



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/>



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.



For NFs already registered, continue to use your established credentials. For initial registrations, detailed instructions can be found by clicking on the HELP link on the top right corner of the Portal's website. A brief description of the initial registration process will be shown.

Please note, initial registrations will only be allowed by the Nursing Facility. If a Nursing Facilities does not have a Medicaid NF Provider #, they are to use their 5 digit DHS# in this field to register. You will need to have your email registered and set up a 2-step authentication.

Initial Registration Process

1



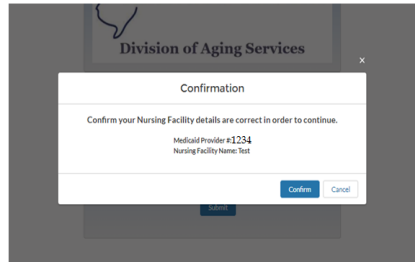
NEW JERSEY HUMAN SERVICES
Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #
1234

* Nursing Facility Name
Test

2



Division of Aging Services

Confirmation

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

Medicaid Provider #1234
Nursing Facility Name: Test

3



New Jersey Department of Human Services
Division of Aging Services

Nursing Facility Reporting Portal
Medicaid NF Provider #: 1234

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

Email: username@example.com

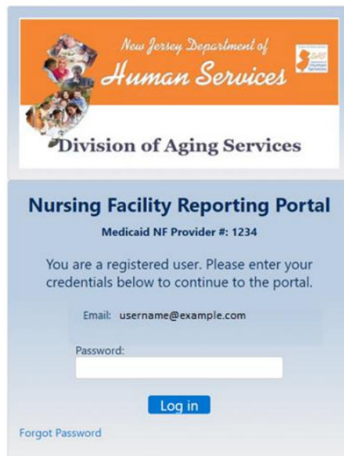
Password:

Confirm Password:



For initial registrations, please enter your Medicaid provider # (or your DHS# if not a Medicaid provider) and your Nursing Facility Name in the Portal to initiate registration. You will receive a confirmation pop up and be prompted to enter your email and create a password. You will then be sent an email with a verification link. Please go to your email and click on the verification link to complete your registration.

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: username@example.com

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

Verification code:

[Verify](#)

[Resend Code](#)



Once you are a registered user you will be taken back to the log-in page where you will once again be prompted to enter your Medicaid provider # (or DHS#) and your Nursing Facility Name. You will receive a confirmation pop up and be prompted to enter your password for your registered email. You will then be sent an email with a verification code. Go to your email and retrieve the verification code and enter into the portal. Once authenticated, you will have access to the portal.

Early Warning System (EWS) Portal

NEW JERSEY HUMAN SERVICES

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:

Medicald NF Provider #	4444	Medicald 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](#)

Inside the portals landing page, you will see the EWS Portal button. Click this button and the fillable NF-1 form will open.

NF-1 Form

The final submission has been completed.
 OK

Nursing Facility Portal

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

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

For the quarter ending: Dec 31, 2023

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 <input style="width: 80%;" type="text"/>	Medical pending receivables <input style="width: 80%;" type="text"/>
Accounts receivable from residents, net <input style="width: 80%;" type="text"/>	Total current assets <input style="width: 80%;" type="text"/>
Board designated funds <input style="width: 80%;" type="text"/>	Current portion of long-term debt <input style="width: 80%;" type="text"/>
Total current liabilities <input style="width: 80%;" type="text"/>	Long-term debt, net of current portion <input style="width: 80%;" type="text"/>

Revenue & Expense Details

Net patient service revenue <input style="width: 80%;" type="text"/>	Total operating revenues <input style="width: 80%;" type="text"/>
Interest expense <input style="width: 80%;" type="text"/>	Depreciation and amortization <input style="width: 80%;" type="text"/>
Total operating expenses <input style="width: 80%;" type="text"/>	Gains/loss from operations <input style="width: 80%;" type="text"/>
Non-operating gains or losses <input style="width: 80%;" type="text"/>	Excess/deficit of revenues over expenses <input style="width: 80%;" type="text"/>

Patient Days Details

Unreimbursed <input style="width: 80%;" type="text"/>	Patient days - Medicare <input style="width: 80%;" type="text"/>
Patient days - Medicaid fee for service <input style="width: 80%;" type="text"/>	Patient days - Private pay <input style="width: 80%;" type="text"/>
Patient days - Medicaid managed care <input style="width: 80%;" type="text"/>	Patient days - Other <input style="width: 80%;" type="text"/>
Total patient days <input style="width: 80%;" type="text"/>	

Preparer Details

 Name: Email:
 Phone:
 Notes:

Save

Acknowledgment

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 complies with 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

New Jersey Human Services

While completing the NF-1, you may save the form by pushing the save button at the bottom and return back to the form the same way, by clicking the EWS portal button on the landing page. Once you are finished filling out the NF-1, make sure to check the acknowledgement box and push the submit button. Once successfully submitted, a pop-up box with the message “The final submission has been completed” will appear on your screen. A File/Data submissions history, including a .pdf copy of your current NF-1 submission, will then appear on the bottom of your screen.

No new EWS fields have been introduced, the only change is the process of submitting the NF-1. 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. the portal will be sending out reminders notices for this quarter as early as next week.

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.

More FAQ can be found on the DoAS website.

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](#)