



Nursing Facility Quality Incentive Payment Program (NF QIPP)

Division of Aging Services (DoAS)

Division of Medical Assistance and Health Services
(DMAHS)

November 2025

Agenda

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

Nursing Facility Quality Program: Continuation of Changes

The NF QIPP process for Fiscal Year 2027 (FY27) will begin with establishing a facility's eligibility for CoreQ surveys.

- All facilities able to meet the CoreQ minimum sample survey size will be permitted to initiate the CoreQ survey processes.
- The Hospital Utilization Tracking (HUT) software requirement was removed in FY25 and will not be required.
- The family member of residents with court-appointed guardian exclusion was removed in FY25; these family members remain eligible to participate in surveys.
- All FY27 NF QIPP components including metrics and incentive values are subject to change as the Administration finalizes the Governor's FY27 budget.

FY27 NF QIPP Participation Requirements

Eligibility

- 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 CoreQ eligibility
 - Facilities that fail to submit an acceptable and useable online form may be excluded from NF QIPP consideration
- The CoreQ Long-Stay Minimum Survey Sample Size Calculation Grid online form collects the following information:
 - Facility specific information including primary contact person
 - CoreQ Vendor Intent
 - Long-stay census data (de-identified)
 - CoreQ survey eligibility
 - Total Eligible CoreQ Sample Size

CoreQ Minimum Survey Sample Size Calculation Grid

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
- 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

CoreQ Minimum Survey Sample Size Calculation (cont'd)

- 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 CoreQ Eligibility Determination Letter will be emailed to the submitter within 10 business days of receipt of all required information
- The NF QIPP CoreQ Eligibility Determination Letter will identify required next steps related to the CoreQ survey process.

CoreQ Survey Initiation

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 is responsible to initiate the Long-Stay Surveys during the specified survey 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?

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

- 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

For the resident, the three questions are as follows:	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?	1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?	2. Overall, how would you rate the staff?
3. How would you rate the care you receive?	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: Long-Stay Residents

- Resident who has lived in the facility for less than 100 days
 - This is recorded in the MDS Section A1600 and/or A1900
- Resident with BIMS Score of equal to or less than 7; or equal to 99
 - Residents who have poor cognition as identified through MDS assessment Section C0200-C0500
- Resident receiving hospice
 - This is recorded in the MDS as Hospice; MDS O0100K2=2

CoreQ Exclusions: Family Members of Long-Stay Residents

- Family member of long-stay resident who has lived in the facility for less than 100 days
 - This is recorded in MDS Section A1600 and/or A1900
- Family member of long-stay resident who resides in another country
- Family member of long-stay resident receiving hospice
 - This is recorded in the MDS as Hospice; O0100K2=2

Note: Family member refers to a designated authorized representative and may consist of a family member, friend, or other relation. Family member of resident who has a court appointed legal guardian can be included in the survey.

CoreQ Long-Stay Survey Sample Size Calculation Grid

The calculation grid is collecting and calculating:

- ✓ Submitter information
- ✓ CoreQ Vendor Intent
- ✓ Long-Stay Resident and Family Census
- ✓ CoreQ Eligibility and Exclusions
- ✓ Total CoreQ Survey Sample Size

CoreQ Survey Minimum Sample Size

A facility must have a minimum number of eligible residents and families to initiate the CoreQ process for NF QIPP.

- A minimum sample is 30 residents and 30 families eligible to be surveyed each cycle;
- This enables the return of a minimum of 20 returned and useable surveys within each survey group for a total of 40 returned and useable surveys

CoreQ Minimum Survey Sample Size Calculation Grid: Access and Due Date

- 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 **12/5/25 at 5pm EST.**

Nursing Facility Secure Reporting Portal



Nursing Facility Portal-QIPP Portal

NEW JERSEY HUMAN SERVICES **Nursing Facility Portal** [Help](#) [Logout](#)

Welcome Test,

Here is your latest information in our records. Please reach out to DoAs if it needs to be updated:

Medicaid NF Provider #:	1234	Medicaid NF Provider Name:	Test
Primary Email Address:	username@example.com	Vendor:	vendor@example.com
License #:			

What would you like to do today?

Cost Reports Upload	QIPP Portal - Automated Version	Rate Attestation Portal
Patient Care Ratio (PCR) Portal	Download Letters	

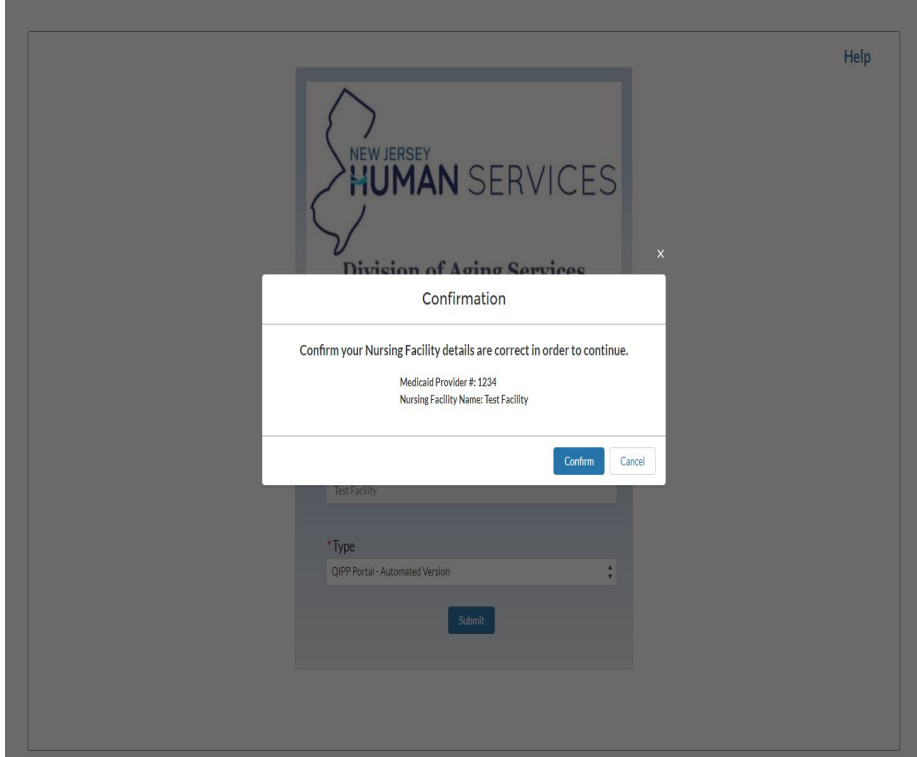
Use of the Portal to Complete the Calculation Grid



Provider Identification

- 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



The screenshot displays the New Jersey Human Services QIPP Portal interface. A modal dialog box titled "Confirmation" is centered on the screen, prompting the user to confirm their Nursing Facility details. The dialog contains the text: "Confirm your Nursing Facility details are correct in order to continue." Below this, it lists "Medicaid Provider #: 1234" and "Nursing Facility Name: Test Facility". At the bottom of the dialog are "Confirm" and "Cancel" buttons. In the background, the portal header shows the "NEW JERSEY HUMAN SERVICES" logo and "Division of Aging Services". Below the dialog, a form field labeled "Test Facility" is visible, with a dropdown menu showing "Type" and "QIPP Portal - Automated Version". A "Submit" button is located at the bottom of the form.

Enter Facility Data

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.

The screenshot displays the 'Nursing Facility Portal' interface. At the top, the New Jersey Human Services logo and 'Division of Aging Services' are visible. The portal title 'Nursing Facility Portal' is in a box. Below, a header bar shows 'Nursing Facility Name : Test Facility', 'Medicaid NF Provider# : 1234', and 'Type: QIPP Portal'. The main section is titled 'Please Enter the information of the person submitting the data.' and contains several form fields:

- * CMS Provider#:** 315500
- * Name Of Person Completing Grid:** Anna Love
- * Email Address:** annalove@aprilmayjunenursing.com (This field is circled in red in the original image)
- * Who is your vendor for Resident Surveys for CoreQ?** CoreQ Vendor (dropdown menu)
- * State the name of the vendor:** ABC Vendor
- * Who is your vendor for Family Surveys for CoreQ?** Dr. Castle (dropdown menu)

A blue 'Save' button is located at the bottom right of the form. Below the form, a red asterisk note reads: '* Please click on "Save" to update information and enable "Add Records" below.' At the bottom, there is a section for 'CoreQ Long-Stay Sample Size Calculation Grid' with a '+ Add Records' button.

Enter Facility Data and then Click Save

Note: Please click the save button to enable the “Add Records.”

The screenshot shows the 'Nursing Facility Portal' interface. At the top, it displays 'NEW JERSEY HUMAN SERVICES' and 'Division of Aging Services'. The portal title 'Nursing Facility Portal' is in a box. Below this, a header bar shows 'Nursing Facility Name : Test Facility', 'Medicaid NF Provider# : 1234', and 'Type: QIPP Portal'. The main section is titled 'Please Enter the information of the person submitting the data.' and contains several fields: 'CMS Provider#' with value '315500', 'Name Of Person Completing Grid:' with value 'Anna Love', 'Email Address:' with value 'annalove@aprilmayjunenursing.com', 'Who is your vendor for Resident Surveys for CoreQ?' with a dropdown menu showing 'CoreQ Vendor', 'State the name of the vendor:' with value 'ABC Vendor', and 'Who is your vendor for Family Surveys for CoreQ?' with a dropdown menu showing 'Dr. Castle'. A blue 'Save' button is circled in red. Below the form, a red message states: '* Please click on "Save" to update information and enable "Add Records" below.' At the bottom, there is a section for 'CoreQ Long-Stay Sample Size Calculation Grid' and a '+ Add Records' button.

NEW JERSEY HUMAN SERVICES
Division of Aging Services

Nursing Facility Portal

Nursing Facility Name : Test Facility Medicaid NF Provider# : 1234 Type: QIPP Portal

Please Enter the information of the person submitting the data.

* CMS Provider#: 315500

* Name Of Person Completing Grid: Anna Love

* Email Address: annalove@aprilmayjunenursing.com

* Who is your vendor for Resident Surveys for CoreQ? CoreQ Vendor

* State the name of the vendor: ABC Vendor

* Who is your vendor for Family Surveys for CoreQ? Dr. Castle

Save

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

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

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 \geq 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 \geq 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

☐

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

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										

Save

Cancel

Responses Will Result in Auto-Complete as Per CoreQ Exception Rules. Select Save to Save Entries

nj-dhsas--uat.sandbox.my.site.com says
CoreQ details saved successfully.
OK

Save

* Do you track and trend hospital utilization with the software utilization tracking?

If "No" is selected for hospital utilization tracking (HUT) tool, facility may be considered ineligible for FY25 NF QIPP.

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	123	Y	9	N	N	Y	AB	N	Y	Y	+
2	234	Y	1	N	N	N	BC	N	N	N	✖
3	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N	✖
4	456	Y	13	N	Y	Y	CD	N	Y	Y	✖

Save

Cancel

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

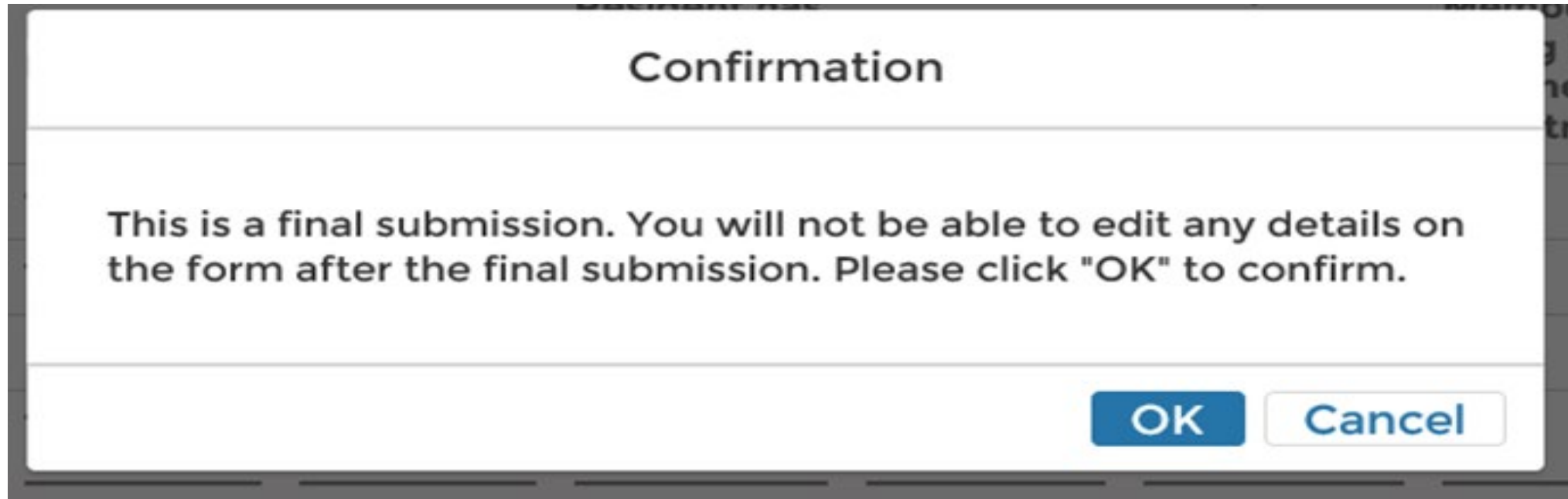
Total No. of Records : 4 < Previous Page 1 out of 1 Next > Delete Records

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
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:
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.

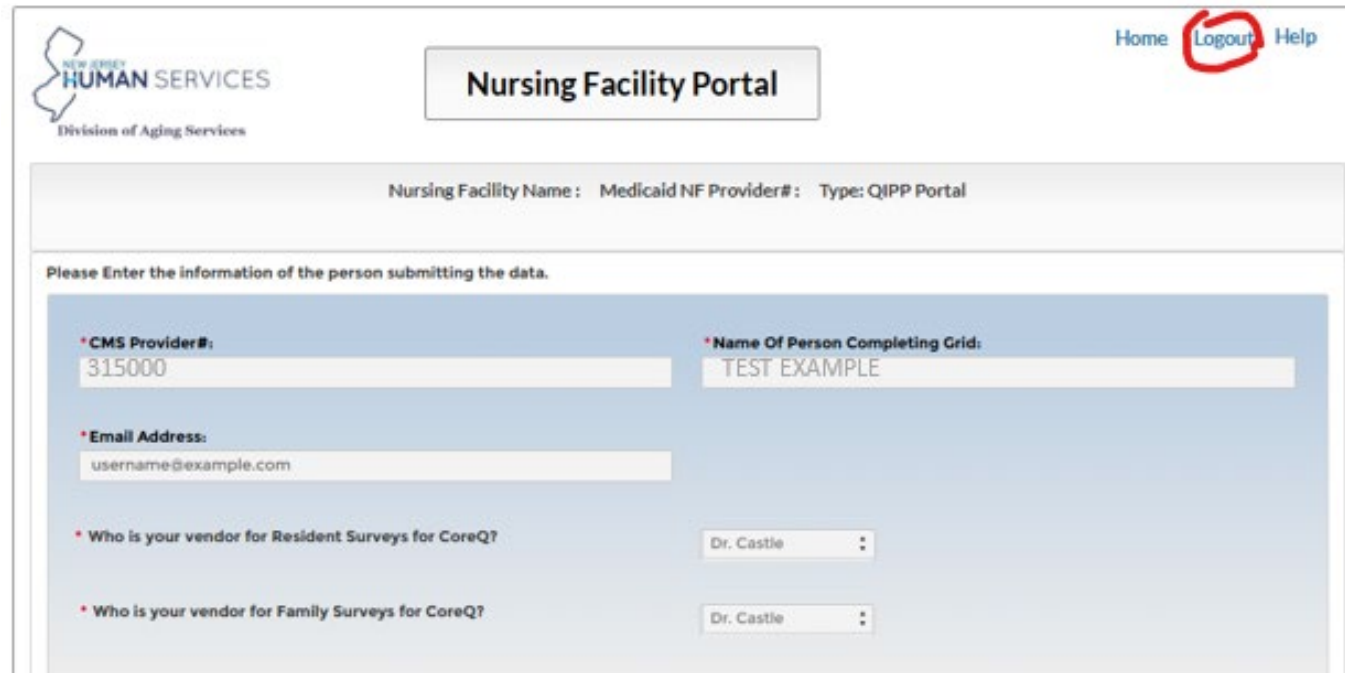
A screenshot of a web-based confirmation dialog box. The dialog has a title bar at the top with the word "Confirmation" in a bold, black font. Below the title bar, the main text area contains the message: "This is a final submission. You will not be able to edit any details on the form after the final submission. Please click 'OK' to confirm." At the bottom right of the dialog, there are two buttons: a blue button with the text "OK" in white, and a white button with a blue border and the text "Cancel" in blue. The dialog box is set against a light gray background.

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



The screenshot shows the 'Nursing Facility Portal' interface. At the top left is the 'NEW JERSEY HUMAN SERVICES' logo with 'Division of Aging Services' below it. At the top right are links for 'Home', 'Logout' (circled in red), and 'Help'. Below the header, a box displays 'Nursing Facility Name : Medicaid NF Provider# : Type: QIPP Portal'. A section titled 'Please Enter the information of the person submitting the data.' contains several fields: 'CMS Provider#' with the value '315000', 'Name Of Person Completing Grid:' with the value 'TEST EXAMPLE', 'Email Address:' with the value 'username@example.com', and two dropdown menus for 'Who is your vendor for Resident Surveys for CoreQ?' and 'Who is your vendor for Family Surveys for CoreQ?', both set to 'Dr. Castle'.

Note: The page will be “greyed out” and changes cannot be made once you hit the submit button. In order to make changes, you must email NfSubmissions@dhs.nj.gov

Submission Review and Outcome

- 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 the registered email address outlining NF QIPP CoreQ eligibility and next steps:
 1. Facility meets NF QIPP CoreQ survey requirements - process is to be initiated.
 2. Facility does not meet NF QIPP CoreQ survey requirements due to lack of minimum sample size.
- Facilities that fail to submit the CoreQ information online form by the due date will not receive a NF QIPP CoreQ eligibility letter.

Calculation Grid Worksheet

- A calculation grid worksheet is available on the DoAS webpage for facilities use to record data for portal entry
- Worksheet validations may not be the same as they are in the portal
- Worksheets cannot be uploaded to the portal or emailed in lieu of portal data entry

CoreQ Survey Initiation

Following notification of NF QIPP 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 19, 2025 at 5pm EST.**
 - i. Email address: castlen@coreq.biz
 - ii. Submitter will receive an email confirmation of receipt from Dr. Castle
 - iii. Corrections may be requested by Dr. Castle and must be submitted by the submission deadline

Note: Submissions after December 19, 2025 at 5pm EST will not be processed by Dr. Castle

CoreQ Administration Requirements

Facilities With NF Contracted CoreQ Vendors

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid due **12/5/25**
2. Submit long-stay resident and family data to contracted CoreQ vendor - **Determined by NF**
Contracted vendor to initiate and collect survey data within the data collection period: **July 1, 2025 – February 27, 2026**
3. Contracted vendor to provide Dr. Castle with CoreQ data by established due date: **March 27, 2026**

Facilities Using the DHS CoreQ Vendor (Dr. Castle)

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid due **12/5/25**
2. Submit long-stay resident and family data to DHS CoreQ Vendor, Dr. Castle due **12/19/25**
3. DHS vendor to initiate and collect survey data within the data collection period on behalf of NFs without a CoreQ vendor: **November 12, 2025 – February 27, 2026**

CoreQ Demographic Submission

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 related to NF QIPP.

CoreQ Demographics Template

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 castlen@coreq.biz no later than 12/1x/23 . Submissions after 12/1x/23 will not be accepted.					
Name of Residents:					
1					
2					
3					

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 castlen@coreq.biz no later than 12/1x/23 . Submissions after 12/1x/23 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 they meet the CoreQ minimum survey sample size.

The template is required for providers using the DHS Vendor, Dr. Castle. All required information related to residents and families determined eligible as coded on the calculation grid form is to be submitted on the provided template to Dr. Castle by the due date.

CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

- ✓ 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 (cont'd)

- ✓ 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: Special Considerations

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

FY27 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using **NF Contracted** CoreQ Vendor

<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	December 5, 2025	To DHS via https://njdoas-ua.force.com/NF/s/	November 12, 2025 – December 5, 2025
CoreQ Long-Stay Demographics for Facilities	Determined by NF Contracted CoreQ Vendor	To NF Contracted CoreQ Vendor	
CoreQ Surveys	February 27, 2026		July 1, 2025 – February 27, 2026
Receive Survey Responses, Compile and Validate CoreQ Data	March 13, 2026		July 1, 2025 - March 13, 2026
CoreQ Data Submitted to DHS CoreQ Vendor	March 27, 2026	To DHS Contracted CoreQ Vendor via castle@coreq.biz	January 2, 2026 – March 27, 2026

FY27 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using **DHS CoreQ Vendor**

<u>Survey Collection</u>	<u>Due Date</u>	<u>Transmission by Facility</u>	<u>Timeframe</u>
DHS CoreQ Long-Stay Survey Sample Calculation Grid	December 5, 2025	To DHS via https://njdoas-ua.force.com/NF/s/	November 12, 2025 – December 5, 2025
CoreQ Long-Stay Demographics Template for Facilities	December 19, 2025	To DHS CoreQ Vendor via castle@coreq.biz	November 12, 2025 – December 19, 2025
CoreQ Surveys	February 27, 2026		December 19, 2025 – February 27, 2026
Receive Survey Responses, Compile and Validate CoreQ Data	March 13, 2026		December 19, 2025 - March 13, 2026
CoreQ Survey Calculations	April 2, 2026		March 13, 2026 – April 2, 2026

FY 2027 CoreQ Survey Period

The Fiscal Year 2027 CoreQ survey period for contracted vendors runs from **July 1, 2025 – February 27, 2026**

- CoreQ vendors can only use surveys collected during **July 1, 2025 through March 13, 2026**
- CoreQ vendors may submit survey result data to Dr. Castle during **January 2, 2026 through March 27, 2026**
 - Submission data is dependent on survey initiation period
- 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 by Dr. Castle.

Scoring the Survey Results

- 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

- Electronic submission via email to Dr. Castle (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 27, 2026:**
 - All submissions including error or data format corrections are due no later than **3/27/26**
 - No data, including requested corrections will be accepted after **3/27/26, 5pm.**

Format for the Data

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

Data Elements Required

- 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

Facility Name:			
Facility ID:			
Number of Residents for Attempted Survey:			
	Q1	Q2	Q3
Resident 1			
Resident 2			
Resident 3			
Resident 4			

Data Submission Format: Family Tab

Facility Name:			
Facility ID:			
Number of Families for Attempted Survey:			
	Q1	Q2	Q3
Family Member 1			
Family Member 2			
Family Member 3			
Family Member 4			

Frequently Asked Questions

- **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.
- **Last fiscal year my facility did not qualify for the QIPP add-on. Will my facility be able to qualify this fiscal year?**
Yes, each fiscal year facilities will start off with a clean slate in order to qualify for QIPP.
- **Which web browser is recommended for the Portal?**
Google Chrome is the recommended web browser for the portal.

Question & Answer



DHS Contact Information

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

Division of Aging Services: NFSubmissions@dhs.nj.gov

DoAS Webpage: <https://bit.ly/3SdkXJK>

CoreQ Vendor Contact Information

For questions regarding CoreQ, please contact:

Dr. Nicholas Castle

DHS CoreQ Vendor

Email: castlen@coreq.biz



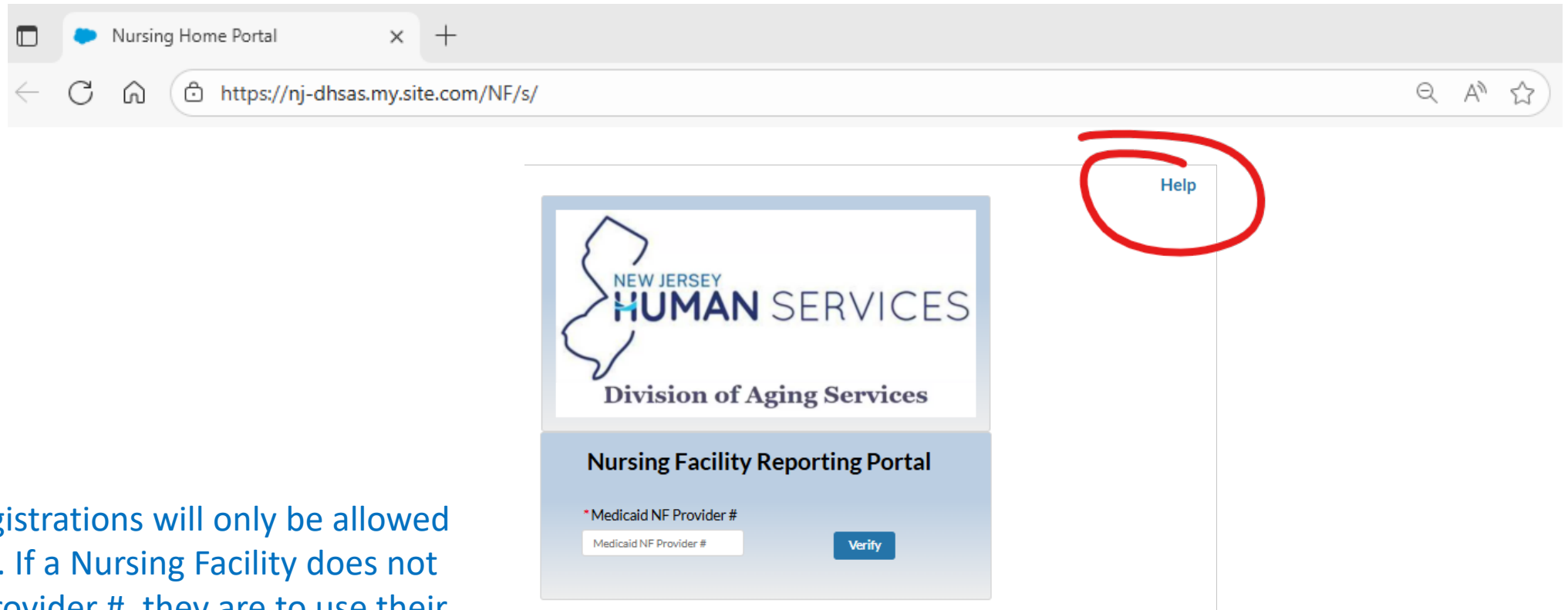
Early Warning System (EWS)

Submitting the NF-1 through the Nursing Facility Portal

November 2025

Nursing Facility Reporting Portal

<https://nj-dhsas.my.site.com/NF/s/>



The screenshot shows a web browser window with the title "Nursing Home Portal" and the URL "https://nj-dhsas.my.site.com/NF/s/". The page content includes the New Jersey Human Services logo and the text "Division of Aging Services". Below this is a section titled "Nursing Facility Reporting Portal" with a form for "Medicaid NF Provider #". The form has a text input field and a "Verify" button. A red circle highlights a "Help" link in the top right corner of the page.

Help

NEW JERSEY
HUMAN SERVICES
Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #

Medicaid NF Provider #

Verify

Please note: Initial registrations will only be allowed by the Nursing Facility. If a Nursing Facility does not have a Medicaid NF Provider #, they are to use their 5 digit DHS# in this field to register.

Initial Registration Process

3

1




NEW JERSEY HUMAN SERVICES
Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #

* Nursing Facility Name

2



Division of Aging Services

Confirmation

Confirm your Nursing Facility details are correct in order to continue.

Medicaid Provider #: 1234
Nursing Facility Name: Test



Division of Aging Services

Nursing Facility Reporting Portal

Medicaid NF Provider #: 1234

You have not been registered yet. Please enter below information:

Email:

Password:

Confirm Password:

Secure Log-in after registered with two-factor authentication



New Jersey Department of
Human Services

Division of Aging Services

Nursing Facility Reporting Portal

Medicaid NF Provider #: 1234

You are a registered user. Please enter your credentials below to continue to the portal.

Email:

Password:

[Log in](#)

[Forgot Password](#)



New Jersey Department of
Human Services

Division of Aging Services

Nursing Facility Reporting Portal


Medicaid NF Provider #: 1234

A verification code has been sent to you on your email address.
Please enter it below to continue

[Verify](#)

[Resend Code](#)

Early Warning System (EWS) Portal



Help Logout

Nursing Facility Portal

Welcome Test 4,

Here is your latest information in our records. Please reach out to DoAs if it needs to be updated:

Medicaid NF Provider #	4444	Medicaid NF Provider Name:	Test 4
Primary Email Address:		Vendor:	test
License #	3424		

What would you like to do today?

QIPP Portal - Automated Version

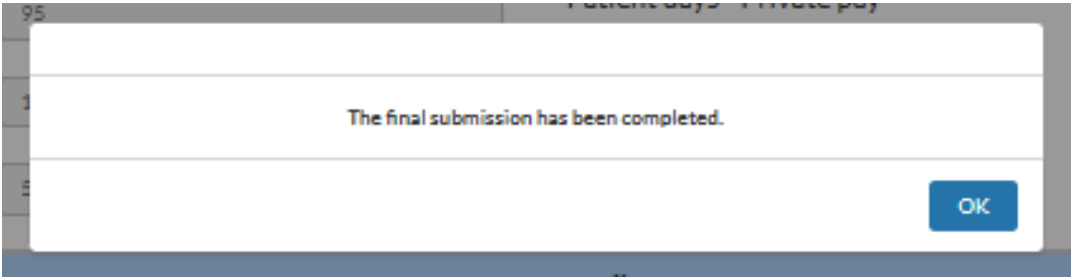
Patient Care Ratio (PCR) Portal


Cost Reports Upload

Download Letters

EWS Portal

NF-1 Form





[Home](#) [Logout](#)

Nursing Facility Name: Test 4 Medicaid NF Provider#: 4444 DHS#: Type: Early Warning System

For the quarter ending : Dec 31, 2025

Administrator Details

Salutation

Select an Option

First Name

Last Name

Email Address

Contact Details

Salutation

Select an Option

First Name

Last Name

Email Address

Phone

Assets & Debt Details

Cash & cash equivalents

\$

Medicaid pending receivables

\$

Accounts receivable from residents, net

\$

Total current assets

\$

Board designated funds

\$

Current portion of long term debt

\$

Total current liabilities

\$

Long term debt, net of current portion

\$

Revenue & Expense Details

Net patient service revenue

\$

Total operating revenues

\$

Interest expense

\$

Depreciation and amortization

\$

Total operating expenses

\$

Gain/loss from operations

\$

Non-operating gains or losses

\$

Excess/deficit of revenues over expenses

\$

Patient Days Details

Licensed beds

Patient days - Medicare

Patient days - Medicaid fee for service

Patient days - Private pay

Patient days - Medicaid managed care

Patient days - Other

Total patient days

0

Preparer Details

Name

Email

Phone

Notes

Save

Acknowledgement

☐ By submitting this report, I certify that I am an authorized representative for the above named Nursing Facility and hereby affirm and attest that the foregoing statements made by me are true and are supported by documentation that would meet the standards of an independent auditor. I understand that if this information is not true and supported by such documentation, the State reserves all rights of remedy and enforcement.I understand that the date, time, and device IP address used for this submission will be recorded.

Submit

Important Information & Frequently Asked Questions

IMPORTANT INFORMATION

- This change in the submittal process will send a reminder notice email on or about 30 days before your NF-1 is due . Anyone that does not submit their NF-1, will receive a reminder notification on or about the last day of the month and the 15th of the following month.
- The previous process of submittal via a provided link will no longer be accepted. You must have access to the Nursing Facility Portal in order to submit your next quarterly EWS reporting, which is due by December 15, 2025.

FAQ

Does a hospital-based nursing facility need to submit the quarterly report?

- Yes. A hospital-based facility will complete the sections Administrator Details, Contact Details, Revenue & Expense Details, Patient Day Details and Preparer Details. It will not need to complete the Assets & Debt Collection Details section of the form.

If a facility also has a SCNF, will the facility report the data together?

- Yes. The facility will combine the data for the NF and the SCNF.

Have any EWS fields changed?

- No new EWS fields have been introduced, the only change is the process of submitting the NF-1.

DHS Contact Information

For questions regarding this presentation, Nursing Facility Portal access or EWS quarterly reporting, please contact:

Division of Aging Services: NFSubmissions@dhs.nj.gov

DoAS Webpage: [Division of Aging Services | Nursing Facilities Resources](#)