unique members identified as continuously enrolled in an HCBS setting with no services reported; of the 392 members, 264 were age 65 or older.

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2021 – 9/30/2021

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	5	5	100.0	7	7	100.0	13	13	100.0				2	2	100.0	27	27	100.0
Media involvement or the potential for media involvement	1	1	100.0	2	2	100.0										3	3	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	1	1	100.0	5	5	100.0	13	13	100.0				6	6	100.0	25	25	100.0
Psychological/Verbal abuse	1	1	100.0	1	1	100.0	3	3	100.0				1	1	100.0	6	6	100.0
Sexual abuse and/or suspected sexual abuse													1	1	100.0	1	1	100.0
Fall resulting in the need of medical treatment	75	75	100.0	114	114	100.0	132	132	100.0				45	45	100.0	366	366	100.0
Medical emergency resulting in need for medical treatment	509	507	99.6	1265	1263	99.8	355	355	100.0				1	1	100.0	2130	2126	99.8
Medication error resulting in serious consequences				3	3	100.0										3	3	100.0
Psychiatric emergency resulting in need for medical treatment	35	35	100.0	37	37	100.0	14	14	100.0				1	1	100.0	87	87	100.0
Severe injury resulting in the need of medical treatment				9	9	100.0	10	10	100.0				7	7	100.0	26	26	100.0
Suicide attempt resulting in the need for medical attention	1	1	100.0				1	1	100.0							2	2	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)				3	3	100.0	2	2	100.0				2	2	100.0	7	7	100.0
Neglect/Mistreatment, self	1	1	100.0	6	6	100.0	7	7	100.0							14	14	100.0
Neglect/Mistreatment, other				2	2	100.0										2	2	100.0
Exploitation, financial							2	2	100.0				2	2	100.0	4	4	100.0
Exploitation, theft				1	1	100.0										1	1	100.0
Exploitation, destruction of property													2	2	100.0	2	2	100.0
Exploitation, other							1	1	100.0				1	1	100.0	2	2	100.0
Theft with law enforcement involvement							4	4	100.0							4	4	100.0
Failure of member's Back-up Plan	9	9	100.0	9	9	100.0										18	18	100.0
Elopement/Wandering from home or facility	1	1	100.0										1	1	100.0	2	2	100.0
Inaccessible for initial/on-site meeting				19	19	100.0	1	1	100.0				10	10	100.0	30	30	100.0
Unable to Contact				16	16	100.0	14	14	100.0				9	9	100.0	39	39	100.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	152	152	100.0				2	2	100.0	155	155	100.0
Cancellation of utilities																		
Eviction/loss of home				4	4	100.0	6	6	100.0				3	3	100.0	13	13	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare	4	4	100.0	6	6	100.0	1	1	100.0				20	20	100.0	31	31	100.0
Operational Breakdown																		
Other	5	5	100.0	22	22	100.0	2	2	100.0				4	4	100.0	33	33	100.0
PM #18 A Totals	**648**	**646**	**99.7**	**1532**	**1530**	**99.9**	**733**	**733**	**100.0**				**120**	**120**	**100.0**	**3033**	**3029**	**99.9**

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2021 – 12/31/2021

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100.0	8	8	100.0	12	12	100.0				7	7	100.0	28	28	100.0
Media involvement or the potential for media involvement							2	2	100.0							2	2	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	2	100.0	2	2	100.0	6	6	100.0				1	1	100.0	11	11	100.0
Psychological/Verbal abuse				3	3	100.0							1	1	100.0	4	4	100.0
Sexual abuse and/or suspected sexual abuse				1	1	100.0	1	1	100.0							2	2	100.0
Fall resulting in the need of medical treatment	65	65	100.0	113	113	100.0	108	108	100.0				33	33	100.0	319	319	100.0
Medical emergency resulting in need for medical treatment	473	469	99.2	1046	1045	99.9	297	297	100.0				1	1	100.0	1817	1812	99.7
Medication error resulting in serious consequences				2	2	100.0										2	2	100.0
Psychiatric emergency resulting in need for medical treatment	18	18	100.0	28	28	100.0	8	8	100.0				1	1	100.0	55	55	100.0
Severe injury resulting in the need of medical treatment				7	6	85.7	7	7	100.0				5	5	100.0	19	18	94.7
Suicide attempt resulting in the need for medical attention	1	1	100.0	1	1	100.0	1	1	100.0							3	3	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100.0	1	1	100.0	7	7	100.0				1	1	100.0	10	10	100.0
Neglect/Mistreatment, self							1	1	100.0				1	1	100.0	2	2	100.0
Neglect/Mistreatment, other																		
Exploitation, financial							1	1	100.0				1	1	100.0	2	2	100.0
Exploitation, theft	1	1	100.0				2	2	100.0							3	3	100.0
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement							2	2	100.0				2	2	100.0	4	4	100.0
Failure of member's Back-up Plan	3	3	100.0	4	4	100.0										7	7	100.0
Elopement/Wandering from home or facility				1	1	100.0							3	3	100.0	4	4	100.0
Inaccessible for initial/on-site meeting	1	1	100.0	16	16	100.0	3	3	100.0				3	3	100.0	23	23	100.0
Unable to Contact	1	1	100.0	39	39	100.0	15	15	100.0				5	5	100.0	60	60	100.0
Inappropriate/unprofessional conduct by provider involving member				3	3	100.0	94	94	100.0							97	97	100.0
Cancellation of utilities																		
Eviction/loss of home				2	2	100.0	1	1	100.0				3	3	100.0	6	6	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				3	3	100.0	19	19	100.0							22	22	100.0
Other				29	29	100.0	2	2	100.0							31	31	100.0
PM #18 A Totals	**567**	**563**	**99.3**	**1309**	**1307**	**99.8**	**589**	**589**	**100.0**	**0**	**0**		**68**	**68**	**100.0**	**2533**	**2527**	**99.8**

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2021 – 9/30/2021

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	5	5	100.0	7	6	85.7	13	13	100.0				2	2	100.0	27	26	96.3
Media involvement or the potential for media involvement	1	1	100.0	2	2	100.0										3	3	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	1	1	100.0	5	5	100.0	13	11	84.6				6	6	100.0	25	23	92.0
Psychological/Verbal abuse	1	1	100.0	1	1	100.0	3	2	66.7				1	1	100.0	6	5	83.3
Sexual abuse and/or suspected sexual abuse													1	1	100.0	1	1	100.0
Fall resulting in the need of medical treatment	75	74	98.7	114	102	89.5	132	129	97.7				45	44	97.8	366	349	95.4
Medical emergency resulting in need for medical treatment	509	493	96.9	1265	1088	86.0	355	349	98.3				1	1	100.0	2130	1931	90.7
Medication error resulting in serious consequences				3	1	33.3										3	1	33.3
Psychiatric emergency resulting in need for medical treatment	35	34	97.1	37	36	97.3	14	14	100.0				1	1	100.0	87	85	97.7
Severe injury resulting in the need of medical treatment				9	7	77.8	10	10	100.0				7	7	100.0	26	24	92.3
Suicide attempt resulting in the need for medical attention	1	1	100.0				1	1	100.0							2	2	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)				3	2	66.7	2	2	100.0				2	2	100.0	7	6	85.7
Neglect/Mistreatment, self	1	1	100.0	6	6	100.0	7	6	85.7							14	13	92.9
Neglect/Mistreatment, other				2	2	100.0										2	2	100.0
Exploitation, financial							2	2	100.0				2	2	100.0	4	4	100.0
Exploitation, theft				1	1	100.0										1	1	100.0
Exploitation, destruction of property													2	2	100.0	2	2	100.0
Exploitation, other							1	1	100.0				1	1	100.0	2	2	100.0
Theft with law enforcement involvement							4	3	75.0							4	3	75.0
Failure of member's Back-up Plan	9	9	100.0	9	9	100.0										18	18	100.0
Elopement/Wandering from home or facility	1	1	100.0										1	1	100.0	2	2	100.0
Inaccessible for initial/on-site meeting				19	18	94.7	1	1	100.0				10	10	100.0	30	29	96.7
Unable to Contact				16	16	100.0	14	12	85.7				9	9	100.0	39	37	94.9
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	152	142	93.4				2	2	100.0	155	145	93.5
Cancellation of utilities																0	0	#DIV/0!
Eviction/loss of home				4	1	25.0	6	5	83.3				3	3	100.0	13	9	69.2
Facility closure with direct impact to member's health/welfare																0	0	#DIV/0!
Natural disaster with direct impact to member's health/welfare	4	3	75.0	6	5	83.3	1	1	100.0				20	16	80.0	31	25	80.6
Operational Breakdown									#DIV/0!							0	0	#DIV/0!
Other	5	5	100.0	22	20	90.9	2	2	100.0				4	4	100.0	33	31	93.9
PM #18 B Totals	**648**	**629**	**97.1**	**1532**	**1329**	**86.7**	**733**	**706**	**96.3**				**120**	**115**	**95.8**	**3033**	**2779**	**91.6**

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2021 – 12/31/2021

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100.0	8	8	100.0	12	12	100.0				7	7	100.0	28	28	100.0
Media involvement or the potential for media involvement							2	2	100.0							2	2	100.0
Physical abuse (incl. seclusion and restraints both physical and chemica	2	1	50.0	2	2	100.0	6	6	100.0				1	1	100.0	11	10	90.9
Psychological/Verbal abuse				3	3	100.0							1	1	100.0	4	4	100.0
Sexual abuse and/or suspected sexual abuse				1	1	100.0	1	1	100.0							2	2	100.0
Fall resulting in the need of medical treatment	65	62	95.4	113	106	93.8	108	101	93.5				33	31	93.9	319	300	94.0
Medical emergency resulting in need for medical treatment	473	453	95.8	1046	993	94.9	297	294	99.0				1	1	100.0	1817	1741	95.8
Medication error resulting in serious consequences				2	2	100.0										2	2	100.0
Psychiatric emergency resulting in need for medical treatment	18	17	94.4	28	27	96.4	8	8	100.0				1	1	100.0	55	53	96.4
Severe injury resulting in the need of medical treatment				7	6	85.7	7	7	100.0				5	5	100.0	19	18	94.7
Suicide attempt resulting in the need for medical attention	1	1	100.0	1	1	100.0	1	1	100.0							3	3	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100.0	1	1	100.0	7	5	71.4				1	1	100.0	10	8	80.0
Neglect/Mistreatment, self							1	1	100.0				1	1	100.0	2	2	100.0
Neglect/Mistreatment, other																		
Exploitation, financial							1	1	100.0				1	1	100.0	2	2	100.0
Exploitation, theft	1	1	100.0				2	2	100.0							3	3	100.0
Exploitation, destruction of property																		
Exploitation, other																		
Theft with law enforcement involvement							2	2	100.0				2	2	100.0	4	4	100.0
Failure of member's Back-up Plan	3	3	100.0	4	4	100.0										7	7	100.0
Elopement/Wandering from home or facility				1	1	100.0							3	3	100.0	4	4	100.0
Inaccessible for initial/on-site meeting	1	1	100.0	16	16	100.0	3	1	33.3				3	3	100.0	23	21	91.3
Unable to Contact	1	1	100.0	39	38	97.4	15	11	73.3				5	5	100.0	60	55	91.7
Inappropriate/unprofessional conduct by provider involving member				3	3	100.0	94	90	95.7							97	93	95.9
Cancellation of utilities																		
Eviction/loss of home				2	2	100.0	1	1	100.0				3	3	100.0	6	6	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				3	3	100.0	19	19	100.0							22	22	100.0
Other				29	29	100.0	2	2	100.0							31	31	100.0
PM #18 B Totals	**567**	**542**	**95.6**	**1309**	**1246**	**95.2**	**589**	**567**	**96.3**				**68**	**66**	**97.1**	**2533**	**2421**	**95.6**

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2021 – 9/30/2021

	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
	5	5	100.0	7	7	100.0	13	13	100.0				2	2	100.0	27	27	100.0
Media involvement or the potential for media involvement	1	1	100.0	2	2	100.0										3	3	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	1	0	0.0	5	5	100.0	13	12	92.3				6	6	100.0	25	23	92.0
Psychological/Verbal abuse	1	1	100.0	1	1	100.0	3	3	100.0				1	1	100.0	6	6	100.0
Sexual abuse and/or suspected sexual abuse													1	1	100.0	1	1	100.0
Fall resulting in the need of medical treatment	75	73	97.3	114	112	98.2	132	131	99.2				45	45	100.0	366	361	98.6
Medical emergency resulting in need for medical treatment	509	498	97.8	1265	1259	99.5	355	352	99.2				1	1	100.0	2130	2110	99.1
Medication error resulting in serious consequences				3	3	100.0										3	3	100.0
Psychiatric emergency resulting in need for medical treatment	35	35	100.0	37	37	100.0	14	14	100.0				1	1	100.0	87	87	100.0
Severe injury resulting in the need of medical treatment				9	9	100.0	10	10	100.0				7	7	100.0	26	26	100.0
Suicide attempt resulting in the need for medical attention	1	1	100.0				1	1	100.0							2	2	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)				3	3	100.0	2	2	100.0				2	2	100.0	7	7	100.0
Neglect/Mistreatment, self	1	1	100.0	6	6	100.0	7	7	100.0							14	14	100.0
Neglect/Mistreatment, other				2	2	100.0										2	2	100.0
Exploitation, financial							2	1	50.0				2	2	100.0	4	3	75.0
Exploitation, theft				1	1	100.0										1	1	100.0
Exploitation, destruction of property													2	2	100.0	2	2	100.0
Exploitation, other							1	1	100.0				1	1	100.0	2	2	100.0
Theft with law enforcement involvement							4	4	100.0							4	4	100.0
Failure of member's Back-up Plan	9	8	88.9	9	9	100.0										18	17	94.4
Elopement/Wandering from home or facility	1	1	100.0										1	1	100.0	2	2	100.0
Inaccessible for initial/on-site meeting				19	19	100.0	1	1	100.0				10	10	100.0	30	30	100.0
Unable to Contact				16	16	100.0	14	14	100.0				9	9	100.0	39	39	100.0
Inappropriate/unprofessional conduct by provider involving member				1	1	100.0	152	150	98.7				2	2	100.0	155	153	98.7
Cancellation of utilities																0	0	
Eviction/loss of home				4	4	100.0	6	6	100.0				3	3	100.0	13	13	100.0
Facility closure with direct impact to member's health/welfare																0	0	
Natural disaster with direct impact to member's health/welfare	4	4	100.0	6	6	100.0	1	1	100.0				20	20	100.0	31	31	100.0
Operational Breakdown																0	0	
Other	5	4	80.0	22	21	95.5	2	2	100.0				4	4	100.0	33	31	93.9
PM #18 C Totals	**648**	**632**	**97.5**	**1532**	**1523**	**99.4**	**733**	**725**	**98.9**	**0**	**0**		**120**	**120**	**100.0**	**3033**	**3000**	**98.9**

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

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

Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2021 – 12/31/2021

Critical Incident (CI) reporting types:	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100.0	8	8	100.0	12	12	100.0				7	7	100.0	28	28	100.0
Media involvement or the potential for media involvement				0	0		2	2	100.0				0	0		2	2	100.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	1	50.0	2	2	100.0	6	6	100.0				1	1	100.0	11	10	90.9
Psychological/Verbal abuse				3	3	100.0							1	1	100.0	4	4	100.0
Sexual abuse and/or suspected sexual abuse				1	1	100.0	1	1	100.0				0	0		2	2	100.0
Fall resulting in the need of medical treatment	65	62	95.4	113	111	98.2	108	107	99.1				33	33	100.0	319	313	98.1
Medical emergency resulting in need for medical treatment	473	461	97.5	1046	1043	99.7	297	297	100.0				1	1	100.0	1817	1802	99.2
Medication error resulting in serious consequences				2	2	100.0							0	0		2	2	100.0
Psychiatric emergency resulting in need for medical treatment	18	16	88.9	28	28	100.0	8	8	100.0				1	1	100.0	55	53	96.4
Severe injury resulting in the need of medical treatment				7	7	100.0	7	6	85.7				5	5	100.0	19	18	94.7
Suicide attempt resulting in the need for medical attention	1	1	100.0	1	1	100.0	1	1	100.0				0	0		3	3	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100.0	1	1	100.0	7	7	100.0				1	1	100.0	10	10	100.0
Neglect/Mistreatment, self							1	1	100.0				1	1	100.0	2	2	100.0
Neglect/Mistreatment, other													0	0		0	0	
Exploitation, financial							1	1	100.0				1	1	100.0	2	2	100.0
Exploitation, theft	1	1	100.0				2	2	100.0				0	0		3	3	100.0
Exploitation, destruction of property													0	0		0	0	
Exploitation, other													0	0		0	0	
Theft with law enforcement involvement							2	1	50.0				2	2	100.0	4	3	75.0
Failure of member's Back-up Plan	3	3	100.0	4	4	100.0							0	0		7	7	100.0
Elopement/Wandering from home or facility				1	1	100.0							3	3	100.0	4	4	100.0
Inaccessible for initial/on-site meeting	1	1	100.0	16	16	100.0	3	3	100.0				3	3	100.0	23	23	100.0
Unable to Contact	1	0	0.0	39	39	100.0	15	15	100.0				5	5	100.0	60	59	98.3
Inappropriate/unprofessional conduct by provider involving member				3	3	100.0	94	93	98.9				0	0		97	96	99.0
Cancellation of utilities													0	0		0	0	
Eviction/loss of home				2	2	100.0	1	1	100.0				3	3	100.0	6	6	100.0
Facility closure with direct impact to member's health/welfare													0	0		0	0	
Natural disaster with direct impact to member's health/welfare													0	0		0	0	
Operational Breakdown				3	3	100.0	19	19	100.0				0	0		22	22	100.0
Other				29	28	96.6	2	2	100.0				0	0		31	30	96.8
PM #18 C Totals	**567**	**548**	**96.6**	**1309**	**1303**	**99.5**	**589**	**585**	**99.3**	**0**	**0**		**68**	**68**	**100.0**	**2533**	**2504**	**98.9**

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Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	7/1/2021 – 9/30/2021

	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member	5	54	10.8	7	24	3.4	13	41	3.2				2	32	16.0	27	151	5.6
Media involvement or the potential for media involvement	1	0	0.0	2	0	0.0										3	0	0.0
Physical abuse (incl. seclusion and restraints both physical and chemical)				5	17	3.4	12	108	9.0				6	63	10.5	23	188	8.2
Psychological/Verbal abuse	1	4	4.0	1	1	1.0	3	0	0.0				1	0	0.0	6	5	0.8
Sexual abuse and/or suspected sexual abuse													1	1	1.0	1	1	1.0
Fall resulting in the need of medical treatment	73	2062	28.2	112	2049	18.3	131	2280	17.4				45	879	19.5	361	7270	20.1
Medical emergency resulting in need for medical treatment	498	12247	24.6	1259	13200	10.5	352	3580	10.2				1	14	14.0	2110	29041	13.8
Medication error resulting in serious consequences				3	46	15.3										3	46	15.3
Psychiatric emergency resulting in need for medical treatment	35	363	10.4	37	199	5.4	14	30	2.1				1	6	6.0	87	598	6.9
Severe injury resulting in the need of medical treatment				9	92	10.2	10	84	8.4				7	55	7.9	26	231	8.9
Suicide attempt resulting in the need for medical attention	1	3	3.0				1	1	1.0							2	4	2.0
Neglect/Mistreatment, caregiver (paid or unpaid)				3	18	6.0	2	2	1.0				2	0	0.0	7	20	2.9
Neglect/Mistreatment, self	1	0	0.0	6	7	1.2	7	4	0.6							14	11	0.8
Neglect/Mistreatment, other				2	15	7.5										2	15	7.5
Exploitation, financial							1	0	0.0				2	13	6.5	3	13	4.3
Exploitation, theft				1	7	7.0										1	7	7.0
Exploitation, destruction of property													2	95	47.5	2	95	47.5
Exploitation, other							1	0	0.0				1	0	0.0	2	0	0.0
Theft with law enforcement involvement							4	23	5.8							4	23	5.8
Failure of member's Back-up Plan	8	13	1.6	9	101	11.2										17	114	6.7
Elopement/Wandering from home or facility	1	9	9.0										1	31	31.0	2	40	20.0
Inaccessible for initial/on-site meeting				19	122	6.4	1	8	8.0				10	0	0.0	30	130	4.3
Unable to Contact				16	108	6.8	14	0	0.0				9	0	0.0	39	108	2.8
Inappropriate/unprofessional conduct by provider involving member				1	2	2.0	150	2070	13.8				2	2	1.0	153	2074	13.6
Cancellation of utilities																0	0	
Eviction/loss of home				4	4	1.0	6	12	2.0				3	11	3.7	13	27	2.1
Facility closure with direct impact to member's health/welfare																0	0	
Natural disaster with direct impact to member's health/welfare	4	13	3.3	6	39	6.5	1	0	0.0				20	174	8.7	31	226	7.3
Operational Breakdown																0	0	
Other	4	16	4.0	21	256	12.2	2	0	0.0				4	30	7.5	31	302	9.7
PM #18 D Totals	**632**	**14784**	**23.4**	**1523**	**16307**	**10.7**	**725**	**8243**	**11.4**	**0**	**0**		**120**	**1406**	**11.7**	**3000**	**40740**	**13.6**

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Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	10/1/2021 – 12/31/2021

	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member	1	8	8.0	8	68	8.5	12	65	5.4				7	59	8.4	28	200	7.1
Media involvement or the potential for media involvement				0	0		2	6	3.0				0	0		2	6	3.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	1	57	57.0	2	19	9.5	6	110	18.3				1	0	0.0	10	186	18.6
Psychological/Verbal abuse				3	25	8.3							1	13	13.0	4	38	9.5
Sexual abuse and/or suspected sexual abuse				1	8	8.0	1	63	63.0				0	0		2	71	35.5
Fall resulting in the need of medical treatment	62	1091	17.6	111	1496	13.5	107	1853	17.3				33	592	17.9	313	5032	16.1
Medical emergency resulting in need for medical treatment	461	9948	21.6	1043	10658	10.2	297	3359	11.3				1	2	2.0	1802	23967	13.3
Medication error resulting in serious consequences				2	73	36.5							0	0		2	73	36.5
Psychiatric emergency resulting in need for medical treatment	16	415	25.9	28	112	4.0	8	78	9.8				1	0	0.0	53	605	11.4
Severe injury resulting in the need of medical treatment				7	69	9.9	6	118	19.7				5	51	10.2	18	238	13.2
Suicide attempt resulting in the need for medical attention	1	105	105.0	1	6	6.0	1	3	3.0				0	0		3	114	38.0
Neglect/Mistreatment, caregiver (paid or unpaid)	1	0	0.0	1	4	4.0	7	30	4.3				1	8	8.0	10	42	4.2
Neglect/Mistreatment, self							1	2	2.0				1	0	0.0	2	2	1.0
Neglect/Mistreatment, other													0	0		0	0	
Exploitation, financial							1	0	0.0				1	0	0.0	2	0	0.0
Exploitation, theft	1	0	0.0				2	19	9.5				0	0		3	19	6.3
Exploitation, destruction of property													0	0		0	0	
Exploitation, other													0	0		0	0	
Theft with law enforcement involvement							1	38	38.0				2	154	77.0	3	192	64.0
Failure of member's Back-up Plan	3	2	0.7	4	1	0.3							0	0		7	3	0.4
Elopement/Wandering from home or facility				1	2	2.0							3	19	6.3	4	21	5.3
Inaccessible for initial/on-site meeting	1	0	0.0	16	0	0.0	3	0	0.0				3	0	0.0	23	0	0.0
Unable to Contact				39	224	5.7	15	132	8.8				5	0	0.0	59	356	6.0
Inappropriate/unprofessional conduct by provider involving member				3	2	0.7	93	677	7.3				0	0		96	679	7.1
Cancellation of utilities													0	0		0	0	
Eviction/loss of home				2	0	0.0	1	3	3.0				3	123	41.0	6	126	21.0
Facility closure with direct impact to member's health/welfare													0	0		0	0	
Natural disaster with direct impact to member's health/welfare													0	0		0	0	
Operational Breakdown				3	0	0.0	19	76	4.0				0	0		22	76	3.5
Other				28	245	8.8	2	36	18.0				0	0		30	281	9.4
PM #18 D Totals	**548**	**11626**	**21.2**	**1303**	**13012**	**10.0**	**585**	**6668**	**11.4**	**0**	**0**		**68**	**1021**	**15.0**	**2504**	**32327**	**12.9**

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Deliverables due during MLTSS 3rd quarter (1/1/2022 – 3/31/2022)

Reported Critical Incidents (CIs) for Measurement Period 7/1/2021 – 9/30/2021

During the measurement period of 7/1/2021 - 9/30/2021, four out of the five MCOs became aware of 3033 CIs and of those, 3029 (99.9%) were reported to the State. MCO D did not report data this quarter, due to the validation process. The top four CIs were: Medical emergency resulting in need for medical treatment (2130/3033 = 70.2%); Fall resulting in the need of medical treatment (336/3033=12%); Inappropriate/unprofessional conduct by provider involving member (155/3033 = 35.1%); and Psychiatric emergency resulting in need for medical treatment (87/3033=2.7%).

PM #18B reflects that 2779 of the 3033 (91.6%) CIs for this measurement period were reported to the State within two days.

The data reported by the MCOs for PM #18C show that 3000 of the 3033 (98.9%) CIs had a known date of occurence. PM #18D shows an all MCO average of 13.6 days from date of occurrence to date MCO became aware of the incident with individual MCOs ranging from 10.7 days (MCO B) to 23.4 days (MCO A).

Reported Critical Incidents (CIs) for Measurement Period 10/1/2021 – 12/31/2021

During the measurement period of 10/1/2021 – 12/31/2021 the MCOs became aware of 2533 CIs and of those, 2527 (99.8%) were reported to the State. The top four CIs were: Medical emergency resulting in need for medical treatment (1817/2533 = 71.8%); Fall resulting in the need of medical treatment (319/2533=12.5%); Inappropriate/uprofessional conduct by privider involving member (97/2533=3.9%); and Unable to contact (60/2533=2.4%). PM #18B reflects that 2421 of the 2533 (95.6%) CIs for this measurement period were reported to the State within two days.

The data reported by the MCOs for PM #18C show that 2504 of the 2533 (98.9%) CIs had known date of occurence. PM #18D shows an all MCO average of 12.9 days from date of occurrence to date MCO became aware of the incident with individual MCOs ranging from 10.0 days (MCO B) to 21.2 days (MCO A).

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

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1115 Comprehensive Waiver Quarterly Report
Demonstration Year 10
Federal Fiscal Quarter: 3 (01/01/22 – 03/31/22)
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 663 youth in the CSSP I/DD. In addition, there were an additional 458 youth in the CSSP SED that received Plan A benefits that would have not otherwise been eligible for these benefits if not for waiver 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

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

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

Data Source	Review of Child and Adolescent Needs and Strengths scores Contracted System Administrator (CSA) Data Data report: CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
Sampling Methodology	100% new youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	81
Denominator: Total number of new enrollees	82
Percentage	99%

Shortly after becoming eligible for the waiver, one youth's family opted out of Care Management services. Youth was promptly removed in March 2022.

#3 Quality of Life Sub Assurance	80% of youth should show improvement in Child and Adolescent Needs and Strengths composite rating within a year
Data Source	CSA Data on CANS Initial and Subsequent Assessments. Data report: CSA NJ2021CANS Waiver Outcome
Sampling Methodology	Number of youth enrolled in the waiver for at least 1 year
Waiver	**I/DD**
Numerator: Number of youth who improved within one year of admission	567
Denominator: Number of youth with Child and Adolescent Needs and Strengths Assessments conducted 1 year from admission or last CANS conducted	627
Percentage	90%

#4 Level of Care Sub Assurance	CSOC's Contracted System's Administrator (CSA), conducts an initial Level of Care assessments (aka Intensity of Services (IOS) prior to enrollment for all youth
Data Source	CSA Data.

	Data report: CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
Sampling Methodology	100% new youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	81
Denominator: Number of new enrollees	82
Percentage	99%

Youth did not have Care Management at time of enrollment, this youth was added in error. Youth was promptly removed from the waiver.

#5 Plan of Care Sub Assurance	The Plan of Care (aka Individual Service Plan (ISP) is developed based on the needs identified in the Child and Adolescent Needs and Strengths assessment tool and according to CSOC policies
Data Source	CSA Data on Plans of Care completions, Record Review Data report: CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of Plans of Care that address youth's assessed needs	81
Denominator: Number of Plans of Care reviewed	82
Percentage	99%

Shortly after becoming eligible for the waiver, one youth's family opted out of Care Management services. Youth was removed in March 2022.

#6 Plan of Care Sub Assurance	Plan of Care is updated at least annually or as the needs of the youth changes

Data Source	CSA Data Report: CSA NJ1289 Waiver ISP Aggregate Report All Youth
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of current Plans of Care updated at least annually	205
Denominator: Number of Plans of Care reviewed	205
Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care (treatment plan) Data Report: CSA NJ1220 Waiver Services Provided
Data Source	CSA Data Report of Authorizations Record Review
Sampling Methodology	100% of youth enrolled during the measurement period.
Waiver	**I/DD**
Numerator: Number of plans of care that had services authorized based on the plan of care	82
Denominator: Number of plans of care reviewed	82
Percentage	100%

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care (ISP).
Data Source	CSA Data Report of Authorizations Claims paid on authorized services through MMIS Record Review

Sampling Methodology	Random sample representing a 95% confidence level
Waiver	**I/DD**
Numerator: Number of Services that were delivered	In Development
Denominator: Number of services that were authorized	In Development
Percentage	In Development

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

#9 Plan of Care Sub Assurance	Youth/families are provided a choice of providers, based on the available qualified provider network
Data Source	Record review Statewide CSA Data Report: NJ1384 Provider List -CSA Data Report
Sampling Methodology	Random sample representing a 95% confidence level
Waiver	**I/DD**
Numerator: Number of youth/families given a choice of providers as indicated in progress notes	428
Denominator: Number of records reviewed	568
Percentage	75%

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

#10 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing waiver services
Data Source	Record review

Sampling Methodology	100% agency
Waiver	**I/DD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing waiver services	0
Denominator: Total number of new providers	0
Percentage	N/A

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

# 11 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services continually meet required qualified status, including any applicable licensure and/or certification standards
Data Source	Provider HR Record Review
Sampling Methodology	100% agency
Waiver	**ID/D**
Numerator: Number of providers that meet the qualifying standards/applicable licensures/certification	167
Denominator: Total number of providers that initially met the qualified status	167
Percentage	100%

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

# 12 Qualified Providers Sub Assurance	CSOC implements its policies and procedures for verifying that applicable certifications/checklists and training are provided in accordance with qualification requirements as listed in the waiver
Data Source	Record Review
Sampling Methodology	100% community provider agencies

Waiver	I/DD
Numerator: Number of providers that have been trained and are qualified to provide waiver services	167
Denominator: Total number of providers that provide waiver services	167
Percentage	100%

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

# 13 Health and Welfare Sub Assurance	The State demonstrates on an on-going basis, that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: Total number of UIRs submitted timely according to State policies	0
Denominator: Number of UIRs submitted involving enrolled youth	0
Percentage	N/A

# 14 Health and Welfare Sub Assurance	The State incorporates an unusual incident management reporting system (UIRMS), as articulated in Administrative Order 2:05, which reviews incidents and develops policies to prevent further similar incidents (i.e., abuse, neglect and runaways)
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period

Waiver	I/DD
Numerator: The number of incidents that were reported through UIRMS and had required follow up	0
Denominator: Total number of incidents reported that required follow up	0
Percentage	N/A

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

# 16 Health and Welfare Sub Assurance	The State establishes overall healthcare standards and monitors those standards based on the NJ established EPSDT periodicity schedule for well visits
Data Source	MMIS Claims/Encounter Data
Sampling Methodology	100% of youth enrolled for the reporting period

Waiver	**I/DD**
Numerator: Number of youth enrolled that received a well visit	DMAHS measure
Denominator: Total number of youth enrolled	DMAHS measure
Percentage	DMAHS measure

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