Update from the
NJ Department of Human Services

Health Care Association of New Jersey

19th Annual Assisted Living Conference

May 16, 2017

Managed Long Term Services and Supports (MLTSS):

## Program Highlights for the Assisted Living Provider Community about New Jersey's Long Term Care Reform Efforts

Valerie J. Harr, Deputy Commissioner

NJ Department of Human Services

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New Jersey Demographics: Age 60 and Older

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Basic Demographics in 2014

- New Jersey's population was 8,938,175 in 2014 with 1,843,602 (20.6%) age 60 and older.
- Women accounted for 56% of the population, aged 60 years and older and 67% of the population, age 85 and older.
- Between 2010 and 2014, people aged 60 years and over exceeded 28% of Ocean County's population and 31% of Cape May's population. Hudson County had the smallest share of this demographic at just 15.3%.

Age Groups by County
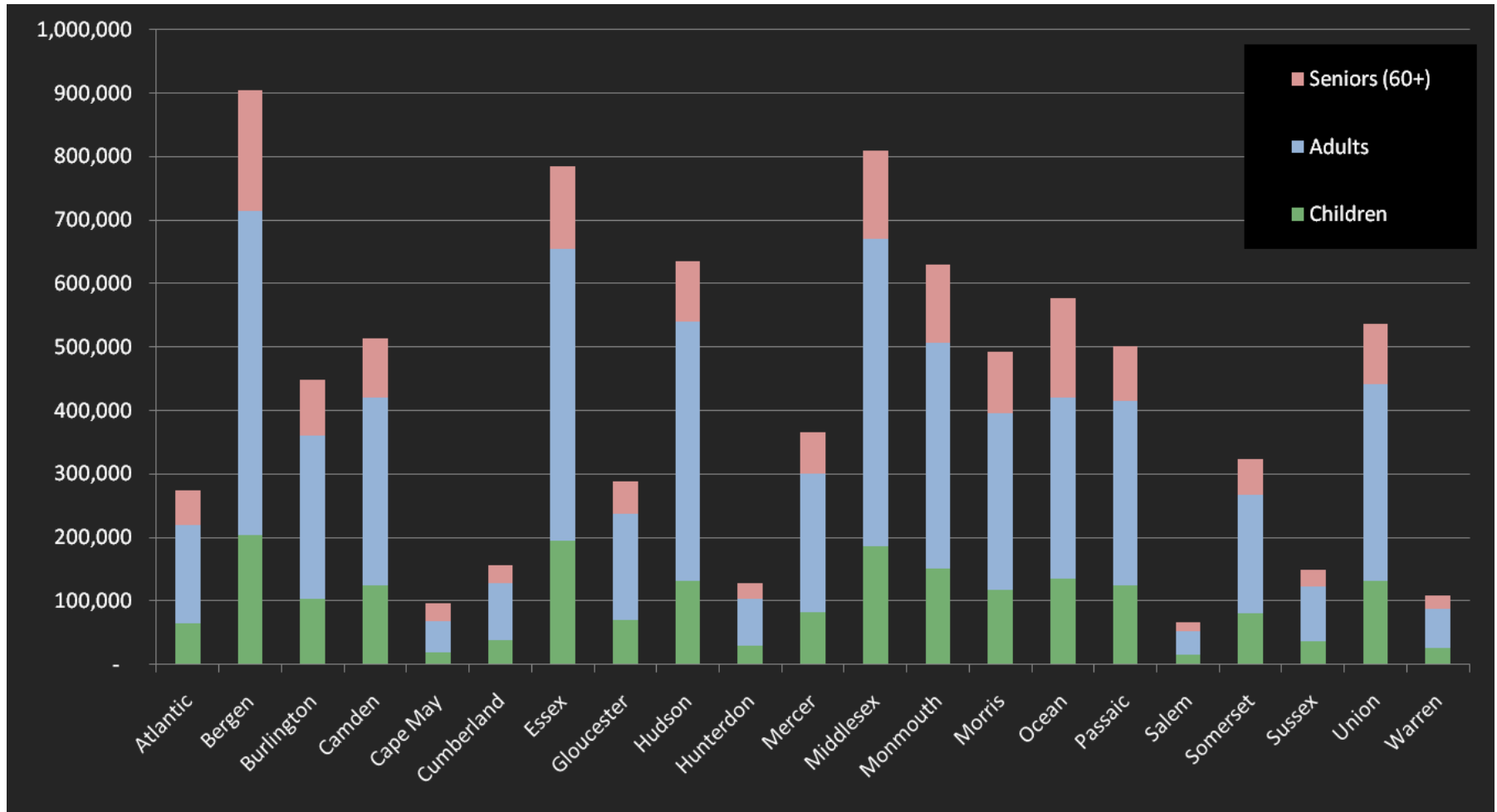
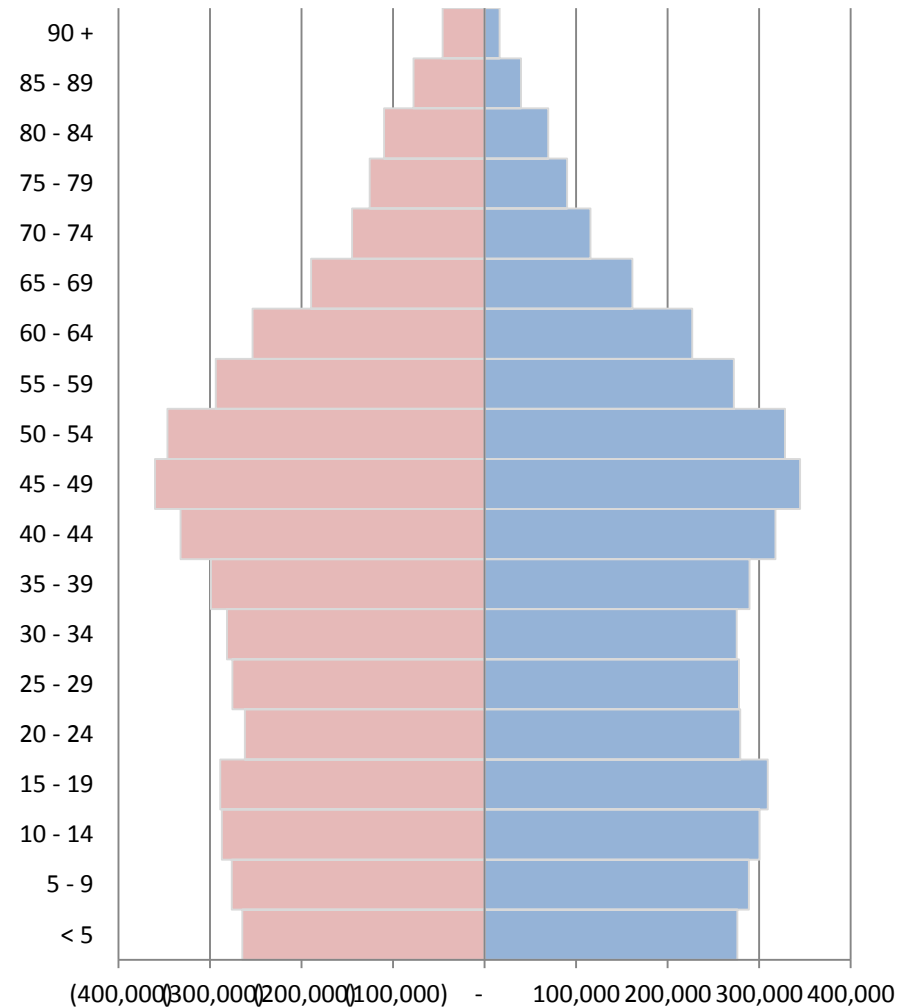# Older Adults (60+) as a Percentage of County Population
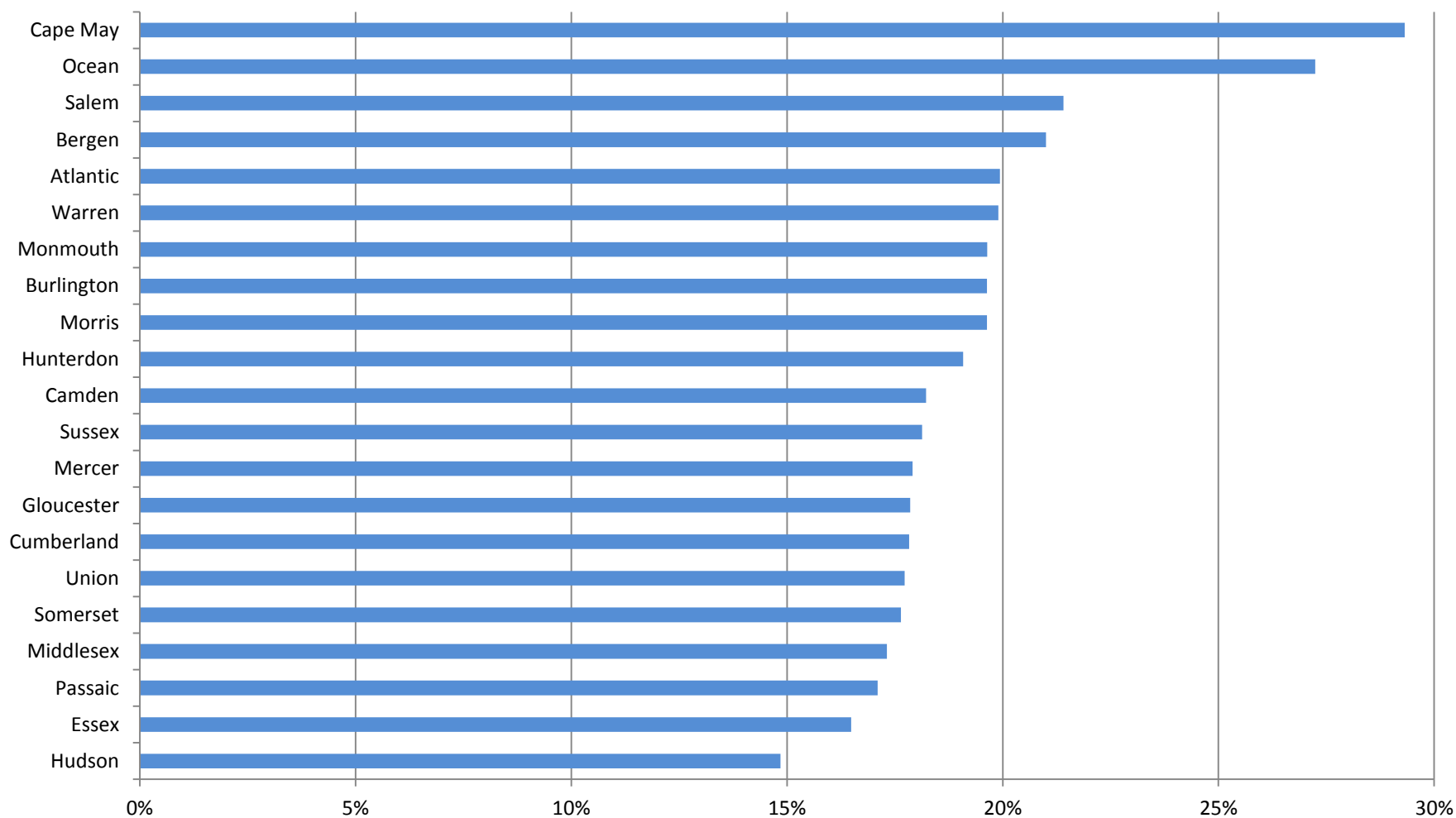
Source: US Census Bureau Summary File 1 (2010)

Age Structure

- **Population pyramids**

- **Age groups represented by horizontal bars – wider bars = more people**

- **Youngest at base**

- **Females on left**

- **Note the Baby Boom, Baby Bust, Echo Boom, contraction, gender imbalance beginning in 60 year olds**

Baby Boom – 1946-1964 Boomers were 46 to 64 years old in 2010.
Shockwave or Pig in the Python. Gen X: Born 60's – 80's (30-50). Gen Y
or Millenials: Born Late 70's to early 2000's (Age 10-30).

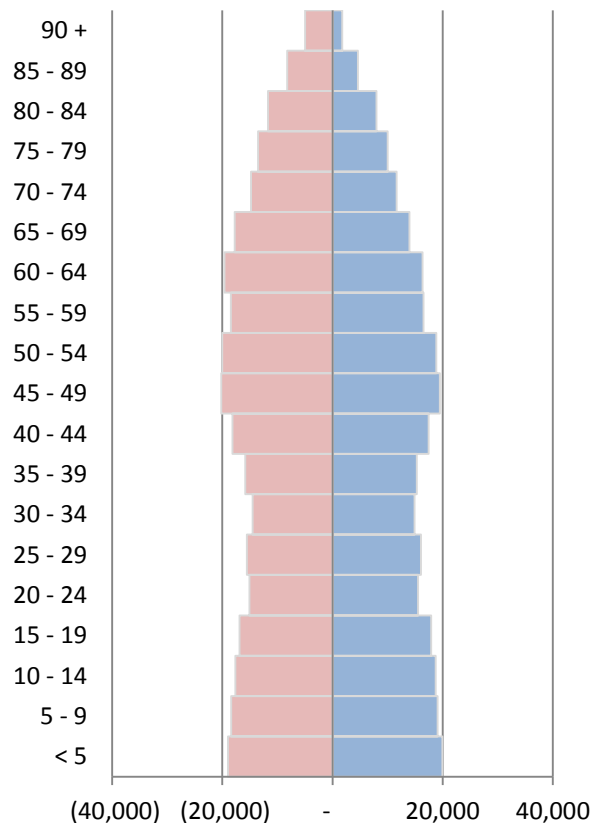## New Jersey Gender/Age Group Distribution (2010)

Source: US Census Bureau Summary File 1 (2010)
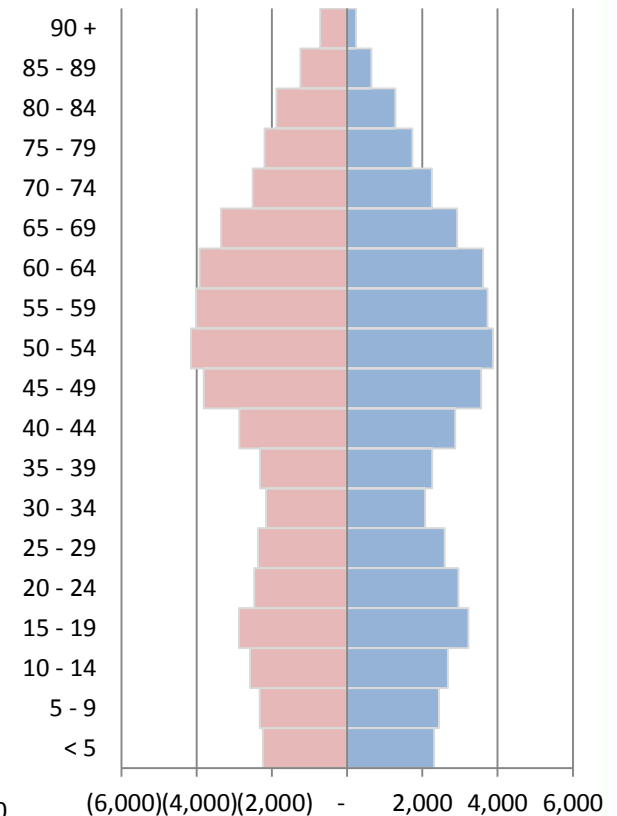
Variation from County to County

Hudson County Gender/Age Group Distribution (2010)
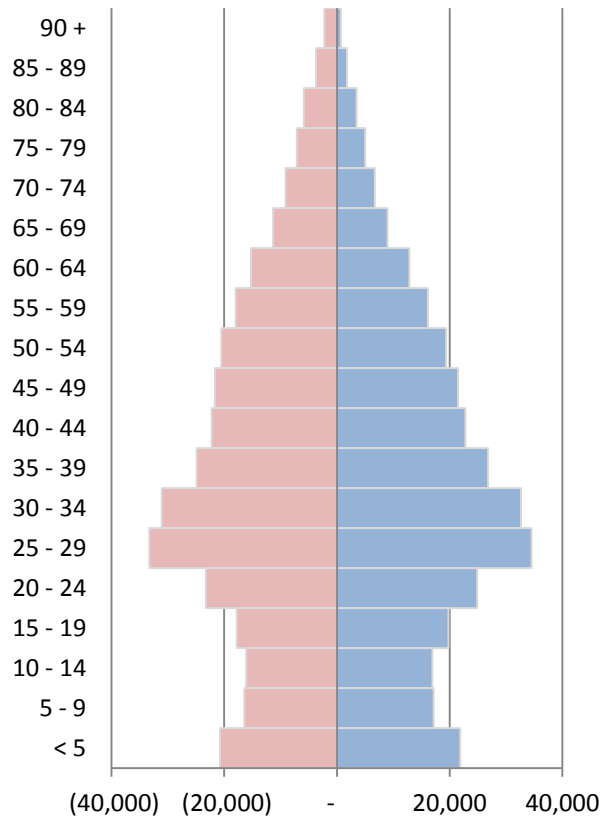
Ocean County Gender/Age Group Distribution (2010)

Cape May County Gender/Age Group Distribution (2010)

MLTSS Headlines

Long Term Care Recipients Summary – March 2017

Total Long Term Care Recipients*	**49,985**

Managed Long Term Support & Services (MLTSS)	33,884
MLTSS HCBS	18,009
MLTSS Assisted Living	3,070
MLTSS HCBS/AL (unable to differentiate)	14
MLTSS NF	12,590
MLTSS Upper SCNF	128
MLTSS Lower SCNF	73

Fee For Service (FFS/Managed Care Exemption)	15,178
FFS pending MLTSS (SPC 60-64)	583
FFS Nursing Facility (SPC 65)	10,835
FFS SCNF Upper (SPC 66)	179
FFS SCNF Lower (SPC 67)	118
FFS NF – Other (Jan 2017)**	3,463

PACE	923

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/4/2017.
Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).
* 'FFS NF – Other is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.
** Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

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Long Term Care Population by Setting

6-Month Intervals
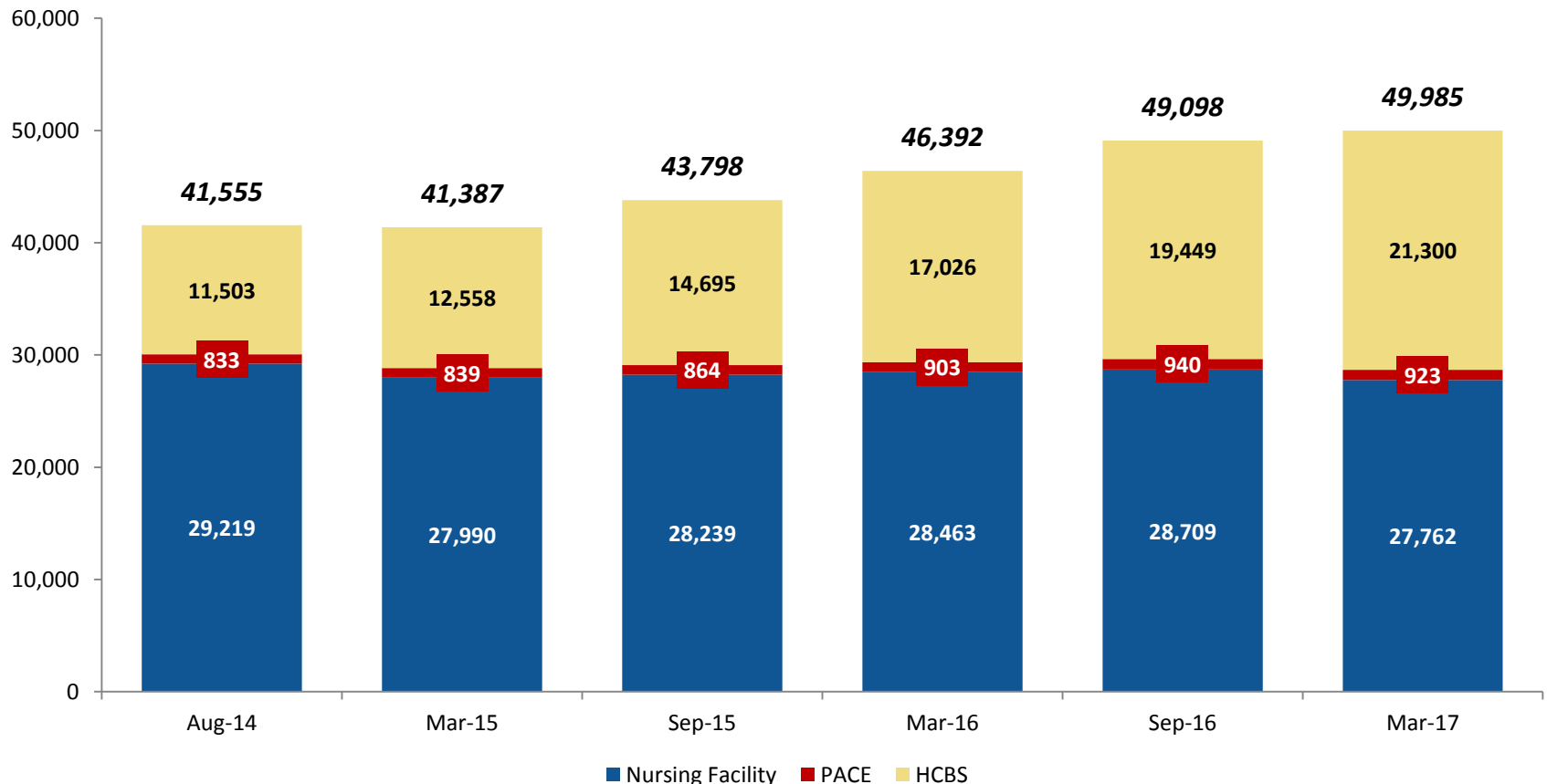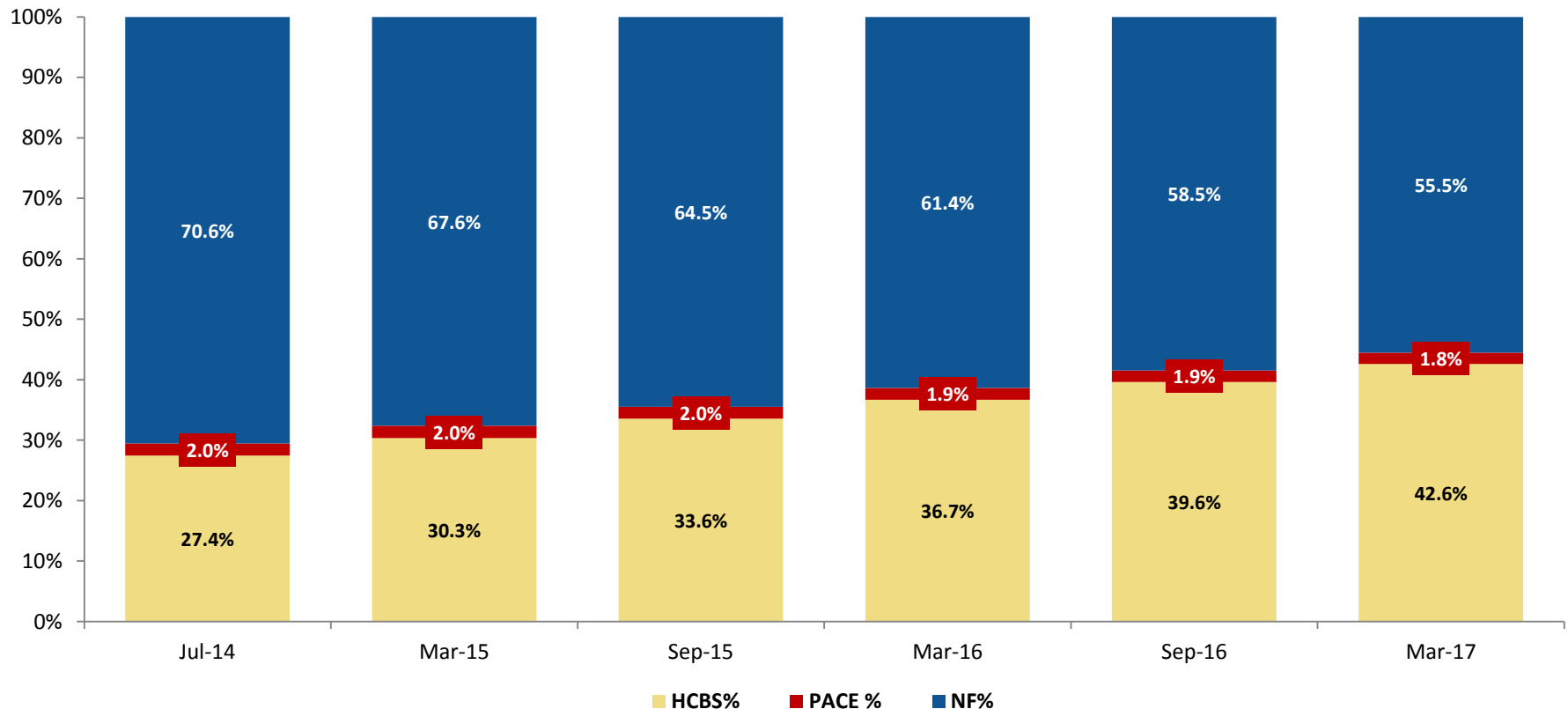
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/4/2017.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS. Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month. Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients). * Increase in overall LTC population indicative of the natural aging process.

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MLTSS Rebalancing

6 Month Intervals

	Jul-14	Mar-15	Sep-15	Mar-16	Sep-16	Mar-17
NF%	70.6%	67.6%	64.5%	61.4%	58.5%	55.5%
PACE %	2.0%	2.0%	2.0%	1.9%	1.9%	1.8%
HCBS%	27.4%	30.3%	33.6%	36.7%	39.6%	42.6%

Legend: HCBS% PACE % NF%

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Long Term Care Population by County

February 2017*
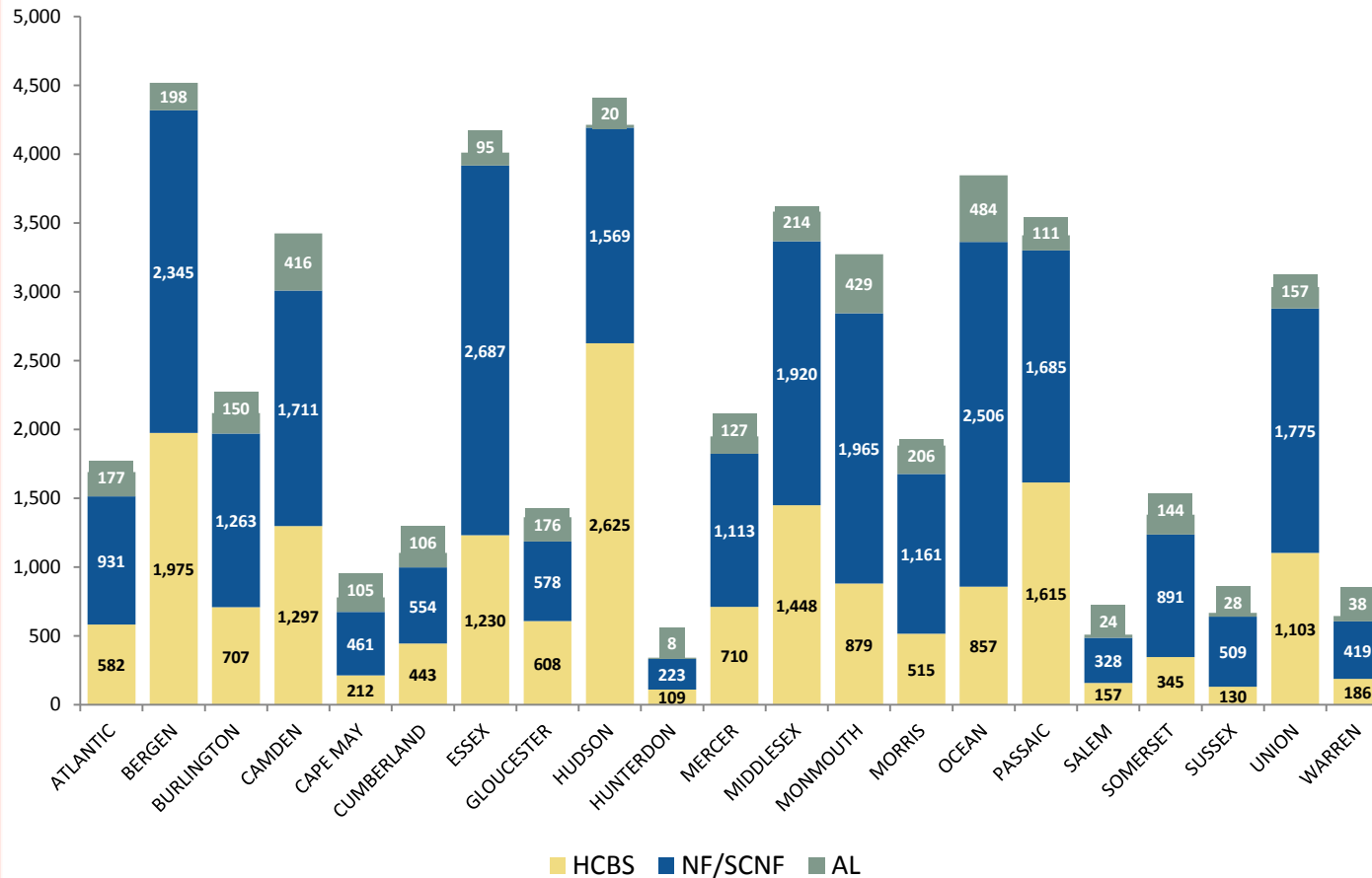
COUNTY	NJ FamilyCare	LTC
ATLANTIC	4.1%	3.5%
BERGEN	6.6%	9.3%
BURLINGTON	3.6%	4.4%
CAMDEN	8.1%	7.5%
CAPE MAY	1.1%	1.6%
CUMBERLAND	2.7%	2.7%
ESSEX	13.2%	8.2%
GLOUCESTER	2.8%	2.8%
HUDSON	10.3%	8.9%
HUNTERDON	0.6%	0.7%
MERCER	4.2%	4.6%
MIDDLESEX	7.7%	7.4%
MONMOUTH	4.9%	6.9%
MORRIS	2.5%	3.9%
OCEAN	7.5%	7.9%
PASSAIC	8.9%	7.0%
SALEM	0.9%	1.0%
SOMERSET	1.9%	2.8%
SUSSEX	0.9%	1.4%
UNION	6.6%	6.2%
WARREN	1.0%	1.3%

Legend: HCBS, NF/SCNF, AL

MLTSS Population by Setting

6-Month Intervals

Legend: HCBS, AL, HCBS/AL (no 6x SPC), NF, SCNFs

Setting	Jul-14	Mar-15	Sep-15	Mar-16	Sep-16	Mar-17
HCBS	8,160	9,076	11,118	13,429	15,749	18,009
AL	2,865	3,018	3,124	3,172	3,353	3,070
HCBS/AL (no 6x SPC)	37	74	38	15	18	14
NF	96	2,149	5,151	8,232	10,894	12,590
SCNFs	2	23	68	120	144	201
Total	**11,160**	**14,340**	**19,499**	**24,968**	**30,158**	**33,884**

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MLTSS AL Population by Age Group

MLTSS AL Population

	Jul-14	Mar-15	Sep-15	Mar-16	Sep-16	Mar-17
100+	2.0%	2.5%	2.1%	2.4%	2.4%	2.7%
85 - 99	53.0%	50.8%	50.0%	49.4%	48.9%	50.8%
75 - 84	23.9%	24.5%	24.4%	24.1%	24.3%	25.1%
65 - 74	13.9%	14.1%	14.4%	14.6%	14.7%	13.2%
55 - 64	5.8%	6.4%	6.6%	6.8%	7.0%	5.7%
35 - 54	1.3%	1.6%	2.2%	2.3%	2.2%	2.1%
22 - 34		0.2%	0.3%	0.3%	0.4%	0.3%

Legend: ■ 22 - 34 ■ 35 - 54 ■ 55 - 64 ■ 65 - 74 ■ 75 - 84 ■ 85 - 99 □ 100+

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A Look at the June 30, 2014 Waiver Population Today

All Waivers
(6/30/14 = 12,040)
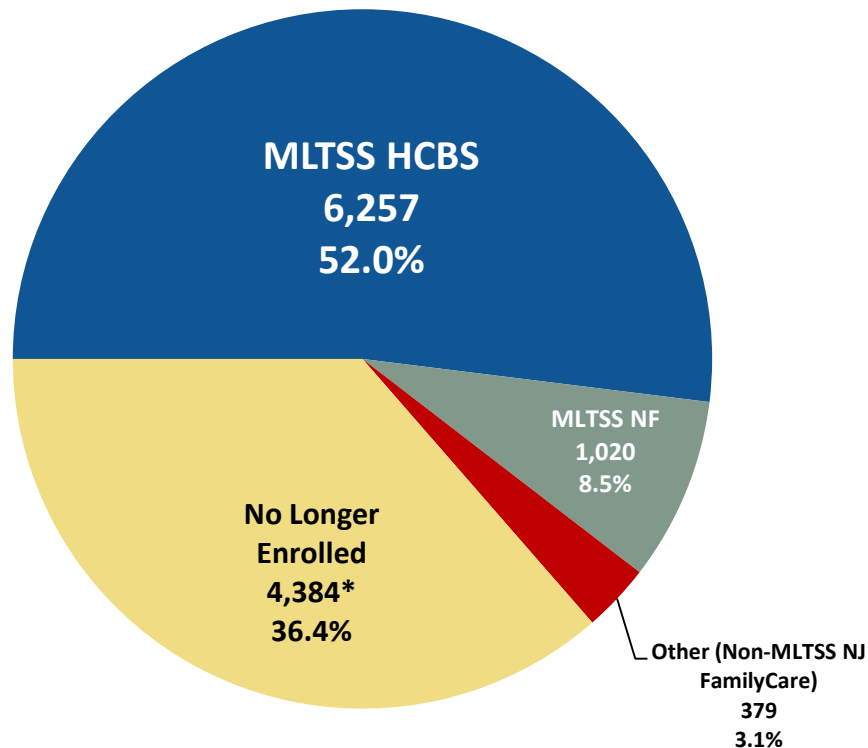
Pie chart segments:
- **MLTSS HCBS** 6,257 52.0%
- **MLTSS NF** 1,020 8.5%
- **Other (Non-MLTSS NJ FamilyCare)** 379 3.1%
- **No Longer Enrolled** 4,384* 36.4%

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HCBS Population's LTC Services Utilization

Top 5 LTC Services, by Recipient Utilization

Legend:
- ■ PCA/Home-Based Support Care
- ■ Assisted Living
- ■ Medical Day Services
- ■ Home-Delivered Meals
- ■ PERS Set-up & Monitoring

	Jul-14	Jan-15	Jul-15	Jan-16	Jun-16
PERS Set-up & Monitoring	$64,350	$73,776	$97,478	$125,870	$143,601
Home-Delivered Meals	$278,711	$274,488	$317,900	$422,739	$558,947
Medical Day Services	$854,687	$916,596	$1,594,094	$2,161,822	$3,494,446
Assisted Living	$4,718,790	$4,855,328	$4,666,397	$5,057,701	$5,215,882
PCA/Home-Based Support Care	$8,313,634	$8,262,715	$10,615,268	$12,714,936	$15,576,536

HCBS Population's LTC Services Utilization, SFY16

Top 5 LTC Services, by Recipient Utilization

Pie chart showing:
- **PCA/Home-Based Support Care** $151,588,556 — 61.9%
- **Assisted Living** $58,550,534 — 23.9%
- **Medical Day Services** $28,057,257 — 11.5%
- **Home-Delivered Meals** $5,153,067 — 2.1%
- **PERS Set-up & Monitoring** $1,464,796 — 0.6%
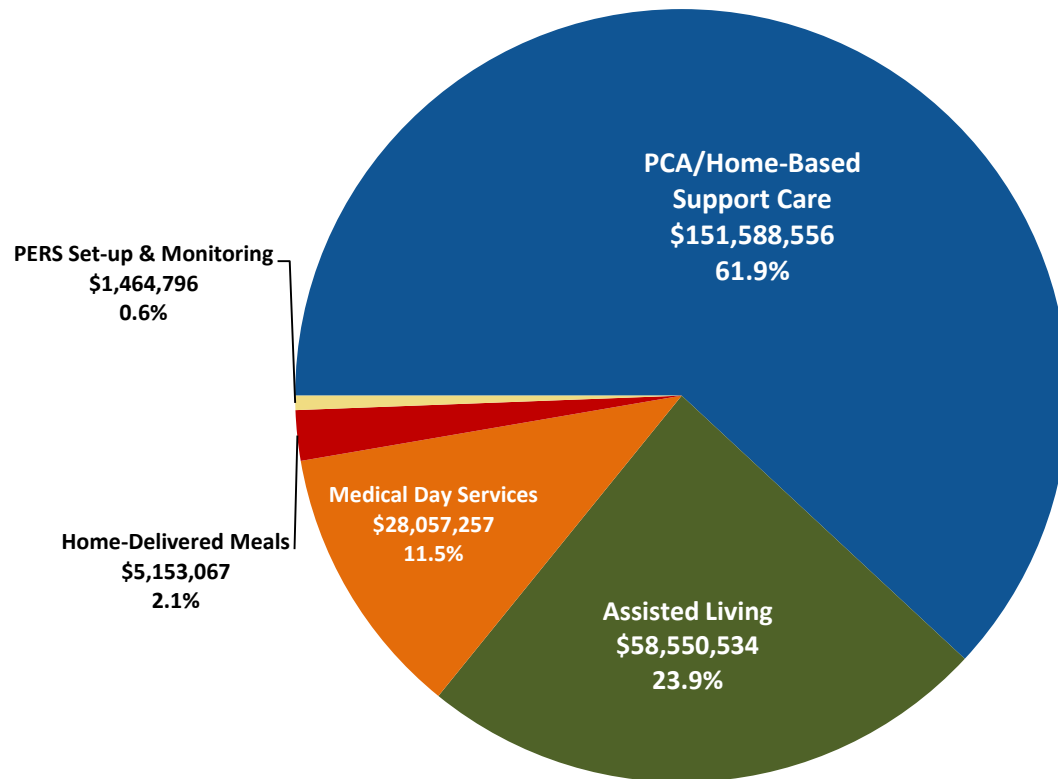
Service:	Assisted Living	Home-Delivered Meals	Medical Day Services	PCA/Home-Based Support Care	PERS Set-up & Monitoring
Avg. # of Recipients Monthly:	2,967	2,343	1,874	9,225	4,283

Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 1/25/17.
Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. Data not shown for services whose claims represent 5% or less of total claims.
LTC Services not shown include: Adult Family Care, Assisted Living Program, Caregiver Training, Chore Services, Cognitive Therapy (Group/Indiv.), Community Transition Services, Home-Delivered Meals, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Occupational Therapy (Group/Indiv.), PERS Monitoring, PERS Setup, Physical Therapy (Group/Indiv.), Residential Modifications, Respite (Daily/Hourly), Social Adult Day Care, Speech/Language/Hearing Therapy (Group/Indiv.), Structured Day Program, Supported Day Services, TBI Behavioral Management, and Vehicle Modifications.

LTC Services Cost: Pre & Post MLTSS
Top 8 services

SFY14: Pre-MLTSS

Average Monthly LTC Recipients: 41,722

Nursing Facility Services	$1,772,869,385
PCA/Home-Based Support Care	$114,690,739
Assisted Living Services/Program	$64,530,979
Private Duty Nursing	$31,760,567
Community Residential Services	$13,495,242
Medical Day Services	$207,974
Home-Delivered Meals	$4,369,414
PERS Set-up & Monitoring	$1,426,558
Grand Total	**$2,003,350,858**

SFY15: Post-MLTSS

Average Monthly LTC Recipients: 41,686

Nursing Facility Services	$1,639,616,921
PCA/Home-Based Support Care	$101,186,530
Assisted Living Services/Program	$56,539,879
Private Duty Nursing	$20,492,850
Community Residential Services	$12,657,279
Medical Day Services	$11,905,925
Home-Delivered Meals	$3,286,744
PERS Set-up & Monitoring	$892,922
Grand Total	**$1,846,579,050**

SFY16: Post-MLTSS

Average Monthly LTC Recipients: 45,402

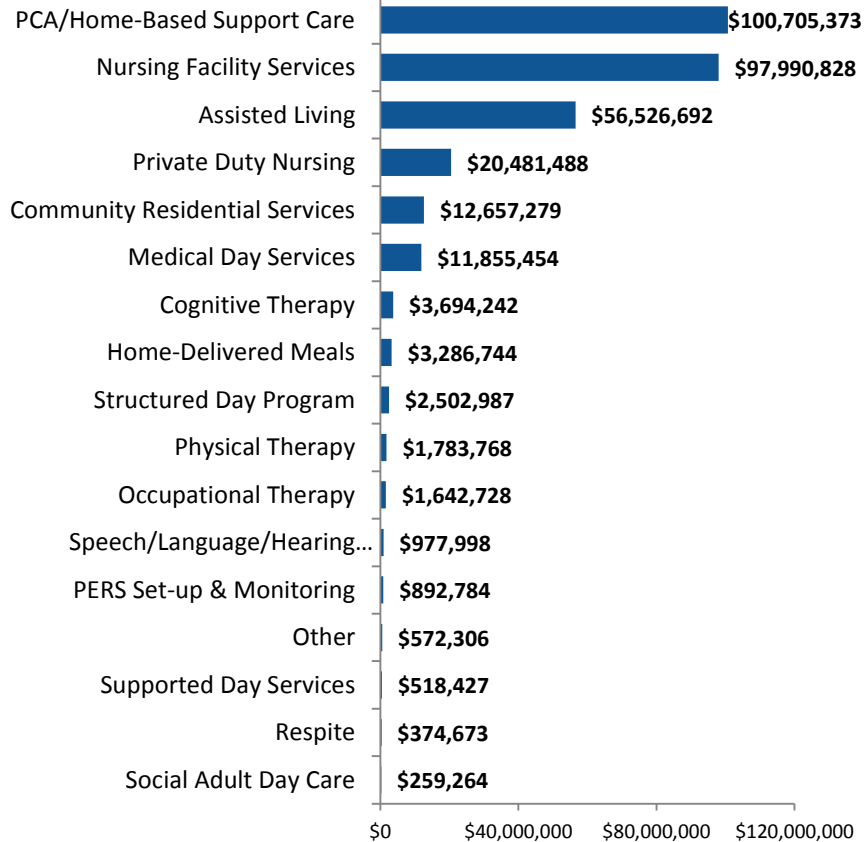|	
Nursing Facility Services	$1,623,523,496
PCA/Home-Based Support Care	$153,291,944
Assisted Living Services/Program	$59,141,940
Private Duty Nursing	$26,563,525
Community Residential Services	$12,725,629
Medical Day Services	$28,270,914
Home-Delivered Meals	$5,187,098
PERS Set-up & Monitoring	$1,484,307
Grand Total	**$1,910,188,853**

MLTSS Population's LTC Services Cost

SFY15

Service	Cost
PCA/Home-Based Support Care	$100,705,373
Nursing Facility Services	$97,990,828
Assisted Living	$56,526,692
Private Duty Nursing	$20,481,488
Community Residential Services	$12,657,279
Medical Day Services	$11,855,454
Cognitive Therapy	$3,694,242
Home-Delivered Meals	$3,286,744
Structured Day Program	$2,502,987
Physical Therapy	$1,783,768
Occupational Therapy	$1,642,728
Speech/Language/Hearing…	$977,998
PERS Set-up & Monitoring	$892,784
Other	$572,306
Supported Day Services	$518,427
Respite	$374,673
Social Adult Day Care	$259,264

SFY16

Service	Cost
Nursing Facility Services	$422,190,888
PCA/Home-Based Support Care	$152,771,110
Assisted Living	$59,089,453
Medical Day Services	$28,182,395
Private Duty Nursing	$26,547,192
Community Residential Services	$12,727,529
Home-Delivered Meals	$5,184,203
Structured Day Program	$3,409,709
Cognitive Therapy	$3,201,812
Physical Therapy	$1,641,039
Occupational Therapy	$1,582,856
PERS Set-up & Monitoring	$1,483,402
Other	$1,128,131
Speech/Language/Hearing…	$971,063
Respite	$879,554
Social Adult Day Care	$348,506
Supported Day Services	$24,543

Monthly Average Number of MLTSS Recipients		
	Monthly Avg (SFY15)	Monthly Avg (SFY16)
HCBS/AL	11,982	15,693
NF/SCNF	1,439	7,060
Grand Total	13,421	22,753

Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 1/13/17.
Notes: Dollars represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. Other Includes: Adult Family Care, Caregiver Training, Chore Services, Community Transition Services, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Residential Modifications, TBI Behavioral Management, Non-Medical Transportation, and Vehicle Modifications.

Comprehensive Medicaid Waiver Renewal Update

WHAT IS AN 1115 WAIVER AND WHY DOES NEW JERSEY NEED TO SUBMIT A RENEWAL

- The New Jersey 1115 Comprehensive Medicaid Waiver Demonstration is a "Research and Demonstration" waiver granted by the Centers for Medicare and Medicaid Services (CMS) under Section 1115(a) of the Social Security Act (SSA).

- Demonstrations under Section 1115 of the SSA give states flexibility to design and improve their programs using innovative ideas that are typically not allowed under Medicaid and CHIP rules.

- The Comprehensive Waiver gives NJ the authority to operate most of the NJ FamilyCare program, including:
  - Mandatory Managed Care
  - Managed Long Term Services and Supports (MLTSS)
  - Supports Program
  - Children's Home and Community Based Services (HCBS) Programs
  - Delivery System Reform Incentive Payment (DSRIP)

The Comprehensive Waiver expires on June 30, 2017

Key Concepts For Renewal

- Move to an integrated, coordinated, and organized behavioral health delivery system, that includes a flexible and comprehensive substance use disorder (SUD) benefit;
- Increase access to services and supports for individuals with intellectual and developmental disabilities;
- Further streamline NJ FamilyCare eligibility and enrollment;
- Develop an uninterrupted re-entry system for incarcerated individuals;
- Include reinvestment dollars targeting housing support services for individuals who are homeless or at-risk of being homeless;
- Enhance access to critical providers and underserved areas through alternative provider development initiatives;
- Expand and enhance population health partnerships with community and faith-based organizations, public health organizations, healthcare providers, employers, and other stakeholders to improve health outcomes for Medicaid-eligible individuals.

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Waiver Renewal Process To Date

- The amended application was submitted to CMS on Friday, September 16, 2016.

- CMS completed its review of the application and forwarded clarifying questions to DMAHS on October 4, 2016. DMAHS revised the application to address these questions and resubmitted a draft application to CMS on November 22, 2016.

- DMAHS incorporated feedback from CMS in the amended draft application, and posted for an additional 30 days of public comment from January 9 to February 10, 2017.

- DMAHS presented and solicited public feedback on the amended application at the MAAC meeting on January 23, 2017.

- The revised renewal application was submitted to CMS on March 2, 2017 and the 30-day federal public comment period ended April 10, 2017.

- The goal is to have the application approved by June 30, 2017.

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MLTSS Policy Overview

MLTSS Policy Overview

Since the implementation of MLTSS in July 2014 the Department has continually evaluated and revised processes in response to member and stakeholder experience and feedback. The Department utilizes various methods to communicate to the Contractor and stakeholders the requirements. These methods include contract language, Medicaid Newsletters, Medicaid Communications, or policy guidance dependent upon the issue and urgency of the resolution.

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MLTSS Policy Overview

Date Issued	Topic	Purpose	Reference Source
July 2014	MLTSS Implementation	Transition	Medicaid Newsletter Volume 24 No. 07
September 2014	Hospice Services	MCO payment guidance	Internal
December 2014 December 2016	FFS Coverage of Assisted Living Services	Facilitate FFS coverage for beneficiaries pending MCO/MLTSS enrollment	Medicaid Newsletter Volume 24 No. 14 Replaced with Vol. 26 No. 17
December 2014	QIT	Replacing Medically Needy Program with QIT	Medicaid Communication No. 14-15
December 2014	HBSC agencies not accredited	Temporary codes extended to July 1, 2016	MLTSS Contract, Section 4.6.1, Appendix B.9.o

MLTSS Policy Overview

Date Issued	Topic	Purpose	Reference Source
February 2015	Patient Pay Liability	Advise NF, AL, and MCO of overpayment	Medicaid Newsletter Volume 25 No. 1
November 2015	MLTSS FAQs	DMAHS FAQs for Providers	Medicaid Newsletter Volume 25 No. 11
December 1993 December 2013 (Updated)	AL licensing authority	Authority for licensing ALR, CPCH and ALP	N.J.A.C. 8:36-2.5
December 1993 December 2013 (Updated)	10% Facility census be Medicaid-eligible persons	Ensure residents who spend down can remain in their home once Medicaid is determined.	N.J.A.C. 8:36 – 5.1 (h), N.J.S.A. 26:2H-12.16 et seq.,

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MLTSS Policy Overview

Date Issued	Topic	Purpose	Reference Source
November 2015	Room supplementation is allowed when paid by a third party.	Allows, through third party payment, a resident to remain in a private room.	DoAS Policy Instruction 2015-01: V-1
January 2016 (Updated)	Supplementation of services is not allowed.	Payment for services is payment in full	42 CFR 447.15 Acceptance of State payment as payment in full.
January 2016 (Updated)	Cost share calculations	Determination of residents available income and cost share.	MLTSS Contract, Section 5.8.5 B. 1
September 2016	Cost share overpayments	The full cost share amount, as determined on PR-2, must always be paid monthly.	42 CFR 435.726

NF Quality Improvement Initiative

Any Willing Provider (AWP) Policy

New Jersey's goal has been to safeguard the NF industry's financial health and minimize disruption to NF residents as the state moves from FFS to managed care under MLTSS.

The AWP provision currently requires the MCOs to contract with the NFs at least at the approved state Medicaid rates.

The AWP contracting policy for NFs was extended beyond its original two year period until 6/30/17.

Before eliminating AWP, NJ developed updated NF provider network requirements and quality indicators that will be used in the contracting process between providers and the MCOs.

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AWP Policy Revision

1. AWP provisions for NFs will continue through June 2017 providing an opportunity for the NFs to improve performance during this time.

2. DHS will modify MCO contracts effective July 2017, providing authority to narrow networks based on NF performance.

3. In collaboration with stakeholders, DHS reestablished the MLTSS Quality Workgroup to develop NF quality performance measures.

Guiding Principles

1 Improved resident experience and quality of life

2 Transparency & Collaboration with the Stakeholder Community

3 Consistent approach to Quality Measurement

4 Quality Monitoring & Promoting Continuous Quality Improvement

5 Oversight and Protections

MLTSS Quality Workgroup Results

- Confirmed seven quality NF measures (outlined on the next two slides) for Year One as threshold for MCOs to narrow their NF provider network

- Non Medicaid NFs and Special Care Nursing Facilities (SCNFs) are excluded from this initiative

- Use CoreQ as the survey tool to measure NF resident and family satisfaction across all NFs in New Jersey
  - National CoreQ expert Dr. Nick Castle of the University of Pittsburgh will administer the survey for DHS
  - NFs that already use CoreQ questions in their own surveys will be exported into the State's survey by Dr. Castle

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Quality Measures and Data Source

Measures	Data Source
1. Usage of CoreQ, a standardized and validated tool to capture the resident/family experience in the NF.	Dr. Castle
2. Is the facility using INTERACT, Advancing Excellence tools, TrendTracker or another validated tool to measure 30-day hospitalizations and hospital utilization so that it can share data with the MCOs?	self-reported
3. Is the facility at or below the statewide average for antipsychotic medication use in the long-stay population? (*Statewide average is currently 12.89%*)	MDS
4. Is the percent of long-stay residents who are immunized against influenza annually at or above the statewide average? (*Statewide average is currently 95.96%*)	MDS

Note: MDS statewide averages as of August 2016

Continued…

Quality Measures and Data Source

Measures	Data Source
5. Is the percent of long-stay, high-risk residents with a pressure ulcer at or below the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (*Statewide average is currently 6.6%*)	MDS
6. Is the percent of long-stay residents who are physically restrained at or below the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (*Statewide average is currently 1.1%*)	MDS
7. Is the percent of long-stay residents experiencing one or more falls with major injury at or below the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (*Statewide average is currently 2.43%*)	MDS

Note: MDS statewide averages as of August 2016

Nursing Facility Any Willing Qualified (AWQP) Provider Provisions

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AWQP General Provisions

1. Begin with seven measures, but retire measures and add others as the initiative evolves.

2. Begin July 1, 2017 with a phase-in of NF performance metrics: Allow NFs to meet 4/7 measures in Year One as the performance threshold.

3. MCOs will focus their NF care management on working with the NFs to improve their quality measures.

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AWQP General Provisions, cont.

4. MCOs may not contract with a NF for new admissions that do not meet 4/7 measures.

5. A NF will be able to enter into a corrective action plan with the State if it doesn't meet 4/7 measures.

6. NFs will be able to appeal to the State for reconsideration of network exclusion. Exceptions may be for NFs that have a population with disproportionate needs, etc.

AWQP General Provisions, cont.

7. Standards will be outlined in the MCO contract with DMAHS and policy guidance.

8. DoAS may grant the following exceptions:
   – To meet geographic access
   – To maintain family cohesion
   – Because of a nursing home appeals network exclusion due to the unique features and population of that NF

Phase One in a Multi-Year Process

- Letter and chart to inform you how your NF is meeting the Minimum Data Set (MDS) performance metrics
  – Will provide baseline data so you will know where you need to improve on the 5 MDS metrics before the initiative goes LIVE
- State contracting with national expert Dr. Nick Castle to conduct and analyze CoreQ surveys and NFs that track hospitalizations
  – First CoreQ survey to be mailed this summer with data collected and finalized by this coming September
- MDS data will be collected and analyzed in coordination with survey mailing
- AWQP Provision to begin fall 2017

New Jersey's Statewide Transition Plan (STP) Update

STP Guiding Principles in NJ

- NJ's STP includes the steps required by the Centers for Medicare & Medicaid Services (CMS) to reach compliance by the federal deadline of March 2022.

- NJ's STP is designed to educate Assisted Living (AL) and Comprehensive Personal Care Home (CPCH) providers about the federal requirements.

- The elements are not designed to be punitive for providers but to ensure that all home and community based (HCBS) settings reach compliance by March 2022 in order to continue receiving Medicaid funding.

Where New Jersey is Now

- NJ received positive feedback from CMS on its STP submitted in April 2015.

- CMS found NJ's STP to be progressive with key elements to meet the federal requirements.

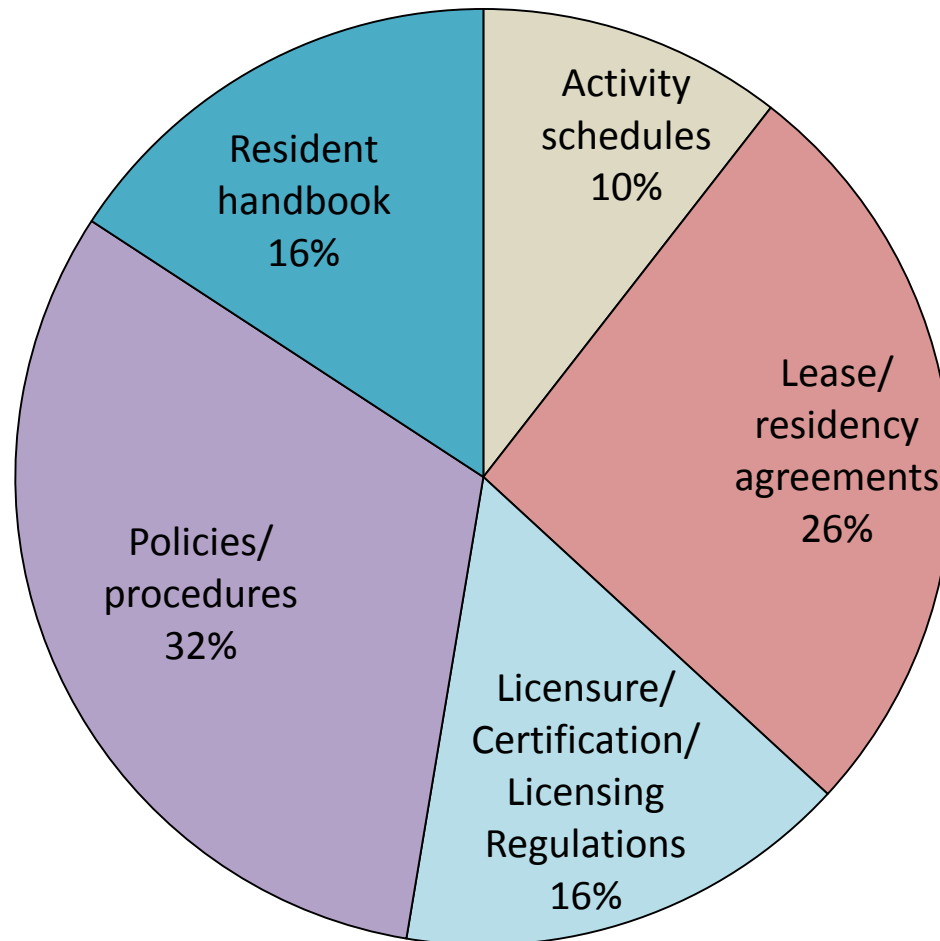- DHS sent an Addendum Document to CMS for its STP in December 2016.

N.J.A.C. 8:36 Providers and Self-Assessment Results

- NJ received a 100% compliance response rate from the AL and CPCH providers tasked with completing a self-assessment survey last year.

- High rate of compliance found with the 77 questions broken down in these six sections:
  - (1) provider information, (2) physical location, (3) community integration, (4) person-centered planning, (5) choice and independence, and (6) resident rights.

- Based on the DHS analysis, these providers appear to comply with the federal rule.

N.J.A.C. 8:36 Providers and Random Sampling Verification Results

- DHS created a tool to use on the site visits to verify the self-assessments and reviewed documentation as evidence of compliance.
  - The tool was a shorter version of what you answered in the self-assessment survey.
- Site visits in 2016 conducted by DoAS Quality Assurance Team to a random sampling of 85 ALs and 25 CPCHs.
    - Purpose was to verify what the providers submitted in their self-assessment responses to DoAS.
    - DoAS used the Raosoft™ sample size calculator to define a statistically significant sample size which was acceptable to CMS.

Distribution of Documentation Assessed for AL Compliance

Pie chart showing: Activity schedules 10%, Lease/residency agreements 26%, Licensure/Certification/Licensing Regulations 16%, Policies/procedures 32%, Resident handbook 16%

STP Conclusion

- DHS was able to verify the self-assessment surveys to show compliance with the exception of a few settings.

- DoAS will continue working with the NJ Department of Health (DOH), Health Care Association of New Jersey, LeadingAge NJ and the managed care associations under MLTSS.

- One-third of all documentation was found in the setting's policies and procedures.
  - They can be modified to reflect changes both on the state and federal levels even if corporately-owned.

NJ FamilyCare Managed Care Provider Resources

NJ Family Care Managed Care Provider Reference Information

NJ FamilyCare MCO contract :

http://www.state.nj.us/humanservices/dmahs/info/resources/care/

Individual MCO sites:

http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/

- Contact phone number for Member and Provider Relations is listed
- Link for MCO Member Manual is posted

NJ Family Care Managed Care Provider Reference Information

DHS websites:

http://www.state.nj.us/humanservices/dmahs/home

    Medicaid Provider Communications

http://www.state.nj.us/humanservices/dmahs/home/mltss_resources.html

    Provider Frequently Asked Questions (FAQ) posted

    Provider Education PowerPoints

    Managed Provider Relations contact information, detail to submit inquiries regarding contracting, credentialing

Molina –NJMMIS website:

http://www.njmmis.com

    Medicaid Newsletters posted-sample below

    SUBJECT: Managed Long-Term Services and Supports (MLTSS)

    https://www.njmmis.com/downloadDocuments/24-07.pdf

    SUBJECT: Fee for Service (FFS) Coverage of Assisted Living Programs and Managed Long Term Services and Supports(MLTSS)

    https://www.njmmis.com/downloadDocuments/24-14.pdf

Managed Care Organization Quick Reference Guide

Aetna:

http://www.aetnabetterhealth.com/newjersey/providers/resources/guide

Amerigroup

https://providers.amerigroup.com/ProviderDocuments/NJNJ_QRC.pdf

Horizon

http://www.horizonnjhealth.com/sites/default/files/Manual_QuickRef_Guide_10-22.pdf

United

http://www.uhccommunityplan.com/content/communityplan/homepage/health-professionals/nj/provider-admin-manual.html

WellCare

https://www.wellcare.com/New-Jersey/Providers/Medicaid

Entity	Topic Areas to Assist Members and Providers
NJ FamilyCare Member/Provider Hotline	Medicaid member and provider eligibility claims and quality inquiries 1-800-356-1561
County Welfare Agencies (CWA)	Financial Eligibility Cost Share http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/
Medicaid Provider Communications (MedCom)	Division of Medical Assistance and Health Services Home Page http://www.nj.gov/humanservices/dmahs/home
Office of Community Choice Options (OCCO)	Member clinical eligibility not MCO Enrolled Regional office contacts http://www.state.nj.us/humanservices/doas/home/directory.html
NJ FamilyCare MCO Member Relations Provider Relations	Member Provider Inquiries regarding benefits- PA for MCO enrolled members http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/
NJ FamilyCare Office of Managed Health Care, Managed Provider Relations	Billing and/or eligibility questions for review by DMAHS. If MCO claims contact with MCO shall be summarized prior to forwarding to DMAHS MAHS.Provider-inquiries@dhs.state.nj.us
NJ State Health Insurance Assistance Program	Resource for members and families regarding plan selection 1-800-792-8820
NJ FamilyCare Health Benefits Coordinator (HBC)	Member contact for MCO selection 1-800-701-0710
Medicaid Newsletters and Alerts	www.njmmis.com