We are now working together with the Goals of Care Coalition of New Jersey

The newly formed Goals of Care Coalition of NJ is an interdisciplinary partnership of leaders representing healthcare providers and systems, government agencies, and community organizations. As a founding member, we are proud to support this prestigious group on its worthy mission.

Goals of Care Coalition of New Jersey was born from the need to set a new standard of care in the state.

Today, patients in NJ will often see more doctors and undergo more invasive tests and procedures during their final months of life than those in any other state. This can result in burdensome or unwanted care and reduced quality of life for both patients and families.

The mission of the Goals of Care Coalition in NJ is to encourage patients, doctors, and family members to talk about what type of care they want when facing a serious illness and to document their preferences in a care plan. So patients receive the care they want and no less, and the care they need and no more.

Learn more about the Goals of Care Coalition at: goalsofcare.org

News & Updates

CMS Legionella Memo

The Centers for Medicare and Medicaid Services (CMS) issued a revised memorandum in light of the recent occurrence of a legionella diagnosis in a New Jersey nursing home. We highly recommend reviewing the webinar recording listed below and handout, along with the attached
State Budget FY 2018-19 Update

On July 1, 2018, Governor Phil Murphy signed the State's Fiscal Year 2019 Budget into law, a $37.4 billion budget package.

Assisted living facilities, comprehensive personal care homes, and assisted living programs, shall receive a per diem rate of no less than $77, $67, and $57 respectively, as reimbursement for each NJ FamilyCare beneficiary under their care.

Nursing Facility funding was restored to FY2018 baseline levels and will receive a $10.5 million increase in state funding, which, matched with Federal funds, is a combined $21 million increase in Medicaid reimbursement. State funding is a re-allocation of Managed Long-Term Services and Supports (MLTSS).

The Medicaid Personal Needs Allowance (PNA) will continue to be $50.

To view the full budget language, click here.

Assisted Living Resident Profile Survey 2017

Attached is the final report for the Assisted Living Resident Profile Survey for 2017. Thank you all for your participation and support during the data collection process.

We hope you find the report helpful and look forward to continuing to work with all of you.

CMS Rolls Back Enforcement Policies

On June 15, 2018, the Centers for Medicare and Medicaid Services (CMS) released a Quality, Safety and Oversight (QSO), formerly Survey and Certification - S&C memo, setting forth final revised policies.

This memo replaces the former S&C memo. Please note that this guidance goes into effect July 15, 2018.

A few key highlights of this memo:

- **Use of CMPs with Immediate Jeopardy**
  - Guidance reverses current policy requiring the imposition of a civil money penalty (CMP) for all Immediate Jeopardy violations. This reversed policy creates a two-tiered level of penalties for Immediate Jeopardy.

- **Changes how remedies are selected to consider**
  - Previously, remedies were chosen based on scope and severity of deficiency. CMS Regional Offices now have the discretion to choose remedies they believe will bring about compliance quickly.

- **Immediate imposition of remedies**
  - Revised policy eliminates situations that previously would have triggered immediate imposition of remedies. In addition, the revised policy allows CMS Regional Offices to have discretion in determining whether to apply the immediate imposition of remedies to past noncompliance at all.
CMS Announces Medicaid Integrity Initiatives

The Centers for Medicare and Medicaid Services announced new and enhanced initiatives designed to improve Medicaid program integrity through greater transparency and accountability; strengthened data; and innovative and robust analytic tools.

Three major initiatives include:

- Emphasizing program integrity in audits of state claims for federal match funds and medical loss ratios.
- Conduct new audits of state beneficiary eligibility determinations.
- Optimize state-provided claims and provider data.

"As we give states the flexibility they need to make Medicaid work best in their communities, integrity and oversight must be at the forefront of our role," said CMS Administrator Seema Verma. "Beneficiaries depend on Medicaid and CMS is accountable for the long-term viability."

Tell me more about the CMS program integrity strategy.

Upcoming Events & Opportunities

LEADINGAGE NEW JERSEY

GOLF & TENNIS CLASSIC

OCTOBER 9, 2018

Cherry Valley Country Club
125 Country Club Drive
Skillman, NJ 08558

*SCHEDULE*

10:00 am  
Registration & Brunch
12:00 pm  
Shotgun Start Scramble
5:00 pm  
Cocktail Reception

*RATES*

MEMBERS  
$300 per player  
$1,150 per foursome
NON-MEMBERS  
$350 per player  
$1,350 per foursome

*ATTENTION!*  
NON-COLFERS
Not a golfer? No problem!

LeadingAge NJ is offering its first-ever Tennis Clinic with Cherry Valley Tennis Director Keith Pierson. Come and learn the basics as well as round robin play all day!

INFORMATION

Amy Greenbaum
Association Services Coordinator
609-462-1161
agreenbaum@leadingagenj.org

Registration information will soon be available. Stay tuned!

REGISTER TODAY!
New Jersey Department of Human Services  
Division of Aging Services Webinar
The Any Willing Qualified Provider (AWQP) is a Department of Human Services (DHS) nursing home quality improvement initiative, which is being implemented under Managed Long Term Services and Supports (MLTSS). AWQP will require Medicaid certified nursing facilities (NFs) serving MLTSS participants to meet Quality Performance Standards (QPS) as a means to raise the overall quality of care and establish standards for moving from state-set rates to negotiated, value-based contracting.

You are invited to choose one of the dates listed below for this webinar which will present an overview of the appeal request and the quality performance plan (QPP) report.

July 31, 2018 from 2:30 pm - 4:00 pm  
[Click here to Register]

August 2, 2018 from 10:00 am - 11:30 am  
[Click here to Register]

NFs will have the opportunity to appeal data results that impact or may impact their AWQP designation. The QPP report is an action plan created by the NF to address any of the seven measures that fall outside the State benchmark. The QPP report is used to support the NF’s continuous quality improvement efforts.

The webinar will focus on the following:

- What is an Appeal Request?
- Reasons for Appeal
- Criteria for Measures
- Supporting Documentation
- How appeals will be reflected on the QPS Report?
- What is a QPP Report and when should a facility create one?
- When to submit a QPP Report?
- Timeframes for the Appeal Requests and QPP Reports

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**GRANT OPPORTUNITY!**

**New Jersey Department of Labor Skills Partnership Training Program**

The New Jersey Department of Labor and Workforce Development makes training grants available annually - this is a great opportunity to address your organization's specific training needs. Organizations are encouraged to form a consortium of similar types in your area, or if your organization is large enough, form your own consortium to apply for grant funding.

To view the grant application, click [here](#).

Act-Cess USA, Inc., a consulting company that is willing to work with organizations on preparation of applications have prepared and provided information that may be helpful. **You are under no obligation to use Act-Cess USA to submit your application.**

[Tell me more](#) about the grant opportunity.

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**Policy & Advocacy**

*We are your voice, advocating for you collectively and individually. Our goal is to ensure that our members' best interests are advanced at all levels of government. The list below are among the important legislative matters tracked by LeadingAge New Jersey.*

**Recently Introduced Legislation**

A-1865 / S-2751 (Muoio/Codey)
Prohibits charging prospective tenants of affordable units credit and criminal background check fees
unless unit will be available within 30 days.

A-4043 / S-2773 (Greenwald/Pou)
Clarifies definition of health care service firms and homemaker-home health aides.

A-4272 (Lopez)
Requires health benefits coverage for private duty nursing services.

S-415 / A-4198 (Pou/Lopez)
Creates crime of victimization of persons with disabilities and senior citizens.

S-2480 / A-4282 (Stack/Calabrese)
Provides nursing home residents with right to timely response to certain complaints, concerns, or requests.

S-2696 / A-4239 (Rice/McKnight)
Clarifies and expands landlord registration procedures; creates certain rights for tenants; makes certain changes concerning tenant notifications, inspections, and maintenance in multiple dwellings; permits percentage of affordable housing obligation to be satisfied by certain rehabilitation projects.

S-2733 / A-4234 (Singleton/Vainieri Huttle)
Establishes Medicaid Services Review Task Force to study national treatment guidelines for certain Medicaid services.

S-2761 (Singleton)
Establishes requirements for incentive-based value payment system for home health agencies and health care service firms.

SR-90 (Stack)
Opposes Department of Housing and Urban Development plan to raise rents for persons receiving federal assistance.