State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR
Director

July 27, 2015

Mehreen Hossain
Project Officer
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Blvd., Mail Stop S2-01-16
Baltimore, MD 21244-1850
RE: NJ 1115 Comprehensive Waiver Technical Corrections

Dear Ms. Hossain,

This letter is official written notice that the Division of Medical Assistance and Health Services (DMAHS) requests to amend the Special Terms and Conditions (STCs) of the 1115 New Jersey Comprehensive Waiver (Waiver) as it pertains to the Supports Program.

The first request is to allow expenditures for health care-related costs for individuals that are otherwise not eligible under the Medicaid State Plan, who are over age 21, and meet the functional criteria for the Supports Program to disregard all Title II payments to become eligible at the SSI Federal Benefit Rate (FBR) and SSI Resource Limit in order to enroll on the Supports Program. These individuals are currently receiving acute care services through private insurance and/or support services through their educational entitlements. The support services for these individuals will cease upon the end of their educational entitlement.

The second request is to allow for expenditures for health care-related costs for individuals that are not otherwise eligible under the Medicaid State Plan, who are over age 21 that meet the functional eligibility criteria for the Supports Program and have income under 300% of the SSI FBR and meet the SSI Resource limits. This eligibility group will equalize the financial eligibility for both programs that are administered by the Division of Developmental Disabilities, allowing for equality amongst all their participants.

The third request is to allow individuals who meet the financial and functional eligibility requirements for Supports Program and the functional eligibility for the Managed Long Term Services and Supports (MLTSS) program, but who are better served in the Supports program, to access only Private Duty Nursing Services through the MLTSS program while maintaining their Supports Program enrollment.
STC 77(e)(i), which discusses exclusions to the Supports Program, will be revised to read as: "They are enrolled in another HCBS/MLTSS program, the Out-of-State IDD programs or the Community Care Waiver, except that individuals who require private duty nursing services may access only that service from the MLTSS program and still remain on the Supports program."

The Division of Developmental Disabilities had a robust stakeholder input process beginning in December 2014 that included meetings and a well-attended stakeholder webinar. The Division of Developmental Disabilities created a dedicated email address to receive stakeholder input regarding the proposed changes. Over 150 stakeholders – individuals with disabilities, their families, and community based providers – submitted comments. The feedback from the input process was largely positive with very few exceptions.

The Public Notice for the requested amendments was published on June 30, 2015 and is available to view at http://www.state.nj.us/humanservices/providers/grants/public/index.html.

Enclosed please find updated budget neutrality spreadsheets to reflect these amendments and revised STCs.

Please contact me at 609-588-2600 if you have any questions or need additional information.

Sincerely,

[redacted]

Valerie Harr
Director

VH:sdm
Enclosures
c: Elizabeth Connolly
Lowell Arye
Dawn Apgar
Nancy Day
Liz Shea
Michael Keevey
Carol Grant
Meghan Davey
Michael Melendez

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RE: NJ 1115 Comprehensive Waiver Technical Corrections

Dear Ms. Hossain,

This letter is official written notice that the Division of Medical Assistance and Health Services (DMAHS) requests to technically correct the Special Terms and Conditions (STCs) of the 1115 New Jersey Comprehensive Waiver (Waiver).

The requested corrections are as follows:

1. DMAHS requests a technical correction to STC 78, the Autism Spectrum Disorder Pilot Program. This technical correction would bring the STC in line with how the program is operated. Originally, the Managed Care Organizations were to administer the behavioral health waiver services, however, due to operational issues, the services are now administered by an Administrative Service Organization contracted through the Department of Children and Families (DCF), Children System of Care (CSOC). The technical correction also spells out eligibility for the program and establishes a three year service limit that was intended to be included when the waiver was first approved. The technical correction for STC 78 is as follows:

78. **Autism Spectrum Disorder (ASD) Pilot Program**

a. Program Overview: This program is intended to provide NJ FamilyCare/Medicaid eligible children with needed therapies that they are unable to access via the State plan that are available to other children ~~via~~ through private health insurance. The State will provide children up to their 13th birthday who have a diagnosis of Autism Spectrum Disorder (ASD), with habilitation services. Through the assessment process, ASD participants will be screened by DCF to determine eligibility, Level of Care (LOC), and- to- determine their level of need. The annual thresholds for t~~T~~hose with the highest need will receive up to $27,000 in services; those with moderate needs will receive up to $18,000 in services and the lowest needs participants will receive $9,000 in ASD services. -The services are limited to three years. -If the participant's needs change at any time, she/he can be reassessed to determine the current acuity level and the service package would be adjusted accordingly. Services will be coordinated and managed through the participant's Plan of Care, as developed by the Department of Children and Families, Children's System of Care's (DCF CSOC's) contracted Care Management

Organizations ~~rts ,~~ hrough the Child Family Team process. Medicaid MCO's will provide for~~with respect to~~ Occupational Therapy, Physical Therapy and Speech and Language Therapy services. ~~by with the Medicaid MCOsthe Occupational Therapy, Physical Therapy and Speech and Language Therapy services~~.

b. Eligibility: Children up to their 13th birthday who are eligible for either the New Jersey Medicaid or CHIP programs who meets New Jersey's DCF/CSOC's DD eligibility criteria: Developmental disability "means a severe, chronic disability of an individual, which:

i. is attributed to a mental or physical impairment or combination of mental or physical impairments;

ii. is manifest before age 22

iii. is likely to continue indefinitely;

iv. results in substantial functional limitations in three or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living; or economic self-sufficiency;

~~i.~~v. reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated and; have an ASD diagnosis covered under the Diagnostic and Statistical Manual of Mental Disorders (DSM)~~*DSM IV* (soon to be DSM V)~~ as determined by a medical doctor, doctor of osteopathy, or ~~Ph.D.~~ psychologist with training and expertise in diagnosing autism spectrum disorders, and meet a LOC determination are eligible for the waiver. Recommendations of ~~using an approved~~ assessment tools (latest version is ~~indicated~~)indicated) are referenced below: ~~:~~

i. Approved Recommended Assessment Tools include:
   ~~1. ABAS – Adaptive Behavior Assessment System II~~
   ~~2.~~1. CARS-2 – Childhood Autism Rating Scale
   ~~3. DDRT – Developmental Disabilities Resource Tool~~
   ~~4.~~2. GAR GARS-3rd Edition– Gilliam Autism Rating Scale
   ~~5.~~3. ADOS -2nd Edition– Autism Diagnostic Observation Scale
   ~~6.~~4. ADI -R– Autism Diagnostic Interview-Revised
   ~~7.~~5. ASDS – Asperger's Syndrome Diagnostic Scale

c. LOC Assessment:

i. *Assessment:* An assessment tool for determining LOC will be identified by the State prior to implementation of the program. The assessment tool will be administered by a licensed clinical professional approved and/or employed by the State and will be performed prior to enrollment into the program.

ii. *LOC Reassessment*: A reassessment for continuing services will be conducted a minimum of annually.

~~ii. Meet the ICF/MR ID level of care criteria~~

~~ii.~~d. Exclusions:

~~iii.~~i. Individuals over the age of 13

~~iv.~~ii. Individuals without an ASD diagnosis

~~v.~~iii. Children with private insurance that offers these types of benefits, whether or not they have exhausted the benefits.

~~vi.~~c. ~~Enrollment~~: Potential ASD program participants are referred to DCF for eligibility determination, screening and assessment. Once a child has been determined to have DD eligibility, an ASD diagnosis and ~~i assessed for~~meetsthe required LOC ~~clinical eligibility and~~ acuity level by DCF, she/he will be referred to DMAHS for enrollment onto the demonstration.

~~vii.~~f. Enrollment Cap: In cases where the State determines, based on advance budget projections, that it cannot continue to enroll ASD Program participants without exceeding the funding available for the program, the State can establish an enrollment cap for the ASD Program.

i. *Notice* - before affirmatively implementing the caps authorized in subparagraph (e), the State must notify CMS at least 60 days in advance. This notice must also include the impact on budget neutrality.

ii. *Implementing the Limit* - if the State imposes an enrollment cap, it will implement a waiting list whereby applicants will be added to the demonstration based on date of application starting with the oldest date. Should there be several applicants with the same application date, the State will enroll based on date of birth starting with the oldest applicant

iii. *Outreach for those on the Wait Lists* - the State will conduct outreach for those individuals who are on the ASD Program wait list for at least 6 months, to afford those individuals the opportunity to sign up for other programs if they are continuing to seek coverage. Outreach materials will remind individuals they can apply for Medicaid/NJ FamilyCare.

iv. *Removing the Limit* – the State must notify CMS in writing at least 30 days in advance when removing the limit.

~~LOC Criteria: The participant has substantial functional limitations in three or more major life activities, one of which is self careself care, which require care and/or treatment in . which reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.~~

~~viii. an ICF/MR ID or alternatively, in a community setting. The substantial functional limitations shall be evaluated according to the expectations based upon the child's chronological age. When evaluating very young children, a showing of substantial functional limitations in two or more major life activities can be enough to qualify the child, due to the lack of relevance of some of the major life activities to young children (e.g., economic sufficiency).~~

~~i. *LOC Assessment:* Administration, by a licensed clinical professional approved and/or employed by the State, of the assessment tool to be developed by the State prior to implementation will be used to determine ICF/MR ID LOC will be performed prior to enrollment into the program and a minimum of annually thereafter.~~

~~ii. *LOC Reassessment*: A reassessment will be conducted a minimum of annually and will use the same tool.~~

~~ix.~~g. ~~Transition~~: The services offered under this program are targeted for ~~young children~~children under thirteen years of age. When a child in the demonstration reaches his/her 12th birthday, ~~years of age,~~ transition planning will be initiated by the ~~by the Interdisciplinary Team and the Medicaid MCO~~Children's ~~ASO~~ Care Manager through the Child Family Team, which would include the MCO, to identify service needs & available resources, support the participant, and maintain health and safety. Referrals will be made to ~~all~~ appropriate services as applicable. ~~Should an individual require continued HCBS services, enrollment will be facilitated to other programs.~~

~~x.~~h. Disenrollment: A participant will be disenrolled from the demonstration for the following reasons:

i. Age out at age 13

ii. Participant is deemed no longer in need of services, as per the reassessment process, or reaches the 3 year service limit.

iii. Loss of NJ FamilyCare/Medicaid eligibility

iv. Participant no longer resides in New Jersey

v. Family withdraws consent for services

~~xi.~~i. Benefits/Services, Limitations, and Provider Qualifications: In addition to Medicaid and CHIP State Plan services listed in Attachment B, this demonstration population receives an ASD service package of benefits. The full list of services may be found in Attachment C. Services rendered in a school setting are not included in this program. This pilot has a service limit of 3 years with a one time, one year extension possible if deemed necessary.

~~xii.~~j. Cost sharing: See Attachment B.

~~xiii.~~k. Delivery System: All State plan ~~and PDD~~ services for this population will be delivered and coordinated through their Medicaid MCO. Behavioral health and ASD services (Behavior Consultative Supports (BCS) and Individual Behavior Supports) will be delivered and coordinated through ~~the children's~~DCF/CSOC's ~~ASO~~Contracted System Administrator (CSA) (aka ASO). The Plan of Care will be developed through the Child Family Team process and overseen by ~~the Medicaid MCOs~~Children's DCF/CSOC's (CSA) ~~care management staff~~.

2. A technical correction is requested for STC 79, the Intellectual and Developmental Disabilities with a Co-occurring Mental Illness Pilot Program (ID/DD-MI). This correction allows for the identification of a greater number of children to be served by the Department of Children and Families and will allow for the inclusion of children who would be eligible if not for a co-occurring mental health diagnoses. The requested change to STC 79 is below:

79. **Intellectual Disabilities/ Development Disabilities (ID/DD) Children's ~~with Co-Occurring Mental Health Diagnoses (ID-DD/MI)~~ Pilot**

a. Program Overview: The primary goal of the program is to provide a safe, stable, and therapeutically supportive environment for children with intellectual/developmental disabilities ~~and co-occurring mental health diagnoses, ages five (5) up to~~under twenty-one (21), with significantly challenging behaviors. Children may have co-occurring mental health diagnoses. This program provides for ~~-~~intensive in-home and out-of-home services.

b. Delivery System and Benefits: All Medicaid State Plan services through their Medicaid MCO; behavioral health and demonstration services through the children's ASO.

c. Eligibility: Medicaid-eligible children with intellectual/developmental disabilities and/or co-occurring mental health diagnoses, ~~age five (5) up to~~under twenty-one (21), who are still in their educational entitlement, have significantly challenging behaviors, and meet the LOC clinical criteria. Children who meet DCF/CSOC's DD eligibility criteria will be eligible. Developmental disability is defined as: "a severe, chronic disability of an individual which:

i. is attributable to a mental or physical impairment or combination of mental and physical impairments;

ii. is manifest before age 21;

iii. is likely to continue indefinitely;

iv. results in substantial functional limitations in three or more of the following areas of major life activity, ~~that is:~~ self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living ~~and~~ or economic self-sufficiency; and

v. reflects the need for a combination and sequences of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.~~;~~

~~vi. includes but is not limited to severe disabilities attributable to intellectual disability, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met;"~~

~~vii. the substantial functional limitations shall be evaluated according to the expectations based upon the child's chronological age; and~~

~~viii.~~vi. ~~Mental health diagnosis is defined as: " a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within DSM-IV-TR with the exception of other V-codes, substance use, and developmental disorders, unless these disorders co-occur with another diagnosable disturbance."~~

d. Exclusions:

i. Individuals who are not residents of New Jersey

ii. Services eligible to be provided through their educational entitlement are not covered under this demonstration

iii. For in-home services, these cannot be provided if the family/caregiver is unwilling or unable to comply with all program requirements. ~~In these instances, individuals will be provided with out-of-home services if necessary.~~

e. LOC Assessment: Co-occurring developmental disability and mental health diagnosis that meets the state mental hospital or ICF/ID level of care. The participant will be assessed at least annually, using the New Jersey System of Care Strengths and Needs Assessment tool.

f. Enrollment: All referrals for the program are screened to determine if the individual meets the target population criteria, is Medicaid eligible, meets LOC clinical criteria, is in need of program services, and participant's needs can be safely met in the community.

g. Enrollment Cap: In cases where the State determines, based on advance budget projections that it cannot continue to enroll ID-DD~~/MI~~ participants without exceeding the funding available for the program the State can establish an enrollment cap for the ID-DD~~/MI~~ program.

i. *Notice:* Before affirmatively implementing the caps authorized in subparagraph (g), the State must notify CMS at least 60 days in advance. This notice must also include the impact on budget neutrality.

ii. *Implementing the Limit* - if the State imposes an enrollment cap, it will implement a waiting list whereby applicants will be added to the demonstration based on date of application starting with the oldest date. Should there be several applicants with the same application date, the State will enroll based on date of birth starting with the oldest applicant

iii. *Outreach for those on the Wait Lists* - the State will conduct outreach for those individuals who are on the ~~IDD Out-of-State~~ wait list for at least 6 months, to afford those individuals the opportunity to sign up for other programs if they are continuing to seek coverage. Outreach materials will remind individuals they can apply for Medicaid.

iv. *Removing the Limit* – the State must notify CMS in writing at least 30 days in advance when removing the limit.

h. Disenrollment: An individual will be disenrolled from the program for the following reasons:

i. The family/caregiver declines participation or requests to be disenrolled from the program; or

ii. The family/caregiver is unable or unwilling to implement the treatment plan or fails to comply with the terms as outlined in the plan. Prior to disenrollment, the team will collaborate and make substantial efforts to ensure the individual's success in the program, including working to remedy any barriers or issues that have arisen. An individual will only be disenrolled after significant efforts have been made to achieve success. If they will be disenrolled, the team will make recommendations and identify alternative local community and other resources for the individual prior to disenrollment; or

iii. The individual's documented treatment plan goals and objectives have been met.

i. Transition: At least one year in advance of an individual aging out of this program, the Interdisciplinary Team and Medicaid MCO will commence transition planning to identify service needs and necessary resources. Referrals will be made to ~~all~~ appropriate services, as applicable. Should an individual require continued HCBS services, enrollment will be facilitated to the other program.

j. Benefits/Services, Limitations, and Provider Qualifications: In addition to Medicaid State Plan services, this population receives HCBS service package of benefits designed to provide the appropriate supports to maintain the participants safely in the community. The full list of program services may be found in Attachment C.

k. Cost Sharing: For out of home services: The family of the individuals receiving ID/DD ~~MI~~ out of home services will be assessed for their ability to contribute towards the cost of care and maintenance. The amount paid by the family is based both on earned (wages over minimum wage) and unearned income.

The addition of ICF/ID level of care and removal of co-occurring mental illness (MI) from the program name will also be reflected in STC 19 under the 217-like ID/DD group.

3. A technical correction is requested for the Supports Program. We specifically request to correct STC 77 (c)(ii) to remove "and have completed their educational entitlement." By statute, DCF can only provide services for children up to age 21 and to require children to wait until they have completed their educational entitlement would create a gap in services. By removing this language, the individual will have a seamless transition from the children's system to the adult system. We also request to remove from STC 77(i) "who currently receive state funded day services and/or state funded support services as of the effective date of the demonstration." This will allow flexibility for the Division of Developmental Disabilities (DDD) to enroll individuals who are new to the system into the program and slowly transition individuals receiving state funded services into the program.

4. The final technical correction is regarding the benefits listed under Attachment C.1 for the Supports program. The State is requesting minor modifications to the following benefits: Day Habilitation, Transportation, Behavioral Management, and Supports Brokerage.

For Day Habilitation, it is requested to remove the language: "Transportation to or from a Day Habilitation site is not included in the service." This change is due to restructuring of the system where transportation is included in the Day Habilitation benefit.

The service definition for Transportation is requested to be modified as follows: "Reimbursement for transportation is limited to distances not to exceed 150 miles one way ~~and only within the States of New Jersey, New York, Pennsylvania, and Delaware~~. Transportation will not be available as a separate service when it is already included in the established rate for another service." This change in language would give clarification regarding where transportation is otherwise a given service, and remove the limit of the service to only three specific states.

The State requests to rename "Behavioral Management" to "Behavioral Supports." Behavioral Management is considered outdated language.

For Supports Brokerage, the State requests to correct the following language in the service definition: "Service/function that assists the participant … in arranging for directing and managing self-directed services." The addition of "self-directed" in the definition is requested in order to clarify that this is a service that is intended to be utilized in a self-directed model.

There is no impact to budget neutrality for the requested technical corrections.

Please contact me at 609-588-2600 if you have any questions or need additional information.

Sincerely,

[redacted]

Valerie Harr
Director

VH:sdm
Enclosures
c: Elizabeth Connolly
Nancy Day
Liz Shea
Ruby Goyal-Carkeek
Michael Keevey
Carol Grant
Meghan Davey
Michael Melendez

Budget Neutrality Monitoring Spreadsheet

1115 Comprehensive Waiver Amendment Request

TOTAL COMPUTABLE

Budget Neutrality Test	Authority Citation	Five Year Demonstration Forecasted Expenditures		Difference	
		No Waiver	With Waiver		
Main Test	STC #128	$ 47,885,387,673	$ 40,770,363,507	$ *7,115,024,165*	a
Supplemental Test #1	STC #129	2,085,103,152	2,171,606,428	*(86,503,276)*	b
Supplemental Test #2	STC #129	10,600,034,515	9,255,819,784	*1,344,214,731*	c
				$ ***7,028,520,890***	d = a + b

Savings from Supp Test #2 cannot be used to offset Main Test

FEDERAL SHARE

Budget Neutrality Test	Authority Citation	Five Year Demonstration Forecasted Expenditures		Difference	
		No Waiver	With Waiver		
Main Test	STC #128	$ 24,780,225,960	$ 21,086,086,521	$ *3,694,139,439*	a
Supplemental Test #1	STC #129	1,073,763,223	1,111,953,532	*(38,190,309)*	b
Supplemental Test #2	STC #129	10,515,577,377	9,182,376,698	*1,333,200,678*	c
				$ ***3,655,949,131***	d = a + b

Savings from Supp Test #2 cannot be used to offset Main Test

Budget Neutrality Monitoring Spreadsheet

Main Budget Neutrality Test

Budget Neutrality "Without Waiver" Caps as Established in STC #128

TOTAL COMPUTABLE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
Title XIX	1,888,003,055	2,721,945,702	3,164,977,037	3,437,077,840	3,732,693,174	*14,944,696,809*
ABD	2,303,893,094	3,334,676,219	3,496,304,717	3,688,455,996	3,891,214,535	*16,714,544,561*
LTC	2,431,426,114	3,327,039,291	3,201,935,230	3,387,832,899	3,584,525,302	*15,932,758,836*
HCBS state plan	30,677,444	44,414,089	48,838,495	82,425,927	87,031,511	*293,387,466*
	$ 6,653,999,708	$ 9,428,075,302	$ 9,912,055,478	$ 10,595,792,663	$ 11,295,464,522	*$ 47,885,387,673*

	DY1	DY2	DY3	DY4	DY5	*5-Yr Demo Total*
WITH WAIVER						
Title XIX	1,656,204,271	2,369,895,219	2,696,239,097	2,850,998,281	3,014,640,359	*12,587,977,227*
ABD/LTC	3,959,428,826	5,364,125,800	5,372,798,366	5,634,888,692	5,910,014,433	*26,241,256,117*
HCBS state plan	42,953,101	64,580,494	81,069,702	136,846,028	144,514,209	*469,963,534*
DDD Supports-PDN Group	-	-	-	23,684,294	27,772,568	*51,456,862*
Hospital Subsidies	192,443,637	266,607,552	266,600,000	266,600,000	266,600,000	*1,258,851,189*
CNOMS	28,436,213	27,018,381	28,866,425	38,129,829	38,407,731	*160,858,578*
	$ 5,879,466,048	$ 8,092,227,446	$ 8,445,573,590	$ 8,951,147,123	$ 9,401,949,300	*$ 40,770,363,507*
Difference	**774,533,660**	**1,335,847,856**	**1,466,481,888**	**1,644,645,539**	**1,893,515,222**	*$ 7,115,024,185*

Notes:

1. Federal share is calculated using Composite Federal Share Ratios (source data is CMS 64 Schedule C as reported in QE Dec 2014 with a run date of Mar 13, 2015).
2. "With Waiver" expenditures from CMS 64 Schedule C as reported in QE Dec 2014 with a run date of Mar 13, 2015
3. Member-months are reported from MMIS with last actual reported as of December 2014.
4. "With Waiver" pmpm's calculated using Sch C expenditures and MMIS eligibility actual member-months reported through December 2014 as reported in March 2015.
5. CNOMs (costs not otherwise matchable) include Severe Emotionally Disturbed children (SED at risk), MATI population, DDD non-disabled adult children and CCW Supports Equalization
6. DDD Supports-PDN Group includes clients that were enrolled in ABD/LTC or HCBS prior to 7/1/2015.

FEDERAL SHARE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
Title XIX	947,813,164	1,508,271,637	1,788,185,750	1,857,311,883	2,017,055,101	*8,118,637,536*
ABD	1,155,368,807	1,677,592,497	1,757,911,256	1,880,047,975	1,983,396,309	*8,454,316,845*
LTC	1,219,324,758	1,673,750,549	1,609,904,867	1,726,816,963	1,827,073,318	*8,056,870,456*
HCBS state plan	15,580,929	22,908,514	25,080,298	42,235,721	44,595,660	*150,401,123*
	$ 3,338,087,659	$ 4,882,523,198	$ 5,181,082,172	$ 5,506,412,543	$ 5,872,120,388	*$ 24,780,225,960*

	DY1	DY2	DY3	DY4	DY5	*5-Yr Demo Total*
WITH WAIVER						
Title XIX	831,445,800	1,313,195,094	1,523,352,706	1,540,608,980	1,629,037,113	*6,837,639,693*
ABD/LTC	1,985,595,847	2,698,558,002	2,701,395,756	2,872,166,860	3,012,401,580	*13,270,118,045*
HCBS state plan	21,815,678	33,310,222	41,632,166	70,121,027	74,050,266	*240,929,359*
DDD Supports-PDN Group	-	-	-	11,842,147	13,886,284	*25,728,431*
Hospital Subsidies	96,221,820	133,303,778	133,300,000	133,300,000	133,300,000	*629,425,598*
CNOMS	14,725,869	14,049,557	15,010,541	19,255,562	19,203,865	*82,245,395*
	$ 2,949,805,014	$ 4,192,416,653	$ 4,414,691,168	$ 4,647,294,577	$ 4,881,879,108	*$ 21,086,086,521*
Difference	**388,282,645**	**690,106,545**	**766,391,004**	**859,117,966**	**990,241,280**	*$ 3,694,139,691*

Budget Neutrality Monitoring Spreadsheet

Supplemental Test #1

Budget Neutrality "Without Waiver" Caps as Established in STC #129

TOTAL COMPUTABLE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
HCBS 217-like	217,434,338	299,080,962	297,831,923	547,884,364	578,584,438	1,940,816,025
Adults w/o Depend. Children	1,677,789	798,912	-	-	-	2,476,701
SED 217-like	253,840	345,267	270,002	291,455	314,614	1,475,177
Former XIX Chip Parents	-	140,335,250	-	-	-	140,335,250
IDD/MI	-	-	-	-	-	-
	$ 219,365,967	$ 440,560,391	$ 298,101,924	$ 548,175,819	$ 578,899,051	$ 2,085,103,152

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
WITH WAIVER						
HCBS 217-like	207,384,225	277,174,343	328,095,094	598,199,912	631,684,068	2,042,537,642
Adults w/o Depend. Children	1,529,772	674,018	-	-	-	2,203,790
SED 217-like	-	-	-	-	-	-
Former XIX Chip Parents	-	126,864,996	-	-	-	126,864,996
IDD/MI	-	-	-	-	-	-
	$ 208,913,997	$ 404,713,357	$ 328,095,094	$ 598,199,912	$ 631,684,068	$ 2,171,606,428
Difference	**10,451,970**	**35,847,034**	**(29,993,170)**	**(50,024,093)**	**(52,785,017)**	[illegible]

Notes:

1. Federal share is calculated using Composite Federal Share Ratios (source data is CMS 64 Schedule C as reported in QE Dec 2014 with a run date of Mar
2. "With Waiver" expenditures from CMS 64 Schedule C as reported in QE Dec 2014 with a run date of Mar 13, 2015
3. Member-months are reported from MMIS with last actual reported as of March 2015.
4. "With Waiver" pmpm's calculated using Sch C expenditures and MMIS eligibility actual member-months reported through December 2014 as reported in March 2015.

FEDERAL SHARE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
HCBS 217-like	110,182,375	154,177,690	152,958,848	280,483,532	296,200,106	994,002,551
Adults w/o Depend. Children	852,857	408,324	-	-	-	1,261,182
SED 217-like	126,920	172,633	135,001	145,728	157,307	737,588
Former XIX Chip Parents	-	77,761,903	-	-	-	77,761,903
IDD/MI	-	-	-	-	-	-
	$ 979,777	$ 78,342,860	$ 135,001	$ 145,728	$ 157,307	$ 1,073,763,223

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
WITH WAIVER						
HCBS 217-like	105,089,595	142,884,721	168,501,238	306,242,038	323,383,893	1,046,101,484
Adults w/o Depend. Children	777,617	344,491	-	-	-	1,122,108
SED 217-like	-	-	-	-	-	-
Former XIX Chip Parents	-	64,729,940	-	-	-	64,729,940
IDD/MI	-	-	-	-	-	-
	$ 105,867,212	$ 207,959,152	$ 168,501,238	$ 306,242,038	$ 323,383,893	$ 1,111,953,532
Difference	**(104,887,435)**	**(129,616,292)**	**(168,366,237)**	**(306,096,310)**	**(323,226,586)**	[illegible]

Budget Neutrality Monitoring Spreadsheet

Supplemental Test #2

Budget Neutrality "Without Waiver" Caps as Established in STC #129

TOTAL COMPUTABLE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
New Adult Group	$ -	$ 1,107,570,256	$ 2,954,758,073	$ 3,159,420,659	$ 3,378,285,527	$ 10,600,034,515
WITH WAIVER						
New Adult Group	$ -	$ 847,188,263	$ 2,670,159,814	$ 2,800,748,293	$ 2,937,723,414	$ 9,255,819,784
Difference	**-**	**260,381,993**	**284,598,259**	**358,672,366**	**440,562,113**	[illegible]

Notes:

1. Federal share is calculated using Composite Federal Share Ratios (source data is CMS 64 Schedule C as reported in QE Sept 2014 with a run date of Oct 30, 2014).
2. "With Waiver" expenditures from CMS 64 Schedule C as reported in QE June 2014 with a run date of Oct 30, 2014
3. Member-months are reported from MMIS with last actual reported as of September 2014.
4. "With Waiver" pmpm's calculated using Sch C expenditures and MMIS eligibility actual member-months reported through June 2014 as reported in September 2014.

FEDERAL SHARE

	DY1	DY2	DY3	DY4	DY5	5-Yr Demo Total
NO WAIVER						
New Adult Group	$ -	$ 1,107,570,256	$ 2,954,758,073	$ 3,159,420,659	$ 3,293,828,389	$ 10,515,577,377
WITH WAIVER						
New Adult Group	$ -	$ 847,188,263	$ 2,670,159,814	$ 2,800,748,293	$ 2,864,280,328	$ 9,182,376,698
Difference	**-**	**260,381,993**	**284,598,259**	**358,672,366**	**429,548,060**	[illegible]

Detail with Waiver TC

		DY1	DY2	DY3	DY4	DY5	Demo Period	
Title XIX	MMs	5,773,180	7,851,238	8,630,030	8,859,590	9,095,256		2.7%
	Pmpm	$286.88	$301.85	$312.43	$321.80	$331.45		5.8%
	Spend	$1,656,204,271	$2,369,895,219	$2,696,239,097	$2,850,998,281	$3,014,640,359	$12,587,977,227	
ABD	MMs	2,486,117	3,336,165	3,344,692	3,405,679	3,467,925		1.8%
	Pmpm	$1,592.62	$1,607.87	$1,606.37	$1,654.56	$1,704.19		3.6%
	Spend	$3,959,428,826	$5,364,125,800	$5,372,798,366	$5,634,888,692	$5,910,014,433	$26,241,256,117	
LTC	MMs	0	0					1.8%
	Pmpm	$0.00	$0.00		$0.00	$0.00		3.9%
	Spend	$0	$0	$0	$0	$0	$0	
HCBS State Plan	MMs	13,594	18,917	20,063	32,658	33,257		1.8%
	Pmpm	$3,159.71	$3,413.89	$4,040.81	$4,190.32	$4,345.36		3.7%
	Spend	$42,953,101	$64,580,494	$81,069,702	$136,846,028	$144,514,209	$469,963,534	
DDD Supports with PDN	MMs	0	0	0	2,340	2,664		0%
	Pmpm	$0.00	$0.00	$0.00	$10,121.49	$10,425.14		3%
	Spend	$0	$0	$0	$23,684,294	$27,772,568	$51,456,862	

		DY1	DY2	DY3	DY4	DY5	Demo Period	
HCBS 217-Like	MMs	96,351	127,802	122,727	215,779	219,727		1.8%
	Pmpm	$2,152.38	$2,168.78	$2,673.37	$2,772.28	$2,874.86		3.7%
	Spend	$207,384,225	$277,174,343	$328,095,094	$598,199,912	$631,684,068	$2,042,537,642	
AWDC	MMs	6,057	2,774	0	0	0		
	Pmpm	$252.56	$242.98					
	Spend	$1,529,772	$674,018	$0	$0	$0	$2,203,790	
SED 217-Like	MMs	113	145	107	109	111		1.8%
	Pmpm	$0.00	$0.00					6.0%
	Spend	$0	$0	$0	$0	$0	$0	
XIX Chip Parents	MMs	0	456,761	0	0	0		
	Pmpm		$277.75					
	Spend	$0	$126,864,996	$0	$0	$0	$126,864,996	
IDD/MI	MMs	0	0	25	0	0		1.8%
	Pmpm	$0.00	$0.00	$0.00	$0.00	$0.00		6.0%
	Spend	$0	$0	$0	$0	$0	$0	
New Adult Group	MMs	0	2,381,257	6,024,217	6,134,797	6,247,407		1.8%
	Pmpm		$355.77	$443.24	$456.53	$470.23		5.0%
	Spend	$0	$847,188,263	$2,670,159,814	$2,800,748,293	$2,937,723,414	$9,255,819,784	

Detail No Waiver TC

		DY1	DY2	DY3	DY4	DY5	Demo Period	
Title XIX	MMs	5,773,180	7,851,238	8,630,030	8,859,590	9,095,256		2.7%
	Pmpm	$327.03	$346.69	$366.74	$387.95	$410.40		5.8%
	Spend	$1,888,003,055	$2,721,945,702	$3,164,977,037	$3,437,077,840	$3,732,693,174	$14,944,696,809	
ABD	MMs	2,204,598	2,965,501	3,001,352	3,056,444	3,112,548		1.8%
	Pmpm	$1,045.04	$1,124.49	$1,164.91	$1,206.78	$1,250.17		3.6%
	Spend	$2,303,893,094	$3,334,676,219	$3,496,304,717	$3,688,455,996	$3,891,214,535	$16,714,544,561	
LTC	MMs	281,519	370,664	343,341	349,643	356,061		1.8%
	Pmpm	$8,636.81	$8,975.89	$9,325.83	$9,689.41	$10,067.17		3.9%
	Spend	$2,431,426,114	$3,327,039,291	$3,201,935,230	$3,387,832,899	$3,584,525,302	$15,932,758,836	
HCBS State Plan	MMs	13,594	18,917	20,063	32,658	33,257		1.8%
	Pmpm	$2,256.69	$2,347.84	$2,434.29	$2,523.94	$2,616.93		3.7%
	Spend	$30,677,444	$44,414,089	$48,838,495	$82,425,927	$87,031,511	$293,387,466	

		DY1	DY2	DY3	DY4	DY5	Demo Period	
HCBS 217-Like	MMs	96,351	127,802	122,727	217,711	221,707		1.8%
	Pmpm	$2,256.69	$2,340.19	$2,426.78	$2,516.57	$2,609.68		3.7%
	Spend	$217,424,338	$299,080,962	$297,831,923	$547,884,364	$578,594,438	$1,940,816,025	
AWDC	MMs	6,057	2,774	0	0	0		
	Pmpm	$277.00	$288.00					
	Spend	$1,677,789	$798,912	$0	$0	$0	$2,476,701	
SED 217-Like	MMs	113	145	107	109	111		1.8%
	Pmpm	$2,246.37	$2,381.15	$2,524.02	$2,675.46	$2,835.99		6.0%
	Spend	$253,840	$345,267	$270,002	$291,455	$314,614	$1,475,177	
XIX Chip Parents	MMs	0	456,761	0	0	0		
	Pmpm		$307.24					
	Spend	$0	$140,335,250	$0	$0	$0	$140,335,250	
IDD/MI	MMs	0	0	0	0	0		1.8%
	Pmpm	$9,839.39	$10,429.75	$11,055.53	$11,718.87	$12,422.00		6.0%
	Spend	$0	$0	$0	$0	$0	$0	
New Adult Group	MMs	0	2,381,257	6,024,217	6,134,797	6,247,407		1.8%
	Pmpm		$465.12	$490.48	$515.00	$540.75		5.0%
	Spend	$0	$1,107,570,256	$2,954,758,073	$3,159,420,659	$3,378,285,527	$10,600,034,515	

ORIGINAL STC APPROVED GROWTH PERCENTAGES FOR BUDGET NEUTRALITY

Budgent Neutrality Monitoring Sheet Notes

Generally, Budget Neutrality demonstration lags by 1 quarter. Therefore, the QE Mar 2015 NJ Comp Waiver quarterly report represents CMS 64 Sch C as of the QE Dec 31, 2014

Enrollment Trends

DY1 and DY2	Actual as reported in Dec 2014 with the exception of ABD and LTC meg. The LTC Meg member-months are estimated in accordance with STC#108 for the purposes of establishing budget neutrality caps. In the current report, all estimated LTC member-months are presumed to be a subset of the ABD Meg, as this Meg contains most nursing facility expenditures. The State of NJ is currently working to better estimate these subsets. Therefore, the ABD Meg = member-months as reported in Dec 2014 less LTC estimates.
DY3	
Title XIX	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 1.35%
ABD	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 0.9%
LTC	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 0.9%
HCBS state plan	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 0.9%
HCBS 217-like	Ties to capitation in MLTSS forecast (DMAHS Budget Office) less HBCS state plan percentage
SED At-Risk	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 0.9%
New Adult Group	Sum of Jul-Dec actuals (as reported Mar'15) multiplied by 2 then increased 0.9%
DY4 and DY5	Prior DY projected member-months increased by CMS-approved Budget Neutrality growth factors (accept HCBS)
HCBS state plan	DY4 based on MLTSS (jan 15 actuals) capitation projection; split between percentage of state plan vs. 217-like using MEG Enrollment report. DY5 is MM's
HCBS 217-like	increased by CMS-approved Budget Neutrality growth factors.

No Waiver Spending

DY1-DY5 Total Computable = MM's multplied by PMPM caps per STCs #128 and #129.
DY1-DY5 Federal Share = Total Computable multiplied by composite federal share ratio in accordance with STC #130

With Waiver Spending

DY1-DY2 Total Computable and Federal Share tie to CMS64Sch C as reported by Meg on QE Dec'14

DY3	
Title XIX	Projected MM's multiplied by PMPM based on DY3 spend on QE Dec 14 Sch C (assumes 5 months worth of expenditures (1 month lag)
ABD	Projected MM's multiplied by PMPM based on DY3 spend on QE Dec 14 Sch C (assumes 5 months worth of expenditures (1 month lag)
LTC	No spending reported (presumably rolled into ABD spending)
HCBS state plan	Projected MMs multiplied by wt avg HCBS cap rate between duals & non-duals. This PMPM ties to the DMAHS Budget office capitation projection of MLTSS.
HCBS 217-like	
SED At-Risk	No spending reported
New Adult Group	Projected MM's multiplied by PMPM based on DY3 spend on QE Sept 14 Sch C (assumes 2.5 months worth of expenditures (0.5 month agg lag); trying to account for FFS behavioral health hospital claims

DY4 = projected MM's multiplied by PMPMs, generally are 3% increase over DY3 PMPM
DY5 = projected MM's multiplied by PMPMs, generally are 3% increase over DY4 PMPM
DY3-DY5 Federal Share = Total Computable multiplied by composite federal share ratio in accordance with STC #130

BN caps should be as of 3-27-14

Meg =	Title XIX	as appears on march 27 2014 PMPM	Should appear on 3/27/14 STCs PMPM
	DY2	$346.00	$346.69
	DY3	$366.07	$366.74
	DY4	$387.30	$387.95
	DY5	$409.76	$410.40

Meg =	ABD	original PMPM	after CMS approve $10m addl GME PMPM
	DY2	$1,123.36	$1,124.49
	DY3	$1,163.80	$1,164.91
	DY4	$1,205.69	$1,206.78
	DY5	$1,249.10	$1,250.17

Meg =	LTC	original PMPM	after CMS approve $10m addl GME PMPM
	DY2	$8,973.64	$8,975.89
	DY3	$9,323.62	$9,325.83
	DY4	$9,687.24	$9,689.41
	DY5	$10,065.04	$10,067.17

Meg =	HCBS State Plan	original PMPM	after CMS approve $10m addl GME PMPM
	DY2	$2,340.19	$2,347.84
	DY3	$2,426.78	$2,434.29
	DY4	$2,516.57	$2,523.94
	DY5	$2,609.68	$2,616.93

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2015

Summary of Expenditures by Waiver Year
Waiver: 11W00279

MAP Waivers

Total Computable

Waiver Name	A	01	02	03
ABD	0	3,959,428,826	5,364,125,800	2,238,665,986
ACCAP – 217 Li	0	630,539	880,454	0
ACCAP – SP	0	900,000	966,297	0
AWDC	0	1,529,772	674,018	0
Childless Adults	0	27,844,394	48,243,544	0
CRPD – 217 Like	0	11,803,536	16,894,842	0
CRPD –SP	0	10,672,842	15,247,535	0
DSRIP	0	0	83,304,870	0
GME State Plan	0	0	100,000,001	50,000,010
GO – 217 Like	0	181,068,236	221,682,839	0
GO – SP	0	23,869,092	33,606,671	0
HCBS – 217 Like	0	207,982	20,277,957	164,047,547
HCBS – State Pl	0	54,053	5,395,063	40,534,851
HRSF & GME	0	192,443,637	0	0
HRSF Transitior	0	0	83,302,681	0
MATI at Risk	0	4,069,775	3,429,158	0
New Adult Grot	0	6,996,889	847,188,263	1,223,823,248
SED at Risk	0	24,366,438	23,589,223	12,027,677
TBI – 217 Like	0	13,673,932	17,438,251	0
TBI – SP	0	7,457,114	9,364,928	0
Title XIX	0	1,656,204,271	2,369,895,219	1,123,432,957
XIX CHIP Parent	0	0	126,864,996	0
Total	**0**	**6,123,221,328**	**9,392,372,610**	**4,852,532,276**

Federal Share

Waiver Name	A	01	02	03
ABD	0	1,985,595,847	2,698,558,002	1,125,581,565
ACCAP – 217 Li	0	319,151	446,869	0
ACCAP – SP	0	454,312	489,362	0
AWDC	0	777,617	344,491	0
Childless Adults	0	14,715,147	24,791,742	0

CRPD – 217 Like	0	6,026,151	8,740,654	0
CRPD – SP	0	5,447,877	7,899,121	0
DSRIP	0	0	41,652,435	0
GME State Plan	0	0	50,000,002	25,000,006
GO – 217 Like	0	91,709,767	114,208,875	0
GO – SP	0	12,108,859	17,304,628	0
HCBS – 217 Like	0	106,032	10,501,263	84,250,619
HCBS – State Pl	0	27,926	2,797,833	20,816,083
HRSF & GME	0	96,221,820	0	0
HRSF Transitior	0	0	41,651,341	0
MATI at Risk	0	2,055,322	1,783,162	0
New Adult Grou	0	6,996,889	847,188,263	1,223,823,248
SED at Risk	0	12,670,547	12,266,395	6,254,392
TBI – 217 Like	0	6,928,494	8,987,060	0
TBI – SP	0	3,776,704	4,819,278	0
Title XIX	0	831,445,800	1,313,195,094	634,730,294
XIX CHIP Parent	0	0	64,729,940	0
Total	**0**	**3,077,384,262**	**5,272,355,810**	**3,120,456,207**

Created On: Friday, March 13, 2015 10:06 AM

Composite Federal Share %

Waiver Name	A	01	02	03	04	05
ABD	0	50.15%	50.31%	50.28%	*50.97%*	*50.97%*
AWDC	0	50.83%	51.11%			
Childless Adults	0	52.85%	51.39%			
DSRIP	0		50.00%	*50.00%*	*50.00%*	*50.00%*
GME State Plan	0		50.00%	50.00%	*50.00%*	*50.00%*
HCBS – 217 Like	0	50.67%	51.55%	51.36%	*51.19%*	*51.19%*
HCBS – State Plan	0	50.79%	51.58%	51.35%	*51.24%*	*51.24%*
HRSF & GME	0	50.00%				
HRSF Transition Payments	0		50.00%			
MATI at Risk	0	50.50%	52.00%			
New Adult Group	0	100.00%	100.00%	100.00%	*100.00%*	*97.50%*
SED at Risk	0	52.00%	52.00%	52.00%	*50.50%*	*50.00%*
Title XIX	0	50.20%	55.41%	56.50%	*54.04%*	*54.04%*
XIX CHIP Parents	0		51.02%			
Total	**0**					

DY1 & DY2 HCBS expenditures	DY1	DY2
	total computable	
HCBS – 217 Like	207,384,225	277,174,343
HCBS – State Plan	42,953,101	64,580,494

Federal share

HCBS – 217 Like	105,089,595	142,884,721
HCBS – State Plan	21,815,678	33,310,222

CMS 64 - MEDICAID ELIGIBILITY GROUPS AS OF JUNE, 2014

	DEFINITIONS:	DY1	DY2	DY3	DY4	DY5
1	TITLE XIX	5,773,180	7,851,134	8,187,243	0	0
2	ABD (Excluding HCBS and LTC SPC 61)	2,485,337	3,336,165	2,468,100	0	0
3	Childless Adults	185,240	225,208			
4	Adults W/O Dependent Children	6,057	2,774			
5	SED	36,729	43,159	26,952	0	0
6	HCBS (State Plan)	13,594	18,917	27,084	32,658	41,302
7	HCBS (217 Like)	98,131	127,802	152,795	217,712	275,335
8	LTC			283,566		
9	SED (217 Like)	333	145	60	0	0
10	IDD/MI (217 Like)		0	15	0	0
11	XIX CHIP Parents (10/01/2013 - 12/31/2013 Only)		456,761			
12	New Adult Group (01/01/2014 Onwards)		2,381,257	3,574,261	0	0

Source: CMS64 MBES report from Mar 2015

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
1	643,208	641,115	641,945	643,840	642,238	643,034	645,116	634,383	634,001	633,251	632,586	631,012
2	274,854	274,340	274,471	275,897	276,304	276,908	277,259	277,250	278,233	278,390	278,697	279,521
3	45,455	44,163	43,494	43,024	42,638	42,363	41,976	41,348	40,659	39,734	39,242	38,270
4	772	750	713	683	670	665	644	610	533	503	491	460
5	2,960	2,618	2,677	2,907	3,029	3,110	3,181	3,333	3,334	3,271	3,291	3,354
6	1,518	1,520	1,504	1,467	1,474	1,493	1,511	1,533	1,584	1,553	1,555	1,540
7	11,219	11,225	11,231	10,428	10,996	10,420	10,456	10,480	10,506	10,556	10,577	10,645
8												
9	13	13	14	13	15	10	7	8	15	14	11	13
10												
11												
12												

	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1	626,745	625,874	623,702	663,566	667,604	674,643	683,677	688,842	695,388	698,792	704,911	710,515
2	279,906	279,461	278,978	276,301	276,528	277,249	277,060	276,981	277,053	278,085	277,711	277,181
3	37,737	36,678	35,535									
4	459	442	425	145,198	159,850	201,246	218,846	230,454	242,642	255,227	269,320	277,856
5	3,384	3,566	3,481	3,770	3,896	4,163	4,191	3,551	3,451	3,179	3,079	2,797
6	1,567	1,586	1,585	1,604	1,591	1,589	1,586	1,594	1,576	1,462	1,523	1,610
7	10,726	10,752	10,759	10,749	10,713	10,593	10,588	10,559	10,574	9,671	9,733	9,794
8				0	0	0	0	0	0	20,537	24,130	23,794
9	15	16	13	9	9	11	15	10	7	14	17	8
10				0	0	0	0	0	0	0	0	0
11	151,418	152,087	152,246									
12				181,136	186,423	198,330	203,130	205,900	208,325	210,909	213,261	215,626

	Duals	Non-duals	Combo	
	79399	89399		
SFY15	*$ 2,707.96*	*$ 7,666.80*	***$ 3,095.60***	*wt avg, net of patient liability*
SFY16	$ 2,789.20	$ 7,896.80	$ 3,173.17	
SFY17	$ 2,872.87	$ 8,133.71	$ 3,268.36	

sfy16 & 17 reflect 3% rate increase

	93.4%	6.6%			13.0%	87.0%
	Duals	Non-duals	Total		HCBS-SP	HCBS-217
Jul-14	10,374	730	*11,104*	*actual*	[illegible]	[illegible]
Aug-14	10,370	744	*11,114*	*actual*	[illegible]	[illegible]
Sep-14	10,502	773	*11,275*	*actual*	[illegible]	[illegible]
Oct-14	10,773	850	*11,623*	*actual*	[illegible]	[illegible]
Nov-14	10,948	910	*11,858*	*actual*	[illegible]	[illegible]
Dec-14	11,201	990	*12,191*	*actual*	[illegible]	[illegible]
Jan-15	11,057	947	*12,004*	*actual*	[illegible]	[illegible]
Feb-15	11,002	962	*11,964*	*actual*	[illegible]	[illegible]
Mar-15	11,035	1,020	*12,055*	*actual*	[illegible]	[illegible]
Apr-15	11,041	1,023	*12,065*		1,574	10,491
May-15	10,965	1,030	*11,995*		1,565	10,430
Jun-15	10,976	1,065	*12,041*		1,571	10,471
Jul-15	14,513	1,251	*15,764*		2,056	13,708
Aug-15	15,383	1,309	*16,691*		2,177	14,514
Sep-15	16,252	1,366	*17,619*		2,298	15,320
Oct-15	17,122	1,424	*18,546*		2,419	16,127
Nov-15	17,991	1,482	*19,473*		2,540	16,933
Dec-15	18,861	1,540	*20,400*		2,661	17,739
Jan-16	19,730	1,597	*21,328*		2,782	18,546
Feb-16	20,600	1,655	*22,255*		2,903	19,352
Mar-16	21,469	1,713	*23,182*		3,024	20,158
Apr-16	22,339	1,771	*24,109*		3,145	20,965
May-16	23,208	1,828	*25,037*		3,266	21,771
Jun-16	24,078	1,886	*25,964*		3,387	22,577
Jul-16	24,128	1,901	*26,029*		3,395	22,634
Aug-16	24,178	1,916	*26,094*		3,404	22,690
Sep-16	24,228	1,931	*26,159*		3,412	22,747
Oct-16	24,278	1,946	*26,224*		3,421	22,803
Nov-16	24,328	1,961	*26,289*		3,429	22,860
Dec-16	24,378	1,976	*26,354*		3,438	22,916
Jan-17	24,428	1,991	*26,419*		3,446	22,973
Feb-17	24,478	2,006	*26,484*		3,455	23,029
Mar-17	24,528	2,021	*26,549*		3,463	23,086
Apr-17	24,578	2,036	*26,614*		3,471	23,143
May-17	24,628	2,051	*26,679*		3,480	23,199
Jun-17	24,678	2,066	*26,744*		3,488	23,256

As Reported on the MEG Report Mar'15	
HCBS-SP	HCBS-217
1,462	*9,671*
1,523	*9,713*
1,610	*9,794*
1,825	*10,139*
2,015	*10,328*
2,220	*10,366*

ties to the DMAHS Budget Office capitation projection using Mar actual enroll as reported 4-21-2015

DMAHS Office of Fiscal Compliance Projection

MMX Member M	Medically Needy Status	Countidish Recipidn
10/1/2012	Nursing Facility - Medically Needy	3,492.
	Nursing Facility - Not MN	25,911.
10/1/2012	Sum:	29,403.

MMX Member M	Medically Needy Status	Countidish Recipidn
11/1/2012	Nursing Facility - Medically Needy	3,510.
	Nursing Facility - Not MN	25,824.
11/1/2012	Sum:	29,334.

MMX Member M	Medically Needy Status	Countidish Recipidn
12/1/2012	Nursing Facility - Medically Needy	3,500.
	Nursing Facility - Not MN	25,752.
12/1/2012	Sum:	29,252.

MMX Member M	Medically Needy Status	Countidish Recipidn
1/1/2013	Nursing Facility - Medically Needy	3,490.
	Nursing Facility - Not MN	25,653.
1/1/2013	Sum:	29,143.

MMX Member M	Medically Needy Status	Countidish Recipidn
2/1/2013	Nursing Facility - Medically Needy	3,452.
	Nursing Facility - Not MN	25,348.
2/1/2013	Sum:	28,800.

MMX Member M	Medically Needy Status	Countidish Recipidn
3/1/2013	Nursing Facility - Medically Needy	3,441.
	Nursing Facility - Not MN	25,380.
3/1/2013	Sum:	28,821.

MMX Member M	Medically Needy Status	Countidish Recipidn
4/1/2013	Nursing Facility - Medically Needy	3,433.
	Nursing Facility - Not MN	25,315.
4/1/2013	Sum:	28,748.

MMX Member M	Medically Needy Status	Countidish Recipidn
5/1/2013	Nursing Facility - Medically Needy	3,407.
	Nursing Facility - Not MN	25,225.
5/1/2013	Sum:	28,632.

MMX Member M	Medically Needy Status	Countidish Recipidn
6/1/2013	Nursing Facility - Medically Needy	3,440.
	Nursing Facility - Not MN	25,238.
6/1/2013	Sum:	28,678.

MMX Member M	Medically Needy Status	Countidish Recipidn
7/1/2013	Nursing Facility - Medically Needy	3,479.
	Nursing Facility - Not MN	25,322.
7/1/2013	Sum:	28,801.

MMX Member M	Medically Needy Status	Countidish Recipidn
8/1/2013	Nursing Facility - Medically Needy	3,502.
	Nursing Facility - Not MN	25,473.
8/1/2013	Sum:	28,975.

MMX Member M	Medically Needy Status	Countidish Recipidn
9/1/2013	Nursing Facility - Medically Needy	3,502.
	Nursing Facility - Not MN	25,509.
9/1/2013	Sum:	29,011.

MMX Member M	Medically Needy Status	Countidish Recipidn
10/1/2013	Nursing Facility - Medically Needy	3,523.
	Nursing Facility - Not MN	25,532.
10/1/2013	Sum:	29,055.

MMX Member M	Medically Needy Status	Countidish Recipidn
11/1/2013	Nursing Facility - Medically Needy	3,515.
	Nursing Facility - Not MN	25,554.
11/1/2013	Sum:	29,069.

MMX Member M	Medically Needy Status	Countidish Recipidn
12/1/2013	Nursing Facility - Medically Needy	3,536.
	Nursing Facility - Not MN	25,568.
12/1/2013	Sum:	29,104.

MMX Member M	Medically Needy Status	Countidish Recipidn
1/1/2014	Nursing Facility - Medically Needy	3,535.
	Nursing Facility - Not MN	25,427.
1/1/2014	Sum:	28,962.

MMX Member M	Medically Needy Status	Countidish Recipidn

Accrd MMs through Dec'14	
DY1	280,811.
DY2	345,948.
DY3	169,346.
DY4	
DY5	

2/1/2014	Nursing Facility - Medically Needy	3,504
	Nursing Facility - Not MN	25,179
2/1/2014	Sum:	28,683

MMX Member M	Medically Needy Status	Count (dist) Recipient
3/1/2014	Nursing Facility - Medically Needy	3,469
	Nursing Facility - Not MN	25,226
3/1/2014	Sum:	28,695

MMX Member M	Medically Needy Status	Count (dist) Recipient
4/1/2014	Nursing Facility - Medically Needy	3,447
	Nursing Facility - Not MN	25,151
4/1/2014	Sum:	28,598

MMX Member M	Medically Needy Status	Count (dist) Recipient
5/1/2014	Nursing Facility - Medically Needy	3,452
	Nursing Facility - Not MN	25,096
5/1/2014	Sum:	28,548

MMX Member M	Medically Needy Status	Count (dist) Recipient
6/1/2014	Nursing Facility - Medically Needy	3,441
	Nursing Facility - Not MN	25,016
6/1/2014	Sum:	28,457

MMX Member M	Medically Needy Status	Count (dist) Recipient
7/1/2014	Not Medically Needy	23,348
	Nursing Facility - Medically Needy	3,436
	Nursing Facility - Not MN	1,452
7/1/2014	Sum:	28,236

MMX Member M	Medically Needy Status	Count (dist) Recipient
8/1/2014	Not Medically Needy	22,838
	Nursing Facility - Medically Needy	3,427
	Nursing Facility - Not MN	1,623
8/1/2014	Sum:	27,888

MMX Member M	Medically Needy Status	Count (dist) Recipient
9/1/2014	Not Medically Needy	22,316
	Nursing Facility - Medically Needy	3,382
	Nursing Facility - Not MN	1,747
9/1/2014	Sum:	27,445

MMX Member M	Medically Needy Status	Count (dist) Recipient
10/1/2014	Not Medically Needy	21,795
	Nursing Facility - Medically Needy	3,318
	Nursing Facility - Not MN	1,758
10/1/2014	Sum:	26,871

MMX Member M	Medically Needy Status	Count (dist) Recipient
11/1/2014	Not Medically Needy	21,214
	Nursing Facility - Medically Needy	3,234
	Nursing Facility - Not MN	1,635
11/1/2014	Sum:	26,083

MMX Member M	Medically Needy Status	Count (dist) Recipient
12/1/2014	Not Medically Needy	20,712
	Nursing Facility - Medically Needy	3,114
	Nursing Facility - Not MN	1,546
12/1/2014	Sum:	26,372

MMX Member M	Medically Needy Status	Count (dist) Recipient
1/1/2015	Not Medically Needy	20,047
	Nursing Facility - Medically Needy	2,898
	Nursing Facility - Not MN	1,377
1/1/2015	Sum:	24,322

MMX Member M	Medically Needy Status	Count (dist) Recipient
2/1/2015	Not Medically Needy	19,303
	Nursing Facility - Medically Needy	2,713
	Nursing Facility - Not MN	1,221
2/1/2015	Sum:	23,297

MMX Member M	Medically Needy Status	Count (dist) Recipient
3/1/2015	Not Medically Needy	18,604
	Nursing Facility - Medically Needy	2,487
	Nursing Facility - Not MN	1,030
3/1/2015	Sum:	22,121

MMX Member Month Date	Count(dist) Recip Idn
10/1/2012	2,376.
10/1/2012	2,376.

MMX Member Month Date	Count(dist) Recip Idn
11/1/2012	2,353.
11/1/2012	2,353.

MMX Member Month Date	Count(dist) Recip Idn
12/1/2012	2,332.
12/1/2012	2,332.

MMX Member Month Date	Count(dist) Recip Idn
1/1/2013	2,322.
1/1/2013	2,322.

MMX Member Month Date	Count(dist) Recip Idn
2/1/2013	2,302.
2/1/2013	2,302.

MMX Member Month Date	Count(dist) Recip Idn
3/1/2013	2,291.
3/1/2013	2,291.

MMX Member Month Date	Count(dist) Recip Idn
4/1/2013	2,270.
4/1/2013	2,270.

MMX Member Month Date	Count(dist) Recip Idn
5/1/2013	2,242.
5/1/2013	2,242.

MMX Member Month Date	Count(dist) Recip Idn
6/1/2013	2,220.
6/1/2013	2,220.

MMX Member Month Date	Count(dist) Recip Idn
7/1/2013	2,195.
7/1/2013	2,195.

MMX Member Month Date	Count(dist) Recip Idn
8/1/2013	2,177.
8/1/2013	2,177.

MMX Member Month Date	Count(dist) Recip Idn
9/1/2013	2,157.
9/1/2013	2,157.

MMX Member Month Date	Count(dist) Recip Idn
10/1/2013	2,130.
10/1/2013	2,130.

MMX Member Month Date	Count(dist) Recip Idn
11/1/2013	2,109.
11/1/2013	2,109.

MMX Member Month Date	Count(dist) Recip Idn
12/1/2013	2,076.
12/1/2013	2,076.

Actual MMs through Dec'14	
DY1	20,708.
DY2	24,716.
DY3	10,763.
DY4	
DY5	

MMX Member Month Date	Count(dist) Recip Idn
1/1/2014	2,047.
1/1/2014	2,047.

MMX Member Month Date	Count(dist) Recip Idn
2/1/2014	2,032.
2/1/2014	2,032.

MMX Member Month Date	Count(dist) Recip Idn
3/1/2014	2,017.
3/1/2014	2,017.

MMX Member Month Date	Count(dist) Recip Idn
4/1/2014	1,970.
4/1/2014	1,970.

MMX Member Month Date	Count(dist) Recip Idn
5/1/2014	1,930.
5/1/2014	1,930.

MMX Member Month Date	Count(dist) Recip Idn
6/1/2014	1,876.
6/1/2014	1,876.

MMX Member Month Date	Count(dist) Recip Idn
7/1/2014	1,845.
7/1/2014	1,845.

MMX Member Month Date	Count(dist) Recip Idn
8/1/2014	1,822.
8/1/2014	1,822.

MMX Member Month Date	Count(dist) Recip Idn
9/1/2014	1,808.
9/1/2014	1,808.

MMX Member Month Date	Count(dist) Recip Idn
10/1/2014	1,785.
10/1/2014	1,786.

MMX Member Month Date	Count(dist) Recip Idn
11/1/2014	1,764.
11/1/2014	1,764.

MMX Member Month Date	Count(dist) Recip Idn
12/1/2014	1,739.
12/1/2014	1,739.

MMX Member Month Date	Count(dist) Recip Idn
1/1/2015	1,718.
1/1/2015	1,718.

MMX Member Month Date	Count(dist) Recip Idn
2/1/2015	1,706.
2/1/2015	1,706.

MMX Member Month Date	Count(dist) Recip Idn
3/1/2015	1,689.
3/1/2015	1,689.

DDD Waiver Ammendment Annual Cost Estimate

		People	Cost per	Gross Cost	Fed Share	
non-DAC	Supports	171	$ 22,690	$ 3,879,990	$ 1,939,995	non-DAC = non-disabled adult children
	State Plan	171	$ 8,355	$ 1,428,705	$ 714,353	
				$ 5,308,695	$ 2,654,348	
CCW/Supports Equalization	Supports	61	$ 22,690	$ 1,384,090	$ 692,045	CNOM in with waiver only
	State Plan	61	$ 8,355	$ 509,655	$ 254,828	
				$ 1,893,745	$ 946,873	
TOTAL				$ 5,264,080	$ 2,632,040	
				$ 1,938,360	$ 969,180	
				$ 7,202,440	$ 3,601,220	

'4		DY5	
Fed Share		Gross Cost	Fed Share
$ 2,064,790	CNOM	$ 4,253,467	$ 2,126,734
$ 1,433,010		$ 2,952,000	$ 1,476,000
$ 3,497,800		$ 7,205,468	$ 3,602,734
$ 669,355	CNOM	$ 1,378,871	$ 689,436
$ 464,547		$ 956,967	$ 478,484
$ 1,133,902		$ 2,335,838	$ 1,167,919
$ 2,734,145		$ 5,632,339	$ 2,816,169
$ 1,897,557		$ 3,908,967	$ 1,954,484
$ 4,631,702		$ 9,541,306	$ 4,770,653

ices)

DDD Waiver 3 Amendments Annual Cost Estimate

		People	Cost PMPM	DY4 Gross Cost	DY4 Fed Share		DY5 Gross Cost	DY5 Fed Share
#1 non-DAC	Supports	182	$ 1,891	$ 4,129,580	$ 2,064,790	CNOM	$ 4,253,467	$ 2,126,734
	State Plan	182	$ 1,312	$ 2,866,020	$ 1,433,010		$ 2,952,000	$ 1,476,000
				$ 6,995,600	$ 3,497,800		$ 7,205,468	$ 3,602,734
#2 CCW/Supports Equalization	Supports	59	$ 1,891	$ 1,338,710	$ 669,355	CNOM	$ 1,378,871	$ 689,436
	State Plan	59	$ 1,312	$ 929,094	$ 464,547		$ 956,967	$ 478,484
				$ 2,267,804	$ 1,133,902		$ 2,335,838	$ 1,167,919
TOTAL				$ 5,468,290	$ 2,734,145		$ 5,632,339	$ 2,816,169
				$ 3,795,114	$ 1,897,557		$ 3,908,967	$ 1,954,484
				$ 9,263,404	$ 4,631,702		$ 9,541,306	$ 4,770,653

DY5 represents 3% increase in costs (cap rates for state plan services and unit costs for Supports services)

#3 DDD Supports - PDN Group

	DY4	DY5
Projected Monthly Clients	195	222
Months	12	12
Projected MMs	*2,340*	*2,664*
Monthly cost of DD Supports	$1,890.83	$1,947.56
Hcbs Non-dual cap rate	$8,230.66	$8,477.58
Total PMPM Cost	*$10,121.49*	*$10,425.14*
Total Annual Cost	**$23,684,294**	**$27,772,568**
Federal Share	***$11,842,147***	***$13,886,284***

Member-months removed from following MEGs beginning DY4:					
without waiver	DY4 Clients	DY5 Clients	DY4 MMs	DY5 MMs
ABD	29	52	348	624
HCBS 217 Like	161	165	1932	1980
LTC	5	5	60	60

Notes:

For non-DAC and CCW Supports, the state plan service cost PMPM = ABD Non-dual cap rate

For non-DAC and CCW Supports, the DDD Supports cost PMPM was provided by DDD.

For non-DAC and CCW Supports,the estimated clients were provided by DDD

For DD Supports-PDN Group, the HCBS Non-dual cap rate is used for medical/LTC costs

For DD Supports-PDN Group, the DDD Supports cost PMPM was provided by DDD.

For DD Supports-PDN Group, theestimated clients were found using DMAHS Office of Managed Health Care analysis

New Jersey Comprehensive Medicaid Waiver
NJ Division of Medical Assistance and Health Services/Division of Developmental Disabilities
Supports Program Amendment

Enclosure A: Revised STCs for Support Program Amendment

STC 19

c. **Expansion Eligibility Groups**

NJ Program Name	Population Description and Statutory/Regulatory Citations	Standards and Methodologies	Service Package	MEG
Non-DAC		Income Standard: SSI after Title II disregard Resources: SSI Must meet Supports program functional LOC requirements.	Plan A plus Supports HCBS Waiver services (see attachment C.1)	ABD
Supports CNOM		Income less 300% of SSI/Federal Benefit Rate (FBR) per month; Resources SSI Standard; Individuals must meet Supports Program Functional LOC requirements	Plan A plus Supports HCBS Waiver services (see attachment C.1)	ABD

77. **Supports Program**

a. Program Overview: The Supports Program is to provide a basic level of support services to individuals who live with family members or who live in their own homes that are not licensed by the State.

b. Operations: The administration of the program is through the Division of Developmental Disabilities (DDD).

c. Eligibility:

i. Are Medicaid eligible;

ii. Are at least 21 years of age ~~and have completed their educational entitlement~~;

iii. Live in an unlicensed setting, such as on their own or with their family; and

iv. Meet all criteria for functional eligibility for DDD services including the following definition of "developmental disability": Developmental disability is defined as: "a severe, chronic disability of an individual which:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

2. Is manifest before age 22;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three of more of the following areas of major life activity, that is: self-care, receptive and expressive language, learning, mobility, self-direction capacity for independent living and economic self-sufficiency;

5. Reflects the need for a combination and sequences of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated; and

6. Includes but is not limited to severe disabilities attributable to intellectual disability, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met."

d. POC Referral. When it has been confirmed that a candidate has met all of the requirements for enrollment, DDD will refer the case to the appropriate support coordination provider for development of the Participant's plan of care (PoC) and initiation of services.

e. Exclusions: Individuals may not enroll in the Supports Program if:

i. They are enrolled in another HCBS/MLTSS program, the Out-of-State IDD programs, or the Community Care Waiver except that individuals who require private duty nursing services may access only that service from the MLTSS program and still remain on the Supports program.

ii. They require institutional care and cannot be maintained safely in the community.

f. Expenditure Cap. Participants in the program will have an individual expenditure cap per person per year that is based on functional assessment. This expenditure cap is reevaluated annually during development of the annual plan of care.

g. Case Management. Every Participant will have access to Support Coordination (case management) which is outside of the expenditure cap. Every Participant will have access (if they choose) to Financial Management Services (fiscal intermediary) if he/she chooses to self-direct services. This will also be outside of the expenditure cap.

h. *Bump –Up.* This program also contains a unique feature whereby Participants who experience a major change in life circumstances which results in a need for additional temporary services may be eligible to receive a short-term "bump up" in their expenditure cap. This "bump up" is capped at $5,000 per Participant. The bump up will be effective for up to one year. Participants may only seek bump up services once every three years. The services that may be purchased with bump up dollars are any services described in Attachment C-1 under Supports Program, with the exception of the Day Program Related Services described above.

i. Enrollment: All referrals for the Supports Program are screened by DDD to determine if the individual meets the target population criteria, is Medicaid eligible, meets LOC clinical criteria, is in need of support services, and participant's needs can be safely met in the community. Individuals ~~who currently receive state-funded day services and/or state-funded support services as of the effective date of the demonstration~~ will be assessed for Medicaid eligibility and LOC clinical criteria and enrolled into the program in phases. When potential new participants are referred, they will be assessed for eligibility and enrolled based on availability of annual state budget allocations.

j. Level of Care (LOC) Assessment: The participant has a developmental disability and substantial functional limitations in three or more major life activities.

k. Assessment tool: DDD is in the process of streamlining their current multiple assessment instruments that will be used to assess clinical LOC and functional level for budget determination(s). A statement will be included certifying that an individual meets the functional criteria for DDD and is eligible for the Supports Program.

l. LOC Reassessment: Reassessment will occur when there is a noted change in a participant's functional level that warrants less supports. The initial LOC assessment is based on an individual being diagnosed with a developmental disability and substantial functional limitation in three or more major life activities. This is unlikely to change from year to year.

m. Transition: If health and safety cannot be maintained for a participant on this program because s/he requires a higher level of services than are available, the IDT will make the recommendation and the participant will voluntarily disenroll from the program. The IDT will commence transition planning to identify service needs and necessary resources. Referrals will be made to all services, as applicable including the Community Care

Waiver.

n. Disenrollment: Participants will disenroll from the program if they lose Medicaid eligibility, choose to decline participation in the program, enroll on the CCW, no longer need support services, or no longer reside in New Jersey.

o. Benefits/Services, Limitations, and Provider Specifications: In addition to Plan A services in Attachment B, Supports program participants receive the benefits outlined in Attachment C.

p. Cost Sharing: See Attachment B.

o. Delivery System: Medicaid State Plan services for this population will be delivered and coordinated through their Medicaid MCO. HCBS services available to this population will be delivered either through providers that are enrolled as Medicaid providers and are approved by DDD or through non-traditional service providers that are approved by DDD and bill for services through a fiscal intermediary. Services can be either provider-managed, self-directed, or a combination thereof, as approved in the participant's Plan of Care.

69. **Level of Care Assessment for MLTSS Enrollees.** The following procedures and policies shall be applied to enrollees receiving MLTSS:

a. An evaluation for LOC must be given to all applicants for whom there is reasonable indication that services may be needed by either the State or the MCO.

    i. The plans and the State will use the "NJ Choice" tool as the standardized functional assessment for determining a LOC.

    ii. In addition to the NJ Choice tool, the State and the MCOs may also utilize the "Home and Community-Based Long Term Care Assessment" Form (CP-CM-1).

b. The State must perform the assessment function for individuals not presently enrolled in managed care. The MCO must complete the LOC assessment as part of its comprehensive needs assessment for its members and will forward to the State for final approval for those individuals determined to meet NF LOC.

c. The MCOs must not fundamentally alter the nature of the NJ Choice tool when accommodating it to their electronic/database needs.

d. The MCOs and, or the State must perform functional assessments within 30 days of the time a referral is received.

e. All enrollees must be reevaluated at least annually or as otherwise specified by the State,

as a contractual requirement by the MCO.

f. Individuals in the Supports program who are in need of Private Duty Nursing services are to be assessed for MLTSS in the same manner as a MLTSS applicant, however, upon approval will only be able to access the private duty nursing benefit.

~~e.~~i. Individuals currently enrolled in the MLTSS program that are also determined eligible for the Supports program may enroll in the Supports Program and access only the private duty nursing benefit from the MLTSS program without being reassessed until their annual reassessment date.