

New Jersey Department of Human Services
Division of Aging Services

**NEEDS-BASED CARE ALLOCATION TOOL (NBCAT) (LTC-32)
QUARTERLY DATA REPORT**

A	B	C	D	E	F	G
No.	Participant Name	Medicaid Number	Care Manager Who Completed NBCAT	NBCAT Score	HBSC Hours Approved on the POC	Difference (Col. F minus Col. E)
Ex.:	<i>Jane Doe</i>	<i>02100011109-01</i>	<i>Sue Smith</i>	<i>25</i>	<i>32</i>	<i>7</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Total:						0

As the (check one) Care Coordinator Care Manager Supervisor,
I verify that the above information is true and accurate to the best of my abilities.

Name (<i>Print</i>)	
Signature	Date