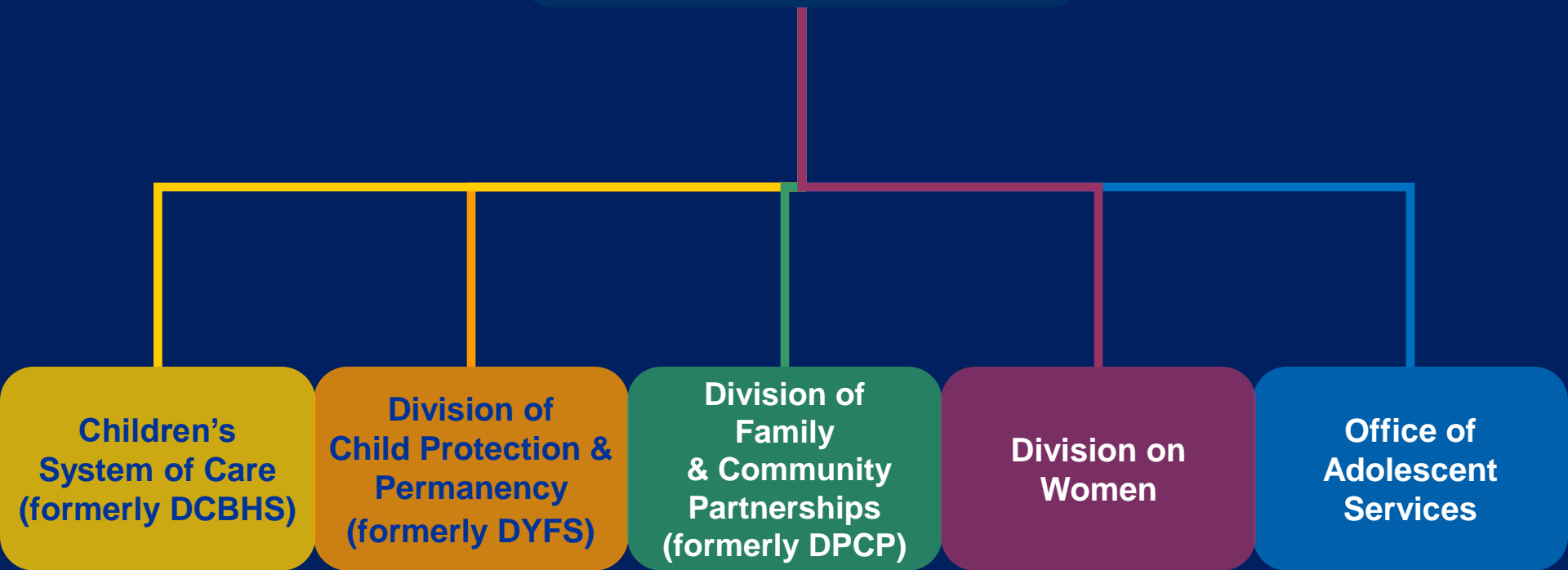


Children's System of Care

Presented by
Elizabeth Manley
Assistant Commissioner

New Jersey Department of Children and Families

Commissioner



Children's System of Care Objectives

To help youth succeed...



At Home

Successfully living with their families and reducing the need for out-of-home treatment settings.



In School

Successfully attending the least restrictive and most appropriate school setting close to home.



In the Community

Successfully participating in the community and becoming independent, productive and law-abiding citizens.

Key System Components

Contracted System Administrator

- **PerformCare is the single portal for access to care available 24/7/365**

Care Management Organization

- **Utilizes a wraparound model to serve youth and families with complex needs**

Mobile Response & Stabilization Services

- **Crisis response and planning available 24/7/365**

Family Support Organization

- **Family-led support and advocacy for parents/caregivers and youth**

Key System Components

Intensive In-Community

- Flexible, multi-purpose, in-home/community clinical support for parents/caregivers and youth with behavioral and emotional disturbances who are receiving care management, MRSS, or out-of-home services

Out of Home

- Full continuum of treatment services based on clinical need

DD-IH and Family Support Services

- Supports, services, resources, and other assistance designed to maintain and enhance the quality of life of a young person with intellectual/developmental disability and his or her family, including respite services and assistive technology

Substance Use Treatment Services

- Outpatient, out of home, detox treatment services (limited), co-occurring services

Traditional Services

- Partial Care, Partial Hospitalization, Inpatient, and Outpatient services

Updates on the ID-DD/MI Pilot

- Care Management
- Respite
- Intensive In Home Supports
- Individual Supports
- Natural Supports
- Interpreter Services
- Non Medical Transportation

Updates on the ASD Pilot

- Care Management
- Individual Behavioral Supports
- Behavior Consultative Supports

Updates on the SED

- Transitional Life Skills
- Youth Support Training
- Non Medical Transportation

Child Family Team

Child Family Team (CFT)

A team of family members, professionals, and significant community residents identified by the family and organized by the care management organization to design and oversee implementation of the Individual Service Plan.

CFT members should include, but are not limited to, the following individuals:

- **Child/Youth/Young Adult**
- **Parent(s)/Legal Guardian**
- **Care Management Organization**
- **Natural supports as identified and selected by youth and family**
- **Treating Providers (in-home, out-of-home, etc.)**
- **Educational Professionals**
- **Probation Officer (if applicable)**
- **Child Protection & Permanency (CP&P)
(if applicable)**



Developmental/Intellectual Disabilities

- Eligibility Process
 - Electronic Application
 - Over 17,000 individuals are DD Eligibility
- Family Support Service
 - Fair and Equitable process through Family Support Application Process
 - Data now included in CIACC Data Dashboard
- Summer Camp
 - RFQ for Summer Camp and One to One

Intellectual / Developmental Disabilities

Eligibility & Services

Eligibility

- For individuals ***under age 18***, eligibility is determined by **CSOC**
 - Application materials for individuals under 18 available on PerformCare website (www.performcarenj.org)

- For individuals ***age 18 and older***, eligibility is determined by **DDD**
 - Application materials for individuals 18 and older available on DDD website (www.state.nj.us/humanservices/ddd/services/apply/application.html)

CSOC Substance Use Treatment Services

Available Services:

- *Assessment*
- *Outpatient (OP)*
- *Intensive Outpatient (IOP)*
- *Partial Care (PC)*
- *Long-Term Residential (LT-RTC)**
- *Short-Term Residential (ST-RTC)**
- *Detoxification*

All service authorizations are based on clinical justification.

***Qualifies for co-occurring enhancement services**

Behavioral Health Homes

- The Children's Behavioral Health Home (BHH) will become a part of the state's larger Children's System of Care (CSOC), and
 - Will be managed by the Contracted Systems Administrator (CSA), PerformCare
- Each BHH will be a designated Care Management Organization (CMO)
 - NJ will enhance the current care management teams to include medical expertise and health/wellness education for purposes of providing fully integrated and coordinated care for children who have chronic medical conditions

Behavioral Health Homes

- Collaboration with DHS/DMHAS and DMAHS
- 90/10 Match for 8 quarters
- SFY14-Pilot in Bergen and Mercer
- SFY15- Two to three more service areas will be expanded
 - Expectation is each service area in FY16 will be estimated at 200 youth per 600 (estimated that 33% will have covered condition)
- Proposed chronic medical conditions include asthma, diabetes, obesity (BMI at or above 85th percentile for under 20), eating disorder, certain developmental disabilities*, substance use, cystic fibrosis, sickle cell, kidney disease, hypertension, and seizure disorder

**Organic, medical cause of developmental disability that requires care*

Co-Morbidity in Children and Adults

Cost Driver	Children	Adults
Behavioral Health	↑	
Physical Health		↑

- Co-Morbidity is not as high in Children as in Adults
 - 1/3 of Children with Behavioral Health have chronic conditions
 - 2/3 of Adults with Mental Illness have chronic conditions
- CMS will only approve those State Plan Amendments (SPA) that cover both children and adults (lifespan)
- Assisting children and their families manage a chronic illness will reduce significant costs related to physical healthcare in adults



For more information...

Children's System of Care

<http://www.state.nj.us/dcf/families/csc/>

PerformCare Member Services:

877-652-7624

www.performcarenj.org

Managed Long Term Services and Supports (MLTSS)

Presentation to the Medical Assistance Advisory Council

January 20, 2016

Presentation by Lowell Arye
Deputy Commissioner
Department of Human Services



November 2015 MLTSS Headlines

35.5% of the NJ FamilyCare LTC Population is in Home and Community Based Services*

Nursing Facility Population Down by Almost 700 Since the July 2014 Implementation of MLTSS

* Methodology used to calculate completion factor for the 'NF FFS Other' category (which primarily consists of medically needy and rehab recipients) has been recalculated as of December 2015 to account for changes in claims lag; this population was being under-estimated.

Long Term Care Recipients Summary – November 2015

Total Long Term Care Recipients*

43,858

Managed Long Term Support & Services (MLTSS) 21,284

MLTSS HCBS	11,883
MLTSS Assisted Living	3,088
MLTSS HCBS/AL (unable to differentiate)	6
MLTSS NF	6,229
MLTSS Upper SCNF	35
MLTSS Lower SCNF	43

Fee For Service (FFS/Managed Care Exemption) 22,574

FFS pending MLTSS (SPC 60-64)	735
FFS Nursing Facility (SPC 65)	17,094
FFS SCNF Upper (SPC 66)	224
FFS SCNF Lower (SPC 67)	151
FFS NF – Other (Oct 2015)**	3,504
PACE	866

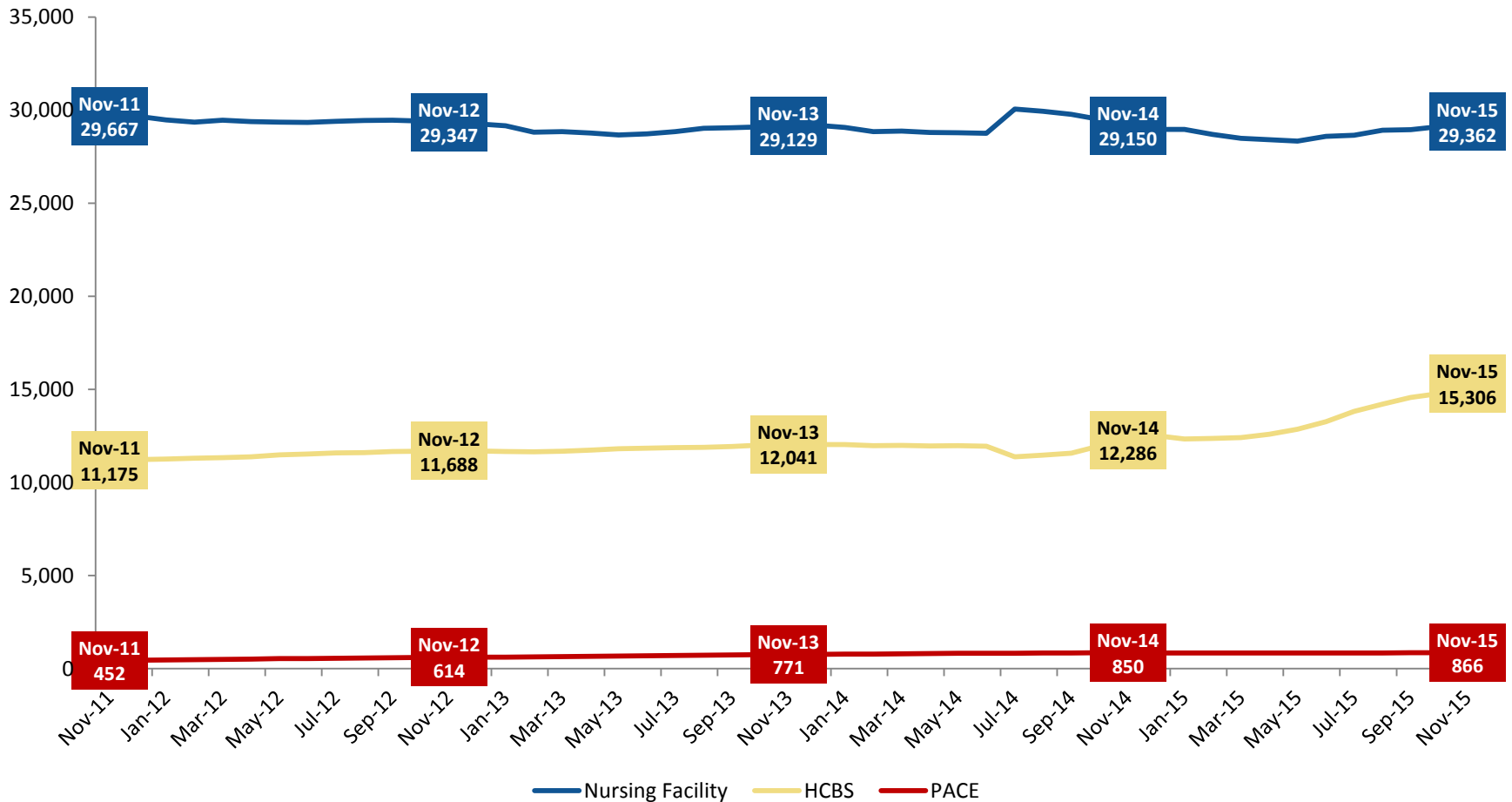
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 12/8/15

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

* 'FFS NF – Other is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

** Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

Long Term Care Population by Setting



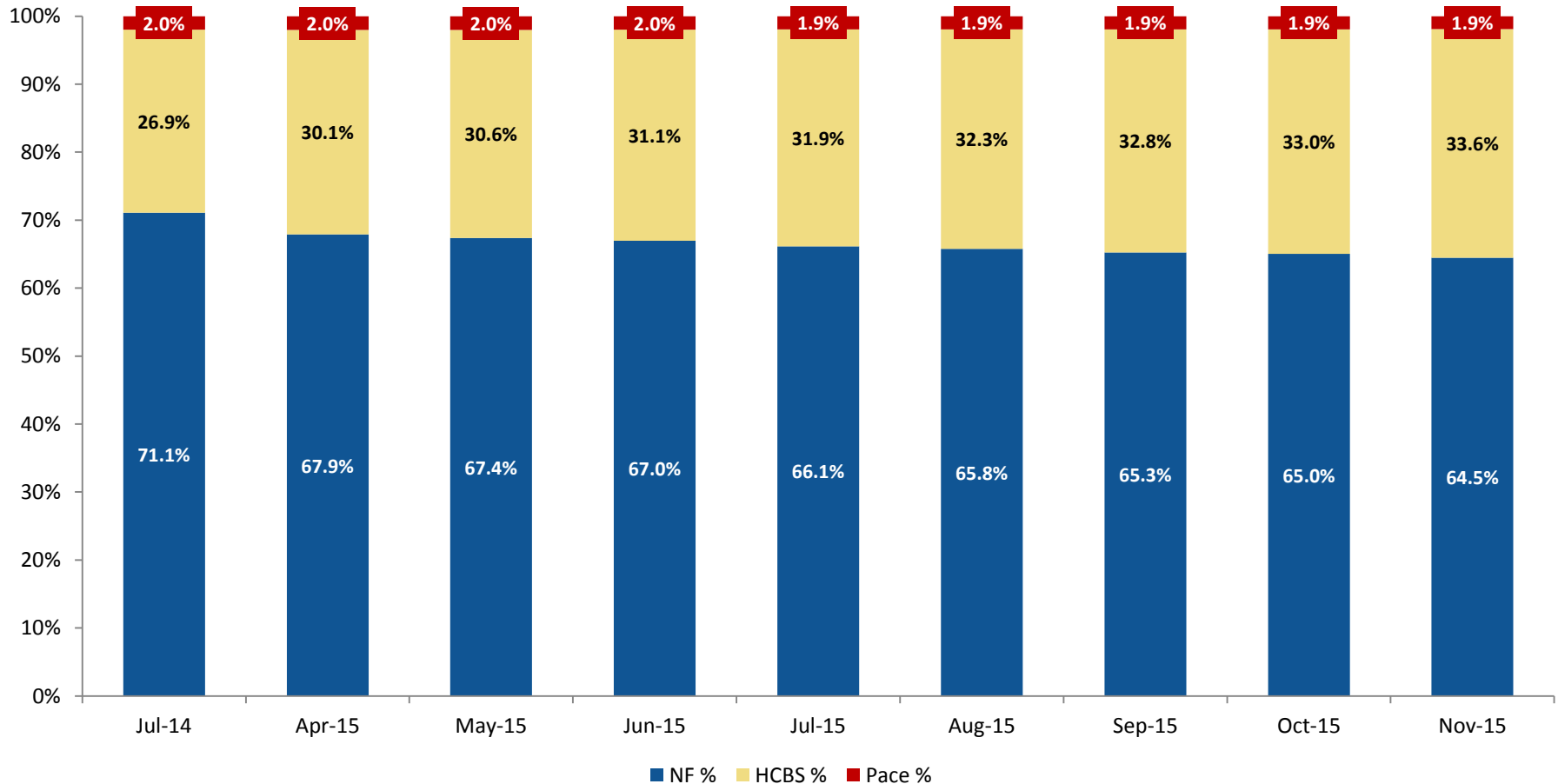
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 12/8/2015.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

Percent of LTC Population in NF vs HCBS vs PACE



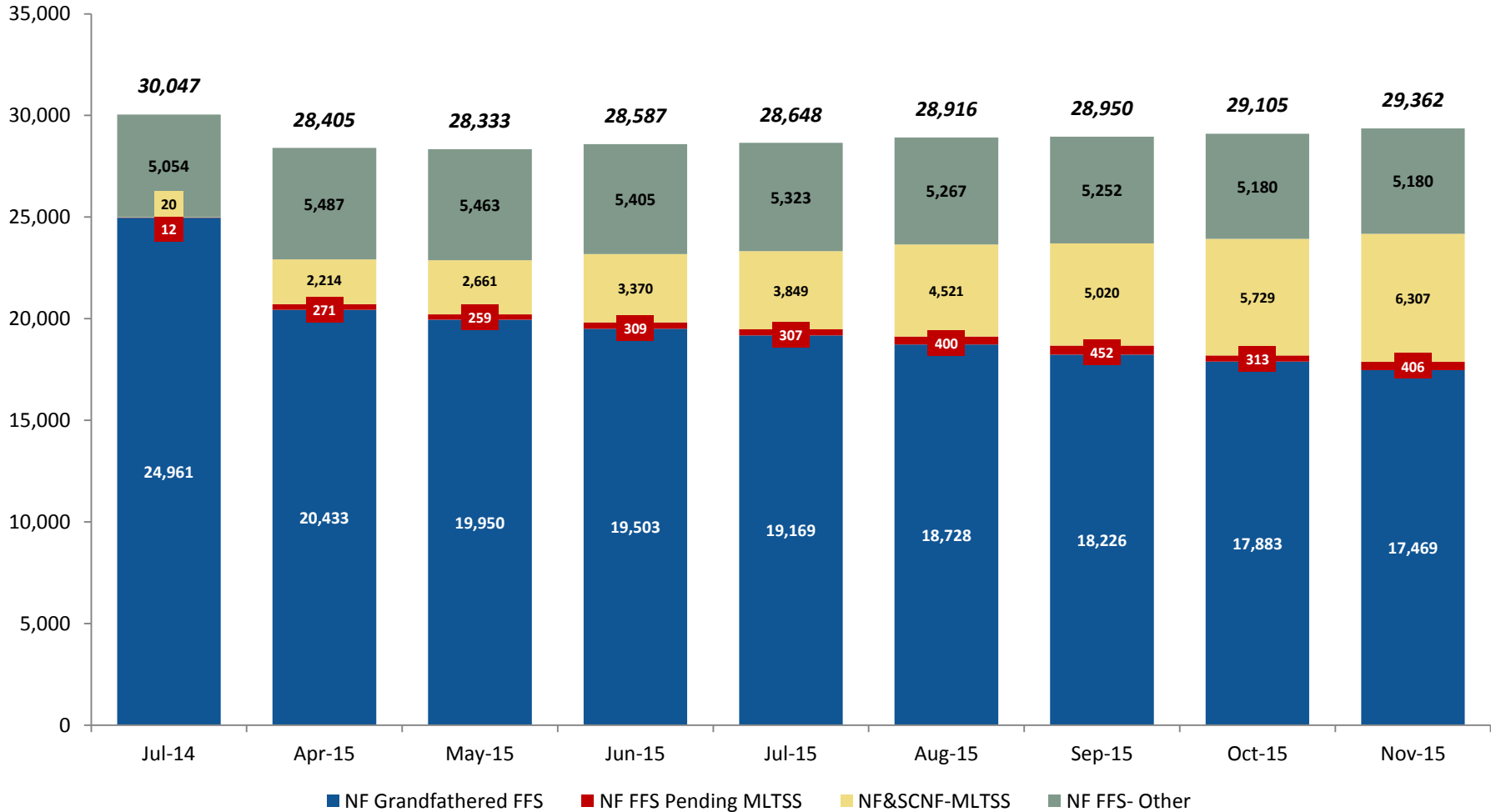
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 12/8/2015.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

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Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

Nursing Facility Population

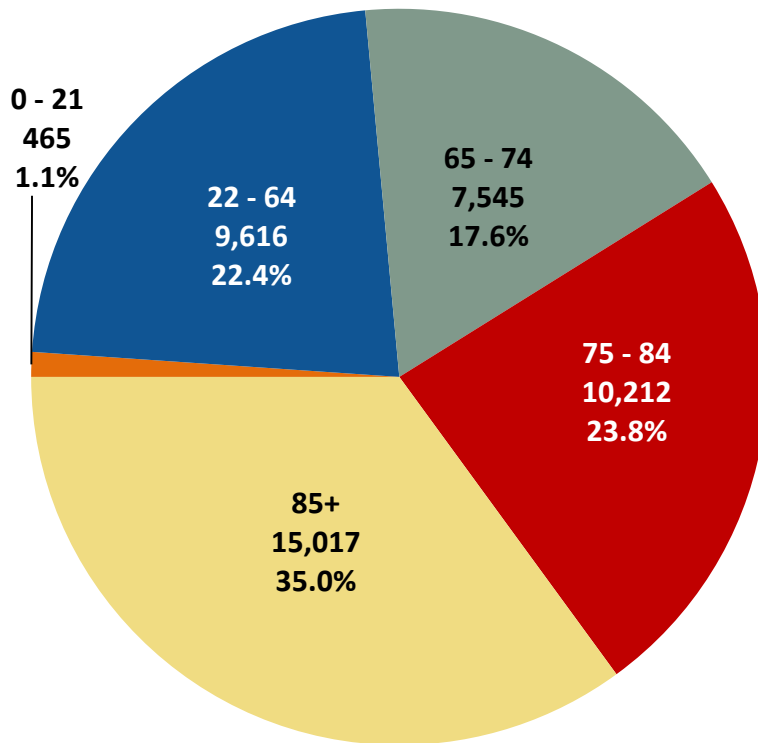


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 12/8/2015.

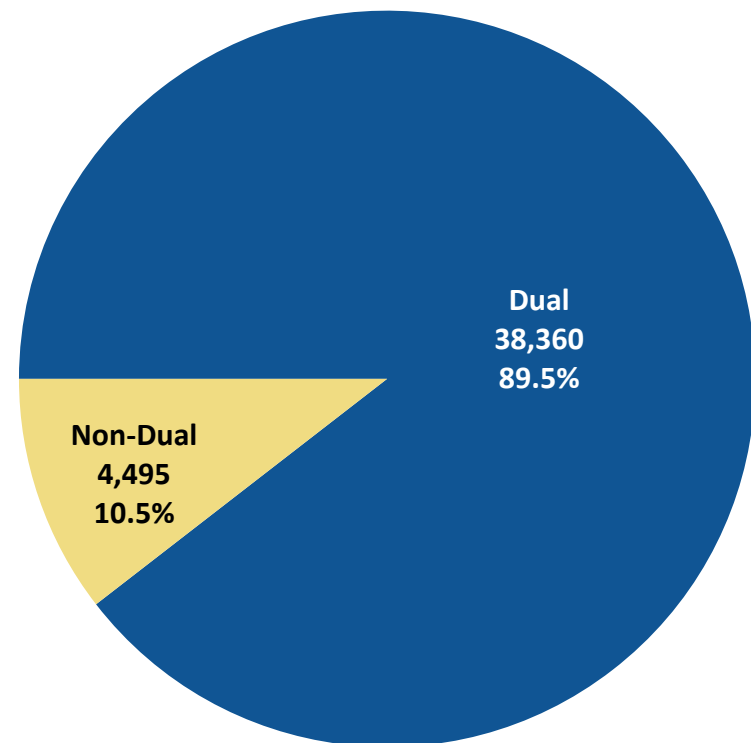
Notes: "NF (Nursing Facility) Grandfathered FFS" population is defined as recipients with Special Program Code (SPC) 65-67. "NF - MLTSS" population is defined as recipients with Capitation Code 78199, 88199, 78399, 88399, 78499 or 88499. "NF FFS Pending MLTSS" population is defined as recipients with a SPC 61,63, or 64 but not in Capitation Codes 78199, 88199, 78399, 88399, 78499 or 88499 OR recipients with SPC 60 or 62 and COS 07 but not in Capitation Codes 79399 or 89399. "NF FFS- Other" population is defined as all other recipients with COS code 07 that do not meet any of the previous criteria (most are medically needy recipients); most recent month: since claims have not been received yet, this category uses counts from the prior month with the same completion factor applied as in the prior month. "NF-PACE" is defined as recipients with a Plan Code 220-229.

LTC Demographics (October 2015*)

Age Group



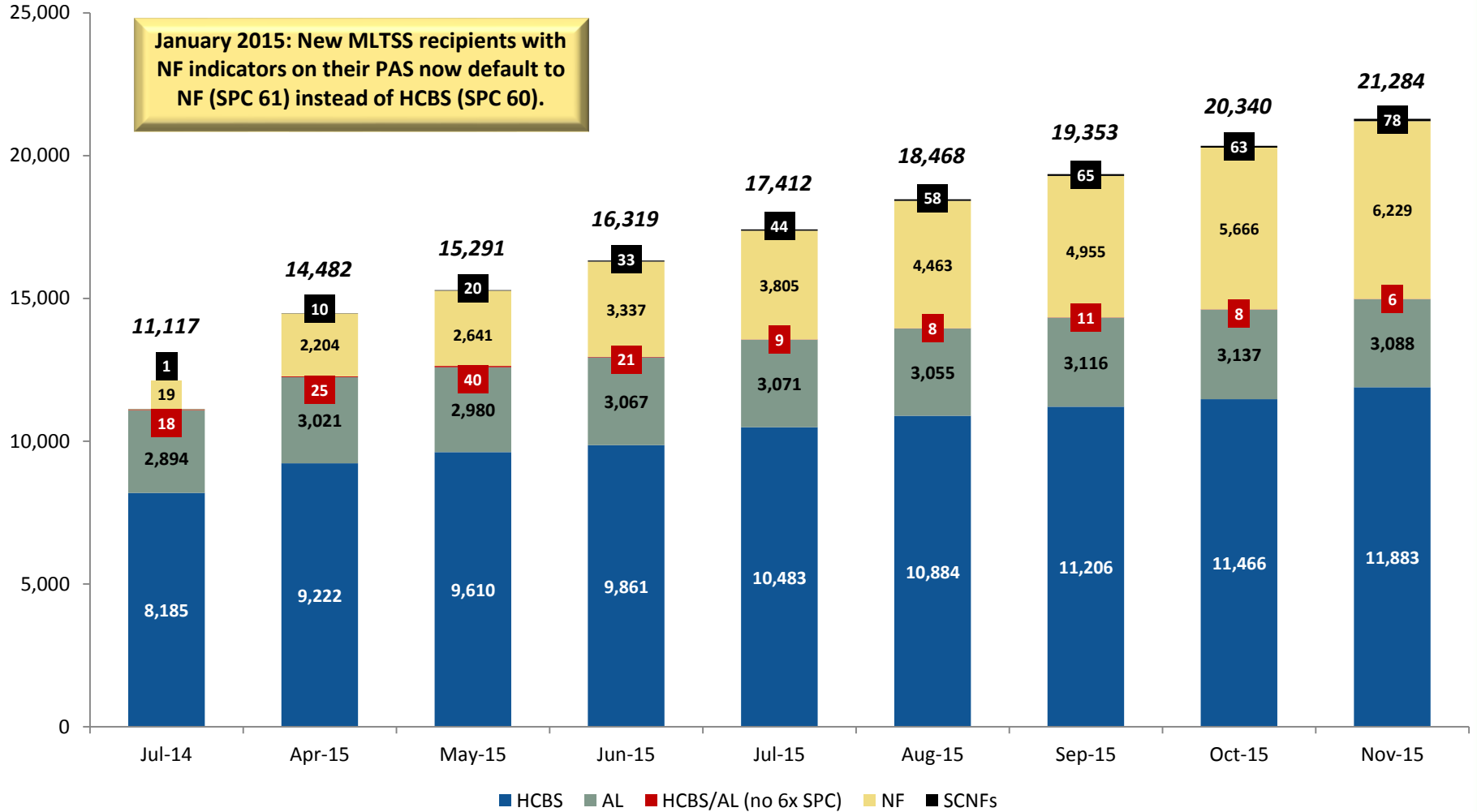
Dual/Non-Dual



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 12/8/15

Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). Uses count for the prior month due to claims lag in identifying medically needy (PSC 170,180,270,280,340-370,570&580) and other non-exempt fee-for-service nursing facility recipients.

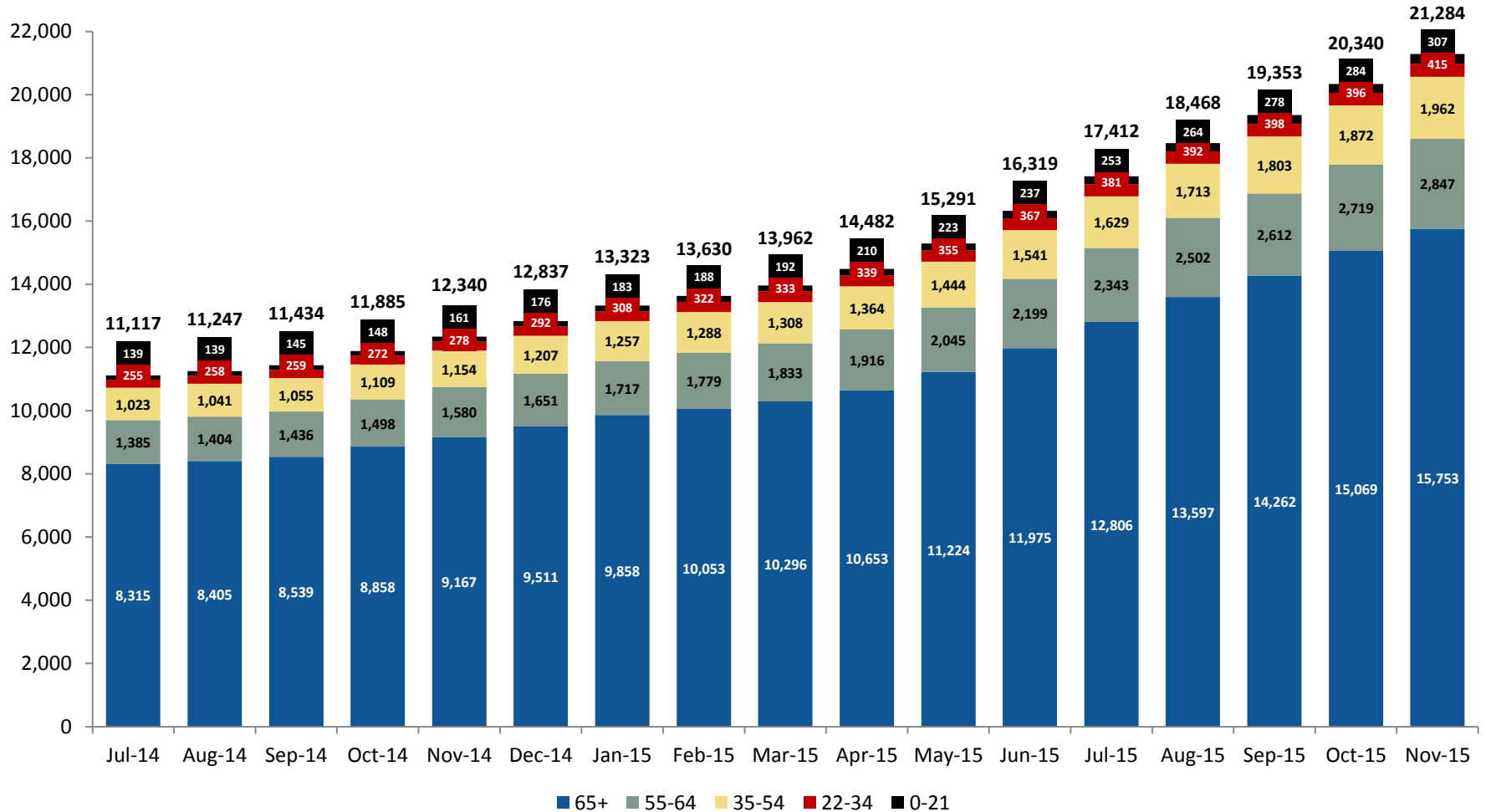
MLTSS Population by Setting



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 12/8/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them considering both their cap code and their SPC.

MLTSS Population by Age Group



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 12/8/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.

Overall MLTSS Migration (All Settings)

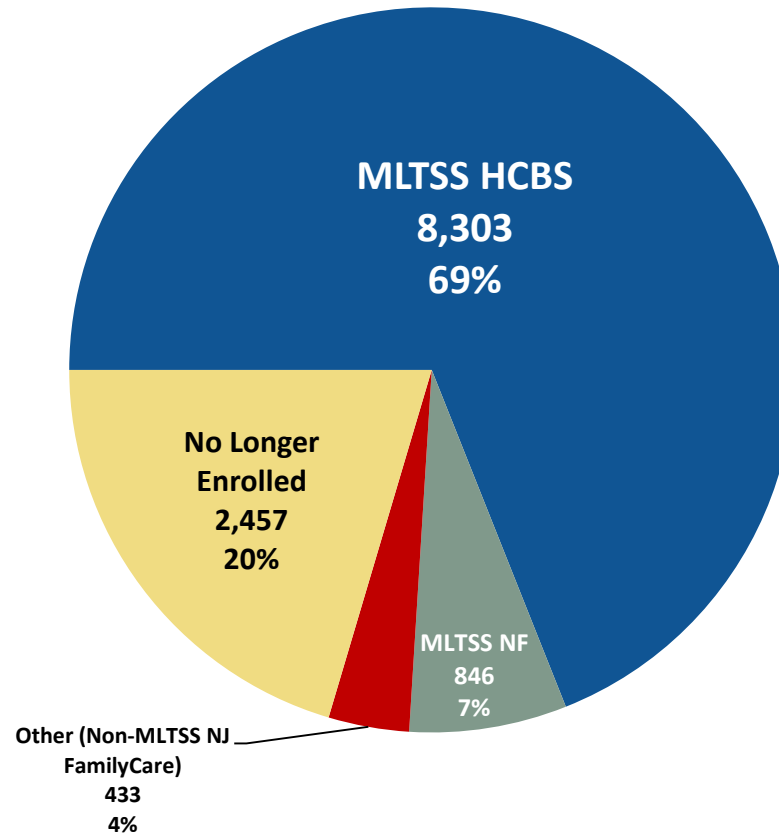
MONTH	April	May	June	July	August	September	October
Starting MLTSS Enrollment	14,482	15,291	16,319	17,412	18,468	19,353	20,340
No Longer Enrolled in NJ FamilyCare in the Subsequent Month	-256	-259	-239	-292	-321	-280	-446
Left MLTSS (No MLTSS capitation code in the subsequent month)	-78	-98	-89	-101	-157	-212	-161
Migrated into MLTSS from an ABD Eligibility Category (in the prior month)	+1,093	+1,319	+1,357	+1,379	+1,305	+1,402	+1,453
Migrated into MLTSS from a Non-ABD Eligibility Category	+42	+51	+53	+60	+51	+64	+89
Migrated into MLTSS from exempt FFS NF (SPC 65-67)	+6	+13	+8	+7	+6	+9	+8
New to NJ FamilyCare (Not enrolled in prior month)	+2	+2	+3	+3	+1	+4	+1
Subsequent Month's Starting MLTSS Enrollment	15,291	16,319	17,412	18,468	19,353	20,340	21,284

Source: NJ DMAHS Shared Data Warehouse - MMX Eligibility Summary Universe, accessed 12/14/2015.

Notes: Base numbers include any person who was considered MLTSS at any point in a given month, based on cap codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 and 88499. ABD defined as PSC 1xx, 2xx, or 5xx or cap codes 77399, 79599, 87399 or 89599.

A Look at the June 30, 2014 Waiver Population Today

All Waivers
(6/30/14 = 12,039)

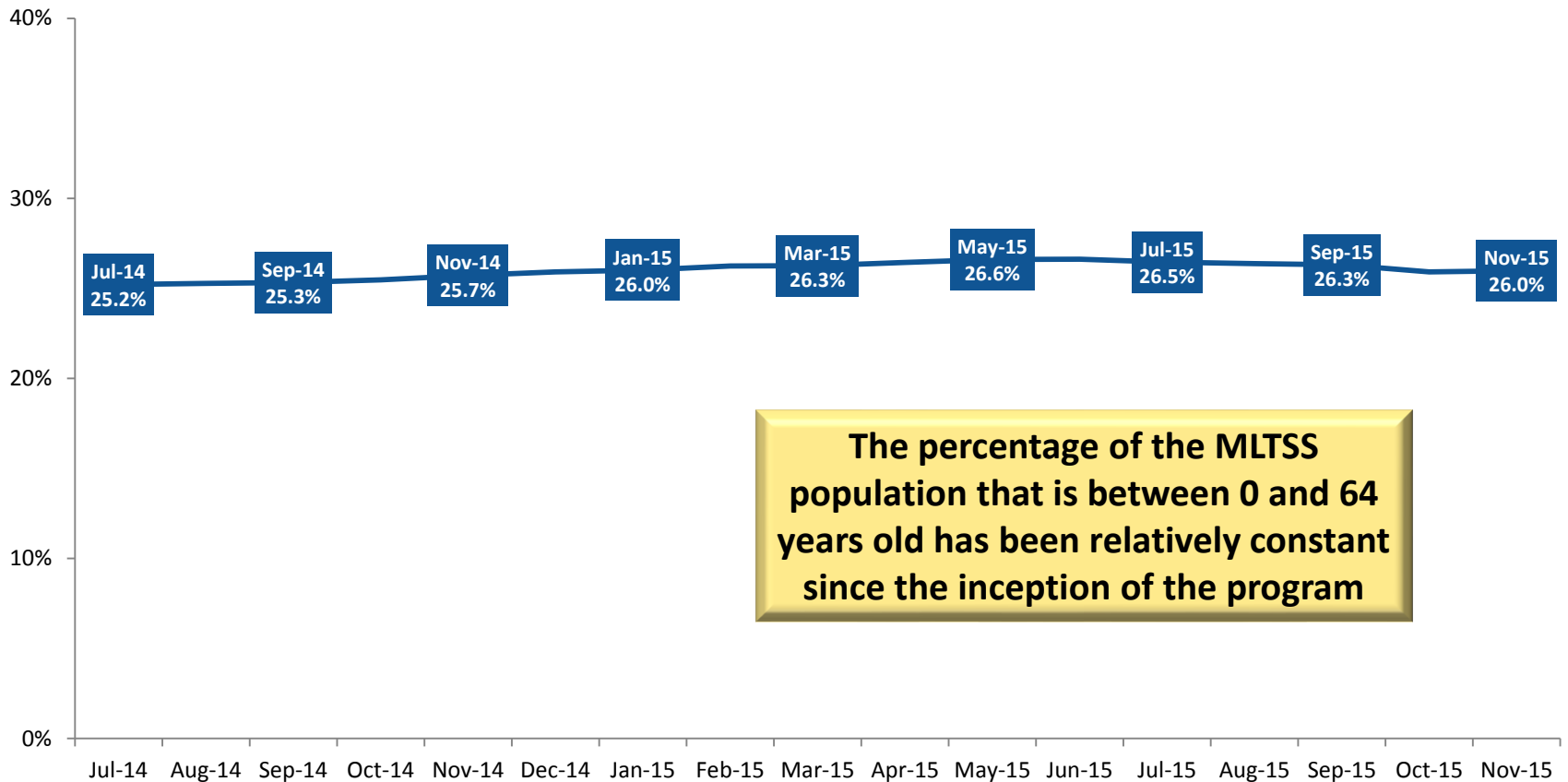


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 12/15/15.

Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled".

Percent of MLTSS Population that is 0-64 Years Old

% of MLTSS Population that is 0-64 Years Old

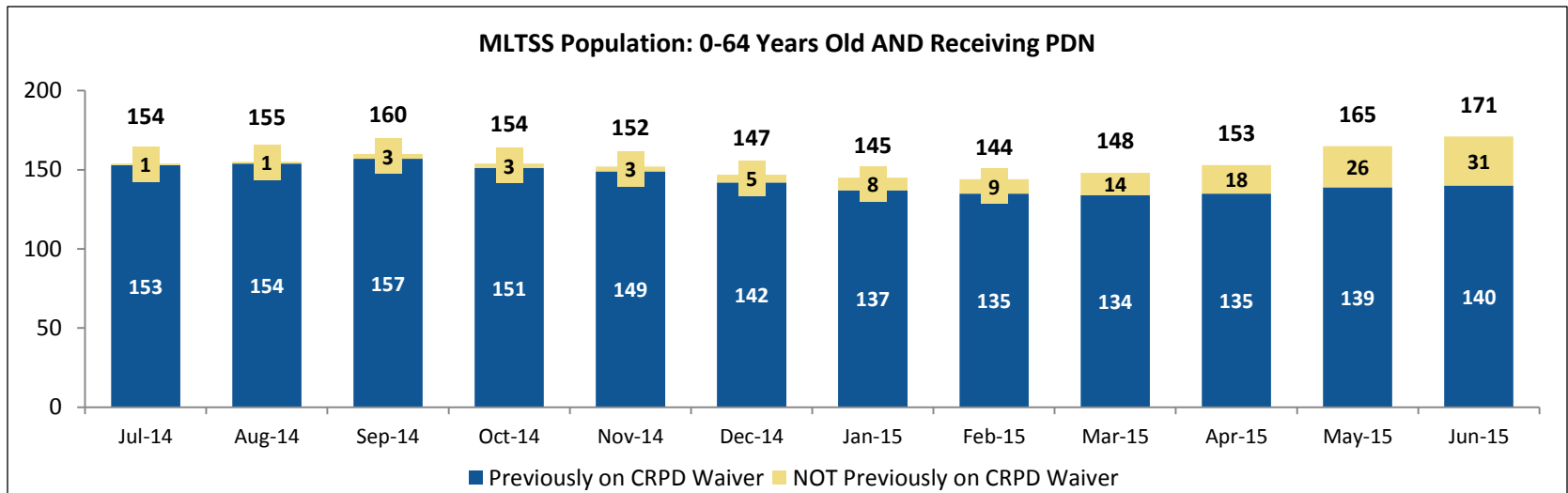
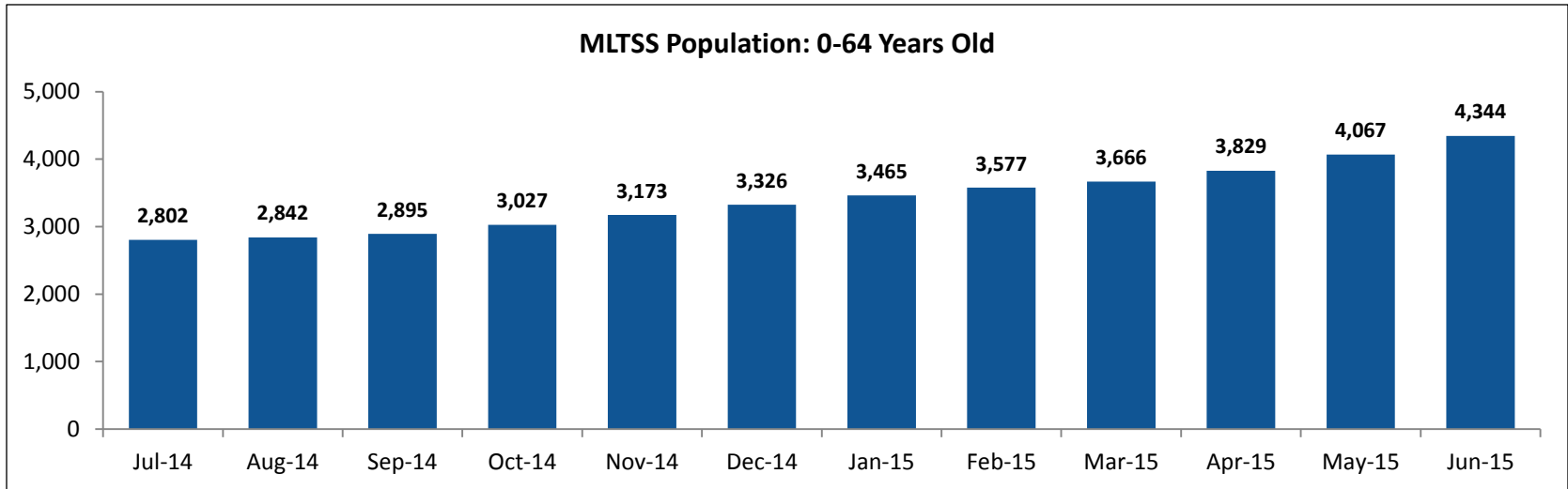


The percentage of the MLTSS population that is between 0 and 64 years old has been relatively constant since the inception of the program

Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 12/8/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.

0-64 Years Old MLTSS Population

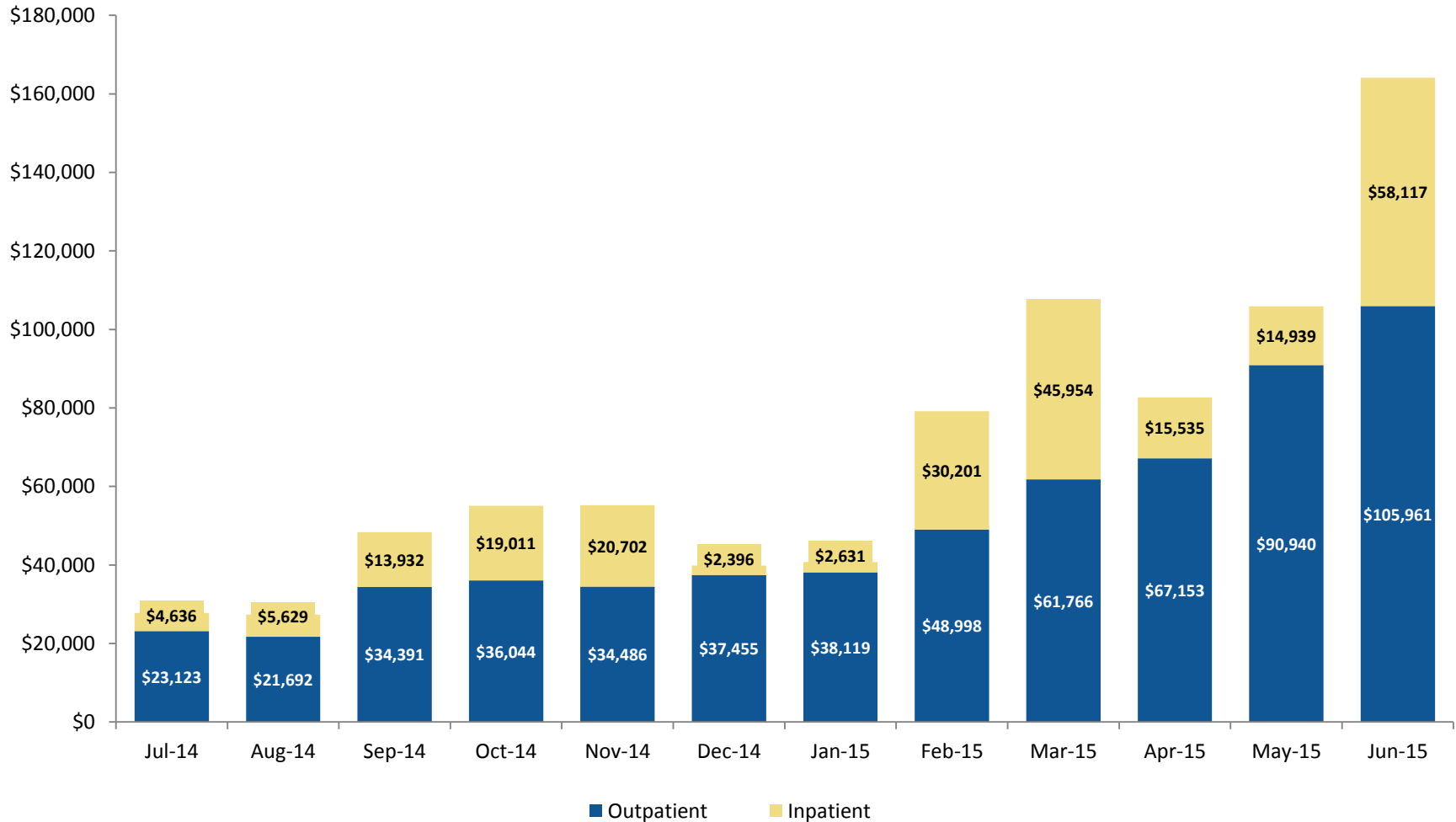


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 12/8/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.



MLTSS Behavioral Health Services Utilization

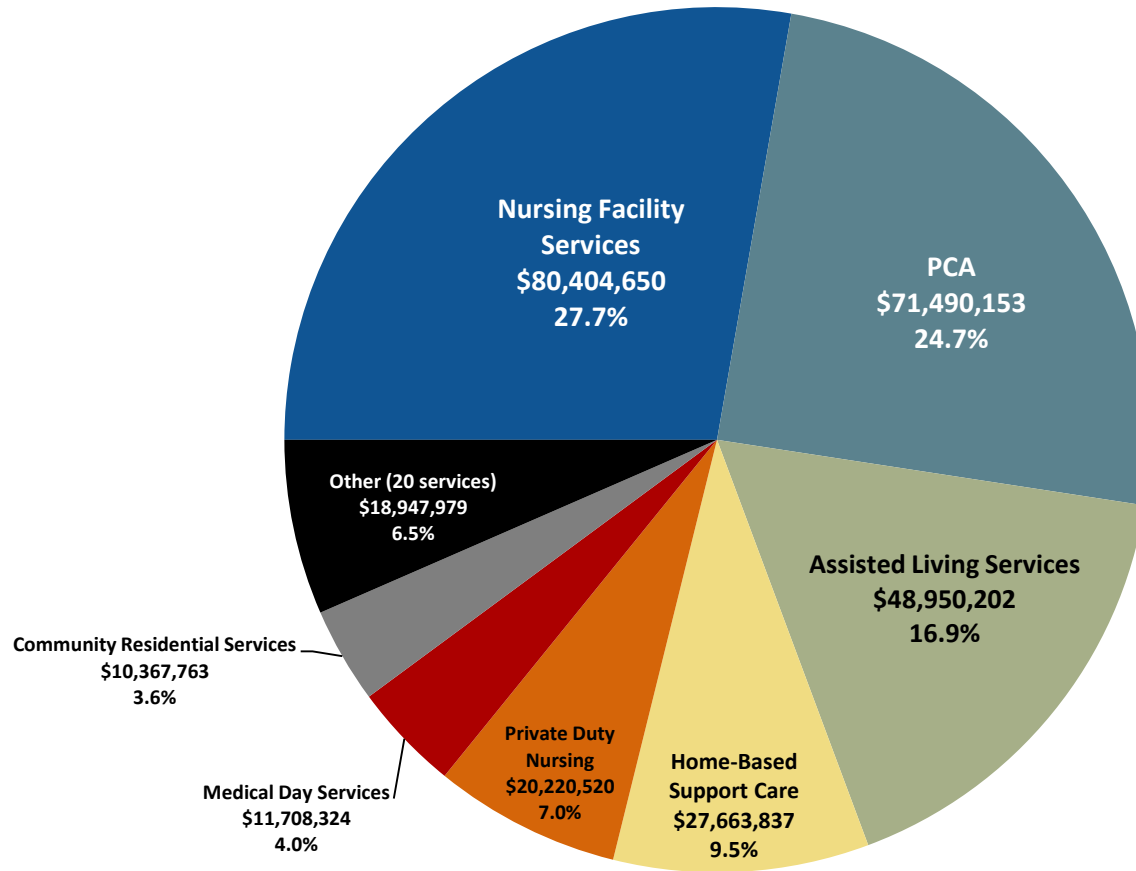


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 12/8/15.

Notes: Amounts shown by service dates. Services are classified as BH based on DRG code, diagnosis code, procedure code or revenue code, and do not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 12/2/15 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data.

MLTSS Population's LTC Services Utilization SFY15

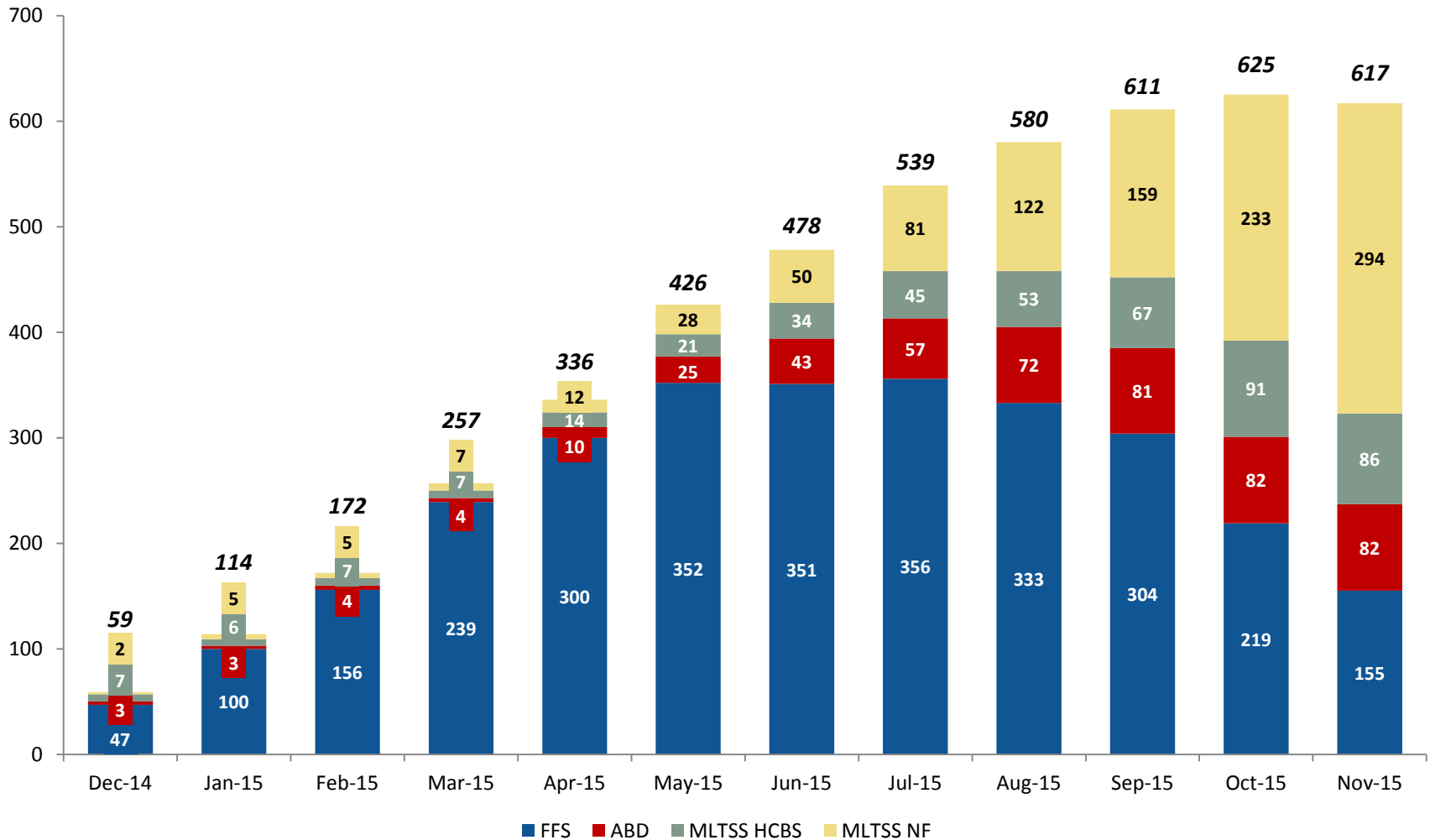
MLTSS Population's LTC Services Utilization



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 12/8/15.

Notes: Dollars represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. Other Includes: Adult Family Care, Assisted Living Program, Caregiver Training, Chore Services, Cognitive Therapy (Group/Indiv.), Community Transition Services, Home-Delivered Meals, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Occupational Therapy (Group/Indiv.), PERS Monitoring, PERS Setup, Physical Therapy (Group/Indiv.), Residential Modifications, Respite (Daily/Hourly), Social Adult Day Care, Speech/Language/Hearing Therapy (Group/Indiv.), Structured Day Program, Supported Day Services, TBI Behavioral Management, and Vehicle Modifications.

Qualified Income Trust (QIT)

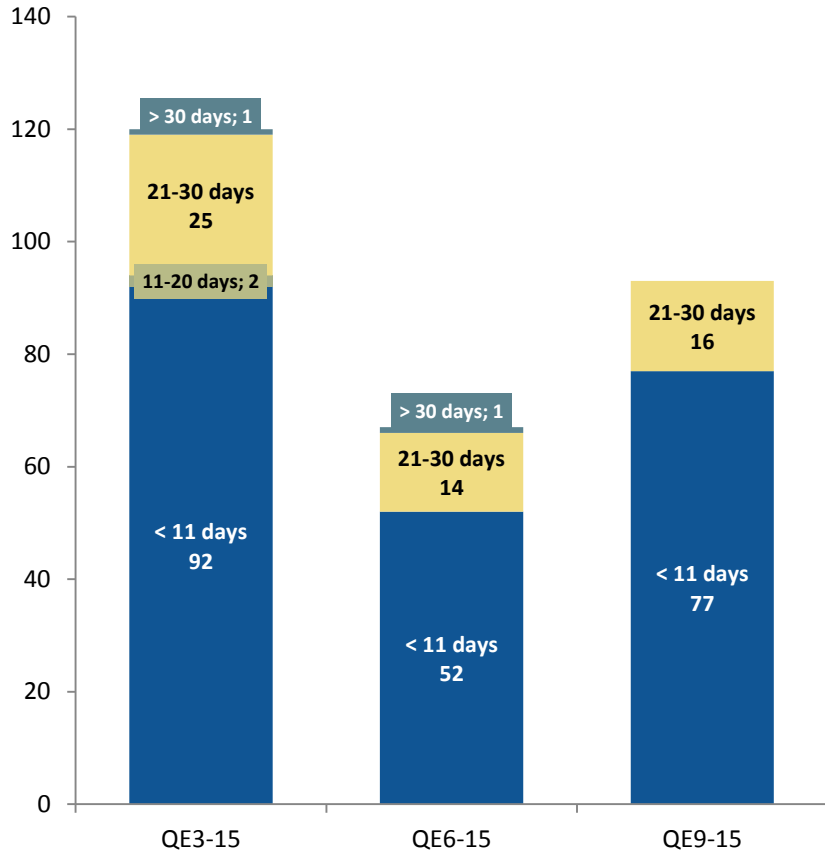


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe & Recipient Universe, accessed 12/10/15.

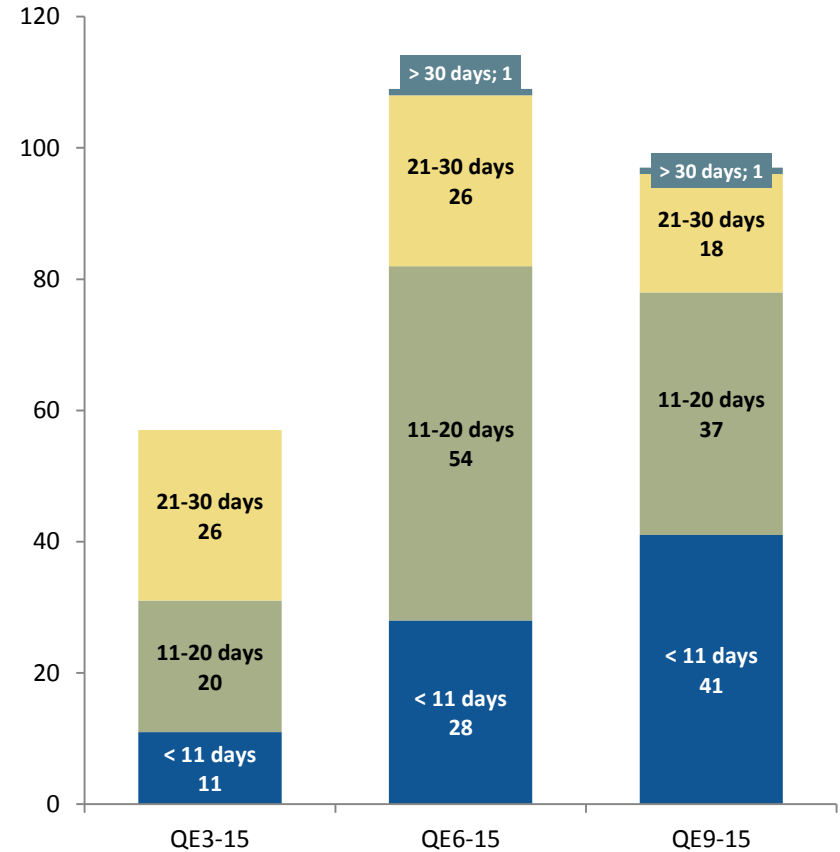
Notes: A recipient is considered QIT if they had a QIT recipient id at any point in time since the start of the program (12/1/2014). The chart indicates their status in the given month, based on cap code alone (or lack thereof), at the point in time at which the data was accessed. As of 12/10/15, there have been a total of 748 recipients found eligible for QIT.

Quality Measure 19: Timeliness of Appeals & Grievances

Appeal Resolution Timeliness



Grievance Resolution Timeliness



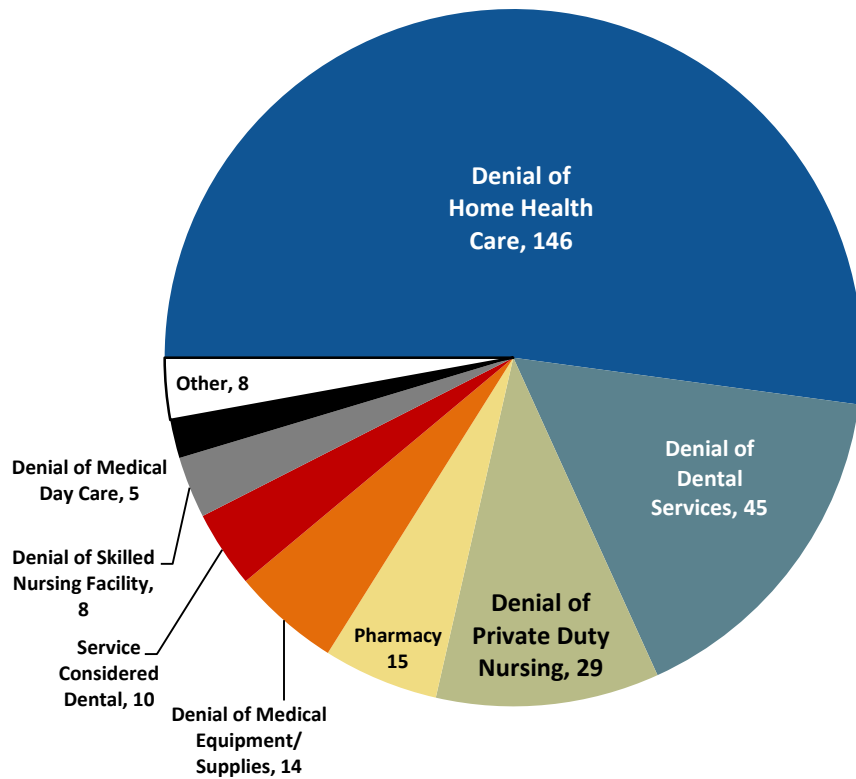
Source: Tables 3A, & 3B reported by MCOs quarterly

Notes: Appeals and grievances that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data. Numbers represent all appeals and grievances reported across all plans, and may include multiple appeals or multiple grievances reported by one recipient.

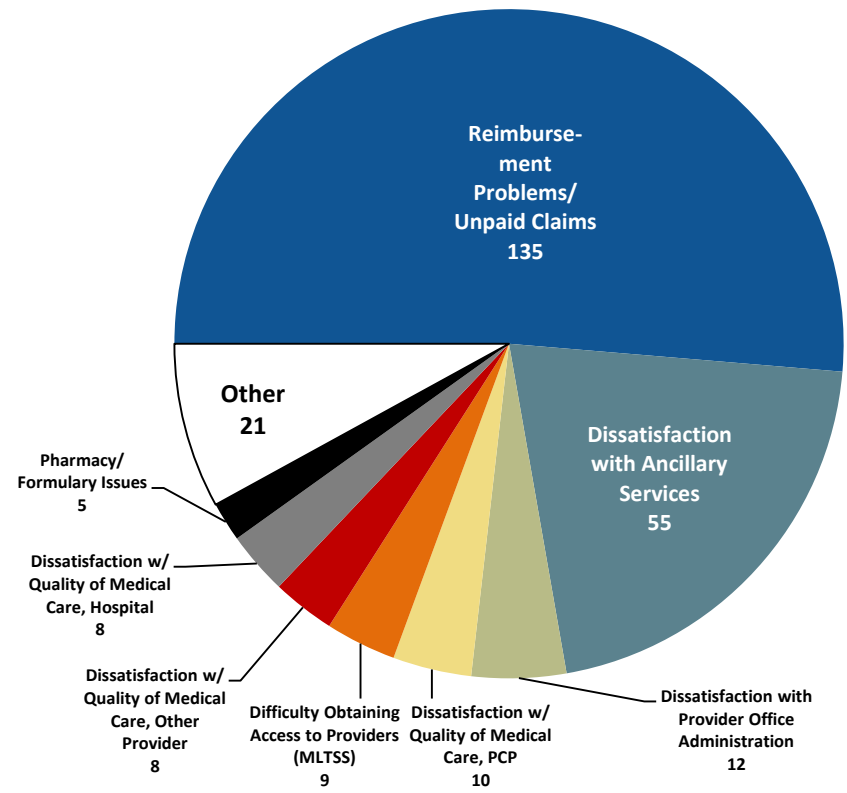
Data Shown as Reported by Plans; Pending State and IPRO Validation

MLTSS PM19: Appeals & Grievances by Category (Jan. 2015 - Sep. 2015)

**Appeals by Appeal Category
Jan. 2015 - Sep. 2015**



**Grievances by Grievance Category
Jan. 2015 - Sep. 2015**



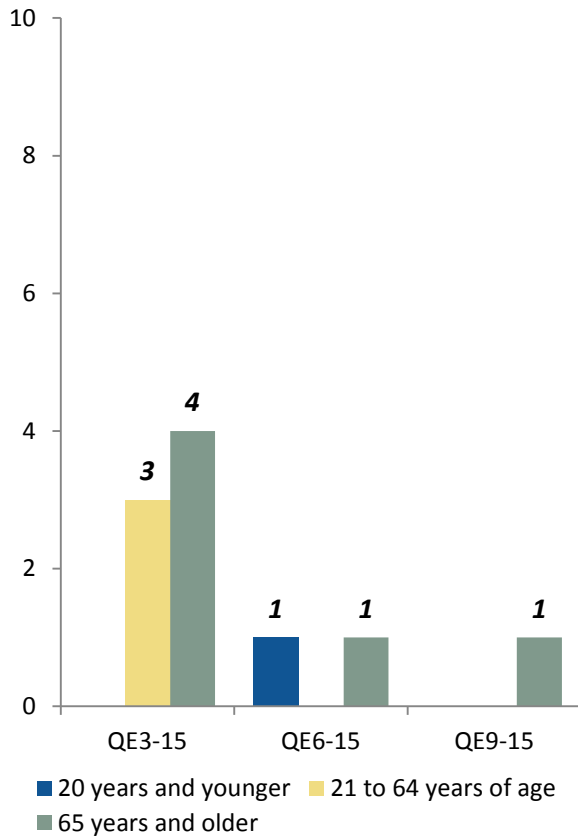
Source: Tables 3A & 3B, reported by MCOs quarterly

Notes: Numbers represent all appeals and all grievances reported across all plans, and may include multiple grievances reported by one recipient. Appeals 'Other' consists of: Denial of Outpatient Medical Treatment/Diagnostic Testing; Denial of Hearing Aid Services; Denial of Referral to Out-of-Network Specialist; Denial of Behavioral Health Services; Other (MLTSS). Grievances 'Other' consists of: Dissatisfaction with Plan Benefit Design; Dissatisfaction with Quality of Medical Care, Specialist; Laboratory Issues; Dissatisfaction with Dental Services; Dissatisfaction with Marketing/Member Services/etc.; Difficulty Obtaining Access to a Provider; Dissatisfaction with Provider Network; Dissatisfaction with Vision Services; Difficulty Obtaining Referral to Network Specialist of Member's Choice; Difficulty Obtaining Referrals for Ancillary Services

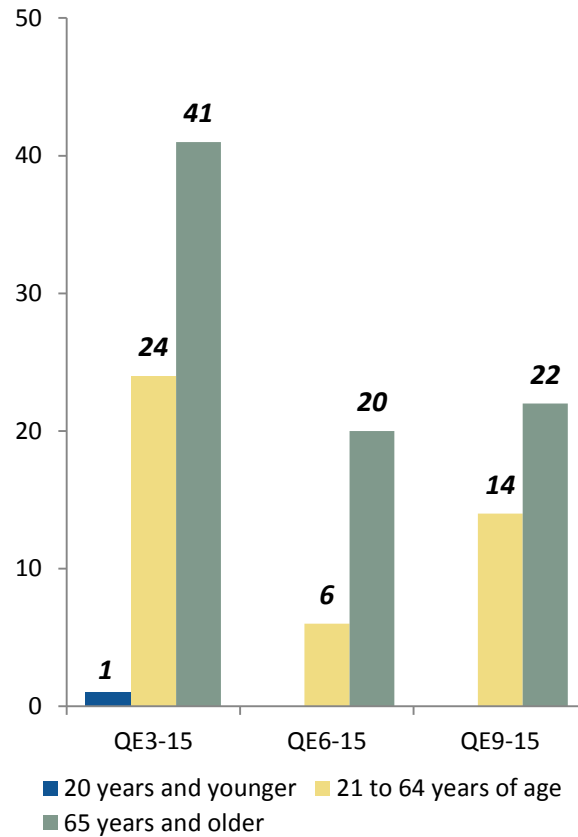
Data Shown as Reported by Plans; Pending State and IPRO Validation

MLTSS PM19: Appeals- Denial of Home Health Services

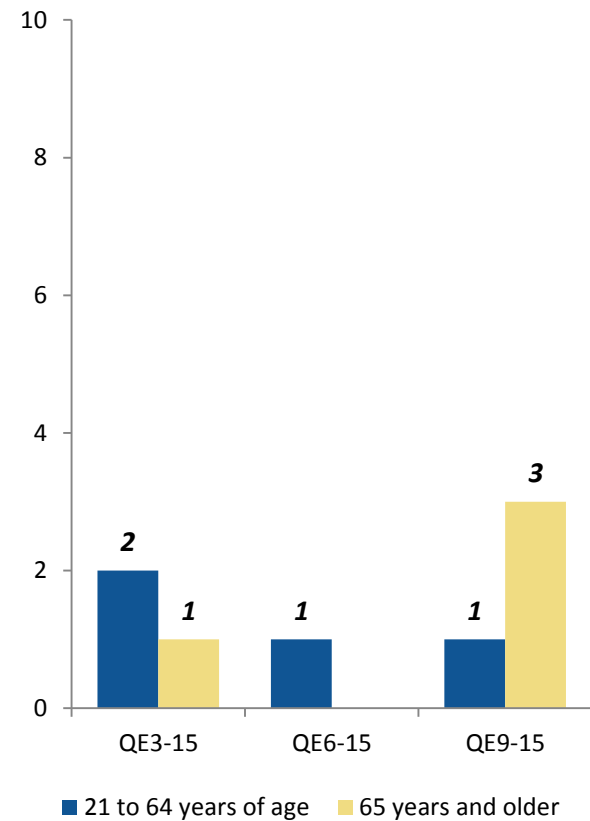
Denial Overturned



Denial Upheld



Outcome Mixed



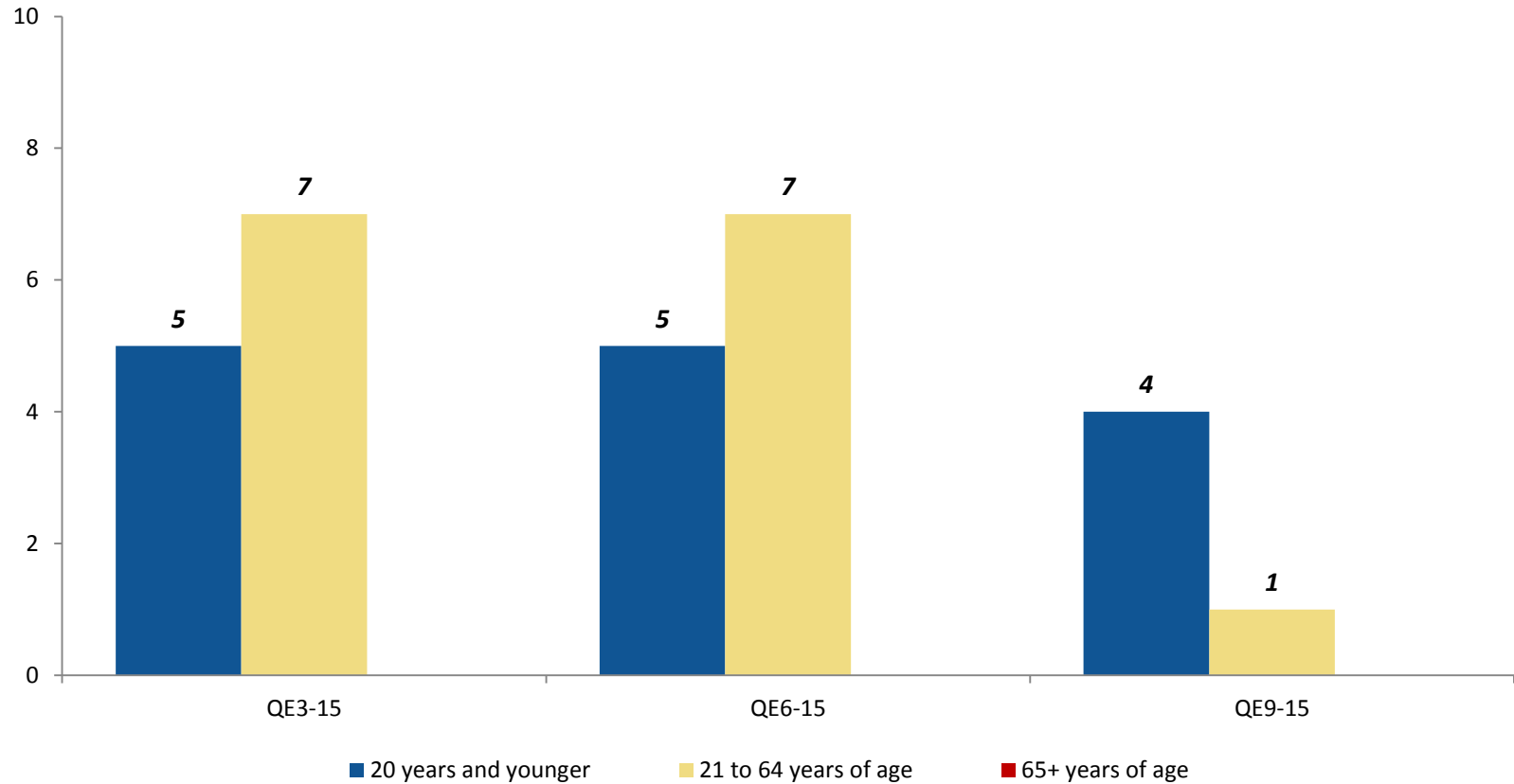
Source: Table 3A, reported by MCOs quarterly

Notes: Appeals that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data. Numbers represent all appeals reported across all plans, and may include multiple appeals reported by one recipient.

Data Shown as Reported by Plans; Pending State and IPRO Validation

MLTSS PM19: Appeals- Denial of Private Duty Nursing Services

Appealed Denial of Private Duty Nursing Services - Denial Upheld



Source: Table 3A, reported by MCOs quarterly

Notes: Appeals that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data. Numbers represent all appeals reported across all plans, and may include multiple appeals reported by one recipient. *No Denials Overturned or Mixed Outcomes for this Appeal Category during the time periods shown in the chart.

Data Shown as Reported by Plans; Pending State and IPRO Validation

Informational Update:

**DMAHS Appeals and Grievances
First Quarter 2015 Data**

Reported Member Complaints

(Top 3)

Member Complaint Issue	Total
Dissatisfaction with Ancillary Services (Home Health, DME, Therapy, etc.)	32
Dissatisfaction with Plan Benefit Design	23
Other (non-MLTSS)	21

Source: Complaints reported to NJ DMAHS Office of Quality Assurance by NJ FamilyCare beneficiaries

MCO-Reported Utilization Management Complaints/Grievances/Appeals (Top 3)

Grievance Category	Total
Denial of Dental Services	1646
Pharmacy	312
Denial of Home Health Care	179

Source: Complaints, Grievances and Appeals reported to NJ DMAHS Office of Quality Assurance by NJ FamilyCare managed care organizations

MCO-Reported Non-Utilization Management Complaints/Grievances/Appeals (Top 3)

Grievance Category	Total
Reimbursement Problems/Unpaid Claims	500
Dissatisfaction with Provider Office Admin.	246
Dissatisfaction with Dental Services	153

Source: Complaints, Grievances and Appeals reported to NJ DMAHS Office of Quality Assurance by NJ FamilyCare managed care organizations

Informational Update:

Dual Integration

NJ Dual Integration by the Numbers

- As of November 2015, there are 12,090 unduplicated beneficiaries enrolled in New Jersey's Dual Eligible Special Needs Plan (D-SNP) product.
- This is an 48 percent increase over January 2015 enrollment.*
- Amerigroup has enrolled 61 percent of the population, while United has enrolled 39 percent.
- Sixty-two percent of enrolled beneficiaries are female while 38 percent are male.

** January 2015 is the first month after the Healthfirst and Horizon closeout.*

Current Duals Landscape

Medicaid Managed Care Plan	Dual Eligible Special Needs Plan (D-SNP) Name	Counties of Operation
Amerigroup New Jersey, Inc.	Amerivantage Dual Coordination (New Name!) (HMO-SNP)	Atlantic, Bergen, Burlington, Cumberland, Essex , Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean ,Passaic, Somerset, Union
UnitedHealthcare	UnitedHealthcare Dual Complete One (HMO-SNP)	Atlantic, Bergen, Burlington, Essex, Hudson, Mercer, Monmouth, Morris, Ocean, Union
WellCare Health Plans, Inc.	WellCare Liberty (HMO-SNP)	Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Somerset, Union

What's New for 2016

- NJ has three D-SNP plans in operation as of January 1, 2016 (see previous slide for plan benefit name and service area description).
- All three plans have been designated by CMS as Fully Integrated Dual Eligible SNP (FIDE-SNP).
- Integrated care for Medicare-Medicaid enrollees in New Jersey includes:
 - Fully Integrated Medicare-Medicaid option including all acute, chronic, behavioral, and **long-term care services and supports benefits**; and
 - A streamlined, integrated appeal process.
- The D-SNP contract is now included as Article X of the main NJ FamilyCare contract.

Looking Forward to 2017

- Deep dive discussions are occurring with all of the D-SNP MCO's to gain input into the draft 2017 contract.
- NJ anticipates beginning drafting the 2017 contract toward the end of February or beginning of March.
- Both internal and external stakeholders will have an opportunity to review any changes prior to submitting to CMS By July 1, 2016.

Looking Forward to 2017 Continued: Data Analytics in Dual Integration

- New Jersey applied and was selected to receive targeted technical assistance (TA) to improve care coordination for the dually eligible population.
- This TA opportunity is being offered through the Medicaid Innovation Accelerator Program (IAP) and is available to assist states build or enhance their data analytic capabilities to support delivery system reforms efforts.
- New Jersey has submitted a Information Exchange Agreement (IEA) to CMS and is starting the process of writing Data Use Agreements.(DUAs)

Informational Update:

NJ 1115 Comprehensive Medicaid Waiver Renewal Timeline and Evaluation

Renewal Timeline

- August 2015 to December 2015
 - Held listening sessions with various internal stakeholders (sister departments, divisions and agencies) regarding what they would like to see continued or amended in the waiver. This included any new initiatives to be considered.

Renewal Timeline

- January 2016 to February 2016
 - Develop a concept paper based on items that have been discussed at the listening sessions.
 - Vet concept paper with stakeholders.
- March 2016
 - Submit draft concept paper and discuss proposed changes to the waiver with CMS.
 - Finalize all new and amended concepts/items with CMS to prepare the renewal application documents.

Renewal Timeline

- April 2016 to June 2016
 - Prepare renewal application and send for sign-off.
 - Public Notice period May 1st.
 - Summarize comments and revise application based on comments received.
 - Renewal due to CMS June 30th, 2016 – one year prior to end date of current demonstration.

Renewal Timeline

- July 2016 to June 2017
 - Negotiate the Special Terms and Conditions of the renewed waiver with CMS.
 - Develop budget neutrality
 - Target June 30, 2017 approval date.

Waiver Evaluation

- Draft Interim Evaluation Report is due July 1, 2016 or with the waiver renewal application.
 - Final Interim Evaluation Report is due 60 days after CMS comments.
- Draft Final Evaluation Report is due July 1, 2017.
 - Final Evaluation Report is due 60 days after CMS comments.

Informational Update:

NJ FamilyCare Update

December 2015 Enrollment Headlines

Enrollment Decreasing

2.5% decrease since June 2015; mainly due to redeterminations

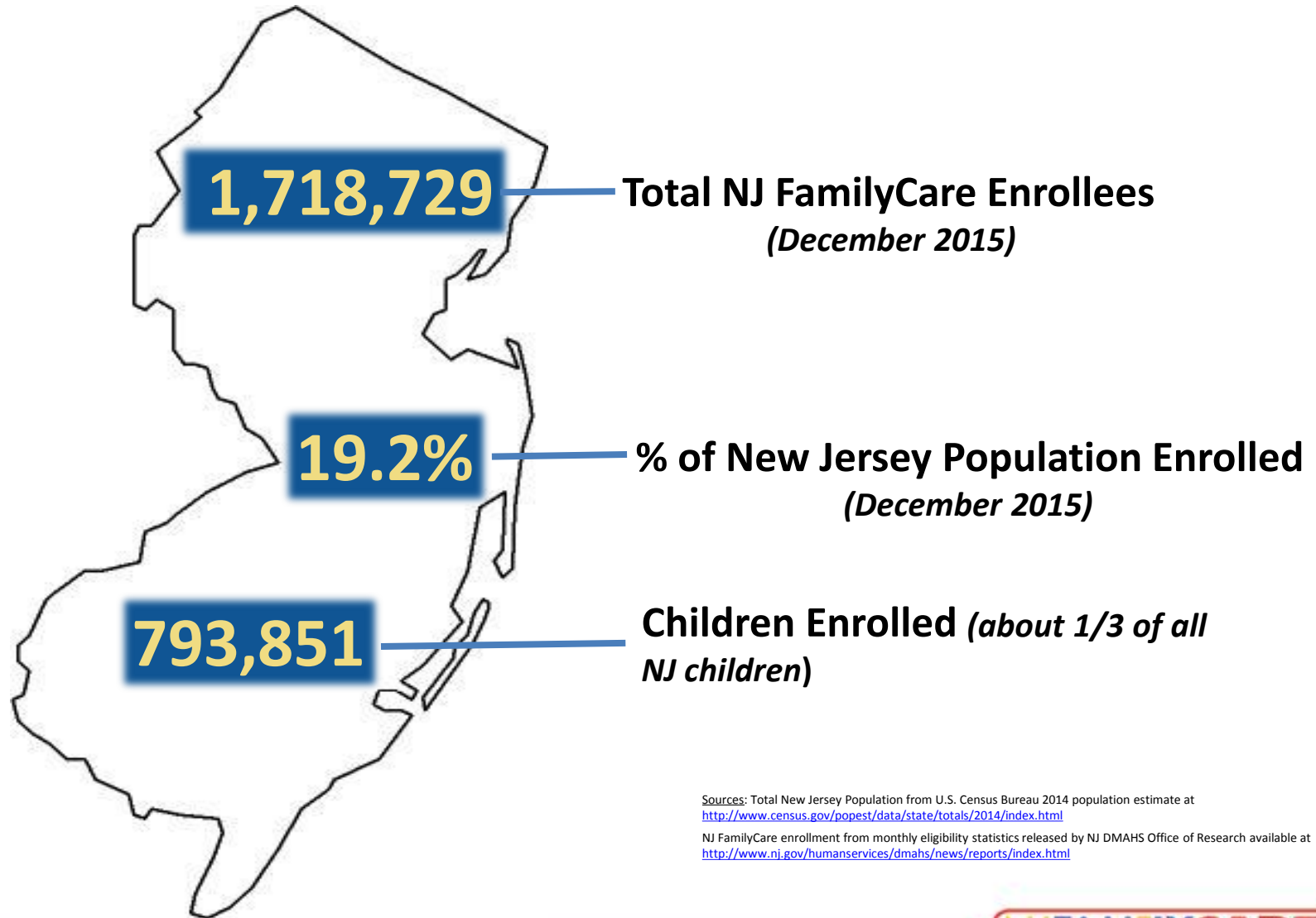
434,248 (33.8%) Net Increase Since Dec. 2013

19.2% of the Population In New Jersey is
Enrolled in NJ FamilyCare

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;
Dec. eligibility recast to reflect new public statistical report categories established in January 2014

Notes: Net change since Dec. 2013; includes individuals enrolling and leaving NJFamilyCare.

NJ Total Population: 8,938,175

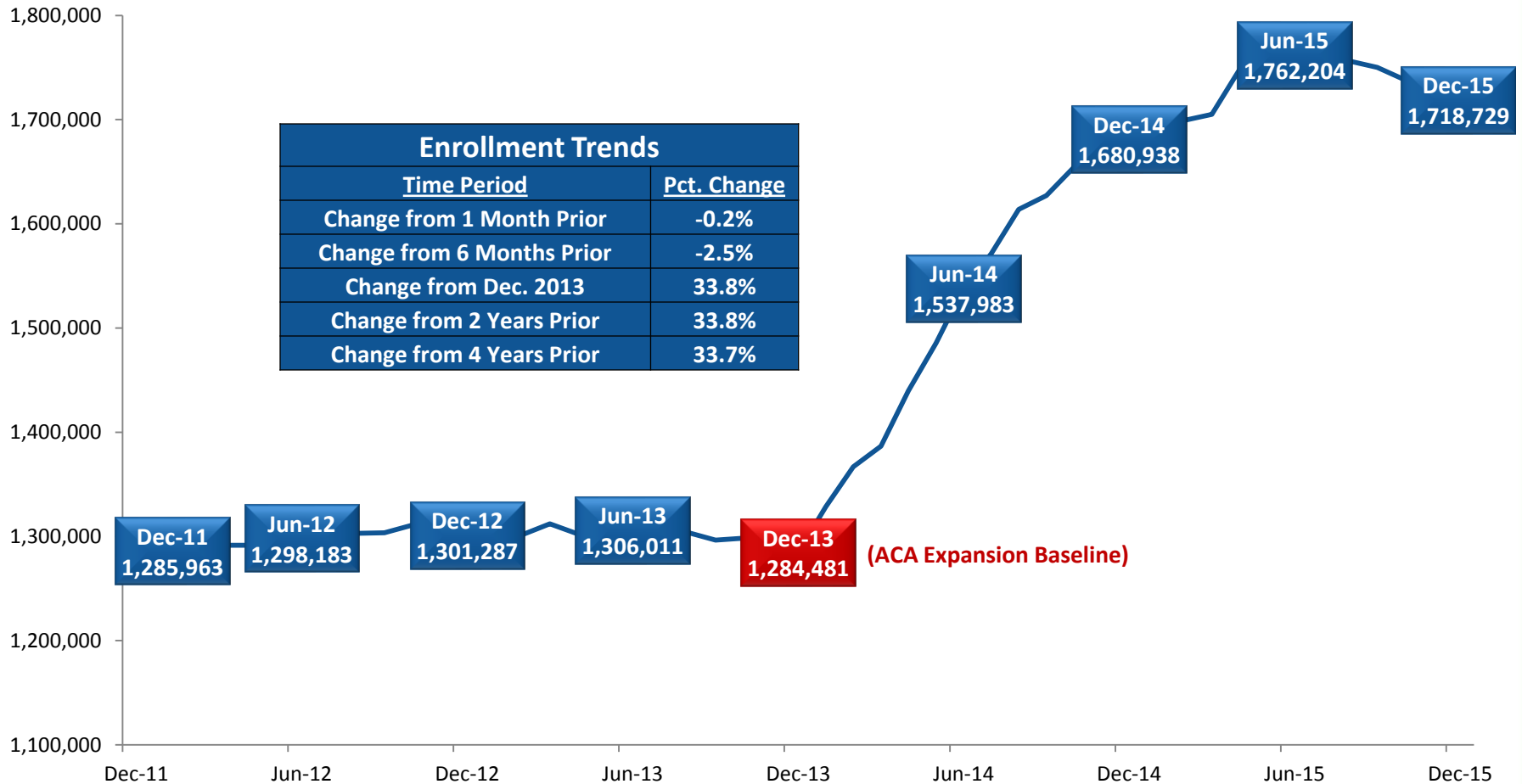


Sources: Total New Jersey Population from U.S. Census Bureau 2014 population estimate at <http://www.census.gov/popest/data/state/totals/2014/index.html>

NJ FamilyCare enrollment from monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>

Overall Enrollment

Total NJ FamilyCare Recipients, Dec. 2011 – Dec. 2015

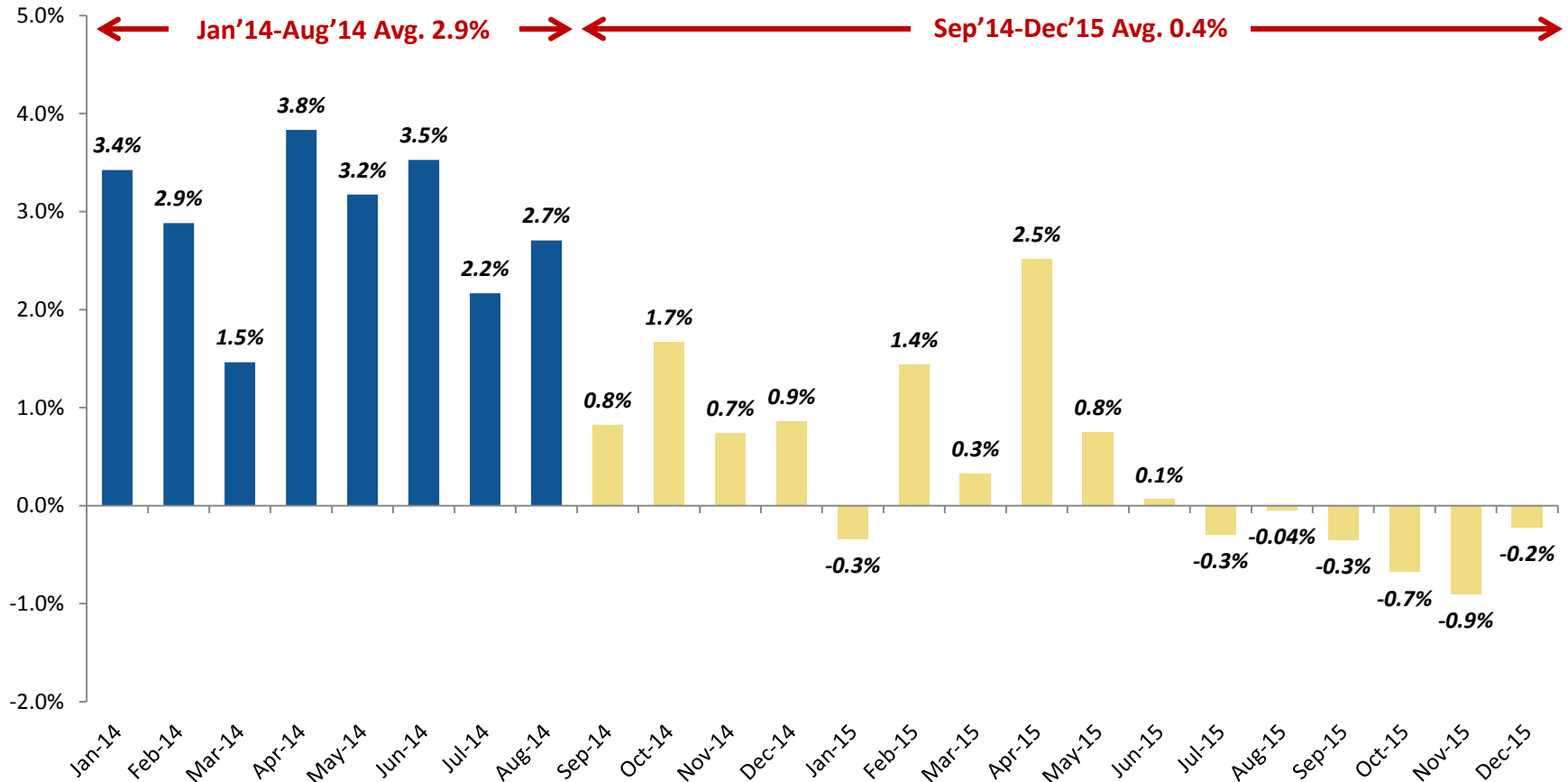


Source: SDW MMX Snapshot Universe, accessed 12/30/15.

Notes: Includes all recipients eligible for NJ DMAHS programs at any point during the month

Monthly Enrollment Increase Trend

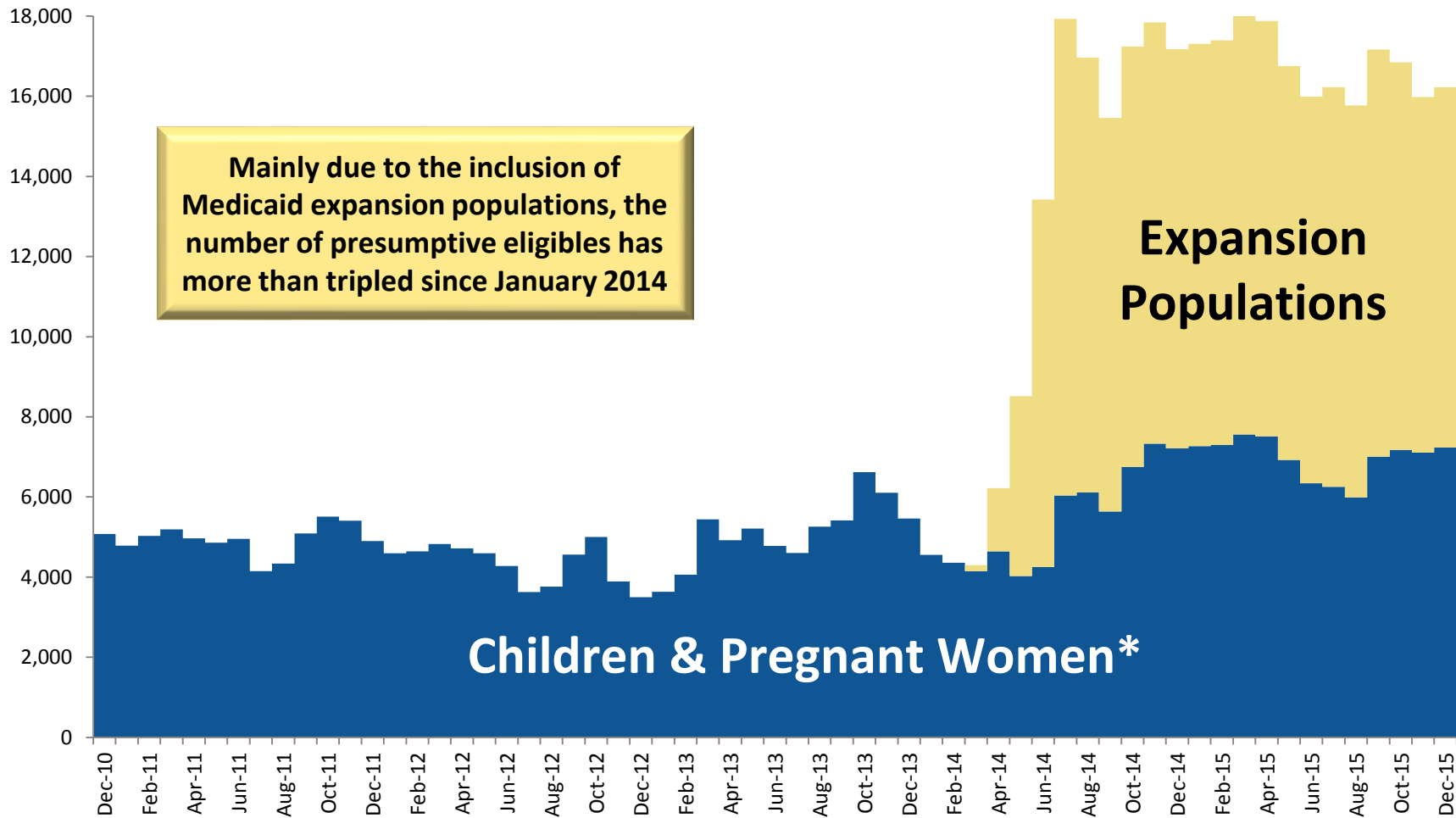
1-Month Enrollment Percentage Change



Source: SDW MMX Snapshot Universe, accessed 12/30/15.

Notes: Includes all recipients eligible for NJ DMAHS programs at any point during the month

Presumptive Eligibility Enrollment



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, accessed 12/30/15.

Notes: Presumptive eligibility includes all those in the NJ FamilyCare Public Statistical Report with County of Supervision 25 or a PSC 390 (Pregnant Women)

"Expansion Populations" include the "ABP Parent Up To 133% FPL" and "Other Adult Up To 133% FPL" categories of the NJ FamilyCare Public Statistical Report

"Children & Pregnant Women" include all children's eligibility categories, disabled children, and pregnant women across all eligibility categories. * Also includes recipients determined eligible under N.J.A.C. 10:72-8.4 (Breast and Cervical Cancer Prevention and Treatment Act).

Expansion Basics

Timeline

- Oct. 2013 – Applications Started
- Jan. 2014 – Expansion Population Benefits Started

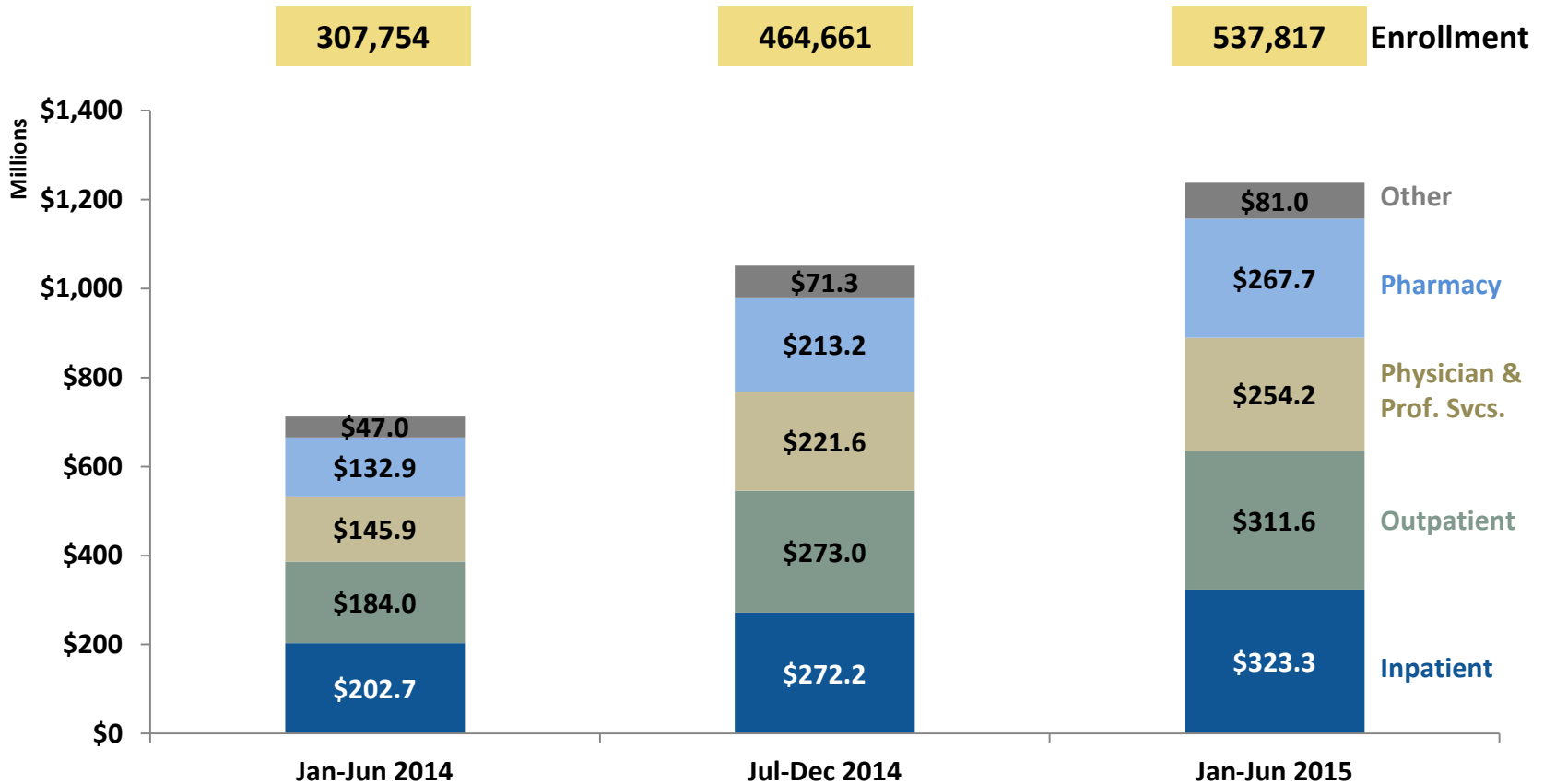
Who's Eligible?

- All adults earning up to 133% of federal poverty level (\$26,321 per year for a family of three)
- Those previously eligible also expected to enroll due to federal law's "individual mandate"

Who pays?

- Federal government pays 100% of expansion population's benefits through 2016
- Federal share slowly tapers to 90% by 2020

Expansion Population Service Cost Detail

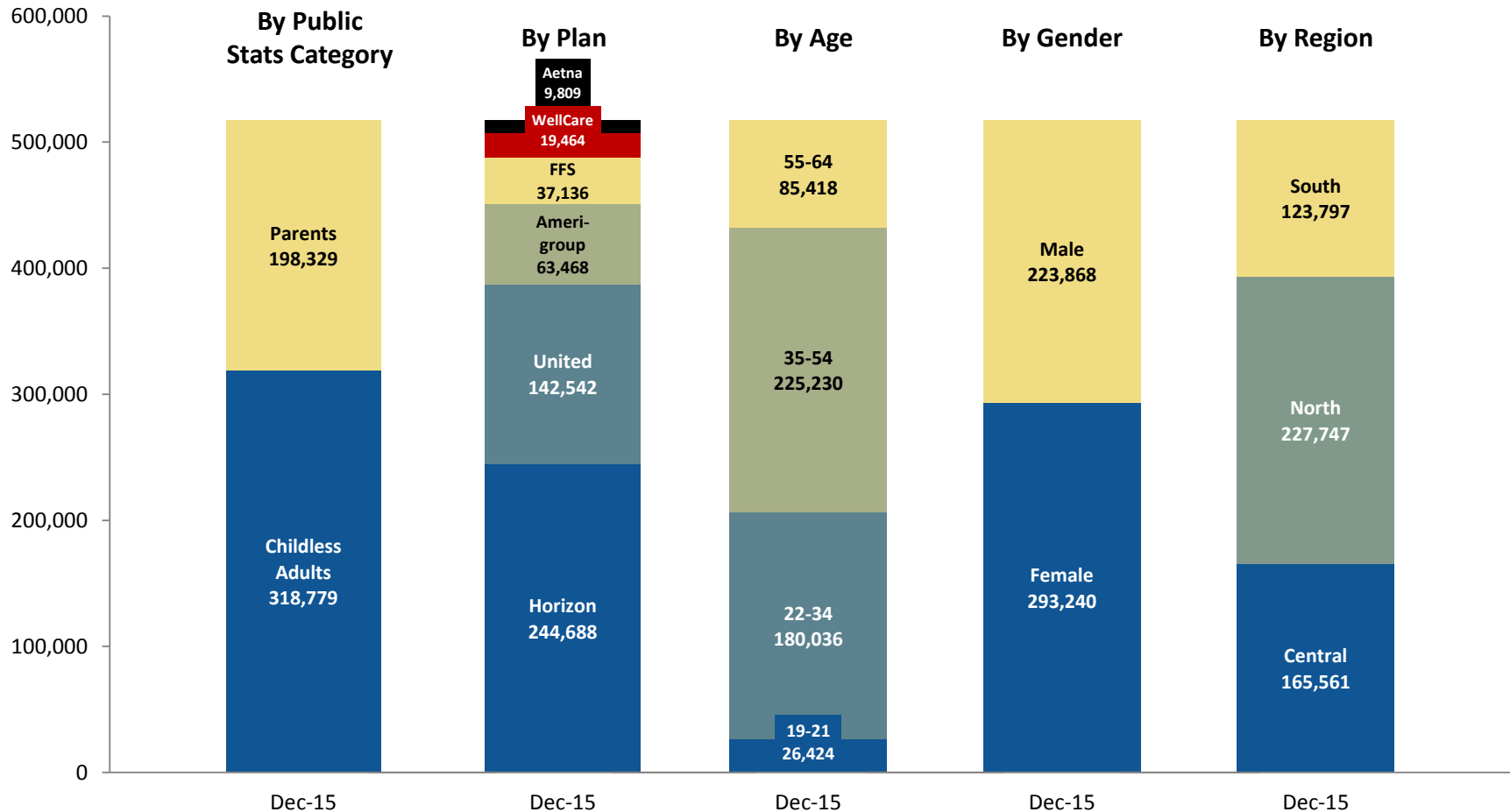


Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 12/28/2015

Notes: Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 12/28/15 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data. In addition to traditional “physician services” claims, “Professional Services” includes orthotics, prosthetics, independent clinics, supplies, durable medical equipment, hearing aids and EPSDT, laboratory, chiropractor, podiatry, optometry, psychology, nurse practitioner, and nurse midwifery services. “Other” includes dental, transportation, home health, long term care, vision and crossover claims for duals.

Total Expansion Population (Dec. 2015) by Demographics

Total Expansion Population: 517,108



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, accessed 12/30/15.

Notes: Expansion Population is composed of 'ABP Parent Up To 133% FPL' and 'Other Adult Up To 133% FPL'. By Region: North= Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren. Central= Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset & Union. South= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem. Region does not add up to total enrollment due to small "unknown" category that is not displayed.

Redeterminations

County and Xerox Redeterminations

- 88% of 2015 redeterminations have been completed

FFM redeterminations as of Dec. 2015

- 104,908 FFM redeterminations were completed
- 35,289 approved
- 66,207 denied (76% denied for failure to respond)
- Remaining applications pending missing information