

# Nursing Facility Quality Incentive Payment Program Fiscal Year 2024

1

**DIVISION OF AGING SERVICES (DOAS)**

**DIVISION OF MEDICAL ASSISTANCE AND  
HEALTH SERVICES (DMAHS)**

**NOVEMBER 2022**



# Agenda

2

- Nursing Facility Quality Incentive Payment Program (NF QIPP)
- NF QIPP Mandatory Requirements
- CoreQ Survey Process
- DHS NF Reporting Portal
- CoreQ Eligibility, Demographic Submissions, and Timeline
- Questions and Answers

# Nursing Facility Quality Program

3

The Department of Human Services in collaboration with the Department of Health continues to evaluate opportunities for quality improvement strategies and value based payment investments for long-term care facilities.

The NF QIPP process for state Fiscal Year 2024 (FY24) will begin with establishing both NF QIPP and CoreQ survey eligibility. These requirements are unchanged from FY23; all components including metrics, incentives, and exclusions of the NF are subject to change.



# Nursing Facility Quality Incentive Payment Program



Fiscal Year 2024



# NF QIPP Eligibility

5

- Class I, II and III facilities who accept Medicaid payment are potentially eligible for NF QIPP consideration.
- Facilities must complete an online form by established due date to establish NF QIPP mandatory requirements.
- Continued streamlined data collection via additional automation based on the experience and input from last year's survey period
- Enhancements include:
  - NF QIPP Mandatory Requirements via online form
    - ✦ Same portal used for FY23 rate attestation submissions
    - ✦ Requires data entry directly into online form
    - ✦ Eliminate spreadsheet upload to reduce errors and improve response times
    - ✦ Submission confirmation via web portal and email notification

# Mandatory Requirement #1 for NF QIPP Consideration: Validated HUT Software Use

6

1. Use of a Validated Hospital Utilization Tracking (HUT) Software System
  - In order to qualify for NF QIPP consideration, a facility must certify to its use of a software system specifically designed for hospital utilization tracking
  - Known software includes but may not be limited to:
    - ✦ INTERACT™
    - ✦ Advancing Excellence
    - ✦ LTC Trend Tracker<sup>sm</sup>

# Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

7

The CoreQ Long-Stay Minimum Survey Sample Size Calculation Grid is utilized by the facility to:

- Identify all long-term stay residents and their families at the time of online submission
- Determine CoreQ survey eligibility or exclusion for each long-stay resident and their family member
- Determine the total number of eligible residents and families eligible to participate in the CoreQ survey process
- Specify CoreQ vendor intent

# Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

8

- Each NJ Medicaid certified facility (Class I, II, and III) is required to complete the online CoreQ Calculation Grid **regardless of CoreQ vendor intent, facility size, or ability to meet minimum sample size**
- The submitter must be a representative of the NF (Contracted CoreQ vendors not permitted to submit on behalf of NF)
- Submitter will receive an email confirmation
- The calculation grid is reviewed and verified for accuracy within 3 business days of receipt
  - DoAS may request corrections and resubmission which must be completed and submitted by the required due date
- A NF QIPP Eligibility Determination Letter will be emailed to the submitter within 10 business days of receipt
- The NF QIPP Eligibility Determination Letter will identify required next steps related to the CoreQ survey process.



# Mandatory Requirement #3 for NF QIPP Consideration: CoreQ Survey Initiation

9

Facilities that meet the CoreQ minimum sample size as determined by DoAS:

- Provider must submit demographic information for the eligible residents and families to the CoreQ vendor
- The CoreQ vendor shall initiate the Long-Stay Surveys during the specified timeframes
- The DHS contracted vendor is available to facilities at no cost
  - The provider must complete and submit the CoreQ demographic to the DHS CoreQ vendor by specified date.

# CoreQ Long Stay Surveys



# What is CoreQ?

11

CoreQ is a short, reliable, and validated questionnaire to calculate a set of quality measures for long-stay residents of facilities.

- A long-stay resident is defined as a resident whose cumulative days in the facility is equal to or greater than 100 days.
- There are two groups included in each survey sample
  - Long-stay residents
  - Families of long-stay residents

# CoreQ Administration

12

- The CoreQ surveys are initiated annually.
- Facilities must complete a CoreQ Long-Stay Survey Size Calculation Grid and receive a notification from DHS of their CoreQ survey eligibility.
- Facilities and vendors must comply with the timeframes for submission of resident demographics and data outcomes.
- DHS has contracted with Dr. Nicholas Castle to collect data and calculate results annually for NF QIPP purposes.
- All information is confidential and will only be used for the survey. Individual surveys completed by the resident or family member will not be shared with the facility.

# CoreQ Questions

13

## For the resident, the three questions are as follows:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?

## For the family, the three questions are as follows:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care your family member receives?

The response scale is as follows with one being the lowest and five being the highest:

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent



# CoreQ Exclusions

14

Excluded from the survey are the following long-stay residents or family members of long-stay residents.

Long-Stay Resident Exclusions	Family Members of Long-Stay Residents Exclusions
<ul style="list-style-type: none"> <li>Residents who have lived in the facility for less than 100 days                             <ul style="list-style-type: none"> <li>This is recorded in the MDS Section A1600 and/or A1900.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Families of residents who have lived in the facility for less than 100 days                             <ul style="list-style-type: none"> <li>This is recorded in the MDS Section A1600 and/or A1900.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li><b>Residents with BIMS scores of equal to or less than 7 or equal to 99 are excluded.</b> <ul style="list-style-type: none"> <li>Residents who have poor cognition as identified through MDS assessment Section C0200-C0500.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Family members who reside in another country.</li> </ul>
<ul style="list-style-type: none"> <li>Residents receiving hospice:                             <ul style="list-style-type: none"> <li>This is recorded in the MDS as Hospice (MDS O0100K2 = 2).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Families of residents receiving hospice:                             <ul style="list-style-type: none"> <li>This is recorded in the MDS as Hospice (O0100K2 = 2).</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Residents with court appointed legal guardians for all decisions.                             <ul style="list-style-type: none"> <li>Identify from the facility health information system.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Families of residents who have court appointed legal guardians for all decisions                             <ul style="list-style-type: none"> <li>Identify from the facility health information system.</li> </ul> </li> </ul>

\*Family member refers to a designated authorized representative and may consist of a family member, friend, or other relation.

# CoreQ Survey Valid Sample Criteria

15

A CoreQ score is calculated based on the results of the questionnaires that meet the valid sample criteria. A valid sample is:

- 1) A minimum of 30 residents and 30 families eligible to be surveyed each cycle;
- 2) A minimum of 20 returned and useable surveys within each survey group (e.g., the numerator must be > 20 residents and >20 families = 40 returned and useable surveys)
- 3) Responses recorded and submitted to DHS by the specified survey close date

# CoreQ Long-Stay Survey Sample Size Calculation Grid

16

The calculation grid is collecting and calculating:

- ✓ Submitter information
- ✓ Hospital Utilization Tracking Software Use
- ✓ CoreQ Vendor Intent
- ✓ Long-Stay Resident and Family Census
- ✓ CoreQ Eligibility and Exclusions
- ✓ Total CoreQ Survey Sample Size



# CoreQ Minimum Survey Sample Size Calculation Grid (cont'd)

17

- The CoreQ Long-Stay Survey Sample Size Calculation Grid is completed online by the provider at <http://njdoas-ua.force.com/NF>
- Calculation grid documents will not be accepted for upload
- The grid will auto-calculate resident and family eligibility based on entries
- The due date for the calculation grid completion is **12/2/22 at 5pm EST.**

# Nursing Facility Reporting Portal

18

[HTTP://NJDOAS-UA.FORCE.COM/NF](http://NJDOAS-UA.FORCE.COM/NF)



# Main Login Screen

19

[Help](#)



New Jersey Department of  
*Human Services*

**Division of Aging Services**

### Nursing Facility Reporting Portal

\* Medicaid NF Provider #

# Help Page

20

Help



New Jersey Department of  
*Human Services*

**Division of Aging Services**

### Nursing Facility Reporting Portal

\* Medicaid NF Provider #

# Help Page: Instructions

21



Close

## Instructions for Nursing Facility Reporting Portal - QIPP Portal

- Before beginning the Submission process, you will need:
  - (a) Nursing Facility Name
  - (b) Medicaid Provider #
- To login, enter your Medicaid Provider # exactly as it appears on the Rate Letter. If the provider number is correct, you will be able to see the Nursing Facility name associated with the provider number and will be able to proceed.  
**NOTE:** This info may not reflect recent ownership, provider name, or provider number changes. The provider can proceed with data entry in the event of a "mismatch." DoAS matches provider data in a "back-end process." The provider is not required to report recent changes and await a system update.



# Use of the Portal to Complete the Calculation Grid


21



# Select “Select QIPP Portal – Automated Version”

23

[Help](#)



*New Jersey Department of  
Human Services*

**Division of Aging Services**

### Nursing Facility Reporting Portal

\* Medicaid NF Provider #

\* Nursing Facility Name

\* Type

# Provider Identification

24

- The DoAS inputs each provider profile based on the information registered in the NJ Medicaid Management Information System (MMIS) at the time of NF QIPP Kick-off
- This info may not reflect recent ownership, provider name, or provider number changes
- The provider can proceed with data entry in the event of a “mismatch”
- DoAS matches provider data in a “back-end process.” The provider is not required to report recent changes and await a system update



## Confirm Provider Details

A screenshot of a web application interface. At the top, there is a header for the "New Jersey Department of Human Services" and "Division of Aging Services". A "Confirmation" dialog box is open in the center, with the text: "Confirm your Nursing Facility details are correct in order to continue." Below this, it displays "Medicaid Provider #: 1234" and "Nursing Facility Name: Test Facility". At the bottom of the dialog are "Confirm" and "Cancel" buttons. In the background, a form is partially visible with a dropdown menu for "Type" set to "QIPP Portal - Automated Version" and a "Submit" button.




## Enter Facility Data and HUT Intent, then click **SUBMIT**

NOTE: If “No” is selected for hospital utilization tracking (HUT) tool, you will see a message in red and you will not be able to go further.

Answering “No” **does not** meet the mandatory requirements for the program and will result in ineligibility.





### Nursing Facility Portal

Logout

Nursing Facility Name : Test Facility    Medicaid NF Provider# : 1234

Please Enter the information of the person submitting the data.

**\* CMS Provider#:**

**\* Name Of Person Completing Grid:**

**\* Email Address:**

**\* Do you track and trend hospital utilization with the use of a validated software utilization tracking?**


\* You have answered "No" to the HUT Tool. Facility does not meet the NF QIPP mandatory requirements based on response to HUT use. Please click on "Submit" button to complete your submission.

## Enter Facility Data and HUT Intent, then click SAVE

NOTE: The “Email Address” will be the point of contact for all communications regarding NF QIPP process including Eligibility Determinations.

This individual is responsible for sharing the information received with facility Administration.





Division of Aging Services

### Nursing Facility Portal

Nursing Facility Name : Test Facility    Medicaid NF Provider# : 1234

Please Enter the information of the person submitting the data.

<p><b>* CMS Provider#:</b></p> <input style="width: 95%;" type="text" value="315000"/>	<p><b>* Name Of Person Completing Grid:</b></p> <input style="width: 95%;" type="text" value="Anna Love"/>
<p><b>* Email Address:</b></p> <input style="width: 95%;" type="text" value="anna.love@aprilnursing.com"/>	
<p><b>* Do you track and trend hospital utilization with the use of a validated software utilization tracking?</b></p>	<input style="width: 80%;" type="text" value="Yes"/>
<p><b>* Provide the name of the HUT tool</b></p>	<input style="width: 95%;" type="text" value="Interact"/>
<p><b>* Who is your vendor for Resident Surveys for CoreQ?</b></p>	<input style="width: 80%;" type="text" value="CoreQ Vendor"/>
<p><b>* State the name of the vendor:</b></p>	<input style="width: 95%;" type="text" value="My Intent"/>
<p><b>* Who is your vendor for Family Surveys for CoreQ?</b></p>	<input style="width: 80%;" type="text" value="Dr. Castle"/>

\* Please click on "Save" to update information and enable "Add Records" below.



# Add resident records

CoreQ Long-Stay Sample Size Calculation Grid

**+ Add Records**

Total No. of Records : Previous Page 1 out of next → Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
Total # of Resident Identifier	Total # of LTC Residents with Stay ≥ 100 Days:	Total # of Residents with BIMS Score = 8-15	Total # of Residents on Hospice:	Total # of Residents Who Has a Legal Guardian:	Total # of Residents Appropriate for CoreQ Survey:	Total # of Family Members:	Total # of Family Members Living in Another Country:	Total # of Family Members who don't have address	Total # of Family Members Appropriate for CoreQ Survey:	
0	0	0	0	0	0	0	0	0	0	0

By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIPP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

Submit

# Click the “+” sign at the end of the first line to add more records

28

CoreQ Calculation grid

S.No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score (0-15,99)	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> +

Save Cancel

# Responses will result in auto-complete as per CoreQ Exception Rules. Select SAVE to save entries

29

CoreQ Calculation grid

S.No	Resident Identifier	LTC Resident with Stay $\geq$ 100 Days	Resident BIMS Score (0-15,99)	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
1	123	Y	9	N	N	<input checked="" type="checkbox"/>	AB	N	Y	<input checked="" type="checkbox"/>
2	234	Y	1	N/A	N/A	<input checked="" type="checkbox"/>	BC	N	N	<input checked="" type="checkbox"/>
3	345	N	N/A	N/A	N/A	<input checked="" type="checkbox"/>	N/A	N/A	N/A	<input checked="" type="checkbox"/>
4	456	Y	13	N	Y	<input checked="" type="checkbox"/>	N/A	N/A	N/A	<input checked="" type="checkbox"/>

Message from webpage

 CoreQ details saved successfully.

# Review totals, details, and verify all info is recorded and accurate. Certify data by checking off the Attestation and select SUBMIT

• Will you be using the DHS vendor, Dr.Castle?

**Save**

\* Please click on "Save" to update information and enable "Add Records" below.

CoreQ Long-Stay Sample Size Calculation Grid

**+ Add Records**

Total No. of Records : 4    < Previous    Page 1 out of 1    Next >    Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
<input type="checkbox"/>	123	Y	9	N	N	Y	AB	N	Y	Y
<input type="checkbox"/>	234	Y	1	N/A	N/A	N	BC	N	N	N
<input type="checkbox"/>	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N
<input type="checkbox"/>	456	Y	13	N	Y	N	N/A	N/A	N/A	N
<b>Total # of Resident Identifier</b>		<b>Total # of LTC Residents with Stay ≥ 100 Days:</b>	<b>Total # of Residents with BIMS Score = 8-15</b>	<b>Total # of Residents on Hospice:</b>	<b>Total # of Residents Who Has a Legal Guardian:</b>	<b>Total # of Residents Appropriate for CoreQ Survey:</b>	<b>Total # of Family Members:</b>	<b>Total # of Family Members Living in Another Country:</b>	<b>Total # of Family Members who don't have address:</b>	<b>Total # of Family Members Appropriate for CoreQ Survey:</b>
4		3	2	0	1	1	2	0	1	1

By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIPP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

**Submit**



## Confirm for Final Submission.

Once OK is clicked, submission is final and ready for State review.

31

### Confirmation


This is a final submission. You will not be able to edit any details on the form after the final submission. Please click "OK" to confirm.

OK

Cancel

# Final Submission Data will Display. Select LOGOUT

32



## Nursing Facility Portal

[Logout](#) [Help](#)

Nursing Facility Name: THE ACTORS FUND HOME    Medicaid NF Provider#: 4465202

Please Enter the Information of the person submitting the data.

**\*CMS Provider#:**  
123456

**\*Name Of Person Completing Grid:**  
Jonathan Smith

**Date Of Submission:**  
Sep 1, 2021

**\*Email Address:**  
administrator@abc-home.com  
Your entry does not match the allowed pattern.

**\*Year:**  
FY23

**Do you utilize a validated Hospital Utilization Tracking software system?** Yes

**What is the name of the software?** Point Click Care

**Do you have a contracted CoreQ Vendor for Resident Surveys?** Yes

**List the name of CoreQ vendor:** ABC Vendor

**Do you have a contracted CoreQ Vendor for Family Surveys?** No

**Will you be using the DHS vendor, Dr.Castle?** Yes

Save

\* Please click on "Save" to update information and enable "Add Records" below.

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

Total No. of Records: 4
← Previous    Page 1 out of 1    Next →
Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey	
<input type="checkbox"/>	123	Y	9	N	N	Y	AB	N	Y	Y	
<input type="checkbox"/>	234	Y	1	N/A	N/A	N	BC	N	N	N	
<input type="checkbox"/>	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N	
<input type="checkbox"/>	456	Y	13	N	Y	N	N/A	N/A	N/A	N	
<b>Total # of Resident Identifier</b>		<b>4</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	
<b>Total # of LTC Residents with Stay ≥ 100 Days:</b>		<b>3</b>									
<b>Total # of Residents with BIMS Score = 8-15:</b>		<b>2</b>									
<b>Total # of Residents on Hospice:</b>				<b>0</b>							
<b>Total # of Residents Who Has a Legal Guardian:</b>				<b>1</b>							
<b>Total # of Residents Appropriate for CoreQ Survey:</b>				<b>1</b>							
<b>Total # of Family Members:</b>				<b>2</b>							
<b>Total # of Family Members Living in Another Country:</b>				<b>0</b>							
<b>Total # of Family Members who don't have address:</b>				<b>1</b>							
<b>Total # of Family Members Appropriate for CoreQ Survey:</b>				<b>1</b>							

By uploading form, I certify that, 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

Submit





# Mandatory Requirements for NF QIPP Consideration: CoreQ Eligible and CoreQ Demographic Submission

33

- Within 3 business days of submission, DoAS will review data for accuracy and request corrections if applicable.
- Within 10 business days of submission, DoAS will provide a letter to registered email address outlining NF QIPP and CoreQ eligibility:
  1. Facility meets NF QIPP requirements and CoreQ survey process is to be initiated.
  2. Facility meets NF QIPP requirements. CoreQ survey process is not required due to lack of minimum sample size.
  3. Facility does not meet the NF QIPP requirements.

# Mandatory Requirements for NF QIPP Consideration: CoreQ Survey Initiation

34

Following notification of NF QIPP and CoreQ eligibility, the facility is responsible for initiating the CoreQ survey process

1. DoAS will provide eligible facilities the DHS CoreQ Long-Stay Demographics for Residents and Families standardized template for completion
2. Facilities are responsible for documenting the resident and family demographics and submitting the DHS template to the applicable CoreQ vendor
3. **Demographic submissions to the DHS Vendor, Dr. Nick Castle, are required no later than **December 16, 2022** at 5pm EST.**
  1. Email address: [castlen@coreq.biz](mailto:castlen@coreq.biz)
  2. Submitter will receive an email confirmation of receipt from Dr. Castle
  3. Corrections may be requested by Dr. Castle and must be submitted by the submission deadline

**NOTE: Submissions after **12/16/22** at 5pm EST will not be processed by Dr. Castle**



# CoreQ Demographic Submission

35

## Facilities Currently Collecting CoreQ Information Through a Contracted Vendor:

The facility is responsible to submit resident and family member contact information to their vendor. The CoreQ contracted vendor is responsible to initiate the CoreQ surveys and submit survey response data to Dr. Castle to be calculated. It is the **facility's responsibility** to ensure the vendor is complying with the requirements.

# CoreQ Administration Requirements

36

## NF Contracted CoreQ Vendors:

- Collect CoreQ information from long-stay residents and families of long-stay residents annually;
- Provide the number of long-stay residents and families of long-stay residents given CoreQ surveys annually during the established CoreQ cycle; and
- Provide Dr. Castle with CoreQ data results annually by established due date.

# CoreQ Demographic Submission for Residents

37

## CoreQ Long-Stay Demographics for Residents

Facility Name:		CMS Provider#:		Date of Submission:	
Address:					
Include all eligible Residents as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add additional rows after 135 if necessary.) Send to Dr. Castle at <a href="mailto:castlen@coreq.biz">castlen@coreq.biz</a> no later than 12/x/2x. Submissions after 12/x/2x will not be accepted.					
Name of Residents:					
1					
2					
3					

Facilities will only receive the demographics template from DHS if eligible for CoreQ.

The template is required for providers using Dr. Castle to conduct the CoreQ survey process. The names of the residents who have been determined eligible for CoreQ on the online calculation grid are to be submitted on the provided template to Dr. Castle by the due date.



# CoreQ Demographic Submission for Families

38

## CoreQ Long-Stay Demographics for Families

Facility Name:	CMS Provider#:	Date of Submission:
Address:		
Include all eligible Families as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add additional rows after 134 if necessary.) Send to Dr. Castle at <a href="mailto:castlen@coreq.biz">castlen@coreq.biz</a> no later than 12/x/2x. Submissions after 12/x/2x will not be accepted.		
Name of Long-Stay Families:		Addresses:
Ex:	Jane A. Doe	12 Springfield Lane, Springview, NJ 11111
1		
2		

Facilities will only receive the demographics template from DHS if eligible for CoreQ.

The template is required for providers using Dr. Castle to conduct the CoreQ survey process. The name and address of the families who have been determined eligible for CoreQ on the online calculation grid are to be submitted on the provided template to Dr. Castle by the due date.

# CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

39

- ✓ Each NJ Medicaid certified facility (Class I, II and III) is required to complete the CoreQ Calculation Grid via online portal **regardless of facility size, CoreQ vendor intent, or ability to meet minimum sample size**
- ✓ Submission through DHS NF Reporting Portal at <http://njdoas-ua.force.com/NF>

# CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

40

- ✓ The online NF portal is to be used for submission of all calculation grid data
- ✓ The data is reviewed and verified for accuracy within 3 business days of receipt.
- ✓ DoAS may request corrections and resubmission which must be completed prior to due date. Request will be made to submitter.
- ✓ DoAS staff will notify the submitter via emailed letter of their CoreQ survey eligibility and required next steps. This notification will be within 10 business days of receipt of an error free calculation grid.
- ✓ Facilities eligible for CoreQ surveys will receive the CoreQ Demographics Template and additional instructions for the state's DHS vendor, if applicable.
- ✓ DoAS will record all submitted information for QIPP purposes.



# CoreQ Demographic Submission

41

- **Facilities Using the DHS CoreQ Vendor:** The facility is responsible to submit resident and family member contact information to Dr. Castle on the designated form (after receiving the notification of eligibility from DHS, if applicable) within the specified timeframe. Surveys will be sent to residents and families from Dr. Castle via the U.S. Postal Service. The resident and family member will return the survey directly to Dr. Castle.
- **Facilities Currently Collecting CoreQ Information Through a Contracted Vendor:** The facility is responsible to submit resident and family member contact information to their vendor. These vendors are responsible to initiate the CoreQ surveys and submit survey response data to Dr. Castle to be calculated by the established due date. It is the facility responsibility to ensure the vendor is complying with the requirements.

**\*NOTE: No CoreQ Long-Stay Demographics Templates will be accepted by Dr. Castle after 12/16/22.**



# CoreQ Administration Requirements

42

## Facilities With NF Contracted CoreQ Vendors

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid
2. Submit long-stay resident and family data to contracted CoreQ vendor
3. Contracted vendor to initiate and collect survey data within the data collection period
4. Contracted vendor to provide Dr. Castle with CoreQ data by established due date

## Facilities using the DHS CoreQ Vendor (Dr. Castle)

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid
2. Submit long-stay resident and family data to DHS vendor - Dr. Castle
3. DHS vendor to initiate and collect survey data within the data collection period on behalf of NFs without a CoreQ vendor
4. DHS vendor will collect CoreQ data from CoreQ vendors contracted with NFs
5. DHS vendor will calculate CoreQ composite scores by established due date and report to DHS.

# CoreQ Administration: Special Considerations

43

- Facilities whose vendor may have only conducted surveys on one population should work with their contracted vendor to complete the second set of surveys within the timeframe specified
  - In these instances, 2 calculation grids must be submitted
    - ✦ This is due to lack of direct alignment between reported residents and families

# FY24 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using NF Contracted CoreQ Vendor

44

<u>Survey Collection</u>	<u>Due Date</u>	<u>Transmission by NF</u>	<u>Timeframe</u>
DHS CoreQ Long-Stay Survey Sample Size Calculation Grid	<b>December 2, 2022</b>	To DHS via <a href="https://njdoas-ua.force.com/NF/s/">https://njdoas-ua.force.com/NF/s/</a>	November 2, 2022 – December 2, 2022
CoreQ Long-Stay Demographics for Facilities	<b>Determined by NF Contracted CoreQ Vendor</b>	To NF Contracted CoreQ Vendor	
CoreQ Surveys Initiated and Responses Received	<b>March 10, 2023</b>		July 1, 2022 – March 10, 2023
CoreQ Data Submitted to DHS CoreQ Vendor	<b>March 24, 2023</b>	To DHS Contracted CoreQ Vendor via <a href="mailto:castle@coreq.biz">castle@coreq.biz</a>	January 1, 2023 – March 24, 2023
Dr. Castle Reporting to DHS	<b>April 6, 2023</b>		

All due dates have a 5pm EST cutoff time. No data will be accepted after the established due date.



# FY24 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using DHS CoreQ Vendor

45

<u>Survey Collection</u>	<u>Due Date</u>	<u>Transmission by Facility</u>	<u>Timeframe</u>
DHS CoreQ Long-Stay Survey Sample Calculation Grid	<b>December 2, 2022</b>	To DHS via <a href="https://njdoas-ua.force.com/NF/s/">https://njdoas-ua.force.com/NF/s/</a>	November 2, 2022 – December 2, 2022
CoreQ Long-Stay Demographics for Facilities	<b>December 16, 2022</b>	To DHS CoreQ Vendor via <a href="mailto:castle@coreq.biz">castle@coreq.biz</a>	November 3, 2022 – December 16, 2022
CoreQ Surveys Initiated and Responses Received	<b>March 10, 2023</b>	Via US Postal Service	November 3, 2022 – March 10, 2023
CoreQ Survey Calculations	<b>March 24, 2023</b>		March 24, 2023 – April 6, 2023
Dr. Castle Reporting to DHS	<b>April 6, 2023</b>		

All due dates have a 5pm EST cutoff time. No data will be accepted after the established due date.



# CoreQ Survey Period FY 2024

46

The Fiscal Year 2024 CoreQ survey period for contracted vendors runs from **July 1, 2022 – March 10, 2023**.

- CoreQ vendors can only use surveys collected during **July 1, 2022 through March 10, 2023**
- CoreQ vendors may submit survey result data to Dr. Castle during **January 1, 2023 through March 24, 2023**
- Please ensure that all data is collected prior to submission. Additional survey results will not be permitted after the data is accepted and validated as useable.

# Scoring the Survey Results

47

The CoreQ contracted vendor is responsible for translating each person's response to each of the three CoreQ questions into a numeric response.

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent
- NR – No Response

# CoreQ Vendor Survey Results Submission

48

- Electronic submission via email to Dr. Castle ([castlen@coreq.biz](mailto:castlen@coreq.biz))
  - Password protected email formats can be used
  - Email response of receipt within 3 business days of receipt
  - Email response of acceptable data within 5 business days of receipt
- **By deadline of March 24, 2023:**
  - All submissions including error or data format corrections are due no later than **3/24/23**
  - No data, including requested corrections will be accepted after **3/24/23, 5pm.**



# Format for the Data

49

- Excel readable file
- Flat file preferred
- Responses coded to follow CoreQ scoring

# Data Elements Required

50

- Elements in the file should include:
  - 2 clearly labeled and separate tabs
    - ✦ 1 tab for Resident Surveys
    - ✦ 1 tab for Family Surveys
  - Facility Name
  - Facility CMS ID Number
  - Provide the total number of residents and number of families submitted for the survey process
  - Provide a line for each resident and each family included in the survey sample, regardless of survey responses
  - Code scores or NR (no response/return) for each of the three CoreQ questions

# Data Submission Format: Resident Tab

51

**Facility Name:**

Facility CMS ID:

Number of Residents Attempted for Survey:

	Q1	Q2	Q3
Resident 1			
Resident 2			
Resident 3			
Resident 4			

# Data Submission Format: Family Tab

52

**Facility Name:**

**Facility CMS ID:**

**Number of Families Attempted for Survey:**

	Q1	Q2	Q3
Family Member 1			
Family Member 2			
Family Member 3			

# Data Submission Example

53

**Facility Name:** April View Nursing Center

Facility CMS ID: 315999

Number of residents attempted for survey: 35

	Q1	Q2	Q3
Resident 1	5	5	5
Resident 2	4	5	4
Resident 3	3	3	3
Resident 4	NR	NR	NR
Resident 5	NR	NR	NR
Resident 6	5	4	5
...	...	...	...
Resident 35	4	4	4

# Frequently Asked Questions

54

- **What if a vendor collects information for only one population - residents or families?**

The NF should select a vendor to survey the second population.

- **What if not enough responses are received?**

All data results must be submitted to Dr. Castle for analysis and calculation. Inability to meet the minimum valid sample size will result in No Score for the CoreQ Composite Score for the survey period.

- **Will the CoreQ Composite Score be posted by DHS?**

Yes, DHS will post NF QIPP data including CoreQ Scores on the DHS website.

- **Is there any ability for facilities to print a PDF of the records submitted in the portal instead of taking screenshots?**

We do not have the PDF generation functionality with this portal currently. However, we will consider this in the future.

# Calculation Grid Worksheet

55

- Worksheet is available on the DoAS webpage for facilities use to record data for portal entry
- Worksheet will not be accepted or able to be uploaded to the portal
- Validations may not be the same as they are in the portal

# Question & Answer

56





# DHS Contact Information

57

For questions regarding this presentation and NF QIPP, please contact:

- Division of Aging Services
- [NFINquiry@dhs.nj.gov](mailto:NFINquiry@dhs.nj.gov)
- DoAS Webpage: <https://bit.ly/2nmh2y8>



# CoreQ Vendor Contact Information

58

For questions regarding CoreQ, please contact:

- Dr. Nicholas Castle
- DHS CoreQ Vendor
- E-mail: [castlen@coreq.biz](mailto:castlen@coreq.biz)