NJ CMW Annual Quality Strategy

Department of Children and Families, Children's System of Care

New Jersey's Department of Children and Families (DCF) is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being and success of New Jersey's children and families. Our vision statement is "To ensure a better today and even greater tomorrow for every individual we serve."

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

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

A. Clinically appropriate and accessible;

B. Individualized, reflecting a continuum of services and/ or supports, both formal and informal, based on the unique strengths of each youth and his or her family/ caregivers;

C. Provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and his or her family/ caregivers;

D. Family-guided, with families engaged as active participants at all levels of planning, organization, and service delivery;

E. Community-based, coordinated, and integrated with the focus of having services, decision-making responsibility, and management resting at the community level;

F. Culturally competent, with agencies, programs, services, and supports that are reflective of and responsive to the cultural, racial, and ethnic differences of the populations they serve;

G. Protective of the rights of youth and their family/ caregivers; and

H. Collaborative across child-serving systems, involving mental health, substance use, child protection, juvenile justice, and other system partners who are responsible for providing services and supports to the target populations.

STC 103(d)(iv): Monitoring of the Quality and Accuracy of Screening and Assessment of Participants who Qualify for HCBS/MLTSS

DCF/CSOC contracts with a CSA to support the delivery of services to youth, coordinated and integrated at the local level that focuses on improved outcomes for youth and their family/ caregivers through utilization management, care coordination, quality management, and information management processes.

Through CSOC's Contracted System Administrator (CSA), children and families of NJ can access care 24/7 through a single point of entry. The CSA performs a broad range of administrative service functions including, but not limited to, the following:

A. Providing a Customer Service/ Call Center with 24-hour/ 7-day intake and Customer Service capability;

B. Providing a web-based application/ interface with the CSA's MIS;

C. Managing care, which includes utilization management, outlier management, and care coordination;

D. Coordinating access to services for all youth

E. Providing Quality and Outcomes Management, and System Measurement that supports CSOC's goal to promote best practices, and providing assistance to the State in assuring compliance with State and federal guidelines;

Additionally, CSOC utilizes an algorithm to enroll youth in the waiver. Youth that meet the waiver criteria, are enrolled into either the Autism Spectrum Disorder (ASD) pilot or the Intellectual Disabilities/Developmental Disabilities with Co-Occurring Mental Health Diagnosis (ID/DD – MI) pilot depending on the criteria met. The waiver identification and participation allows CSOC to claim Federal Financial Participation (FFP) on that waiver service where CSOC is unable to claim FFP on that same service delivered to a non-waiver enrolled youth.

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

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

STC 103 (d) (viii): Specific Example of How HCBS Has Been Used to Assist Participants

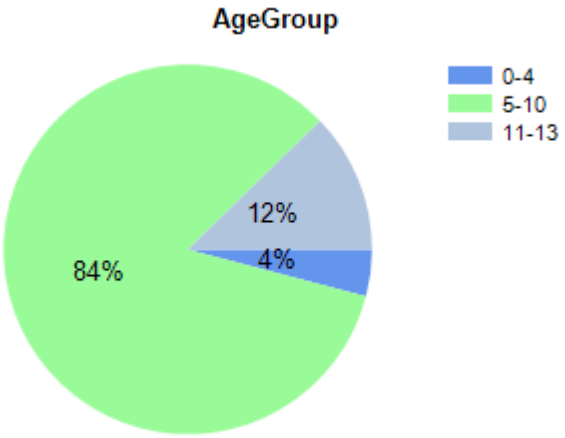
CSOC reviewed the data for youth enrolled in the waivers, during the time period covering July 2015 - June 2016.

The goal of this report was to assure that the use of waiver services (therapeutic services and functional supports) that the youth received, did indeed have a positive outcome as reflected by the youth remaining in their own home with waiver supports, thereby diverting youth from more costly out of home care.

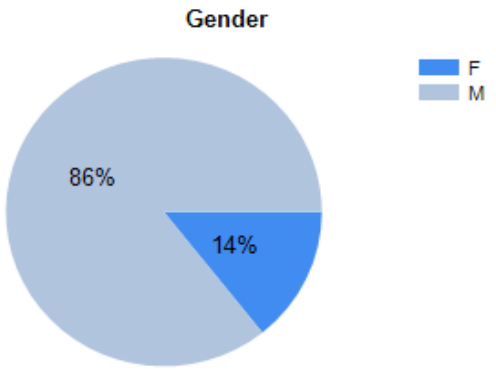
ASD Waiver

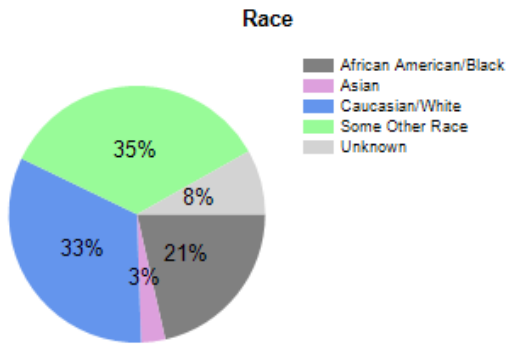
As indicated in the chart below the age range of the youth in the waiver are from 0-13 years old for the youth served. The largest age group represented are between 5-10 years old, 84% of the enrolled youth.

Age Group	# of Youth	Percent
0-4	4	4%
5-10	82	84%
11-13	12	12%



The gender distribution of the youth is 86% Male and 14% Female. Additionally, 35% of the youth identified race as 'Some Other Race', 21% as African American and 33% as Caucasian, 3% as Asian and 8% were unknown; 39% of youth identified Hispanic as their ethnicity.



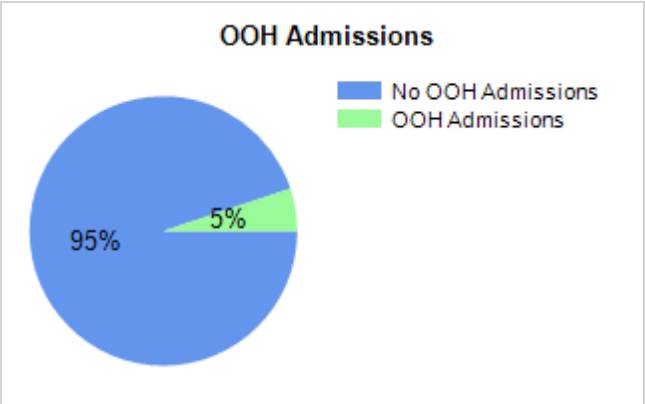


Youth were represented fairly evenly across NJ. The majority of youth (13%) resided in Essex County, followed by Monmouth; with Bergen, Burlington, Camden, and Ocean counties following up with equal percentages.

Parents Home County	# of Youth	Percent
ATLANTIC	6	6%
BERGEN	9	9%
BURLINGTON	9	9%
CAMDEN	9	9%
CAPE MAY	1	1%
CUMBERLAND	1	1%
ESSEX	13	13%
GLOUCESTER	4	4%
HUDSON	6	6%
MERCER	2	2%
MIDDLESEX	7	7%
MONMOUTH	11	11%
MORRIS	2	2%
OCEAN	9	9%
PASSAIC	4	4%
SOMERSET	3	3%
UNION	2	2%

During this period only 5 youth (5%) had a need to be admitted into Out of Home (OOH) care during this period and the majority of the 93 youth (95%) were able to remain in home with the waiver supports and services (HCBS).

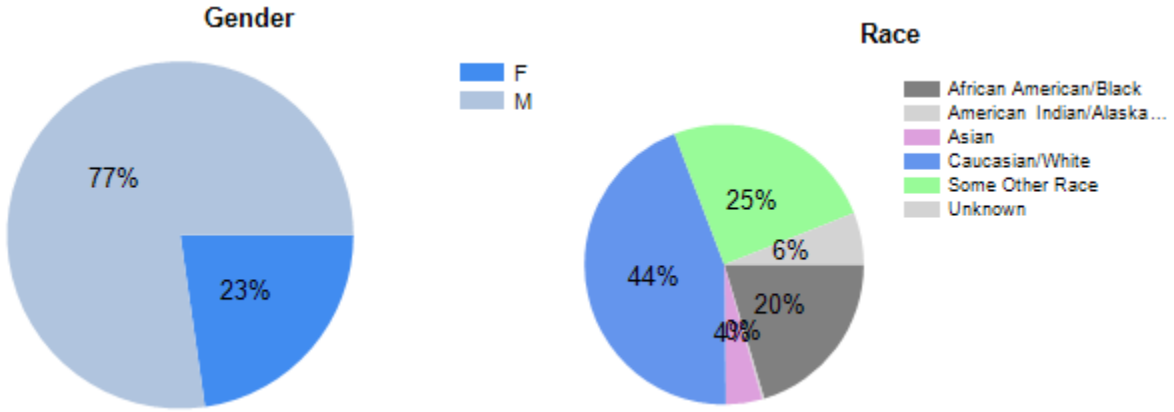
	# of Youth	Percent
No OOH Admissions	93	95%
OOH Admissions	5	5%



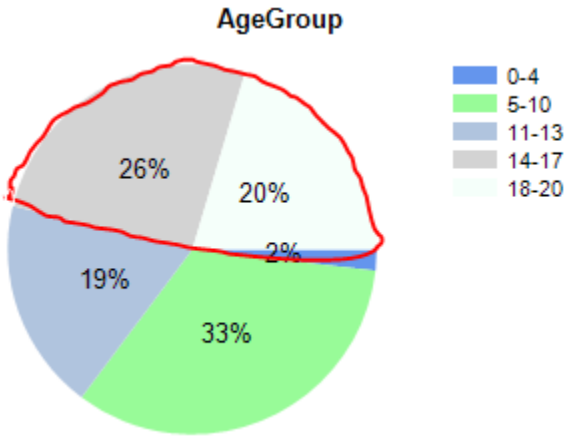
ID/DD-MI Waiver

383 youth were enrolled in the ID/DD-MI waiver, during the period covering July 2015 - June 2016.

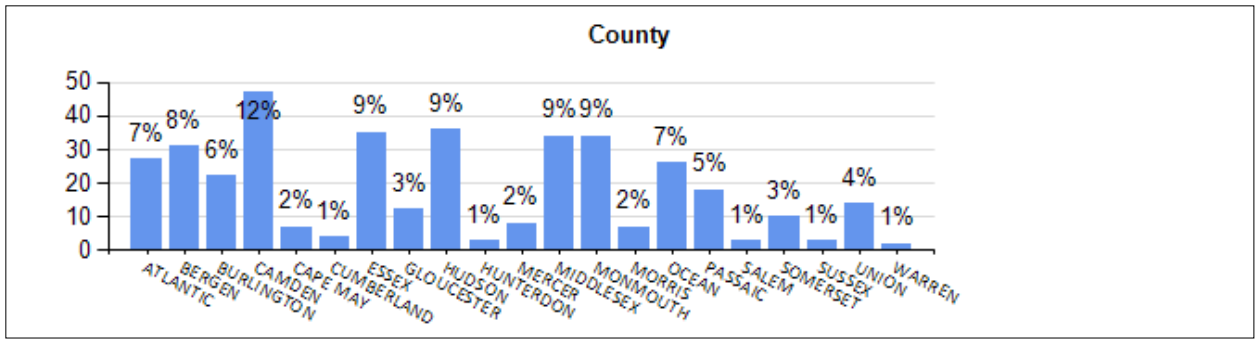
In the ID/DD-MI waiver, female representation was 23% (87). The race composition was similar, 20% vs. 21%, for the African American/Black representation across both waivers.



It should be noted that the ID/DD-MI waiver included youth beyond age 13 and those older youth represented 46% (177) of the youth served.

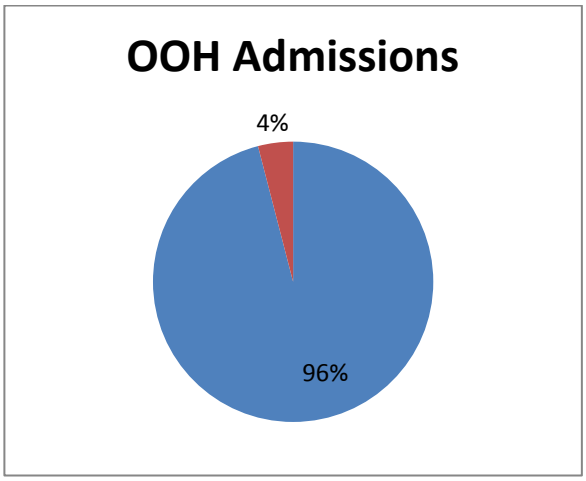


Youth were represented fairly evenly across the region in this review as well. The majority resided in Camden County, followed by Essex, Hudson, Middlesex, and Monmouth counties. These counties are typically where the major urban cities of NJ are located.



Please note that there were a total of 383 enrolled youth in the ID/DD-MI waiver, however, fifty (50) youth did not receive waiver services and should not have been included in the ID/DD-MI waiver demographics. A drill down of the services the youth received indicated this was as a result of the coding and algorithm used to identify waiver youth. CSOC will work to improve the coding algorithm to accurately reflect the precise population to be included in the ID/DD-MI waiver.

During this period the results were similar to the ASD waiver in that only 4% of the youth required being admitted into an Out of Home program (OOH).



All the youth identified in both waivers were those involved with a CMO and had been identified as youth which are at risk of being placed out of home. So it can be concluded that the waiver services are successful. With the supports and services placed into the home, for the 431 (333 ID/DD-MI & 98 ASD) waivered youth, at least 95% of the youth were able to stay in their own home and in their own community.

Success Stories:

CSOC is pleased to share two of the many success stories that we received from the CMO. Both detail the impact that the waivers had on the quality of life for the youth and family.

The first success story is a non-verbal, eleven year old male diagnosed with Autism. When the youth got involved with the CMO, he was physically aggressive towards his mother and siblings. This youth began working with an Intensive in Home (IIH) clinical provider to decrease angry outbursts and identify triggers. Individual Support Services (ISS) were also implemented to increase independence. Since these services have been implemented, the mother has been better able to manage the youth's behaviors. Physical aggression has significantly decreased. Youth is able to shower with prompts, make simple meals, dress himself and wash dishes. Due to progress made, IIH clinical services will be ending and he will continue to receive ISS services.

The second success story is a 16 year old male who has been participating in IIH Behavioral services since December 2015. He has autism, is nonverbal, legally blind, has epilepsy, and PICA. He is now out of adult diapers during the day for the first time in his life, and almost ready to transition out of them at night as well. He is learning a form of communication by using switches. His school has reported a huge change in behaviors now that he can communicate more effectively. His teacher stated he has been doing incredibly well in the school environment. He has been going on outings with his family without incident, which he was unable to do before ABA services began. His family feels closer to him and closer as a family as a result. His behaviors previously severely limited their outings and mobility. These changes have made a huge positive impact for him and his family. He still has many goals to work toward but he is making wonderful progress.

STC 103(d)(xiv): The State may also provide CMS with any other information it believes pertinent to the provision of the HCBS and their inclusion in the demonstration, including innovative practices, certification activity, provider enrollment and transition to managed care special populations, workforce development, access to services, the intersection between the provision of HCBS and Medicaid behavioral health services, rebalancing goals, cost-effectiveness, and short and long-term outcomes

Provider Enrollment/Access to Services

The Children's System of Care (CSOC) actively recruited service providers though the following Request for Qualifications (RFQ).

- The Provision of Intensive in Home Individualized Clinical and Therapeutic Supports for Children with Intellectual and/or Developmental Disabilities (Intensive In-Community Services – Habilitation)
- The Provision of Intensive in Home Individualized Behavioral Intervention Supports for Children with Intellectual and/or Developmental Disabilities (Intensive In-Community Services – Habilitation)
- Respite Services for Families of Children with ID/DD
- Individual Support Services

The Children's System of Care has operationalized the following ID/DD – MI and ASD waiver services.

- Intensive In-Community Services – Habilitation [Intensive in Home (IIH)]
    - Individual Behavioral Supports
    - Clinical/Therapeutic
    - Individual Supports
- Respite

Brief Descriptions of the Waiver Services

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

IIH Services

I. Intensive in Community – Habilitation (IIH) Behavioral Supports

Intensive in community – habilitation (IIH) behavioral supports includes a comprehensive integrated program of services to support improved behavioral, social, educational and vocational functioning. In general, this program will provide children, youth, adolescents, or young adults with services such as developing or building on skills that would enhance self-fulfillment, education and potential employability. The youth's treatment is based on targeted needs as identified in the behavioral support plan.

Behavioral Interventions should include but are not limited to:
Development of an integrated Applied Behavior Analysis (ABA) plan of care, which may include:

- Assessment, including but not limited to:

    1. CARS-2 (Childhood Autism Rating Scale)
    2. GARS-3rd Edition (Gilliam Autism Rating Scale)
    3. ADOS-2nd Edition (Autism Diagnostic Observation Scale)
    4. ADI-R (Autism Diagnostic Interview-Revised)

- Functional Behavior Assessment (FBA) and related assessments, checklists, or rating scales, including but not limited to:

    1. BASC (Behavior Assessment System for Children, 2nd Edition)
    2. FAST (Functional Analysis Screening Tool)
    3. MAS (Motivation Assessment Scale)
    4. QABF (Questionnaire about Behavioral Function)
    5. VB-MAPP (The Verbal Behavior Milestones Assessment and Placement Program)
    6. Vineland II-Adaptive Behavior Scale
    7. ATEC (Autism Treatment Evaluation Checklist)

- Behavior Support Plan (BSP) which may include:
    1. Antecedent Based Interventions
        - Prompting
        - Time Delay
    2. Behavioral Interventions
        - Reinforcement
        - Task Analysis
        - Discrete Trial Training
        - Functional Communication Training
        - Response Interruption/Redirection
        - Differential Reinforcement
    3. Social Narratives- story based intervention

4. Modeling
5. Language Training
6. Naturalistic Teaching Strategies
7. Peer Mediated Intervention
8. Pivotal Response Training
9. Schedules
    - visual supports
    - structured work systems
10. Self-Management
11. Parent Training
12. Social Skills Training
13. Scripting

- Instruction in Basic Activities of Daily Living (BADLs);
- Instruction in Instrumental Activities of Daily Living (IADLs);
- Positive Behavioral Supports;
- Modifying behavior support plans based on frequent, systematic evaluation of direct observational data;
- Direct observation, training and supervision of support staff providing in home ABA services.

Qualifications: Applied Behavior Analysis- Functional Behavior Assessment, development of a Behavior Support Plan and supervision of Behavior Technicians: Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in developing and implementing behavior support plans for individuals who have intellectual/developmental disabilities.

Behavioral Technician (IIH) Qualification: Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board (BACB) and at least one year of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities.

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

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

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

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

- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods;
- Cognitive Behavioral Intervention -Individual, family and group counseling;
- Trauma informed counseling;
- Positive Behavioral Supports;

- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
    1. Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
    2. Instruction in stress reduction techniques;
    3. Problem solving skill development;
    4. Social skills development

Qualifications: Master's degree in psychology, special education, guidance and counseling, social work or a related field with at least one year of experience in providing clinical services for individuals who have intellectual/developmental disabilities and clinically licensed to independently practice in NJ or a master's level licensed practitioner (e.g. LSW under a LCSW or LAC under a LPC) practicing under the supervision of a clinician who is clinically licensed to independently practice in NJ.

III. Individual Supports

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

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

Individual Support Services include:

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

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

Individual Support Plan:

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

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

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

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

Respite Services

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

Respite services will also allow caregivers to improve the nature of their caregiving activities through attendance at trainings and educational programs that will increase their ability to become experts on handling the challenges facing their families. Full-time caregivers of youth with special needs have to develop expertise in areas such as nursing and physiotherapy and need time to learn these skills.

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

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

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

other age appropriate activities. Respite is also not a substitute for services provided by a home health aide for self-care needs (bathing, dressing, feeding and toileting).

Total Number of Agencies Qualified by the Children's System of Care to Deliver Waiver Services

Pilot Waiver	Waiver Service	Number of CSOC Qualified Agencies
ID/DD-MI ASD	Individual Supports	42
ID/DD-MI ASD	Intensive In- Community Services – Habilitation (IHH) (Clinical/ Therapeutic)	47
ID/DD-MI ASD	Intensive In- Community Services – Habilitation (IHH) (Behavioral)	46
ID/DD-MI	Respite	80

Data and Reporting

Data reports were created through the CSA to assist the Children's System of Care in measuring waiver outcomes, delivery of service and other required Quality Strategy Assurances.

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **ID/DD –MI and ASD Pilots**
- **Measurement period 3/1/2015 – 12/31/2015**

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

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **ID/DD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#2 Quality of Life Sub Assurance	All youth that meet the clinical criteria for services through the Department of Children and Families (DCF), Division of Children's System of Care (CSOC) will be assessed utilizing the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool.	
Data Source	Review of Child and Adolescent Needs and Strengths scores Contracted System Administrator (CSA) Data Data report: CSA NJ1225 Strengths & Needs Assessment – Post SPC Start	
Sampling Methodology	100% New youth enrolled in the waiver	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	217	52
Denominator : Total number of new enrollees	218	52
Percentage	99.5%*	100%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the ID/DD – MI and ASD waivers. In determining why 100% for the Care and Associated Needs Assessment (CANS) was not achieved in the ID/DD –MI program. CSOC discovered one youth included in the sample recently (4/1/16) had been added to the waiver and the family voluntarily discontinued services two months later. This youth was indicated as not meeting the requirement in the data report when a transitional ISP by the provider occurred, without completing a CANS, in June 2016. CSOC's involvement with the youth went back to 2011 and a record review indicated that several CANS were completed during our involvement. Most recently there had been a CANS completed 8 months prior to developing the transitional ISP, and all prior CANS indicated the youth had met the clinical criteria. CSOC believes this youth meet the sub assurance monitoring; since prior to being added to the waiver the participant had been determined as meeting the clinical criteria. It shall be noted that CSOC's policy is that a CANS shall be completed when an ISP is developed and CSOC will continue to conduct ongoing monitoring of providers in this regard.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **ID/DD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#3 Quality of Life Sub Assurance	80% of youth should show improvement in Child and Adolescent Needs and Strengths composite rating within a year	
Data Source	CSA Data on CANS Initial and Subsequent Assessments. Data report: CSA NJ2021CANS Waiver Outcome	
Sampling Methodology	Number of youth enrolled in the waiver for at least 1 year.	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of youth who improved within one year of admission	216	63
Denominator: Number of youth with Child and Adolescent Needs and Strengths assessments conducted 1 year from admission or last CANS conducted	259	67
Percentage	83%	94%

CSOC conducted a review of the Care and Associated Needs Assessment (CANS) for all youth during the reporting period served under the ID/DD – MI and ASD waivers. In 83% (216 out of 259 youth enrolled for at least one year) the CANS assessments showed an improvement in the composite rating. For the youth served under the ASD waiver, youth achieved 94% improvement in the CANS rating in 63 out of 67 youth served during this period. CSOC will continue to monitor this area to make sure that we maintain an 80% or higher outcome for this indicator.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#4 Level of Care Sub Assurance	CSOC's Contracted System Administrator (CSA), conducts an initial Level of Care assessment (aka Intensity of Services (IOS) prior to enrollment for all youth.	
Data Source	CSA Data. Data report: CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed	
Sampling Methodology	100% new youth enrolled in the waiver	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	216	52

Denominator: Number of new enrollees	218	52
Percentage	99.5% *	100%

CSOC reviewed all new enrollees for the ID/DD – MI and ASD waivers. In determining why 100% was not achieved in the IOS prior to enrollment for the ID/DD –MI program it was discovered that two youth included within the sample were authorized to self-hired respite. Therefore those youth should not have been identified as waiver participants and should have been excluded from waiver particiaption. New Jersey chooses not to draw down Federal Financial Participation on self-hired respite; and these instances will be corrected going forward.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#5 Plan of Care Sub Assurance	The Plan of Care (aka Individual Service Plan (ISP)) is developed based on the needs identified in the Child and Adolescent Needs and Strengths assessment tool and according to CSOC policies	
Data Source	CSA Data on Plans of Care completions. Data report: CSA NJ1219 Follow – Up Treatment Plan and Associated SNA	
Sampling Methodology	100% of youth enrolled during the measurement period.	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of Plans of Care that address youth's assessed needs	217	52
Denominator: Number of Plans of Care reviewed	218	52
Percentage	99.5%	100%

CSOC conducted a review of the data for the youth enrolled during the reporting period under the ID/DD – MI and ASD waivers. As stated for item #2 of the Plan of Care Sub Assurance, CSOC determined the reason for not reaching 100% compliance was because one youth (recently added to the waiver) was included in the sample; then discontinued services two months later. The report included this youth since an ISP had been created without a CANS. A record review of the youth's progress notes showed the provider had documented unsuccessful attempts to meet with the family to develop a CANS. The provider then developed a transitional ISP based on all other assessments available, and the last CANS (occurred 8 months ago) completed. However it is CSOC policy a CANS must be completed whenever an ISP is developed and we will continue to monitor and work with providers on meeting this indicator.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#6 Plan of Care Sub Assurance	Plan of Care (ISP) is updated at least annually or as the needs of the youth changes	
Data Source	CSA Data Report : CSA NJ1289 Waiver ISP Aggregate Report All Youth	
Sampling Methodology	100% of youth enrolled during the measurement period.	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of current Plans of Care updated at least annually	386	98
Denominator: Number of Plans of Care reviewed	387	98
Percentage	99.7%	100%

CSOC conducted a review of the data for all youth during the reporting period served under the ID/DD –MI and ASD waivers that have been in the waiver for at least a year. In determining why 100% was not achieved for the ID/DD –MI program it was realized that one youth included in the sample had an ISP less than a year old. Therefore an updated plan was not lacking because the annual due date had not passed, and instead should have been categorized as "not applicable" for that particular youth. Eliminating the "not applicable" youth, the analysis indicated that an annual ISP update was conducted 100% of the time in all programs. CSOC will continue to monitor this indicator to make sure that ISPs are updated at least annually.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care (ISP). Data Report: CSA NJ1220 Waiver Services Provided	
Data Source	CSA Data Report of Authorizations	
Sampling Methodology	100% of youth enrolled during the measurement period.	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of plans of care that had services authorized based on the plan of care	217	51
Denominator: Number of plans of care reviewed	218	52

Percentage	99.5%	98%

CSOC conducted a review of the data for the youth enrolled during the reporting period under the ID/DD – MI and ASD waivers. As stated for item #5 of the Plan of Care Sub Assurance, CSOC determined the reason for not reaching 100% compliance was because one youth (recently added to the waiver) was included in the sample; then discontinued services two months later.

STC 102(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 3/1/2015 – 12/31/2015**

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care (ISP).	
Data Source	CSA Data Report of Authorizations Claims paid on authorized services through MMIS Record Review	
Sampling Methodology	Random sample representing a 95% confidence level	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of Services that were delivered	In Development	In Development
Denominator: Number of services that were authorized	In Development	In Development
Percentage	In Development	In Development

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 3/1/2015 – 12/31/2015**

#9 Plan of Care Sub Assurance	Youth/Families are provided a choice of providers, based on the available qualified provider network.	
Data Source	Record review Statewide Provider List -CSA Data Report	
Sampling Methodology	Random sample representing a 95% confidence level	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of youth/families given a choice of providers as	151	34

indicated in progress notes		
Denominator: Number of records reviewed	151	34
Percentage	100%*	100%*

**An allowance was made for the 2015 Audit to indicate it as 100% because a form to document choice hadn't been established; yet evidence was present in the record review that provider choice was occurring during the Child Family Team.*

A review for all the youth during the reporting period served under the 2015 ID/DD – MI and ASD waivers was conducted. A formal process, such as a form documenting that youth/family choice of providers occurred, was previously identified as being absent during an internal audit. CSOC utilizes the Child Family Team as the process where the choice of providers to the youth/family occurs. Moving forward a "youth/family choice form" acknowledgment document will be uploaded as part of information collected during the Child Family Team. CSOC will continue to monitor this indicator to make sure the choice form is being completed and uploaded into the youth's record according to the established protocol.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

#10 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing waiver services.	
Data Source	Record review	
Sampling Methodology	100% Agency	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing waiver services	215	135
Denominator: Total number of new providers	215	135
Percentage	100%	100%

The providers' credentials and qualifications were established as part of the RFQ and a review of submitted material was conducted during this process. CSOC's evaluation of the information provided from applicants established that only qualified providers (215 in ID/DD and 135 in ASD) would be allowed to provide the service; whose qualifications were verified during the RFQ.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **ID/DD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

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

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

# 12 Qualified Providers Sub Assurance	CSOC implements its policies and procedures for verifying that applicable certifications/checklists and training are provided in accordance with qualification requirements as listed in the waiver.	
Data Source	Record Review	
Sampling Methodology	100% Community Provider Agencies	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of providers that have been trained and are qualified to provide waiver services	215	135

Denominator: Total number of providers that provide waiver services	215	135
Percentage	100%	100%

As was indicated on item #10 above the credentials and qualifications for providers were verified initially during the RFQ process. The RFQ was CSOC's process to verify providers (215 in ID/DD and 135 in ASD) to deliver the services. CSOC and the individual providers offer related training development to individuals providing the waiver service.

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

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

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

# 14 Health and Welfare Sub Assurance	The State incorporates an unusual incident management reporting system, as articulated in Administrative Order 2:05, which reviews incidents and develops policies to prevent further similar incidents (i.e., abuse, neglect and missing), as well as utilizes a child abuse/neglect database to report on this data.	
Data Source	Review of databases and Administrative policies & procedures	
Sampling Methodology	100% of youth enrolled for the reporting period	
Waiver	**ID/DD –MI**	**ASD**
Numerator: The number of incidents that were reported through UIRMS and had required follow up	In Development	In Development
Denominator: Total number of incidents reported that required follow up	In Development	In Development
Percentage	In Development	In Development

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

# 15 Health and Welfare Sub Assurance	The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.	
Data Source	Review of databases and Administrative policies & procedures	
Sampling Methodology	100% of all allegations of restrictive interventions reported	
Waiver	**ID/DD –MI**	**ASD**
Numerator: Number of unusual incidents reported involving restrictive interventions that were remediated in accordance to policies and procedures	In Development	In Development
Denominator: Total number of unusual incidents reported	In Development	In Development

involving restrictive interventions		
Percentage	In Development	In Development

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

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

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

STC 103(d)(x) A summary of the outcomes of the State's Quality Strategy for HCBS as outlined above

- **IDD –MI and ASD Pilots**
- **Measurement period 7/1/2015 – 6/30/2016**

# 17 Financial Accountability Sub Assurance	The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	
Data Source	Claims Data, Plans of Care, Authorizations	
Sampling Methodology	100% of youth enrolled for the reporting period	
Waiver	**ID/DD –MI**	**ASD**
Numerator: The number of claims there were paid according to code within youth's	In Development	In Development

centered plan authorization		
Denominator: Total number of claims submitted	In Development	In Development
Percentage	In Development	In Development

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