MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
New Jersey State Police Headquarters Complex
Public Health, Environmental and Agricultural Laboratory Building
3 Schwarzkopf Drive
Ewing Township, New Jersey 08628

October 6, 2014
10:16 a.m.

FINAL

MEETING SUMMARY

MEMBERS PRESENT:

Deborah Spitalnik, PhD, Chair
Sherl Brand
Mary Coogan
Eileen Coyne
Theresa Edlestein
Dennis Lafer
Dot Libman
Beverly Roberts

MEMBERS EXCUSED:

Mary Bollwage
Jay Jimenez
Sidney Whitman, DDS
Wayne Vivian

STATE REPRESENTATIVE:

VALERIE HARR, Director
Division of Medical Assistance and Health Services

Transcriber, Lisa C. Bradley
THE SCRIBE
6 David Drive
Ewing, New Jersey 08638
(609) 203-1871
the1scribe@gmail.com

Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at http://www.state.nj.us/humanservices/dmahs/boards/maac/

ATTENDEES:

Evelyn Liebman	AARP
Daniel Keating	Alliance for the Betterment of Citizens with Disabilities
Michelle Jaker	Amerigroup
Carl G. Archer, Esq.	Archer Law Office, LLC
Matthew Minnella	Association of New Jersey Chiropractors
Dean Roth	Burlin Consulting
Elizabeth Buck	Camden Coalition of Health Care Providers
Shabnam Salih	Camden Coalition of Health Care Providers
Kimberly Salomon	Community Health Law Project
August Pozgay	Disability Rights NJ
Susan Saidel	Disability Rights NJ
Karen Brodsky	Health Management Group
Chrissy Buteas	Home Care Association of NJ
Karen Clark	Horizon NJ Health
Lillie Evans	Horizon NJ Health
Len Kudgis	Horizon NJ Health
Joseph Manger	Horizon NJ Health
Philip Ladhaga	Johnson & Johnson
Carol Katz	Katz Government Affairs
Joshua Spielberg	Legal Services of New Jersey
Jill Viggiano	LIFE St. Francis
Christine Walley	LIFE St. Francis
Bernadette Katsur	LumaraHealth
Michele Slamon	LumaraHealth
Ruby Tanis	Magellan Health
Elizabeth Andolino	Mathany Medical and Educational Center
Kathy Bowers	Mathany Medical and Educational Center
Melinda Martinson	Medical Society of New Jersey
Michael A Ram	Medical Society of New Jersey
Phillip Lubitz	NAMI of New Jersey
Cathy Chin	NJ Association of LTC Pharmacy Providers, Inc
Sarah Lechner	NJ Hospital Association
Raymond Castro	NJ Policy Perspective
Jillian Hudspeth	NJ Primary Care Association
Selina Haq	NJ Primary Care Association
Kate Clark	Planned Parenthood Active Fund of NJ
Rebecca Barson	Planned Parenthood of Central & Greater Northern NJ
Matthew D'Oria	PerformCare New Jersey

Mary Kay Roberts	Riker Danzig Scherer Hyland & Perretti, LLP
Jane Feam Zimmer	Rothkoff Law Group
Steven McRae	Sequenom Laboratories
Ron Popper	Sunovion
Elisa Cohen	The Family Resource Network
Julie Caliwan	The Innovations Collaborative, LLC
Kim Todd	The Innovations Collaborative, LLC
Vincent C. Ceglia	United Healthcare Community Plan
Zinke McGeady	Values Into Action of New Jersey
John Kirchner	WellCare
Lisa Knowles	WellCare
Aviva Woog	WellCare
Maureen Shea	NJ Association of Community Providers
Shauna Moses	NJ Association of Mental Health and Addiction Agencies
Debra Wentz	NJ Association of Mental Health and Addiction Agencies
Maura Collinsgru	NJ Citizen Action
Gwen Orlowski	National Senior Citizens Law Center
John Guhl	Centers for Medicare & Medicaid Services
Nicole McKnight	Centers for Medicare & Medicaid Services
Dominique Mathurin	Centers for Medicare & Medicaid Services
Karen Kasick	NJ Department of Family Development
Allison Gibson	NJ Department of Health
Brian Franz	NJ Department of Treasury
Nancy Day	NJ Division of Aging
Lou Ortiz	NJ Division of Aging
Meghan Davey	NJ Division of Medical Assistance & Health Services
Elena Josephick	NJ Division of Medical Assistance & Health Services
Roxanne Kennedy	NJ Division of Medical Assistance & Health Services
Andrea Large	NJ Division of Medical Assistance & Health Services
Thomas Lind	NJ Division of Medical Assistance & Health Services
Phyllis Melendez	NJ Division of Medical Assistance & Health Services
James McCracken	NJ Office of the Ombudsman for the Institutional Elderly

DR. SPITALNIK: Good morning. I'm Deborah Spitalnik. I'm the Chair of the Medical Assistance Advisory Committee. It's my pleasure to welcome you to the October 6th meeting. I realize we're a little late in starting. We're usually very prompt, but I know there's a new traffic pattern, both literally in terms of traffic, and also security procedures here, so that has slowed down people's entrance.

Pursuant to the New Jersey Open Public Meetings Act, I need to read the following notice: Adequate notice of the schedule quarterly meetings for calendar year 2014, the Medical Assistance Advisory Counsel was issued by the Department of Human Services. This public notice and invitation to attend the 2014 meetings of the MAAC were transmitted to the Medical Assistance Customer Service Center and County Boards of Social Services for posting on November 1, 2013, posted on the DHS website on November 6, 2013, published in newspapers beginning on November 7, 2013, including the *Atlantic City Press, Bergen Record, Camden Courier Post, Newark Star Ledger*, and *The Trenton Times*. This was also filed with the Office of the Secretary of State on November 2, 2013, and published in the New Jersey Federal Register on December 2, 2013, at 45-NJR-2059A.

I also need to start with a requirement of this setting, which is for public events emergency evacuation procedure. I'm sure we won't need it, but I'm required to let you know that upon hearing the fire alarm or evacuation announcement, we are to quickly leave the building via the nearest exit and go to Lamp Post No. 9 in the large parking lot. Once there, you will report to Valerie Harr or Phyllis Melindez, who are the organizers of this meeting, who will check off your names on the attendance sheet, and to wait in your designated area for instructions for the emergency response personnel. Fortunately, even though we have some formality and important structure for input in this meeting, they are not as rote as that.

So, again, I welcome to the meeting. At the Medical Assistance Advisory Committee, we are always deeply gratified to see so many members of the public and stakeholders in the audience. What we do is we start with introductions from the members of the MAAC. I ask members of the public to introduce themselves. We have been able to maintain the convention of once the MAAC members have asked questions about the topic that we are on or made comments, we have been able to open the floor to the public. We have not had to resort to time limits or to a very stylized convention of public input only at a particular time at the meeting, but part of that is the contract between us that people will speak to the topic at hand and limit their remarks. So I thank you for doing that. And again I'm delighted to see everyone. And we'll start with Dennis, we'll go around and introduce ourselves. And then we'll turn to the members of the public.

(Members of the MAAC introduce themselves.)

(Attendees introduce themselves.)

DR. SPITALNIK: Thank you all for being here.

Our first item of business is the minutes of our June 11th meeting. We have a transcript of the meeting. And I will ask the members of the MAAC if there are any additions or corrections to the minutes of the June 11th meeting.

MS. ROBERTS: I have not been able to read it.

DR. SPITALNIK: Are any additions or corrections from anyone else?

Do I have a motion about these minutes?

Dennis?

MR. LAFER: Approve.

DR. SPITALNIK: I have motion to approve, Lafer.

Second?

MS. COOGAN: Second.

DR. SPITALNIK: Coogan.

Any further discussion?

All those in favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Against approval?

Abstentions?

Roberts, abstention.

MS. ROBERTS: I wasn't able to read it.

DR. SPITALNIK: Thank you.

So the minutes are accepted as submitted. And again thank you for the transcription, and thank you for being here with us here again today.

Let me review our agenda. We're going to have a presentation on the Qualified Income Trusts, a series of informational updates. I will review the 2015 meeting dates.

So I would like to turn to the presentation on Qualified Income Trusts, and I'm delighted to introduce Meghan Davey, who is the Chief of Operations at Division of Medical Assistance and Health Services.

Valerie, did you want to say anything in further introduction to the presentation, or should we go ahead.

MS. HARR: We can go ahead.
DR. SPITALNIK: Thank you.
The members of the MAAC have copies of the PowerPoint. And let me remind stakeholders that all presentations are then posed on the DMHS website.
MS. DAVEY: Thank you. Good morning. I'm happy to be here to talk about Qualified Income Trusts. It's a new initiative that we're undertaking here in New Jersey.
So Qualified Income Trusts, we had the ability under the federal government to establish them back in 1993. I believe New Jersey had them for two years. We stopped them in 1995. At that time we moved to the Medically Needy Program. So today currently in New Jersey, we have a Medically Needy Program that for somebody who is above the institutional Medicaid level, their only option right now is to spend their money down under the Medically Needy Program to $366 and be eligible for long-term care only in a nursing home setting.
So we are trying now to seek federal approval to allow individuals in the need of long-term care to use trust devices to basically put, if you have income above the institutional Medicaid level, into trust and be able to eligibility in both a community

setting, an AL setting, and in a nursing facility setting.
(Presentation by Ms. Davey.)
DR. SPITALNIK: Meghan, thank you so much for this presentation and thank you for what you're doing. I know what a difference this is going to make to so many people.
I'll ask you some limited numbers of question from the MAAC and from the public. But also, we're appreciative of your guiding questions to the dedicated web address.
Do Members of the MAAC have any questions or comments?
MS. ROBERTS: Do you know whether this would be applicable for somebody with a developmental disability who wanted to apply for the CCW, the Community Care Waiver, but if the income that they had typically from the parents work history, a pension that might have been left to them or whatever, if they're over that amount, the 2164, would they be able to qualify for CWW in this way?
MS. DAVEY: I don't believe so. I'm looking at Meredith, she's kind of our expert on this. We are looking at nursing facility level of care, and that is an ICFID level of care, so I don't think we can use

this as an option.
MS. ROBERTS: I think for the Community Care Waiver you're supposed to have a nursing home level of care need.
MS. DAVEY: No, I think it's ICFID.
MS. JOSEPHICK: It's always been ICFID for CCW.
DR. SPITALNIK: Aren't there mechanisms for people in that position, including -- I'm not going to have a discussion about special needs, there are special needs trust mechanisms that people can utilize to be eligible.
MS. DAVEY: That's correct.
MS. ROBERTS: If they have a pension coming, like in a monthly pension from a parent, that sometimes --
DR. SPITALNIK: Okay. But this is not the mechanism for that.
MS. ROBERTS: That's my question.
MS. DAVEY: Correct. Not as we know it.
MS. ROBERTS: Thank you.
DR. SPITALNIK: Thank you for that question.
Other questions or comments from the MAAC?
From the public?
MS. MCGREADY: I'm Zinke McGready. I work

with Values into Action. And we work primarily with people in the Community Care Waiver, and the process is pretty much parallel to what you're describing and that we work with families in the Division, DDD, Division of Developmental Disabilities, works with people if they have income and they're over the threshold as long as they're showing that they are trying to establish an irrevocable trust. We provide family members with names of attorneys so they can work on that process, and we have the exact same income threshold. And we have to meet the nursing home level, so that's where Beverly was coming from.
DR. SPITALNIK: Thank you very much.
MS. CHIN: Good morning. Cathy Chin. Thank you, Meghan. Thank you, Valerie. Elena, thank you for staying with us, Nancy, Lowell. Thank you for everything. And thank you for putting in that banking piece. That was very important to us, to notify the banks. Thank you.
One question. Do you know who can be a trustee? Have you defined that yet?
MS. DAVEY: The New Jersey law defines it. I know Lowell was having some conversations with OPG and Plan NJ, but those are still ongoing conversations.
MS. CHIN: When will we first see that

information? How will we know?

MS. DAVEY: We'll probably update FAQs with all of that information.

MS. CHIN: Okay. Thank you.

MS. DAVEY: And the other thing I think I did not mention is after the post-eligibility treatment of income, what's left in trust, we can deduct trustee fees out of the -- I didn't know if I mentioned that.

MS. CHIN: No, but we saw it.

MS. DAVEY: Great.

MS. LIEBMAN: I'm Evelyn from AARP. We're very excited about this new initiative and all of the work that everyone has put into this. Just a couple of questions. And I haven't had a chance FAQs, so pardon me if they're there.

Will there been the same kind of three-month retroactivity with Miller Trust as we have now with medical need?

Two, when we're talking about the cost share with respect to someone living in the community, will the cost share be that percent of the capitated rate that's attributable to HBS?

MS. DAVEY: Yes. Correct.

DR. SPITALNIK: Could you restate the question, so people can hear it.

MS. DAVEY: The three-month retroactive eligibility applies.

MS. JOSEPHICK: As long as the trust is funded and it's after the date that WE started. So it has to be funded, established and it's after whatever the date is.

MS. CHIN: And we're starting?

MS. JOSEPHICK: We don't have authority yet.

MS. DAVEY: So we were hoping for a November 1st start date, but we're still waiting for CMS approval for the State Plan Amendment for the Medically Needy changes. So until we get that, we don't really have a start date. But that will all be in FAQs. We'll continue to update.

DR. SPITALNIK: Other questions or comments?

MS. DAVEY: And Phyllis just confirmed the template is up so you'll find that on the website as well.

MS. HARR: Great. So you can start to take a look at the template.

I want to acknowledge Elena. Thank you, Meghan. Elena was scheduled to retire previously, but this initiative is so important to us that we asked Elena, and she agreed, and she is extending her retirement date to help us get the Qualified Income

Trust established. So very much appreciate everything she's done.

(Applause.)

DR. SPITALNIK: Thank you. And thank you very much. We're very excited about this.

We'll now move to a series of informational updates, beginning with an update on New Jersey FamilyCare expansion enrollment. And I turn to Valerie Harr; the Director of DMAHS.

MS. HARR: So these are some of the same slides and same data points that I've been providing in previous meetings. This just goes back through the history, for anybody that's new here in terms of establishment of our Medicaid expansion.

Our Call Center volume, again, we've been tracking this for some time. So you'll see the Call Center volume, the peak of it was January through March. No surprise. The Call Center at Xerox, our health benefit coordinator, is still well over a hundred percent of the normal volume, but it has subsided. And as I said before, Xerox did hire additional staff to support not only the eligibility determinations, but the Call Center.

And this is really quite a statement, this slide. You can see the steady or level and then pretty

small growth over a number of months. And then you see with the expansion through September now, we have over 1.6 million Medicaid beneficiaries here in New Jersey.

So again, these statistics are through September. We have maintained eligibility for 160,000 people. Parents that, had we not expanded Medicaid, again, they were parents over 133 percent of poverty that we've been covering under NJ FamilyCare, we were able to maintain their coverage through the expansion because we elected the optional Medicaid expansion. Otherwise, they no longer have been eligible for Medicaid FamilyCare.

We have enrolled close to 280,000 newly eligible adults and parents. Those that were previously eligible under income guidelines but had not enrolled, we've been tracking that since January, and that's 66,000 people that have enrolled.

These are just some pie charts on what the population looks like, the age breakout, so you can see 46 percent of the expansion population are between the ages of 35 and 54. 39 percent are between the ages of 19 and 34. And then the older population, 55 to 64, is about 15 percent.

So I think that's what most of us expected:

This is a new type of data point that we are

collecting. It's only individuals that have their cases processed through Xerox. We don't have this information available to us from county welfare agencies, but these are the number of individuals each month that Xerox has determined ineligible. And you can see the different markers here, when you see the spikes and the low points, that it's consistent with the activity that was happening at the Marketplace and with the Medicaid expansion.

So one of the initiatives that we've undertaken to try to maximize the number of people that we can get enrolled in the expansion is another express lane administrative simplification and looking at individuals that are enrolled in the Nutritional Assistance Program, SNAP, and CMS provided guidance to states. It took us a little while to figure out how we would do this because we do have managed care enrollment that happens automatically and trying to synchronize that with the SNAP Program and give members choice was a little difficult to for us to figure out how to operationalize this. But we were 1 are 6 states using the streamline process for SNAP recipients. And, again, the authority became effective in December. It took us a few months to get this sorted out, but we have begun the process.

So we identified 21,000 uninsured single adults that were receiving SNAP that did not have Medicaid. So we sent an express lane application to all of those individuals. And when the member would return the express lane, the very simplified application, the applications went back to our health benefits coordinator. So of the 21,000 that we identified and mailed applications to, we were able to enroll 7,000; 1,163 by the time they returned the application, they had already been enrolled due to the issue of timing. But we did not receive a returned simplified application from 13,000. So I think that's a little bit disappointing, but we're going to continue that process. We're going to keep doing that. So we're going to keep sending out the letters and trying to get individuals to return that simplify application. So I'm not quite sure. I'm open to suggestions on why those SNAP recipients would not be interested or not returned and what we can do try to get them to enroll. Because, again, based on the SNAP eligibility, they are eligible for Medicaid.

Presumptive eligibility is another piece to the puzzle and another way that we try to get people enrolled in the Medicaid program. We've had presumptive eligibility for a long time. And we've

expanded the presumptive eligibility program to the expansion to the parents and the single adults in January. And you can see the states that provide presumptive eligibility. We've highlighted a number of them here or all of those that do. They don't always have it for both CHIP and Medicaid, but you see New Jersey highlighted that we do. And now we also have it for the expansion group.

So you can see the volume of presumptive eligibility applications that we take. Again, this is somebody that presents at a federally qualified health center or a hospital that has a trained and certified presumptive eligibility unit. And they ask limited number of questions and take an application so that the client can get served, provider can get paid. That comes to the State. We establish presumptive eligibility period and is then followed up for someone to have a full eligibility determination done either by Xerox or a county welfare agency.

Going back, the presumptive eligibility period is typically 30 days after the date that the PE period is established. We have been extending it because of the delay of the county welfare agencies in having a full eligibility determination done. We've extended it of 60 days longer than the initial period.

Again, that was approved by CMS for us to do that.

So you can see here the timeline of us having the presumptive eligibility program for children and pregnant women and then the volume of presumptive eligibility applications we've been receiving with the expansion.

The federal matching rate for the expansion population for presumptive eligibility 50 percent until and if the person has full eligibility determined and are found eligible and enrolled in the Medicaid expansion, then we can go back and get a hundred percent federal matching funds for the PE period, as well. So it is very critical that individuals that have presumptive eligibility established follow through and have the full Medicaid eligibility done, again, so we can maximize our field reimbursement.

You had asked me for an update non-emergency transportation RFP. Currently LogistiCare is our vendor that provides non-emergency transportation to our Medicaid beneficiaries. And an interesting statistics that I have just learned, and we had our external quality review organization do a very extensive study on transportation and LogistiCare, including surveys to providers and telephone surveys with a pretty good response rate from consumers. So at

the next MAAC, if you are interested, I would like to have the a presentation on what our external quality review organization found with transportation.

But the RFP, we've allowed a two-week comment period, basically a request for information. We posted the RFP to the Purchase and Property website. It's the first time that the Division, to you my knowledge, has ever done that, posted an RFP for public comment. We received 125 recommendations from over 20 organizations. My staff and individuals from Purchase and Property met for several hours and reviewed every comment, and then met with me and we reviewed every comment. I would say many, if not most of those comments, we have revised the RFP to address the public comments. And so the revised RFP is going through circulation and sign-off. It should be on my desk for signature any day now. And then it will go back over to the Division of Purchase and Property, and we expect the RFP to be released by the end of summer.

That's it for my updates for now. Are there questions?

DR. SPITALNIK: Thank you very much. And we will put both of those items on our agenda for our January meeting.

Are there comments or questions?

MS. ROBERTS: First of all, thank you very much. And thank you for mentioning about LogistiCare survey. And as Deborah just mentioned, I think we're all very eager to hear the results of that survey.

A couple of very quick questions:

The slide that you talked about where it was determined that individuals were ineligible for Medicaid, do you have reasons of what was going on or what happened to those people who were found ineligible?

MS. HARR: Yes. I think we can probably get the reasons. So these would be people coming up for renewals, redetermination, so this could be anything. This could be over-income, aged out of the program, could be non-payment of premiums. They had been enrolled through the reasonable opportunity period, or their citizenship had not been documented but they enrolled for -- we enroll people under reasonable opportunity period for 120 days. And if they did not provide the documentation of their citizenship or legal residency, they may have lost coverage. So it could be any number of factors. Usually, I would say, it's probably they don't meet the income criteria any longer.

MS. ROBERTS: So then they would eligible

perhaps for the Affordable Care Act?

MS. HARR: Yes. And so when someone has their eligibility denied, on the outcome letter, we let people of other options.

MS. ROBERTS: You do.

MS. HARR: Yes.

MS. ROBERTS: And then a quick question on the SNAP when you were asked about the large number of people who didn't respond. Do you know what the envelope looked like? Like, sometimes I'll get an envelope and it will say "Important Information," on the outside of the envelope and things like languages that have been written. Do you know anything about that?

MS. HARR: We'll have to confirm, but I'm assuming it's the FamilyCare envelope that has the babble notice on the back. So it would have been like a FamilyCare application.

MS. ROBERTS: So what does that tend to say on the envelope?

MS. HARR: I don't know if it has anything. But on the back it says, "If you need assistance in translation," and it has 10, 20 different languages, and gives you the phone number to call. It's Xerox. But it doesn't have State -- I think it's a white

envelope.

MS. ROBERTS: If you're sending something out again, maybe there could be something else right on the outside of the envelope that would be indicative of something. Something that would say open it and read it.

MS. HARR: Okay. I'll have to look at that. Thank you.

DR. SPITALNIK: Theresa.

MS. EDELSTEIN: Just a question, a clarification on Slide 6. It's titled, "Expansion Population By Age Group." Is this also representative of all medicaid beneficiaries, or are you seeing differences in how the age groups look in the expansion population versus the overall Medicaid population.

MS. HARR: Well, there would be the difference with the expansion because the expansion you're only eligible up to age 64. So if we looked at the entire Medicaid population, you're going to have many more older individuals. And this obviously, this is not have the children. So this is kind of a subset of entire Medicaid.

MS. EDELSTEIN: So it's only the demographic representation of the expansion?

MS. HARR: Yes. And I think Theresa had an

asked me to give an update on the Governor's budget for 2015, there is the option for the Commissioner of the Department of Human Services to have Medicaid eligibility removed from one or more county welfare agencies and develop a pilot program. There are a number of other competing priorities right now. And so I would say the option is obviously still there. There is not active work happening right now to make that effective in January. So, again, the option is there. And that I may provide different facts when I meet with you later. But we're not actively pursuing it right now.

DR. SPITALNIK: Mary.

MS. COOGAN: First, I want to say, once again, these numbers are really expressive. I was at a conference last week where I was reminded of the fact that in New Jersey we are very lucky when I talk to some of my colleagues, other child advocacy organizations in other states and what they're struggling with to get kids and families enrolled. So I want to commend the State. But also, there's a lot of people in this room that have worked to get people enrolled in FamilyCare, and it's always been a public-private partnership in New Jersey, which I think is to our benefit.

So having said that, I'm looking at this SNAP situation. And I know we did the express lane, the tax returns, we didn't have as much success as we wanted but, again, we in the community advertise the fact that the State was doing a mailing. Maybe we can do that again. I know my office would be willing to send something out to the media for local newspapers. Sometimes they put a little blurb in. And other organizations in this room that are working with families that are on SNAP, it would be good to talk it up and say, open that envelope and sign the paper and get the it back.

MS. HARR: Thank you. And I think what we can do is maybe send to the MAAC a sample of the letter that we previously sent and that envelope so that they can see it. And then if we're going to change it, you can let me know.

MS. COOGAN: It's just the timing of when it's going to go.

DR. SPITALNIK: Thank you.

Comments, questions?

Ray Castro.

MR. CASTRO: First of all, thank you for initiating the streamlining of the application for this population. That was optional. The State didn't have

to do it. We're one of the few states that did it, so we appreciate that. And I'm glad you're not getting discouraged by the number of people who did not send in an application. This is not unusual in terms of we've learned in the Marketplace that these individuals who, by definition, are not the highly motivated group, otherwise they would have applied before, that they have to be contacted three or four times before they get interested. And also, I don't know if there's some way for you -- there's a lot of navigators and coordinators and so on out there. I don't know if there's any way to coordinate with them in terms of reaching out. I think we have to be creative in terms of how we try to reach this population.

I had another question which have to do with the CASS. I was wondering if you can give an update on where we are with that.

DR. SPITALNIK: Can you repeat the question?

MS. HARR: The question is so our eligibility -- we have been building an eligibility enrollment system for a number of years now, Consolidated Assistance Support System; CASS, is the acronym. We're, essentially at the same place we were last time. So we are continuing to work with the vendor and make more progress than what we had so far.

It remains a significant challenge for the State. And I'll probably be able to provide more information at the next meeting. But it's not progressing in the rate that we would like it to.

DR. SPITALNIK: Thank you. Evelyn and then Josh.

MS. LIEBMAN: Thank you for the presentation. As Mary said, we're also so pleased that we moved forward with the expansion. I took part in a national conference where many states are struggling.

Can you give us any insight in terms of where we are now with the backlog and where we hope to be as we go into a new enrollment period and what those challenges might be?

MS. HARR: Yes. So we don't have a backlog at Xerox. We're trying to stay on top of the presumptive eligibility. So that's a challenge. But we have staff working overtime and we've made some system upgrades. There is still a backlog at the county welfare agencies. They are to report their backlog to the Division every Friday. Not all of the counties do that. So based on the county self-reporting of their backlog, it's still over 20,000 backlog applications, but it has come down.

We had one county work with us. We've taken

1300 of their applications that have been in backlog and we have transferred them Xerox to be processed. We are continuing to try to work with the county welfare agencies to address the backlog.

In addition, we have been working with CMS because they have 50,000 people that they have been unable to verify income on that are enrolled through the Marketplace. You may have seen an article about this with other states. 50,000 people that enrolled through the open enrollment period, they are unable to verify the income. We agreed last week to take those 50,000 applications and we will processing them or CMS.

Going forward, there will be a change in 2015. People that make an application at the Marketplace and appear to be Medicaid eligible, if the Marketplace, again, cannot verify income, residency, citizenship, or identity, those applications will be sent to the State and we will complete the eligibility determination.

Of the a 1.6 million beneficiaries, 1.3 million will need eligibility redetermination done in 2015. So we have come up with a number of administrative simplification ideas that we are working with CMS to see what we can do so that we cannot not only be ready for the open enrollment period, continue

to make progress on the backlog, but also handle all the redeterminations.

So I think we're in a much better position than we were a year ago. But I'm expecting it will be bumpy, so we'll all have to work together to help people that are applying, because I'm sure there will be some frustration, as there was last year.

DR. SPITALNIK: Thank you. And Josh.

MR. SPIELBERG: Josh Spielberg, Legal Services. Again, I'll just add to the chorus of thank yous and impressive job in terms of the number of new people enrolled.

Some questions about the ineligible chart.

First of all, does that include both -- you said it includes redeterminations or which there were terminations? Does it also include denials of initial applications.

MS. HARR: Yes.

MR. SPIELBERG: And you said it does not include the county?

MS. HARR: Correct.

MR. SPIELBERG: And is there a plan to get those numbers from the counties also.

MS. HARR: I don't have an IT system to get it from the county. It would be self-reported from the

county. And, again, they're not all reporting their backlog to me. They probably don't have the resources to do account, because they don't have a system to give it to me. So I don't think we have -- we'll try. This is what's Stu does. He's responsible for our performance reports to CMS for Medicaid eligibility. So we will try to get it from counties, but I'm not going to guarantee that we'll have the data.

MR. SPIELBERG: And then a question about the backlog. When you say there's 20,000-person backlog, what's the definition of backlog? Is it pending more than 30 days?

MS. HARR: Over 45 days.

MR. SPIELBERG: Thank you.

DR. SPITALNIK: Yes?

MS. COLLINSGRU: Maura Collinsgru, New Jersey Citizen Action. We had gotten some information last time you spoke about the immigrant denials and you had looked into that and corrected some problems that were happening there. Kind of a similar issue that ties into this, and I don't know if there's a way to do this, but it's come up with a lot of the enrollment of sisters. There's a requirement when people file the application that they have to have an NJ FamilyCare denial in order to proceed with healthcare.gov. And we

already know if you're not here five years, even if you meet the income eligibility, you cannot get New Jersey FamilyCare. Is there some kind of mechanism for self-attestation we can implement? Because we're hearing from the enrollment of sisters that many of those individuals are in the backlog. It's taking many, many months to get denials we all know they're going to get, but they can't process their real application at healthcare.gov until they get an official denial.

MS. HARR: So I think that's a question for CMS. So for you to ask CMS and us to ask CMS if they would be willing to take some other attestation or document as people wait for a denial that they are expecting. I can ask that question.

MS. COLLINSGRU: Is that something we should ask jointly, or should we put that to CMS and copy you into the correspondence?

MS. HARR: That would be fine.

DR. SPITALNIK: Thank you.

Yes?

MICHELLE: Hi. Michelle, Medical Society. I know we're going to hear from the credentialing committee a little later. Hopefully, we have good news about improving credentialing, but we wanted to know if

Medicaid is working with Rutgers or what progress there is on the directive that was given to Rutgers by the Governor to look at Medicaid reforms.

DR. SPITALNIK: I'm going to ask you to hold on that question if you want to respond to that later if we would put that as an agenda item. I'm going to ask you comment on the specific updates at this point. But thank you for that, and we will keep track of that.

MS. ROBERTS: Just one last very quick question.

On the redeterminations that you mentioned, the very large number people of who going to need that, if there's anything that the advocacy groups and others in this room could do, if there's information that you all wanted to put together and have us disseminate that would help to make the redeterminations more smoothly or prepare people or if there's anything that we all could do, we would be happy to do that, to get the word out.

MS. HARR: So what we're thinking about or are trying to do is see how many renewals could be done administratively without someone having to -- the first thing is ex parte for administrative renewal, that Xerox or a county welfare agency is able to take the case up and do an electronic verification. And if

nothing's changed, they're able to make that determination and send the recipient a letter saying you've been renewed or not. Another way is telephonic.

So we're still trying to sort all of that out, especially trying to figure out how many county welfare agencies have a telephone system that can take an electronic signature by telephone. Xerox can. Some of the counties, I think, can. So I think, depending on what route we go, it could be just having someone knowing that there's going to be telephone renewal, having some education out there about what would someone need to provide and maybe if anybody needs assistance in completing a telephone renewal. Just sort of thinking out loud here.

MS. ROBERTS: If something was put together, that would be obviously consistent from you that we could post to distribute to our group list, put on our websites, it would just help to start to make people aware that they might be a phone call or they might be getting a letter about something, to look for it, to pay attention, how important it is.

DR. SPITALNIK: But at this point, that would be premature, as I understand it.

MS. HARR: Yes.

MS. ROBERTS: Certainly, nothing would be

done unless you all sent it and said, please distribute this to your networks.

DR. SPITALNIK: And I think there's been some wonderful traditions of that, as Mary said, of everyone in this room getting information out. Thank you.

Dennis, did you have something?

MR. LAFER: You mentioned 1300 of the 20,000 have been moved over to Xerox from the counties.

MS. HARR: Yes.

MR. LAFER: So has that been offered to each one of the counties?

MS. HARR: Yes.

MR. LAFER: One county accepted your offer?

MS. HARR: Correct.

DR. SPITALNIK: Thank you.

Thank you so much, Valerie. And we also welcome another member of the MAAC who's Sherl Brand.

We're going to turn to our next update, which is an update on Managed Long-Term Services and Supports. And I welcome Nancy Day, the Director of the Division of Aging Services.

Nancy, good morning.

MS. DAY: Good morning. My name is Nancy Day, and I'm the Director for the Division of Aging

Services. And normally Lowell Arye gives the update for MLTSS, but he is on a very well-deserved vacation, so I'm here on his behalf.

My task today is to provide an update of what has transpired since July 1 when we began the Managed Long-Term Care Serves and Support Systems that went effective July 1.

(Presentation by Ms. Day.)

DR. SPITALNIK: Nancy, thank you so much. It's so wonderful to have seen the beginning of this initiative from the waiver, the steering committee, and now implementation, and also the spirit of collaborative problem-solving. Thank you so much.

Beverly.

MS. ROBERTS: Thank you, very much, Nancy.

A quick question about homemaker services. And in particular, is that something that could be utilized for a family with a child who was CRPD waiver and is now in MLTSS, so living with their parents but with a lot of medical complexity needing private duty nursing. Would that be a eligibility for homemaker services?

MS. DAY: I think one of the most important thing is to look at what that person's care needs are. And I hear Maribeth also clarifying. Because with

private duty nursing, is that really your question? Or the flexibility of other additional services?

MS. ROBERTS: Not instead of, but is homemaker in addition to? Is that a possibility?

MS. DAY: So are you asking more for personal care assistance, which would be a State plan?

So what we're trying to do is now under MLTSS there are -- and I don't even know how many services we have, but they're all flexible. So it's looking at what is that individual need, what are the formal and informal support system that person has?

So if they're a member, if they're enrolled in MLTSS, it does offer them some additional support services that they might be entitled to. So homemaker is not a service that is provided, but personal PCA is one that they would need. Respite would be another one. There's even personal emergency response system. There are additional services that they can access.

DR. SPITALNIK: Other questions?

MS. BRAND: One of the things I've been hearing is -- and I don't know the solution is, but where you've got multiple individuals living in the same home ending up on different plans and not understanding they want to go to the same doctor or access services from the same provider and then they

find out, oh, because my wife has this plan and the husband has the other plan or other another family, is there any kind of question that goes on? Because I just think folks aren't understanding that there are differences. And do we as part of either the application process or periodically have a discuss around that particular topic?

MS. DAY: I think it's really an important question that we have to address more proactively. Going back to the fact that you had four different waivers with people in different programs, now they're all under one program, so definitely family members could have been enrolled in a particular MCO. There's auto assignment. But I think the most important thing that we're trying to do is through the option counseling is to make sure people understand not only what services that are available, but also on how to select a managed care organization. You do have open enrollment that people can make changes, as well as for cost. And I think that that's one in which we really want to work to make sure that they have a plan that's coordinated and supported, that's unified within the family. So I think we need to work on that aspect as well.

DR. SPITALNIK: Thank you.

Dennis.

MR. LAFER: I see that medical necessity was not one of the top reasons for claim denial, which I think is a good thing. I was wondering whether we get some deal maybe next time of what kind of issues you had denying medical necessity.

MS. DAY: We'll definitely address it. But I think one of the differences in MLTSS is really looking at not so much the medical necessity but through the assessment part, we're looking at functional needs. So it's a much more holistic approach than just a diagnosis that says this person is in. It's looking at their clinical assessment needs. We can give you a breakdown, if that's what you'd like.

MR. LAFER: That would be great. Thank you.

DR. SPITALNIK: Thank you.

Theresa.

MS. EDELSTEIN: Hi, Nancy. Kind of along the same lines, you mentioned that your monitoring plan of care changes that you see as MLTSS continues. Do you think you'd be able to quantify in any way the types of plan of care changes you're seeing, any trends? And how do those plan of care changes affect other utilization of services, as well as maybe some member-centered measures of how it affects quality?

MS. DAY: In that regard, first of all, in terms of tracking and monitoring, because it will have to be looking at encounter data, so at this point we really don't have that information. As we start to collect it, that is one of our first primary, looking at the data that we want to capture. We meet as every two weeks, MLTSS Quality Committee, Divisional Committee, and that definitely is our plans to cull that data.

In terms of also looking at other ways of monitoring, we're a state that has just signed up to be another pilot under the Community Living for the US Administration. They're looking what was the National Core Indicators, which is a consumer survey satisfaction, and they are actually adding questions for the aging and disability. And we are going to be a pilot state, so we look at that as an opportunity to actually hear from the consumers themselves and their representative. So those are the types of things that we're trying to monitor.

And also, in terms of, again, what we're looking at, because there will be changes in the plans of care, and why it's so important for us to look at our clinical assessment because that's also going to indicate has there been changes or there is concern

were they getting more hours, less hours. But now we're going to be able to start looking at and comparing data from the clinical assessment and looking to say, well, this would be an appropriate level of service that we should be seeing, and then looking at our the data. So those are all of our strategies, and it will take awhile to get all of that data together, but that is our goal. So hopefully in the spring we'll able to provided some of that information.

MS. EDELSTEIN: Just one other question. On the options counseling side of things, because we entered open enrollment period and we see people making changes and you have new people coming in -- and you know that this is a point of sensitivity, so I'm going to try to ask the question in a sensitive way -- but how are we making sure that the PACE option is truly being offered where it's available.

MS. DAY: As you know, that is a concern and one in which we have not only in our training of our own nurses, that that is a part that they must check off, that they counseled the person. Within the MCOs they are also required to make sure that the person knows in those areas that that is an option. In addition, we have what we know as our shift counselors, which is very active during this time of open

enrollment. And they also know about Pace being an option.

So we're trying to be very proactive and make sure that people are given their full opportunities, whether they want to stay on MLTSS or open to others, such as PACE.

DR. SPITALNIK: Thank you.

Stakeholder questions at this point?

Seeing none, thank you again.

Oh, Eileen, did you have a question?

MS. COYNE: I just want to go back to the homemaker question real quick for a second, please.

My understanding was that the homemaker, for a person might be homebound, be able to go do the shopping for the person and the person could not necessarily go with them. But the PCA could not do that. I think that might be the caveat. I don't know if that's what you were referring to.

MS. DAY: Actually, under the Go Waiver, there was a service option called home based supportive care, and it was very similar in services provided under the PCA. So what we actually did was change home based supportive care to provide those IADLs, Instruments of Daily Activities of Living. So your example would be if someone is in need of someone to do

grocery shopping and they can't do that for themselves, there is another option under home based supportive care.

MS. COYNE: Okay. Thank you.

DR. SPITALNIK: Joe.

MR. MANGER: Joe Manger from Horizon.

In support in what Nancy is saying, this is one of the difficult questions we all have all the time on MLTSS, in that it's not a menu where you can say, "Can I get this? Can I get that?"

The answer we always give is, "Don't know. It depends."

When we go out and do the assessment, you figure out again do we keep them in the home. So for some folks that's PCA, a homemaker, whatever it might be. That's been part of the transition. Is there's a million different things that could keep a person in the home, and the only way we know that is by doing the New Jersey Choice assessment tool. That's been one of the biggest difficult questions that we had. "Can I get this?"

"We don't know. Let me come and look and see."

That's the way we're approaching it.

DR. SPITALNIK: Thank you.

Nancy, thank you again.

We will now turn to a presentation on the Personal Care Assessment Tool and welcome Carol Grant and Maribeth Robenolt.

MS. GRANT: Hello. We're going to have a set of slides, but I just wanted to give a couple of reminders so people understand what we're talking about.

We're talking about the PCA, Personal Care Assessment, tool. PCA, as you've heard, a very critical service, is a Medicaid state plan service for members who need assistance with aspects of daily living due to functional impairment. It's not emergency health related tasks done by qualified staff. It really accommodates long-term chronic or maintenance health care but is not a replacement for routine parental responsibility for care, companionship, childcare or babysitting.

I'm giving a reminder that these were the kinds of things we presented at the last meeting, so that you remember what PCA is. And while is it often talked about in the context of MLTSS, it actually is a State plan service, very critical to kinds of home care that can be done to help people out of institutions.

(Presentation given by Ms. Grant and Ms.

Robenolt.)
DR. SPITALNIK: Thank you very much.
Beverly and then Sherl.
MS. ROBERTS: Thank you very much. I know there's a lot of work that has gone into this. It's very much appreciated. Just a few questions.
At what point will advocates be able to actually see the tool?
MS. GRANT: The reason we haven't really shared the tool was because it has not been sort of nailed down to its final version. We're hoping by the next MAAC meeting we will have a more substantive presentation around the tool.
MS. ROBERTS: Would we be able to see it essentially.
MS. HARR: When we can. I'm very sensitive to this because there were a lot of bootleg versions, multiple versions of assessment tools that were circulating at points in time throughout the State. So we don't want drafts to be out and to be utilized and then when we come out with the final one, we have providers that are still using a draft, et cetera. So that's why we haven't been sharing the draft, because it caused a lot of problems when we surfaced into managed care because of the multiple versions of tools

that were being circulated.
MS. ROBERTS: In November, next month essentially, only the new tool will be used?
MS. GRANT: They will start, yes. What we're calling this is sort of a supervised implementation for 60 days so that we can make sure that whatever we've done in terms of tweaking instructions and everything else are actually being read clearly, being properly implemented, you're seeing an increase in reliability of the tool, that sort of thing. But it is the tool. It will be used to authorize, or at least those 60 days. And then if we don't have to make any final refinements, then it will be the tool.
MS. ROBERTS: So the old tool will no longer be used?
MS. GRANT: Correct.
MS. ROBERTS: Do you know has happened in this interim period when both tools were being -- they had the option they could have used old tool and the new tool.
MS. GRANT: That's what these results were. We require that the beta test be done using the new tool. However, they could authorize based on the old tool.

MS. ROBERTS: So do you know what has happened if there was a discrepancy such that the person using the old tool, if this their hours were being reduced, but if the new tool were the one that was actually in place permanently would have authorized --
MS. GRANT: We did not, because if that was the case, we would have said, you have to use the new tool to authorize. You had to go with the hours that were there. However, that's why we ask for both copies of the tools to be given to us so we can see what the differences were. That's what you're seeing.
And with the training that we're doing is really retraining. It's going back out there to reinforce. And we'll be building in other kinds of mechanisms to make sure that we have reliability with this tool.
I think we'll be better able to speak to many of these things by the next MAAC meeting.
MS. ROBERTS: Thank you.
MS. BRAND: Thank you, Maribeth and Carol. A couple of questions.
Electronic or paper?
MS. GRANT: Our goal is electronic.
MS. BRAND: Because I was thinking with the

math errors, that would go away and you can even prompt questions for certain things with some of your findings.
And I hate to sound like a broken record, but I know we still have providers needing to do the assessment, and this is going to be an MCO function. How are we addressing that?
MS. GRANT: You mean in terms of the accreditation requirements?
MS. BRAND: Yes.
MS. GRANT: We understand that issue.
DR. SPITALNIK: Can you make that issue more explicit for people who are not as familiar with the details of the issue.
MS. ROBENOLT: The question that you're asking is related to the regulations state that the assessment is supposed to take place and who's responsible for that assessment.
MS. BRAND: Because right now in the 1060 Regs, it specifies that it's the provider agency's responsibility; when, in fact, the MCOs are now doing it. And I know we've brought it up. And agencies, I can share, are concerned because it does say in the regulations they must do it, yet it really not --
MS. GRANT: I know that 1060 is under

revision and we're well aware of the issue. We're trying to find ways to cope with it. We are really working with various associations who are required to do this to see whether or not we can streamline that process even under the current regs.

MS. BRAND: Because the accrediting bodies have said, if it changes in the regulations, then they change their focus.

MS. GRANT: Indeed. Unfortunately, you run into this kind of situation where you're trying to make a change and we have a set of regulations that are sort of memorialized in stone. So we understand the issue and we are working on it. I don't know that we have a better answer to give you at this point.

DR. SPITALNIK: Thank you.

Other questions from the MAAC?

From stakeholders?

Yes.

MS. TODD: I'm Kim Salomon with the Community Health Law Project. Is the new assessment tool going to address the number of hours it adds up to? It currently adds up to 25. I have clients getting 40 hours, being cut to 28, scoring a 21. And I don't really know how to address the extra 15 hours that would --

MS. GRANT: In the current tool, /TPHRAOPBLS calculated up to 40. In the new tool, it actually could add up to more than 40. You know, in general, that's what the regulation you can count up to. But the whole purpose of this tool is to set an average amount of time for these tasks, as well as provide an opportunity for justification where it is higher or lower. So it will be a very different kind of tool than the current tool that's being used. Which is really a scale. This is actually a time-based tool.

So I think those problems will go away and you will better to see John Doe in terms of his needs and his demographics. That's what the purpose of tool is.

MS. SALOMON: To follow-up, I have some current appeals going on. Is there a way to ask the MCO to reevaluate based on this new tool that is coming out next month?

MS. GRANT: No, I don't believe so. But there, obviously, are appeal rights that people have, and they should exercise them if they feel they need to.

MS. SALOMON: Okay. Thank you.

DR. SPITALNIK: Thank you.

Other questions or comments?

Thank you, both.

We will now turn to Dr. Thomas Lind for an update or provider credentialing.

DR. LIND: Good morning. I'm going to provide an update regarding the activities of the credentialing task force and our progress in the process of streamlining our credentialing process.

In the interest of expediency, since the last MAAC meeting, we have opted to exclude nontraditional providers from the recommendation as a phase 1. We split it into two phases. The first is going to involve medical, dental, and behavior health providers. And phase hole will involve nontraditional providers. And we are well along our way and I'm happy to say that we are aiming for October 30th as the date at which the task force return a recommendation for the best fit for the State of New Jersey.

We have completed our process of gathering provider and gathering our managed plan input. We've already started to begin the process of digesting the data and debating the pros and cons of each potential solution to the issue of fragmented credentialing process as it exists today.

We are going to have at this point four vendor presentations strictly for the purposes of

research to discuss how a vendor can provide services to a state. And, hopefully, we're going to be able to use vendors that have already provided services in other states so we can learn from their experiences and avoid the pitfalls that our predecessors have gone through.

We have already discussed with many other states where they are in their process and the progress that they've made in tackling their credentialing issues. And we are going to disseminate that information at the following meeting. We are more or less meeting weekly from this point onwards. And it looks like we're well on task to complete that by the 30th. Thank you.

DR. SPITALNIK: Thank you.

Questions or comments from the MAAC?

Thank you.

From stakeholders?

Thank you very much, and we look forward to hearing results going forth.

I will now have a presentation on the Administrative Services Organization/Managed Behavioral Health Organization, an update from Roxanne Kennedy.

MS. KENNEDY: Thank you. Good morning, everyone. In honor of Mental Health Awareness Week,

everybody looks kind of tired. Can everyone get up and just stretch for a second. It's a long morning. So if you feel the need to get up and stretch, please feel free to do so. And October is Mental Health Awareness Month. So just keep that in mind as we go along.

I'm going to provide an update about the ASO and BHO. However, there's not much to provide at this point.

(Presentation by Ms. Kennedy.)

DR. SPITALNIK: Questions or comments?

Dennis.

MR. LAFER: It's taken so long to get the ASO to be out the street. I was wondering whether the State would consider doing a draft RFP on the street prior to final publication, similar to what was done with transportation one that we spoke about.

MS. KENNEDY: I do know that's being taken into consideration because of the length.

MR. LAFER: So it's being considered?

UNIDENTIFIED SPEAKER: The question, please?

MS. KENNEDY: Dennis' question was, similar to the transportation RFP from DPP was open for public comment, he was asking could the same process be done for the ASO and BHO. And my answer is it is something we are taking into consideration due to the length of

it.

MR. LAFER: On the behavior health, so you're phasing this in statewide. Are you going to be looking at evaluation data, making a determination how this is unfolding and what evaluation data you would be utilizing to be shared with us?

MS. KENNEDY: Once the State Plan amendment is approved, we can make that public. CMS published guidance, I believe, last January on the outcomes for Behavioral Health, so those are boilerplate core things we have to report to CMS and then state identified some. So once the State Plan amendment is approved by CMS, we can make those outcomes public. And then we have to report -- I'm not sure if it's quarterly or annually -- but it's of each of the outcomes. I think some are annually, some are quarterly.

DR. SPITALNIK: Other questions from the MAAC?

Stakeholders?

MR. MANGER: Joe Manger from Horizon. This might seem really minor, but I'm not sure it is. Can we maybe not use PERS, Personal Emergency Response System under MLTSS.

MS. KENNEDY: This is the acronym that CMS is requiring us to use because it's the authority under

their -- we all called PES, Psychiatric Emergency Services, but CMS --

DR. SPITALNIK: It does offer possibilities for long car trips with traffic for acronym bingo, but.

MS. KENNEDY: PERS is the federal guidance and the authority that we fall under. And we don't want to forget rehabilitation in a crisis.

DR. SPITALNIK: Thank you.

Other stakeholder questions or comments?

Thanks so much, Roxanne.

Our next informational update, we'll turn back to Director Harr for an update on Accountable Care Organizations.

MS. HARR: As you recall, the regulations for the Medicaid Safety Net Accountable Care Organization demonstration regulations were published on May 5th of 2014. The deadline for applications to be submitted was July 5th. We received eight applications. The applications, I'm pretty sure, are posted to our website, so they are public and available for you to review. The coverage areas were from Camden, Trenton, New Brunswick, Gloucester, Cumberland, Atlantic County, Passaic, and Newark. So we have a Review Committee. We handle it very much like we would review a vendor proposal under an RFP, so

representation on that review committee included individuals from the Medicaid agency, Department of Health, Division of Aging Services, Division of Developmental Disabilities, Department of Banking and Insurance, Division of Mental Health and Addictions, and the Medicaid Fraud Division. All a part of our Review Committee. The Review Committee has met several times. The Center for Health Care Strategies is assisting us with the evaluation process. I think they are meeting probably again in the next week or two. Based on our preliminary review, we will be sending out letters to every Applicant because there's additional information that we need from every one of the ACOs that applied. The Review Committee will be meeting again -- I think it's this week. They will be the deciding what additional information we need. We will be sending letters back to the applicants. And I believe right the plan is to give 60 days for the applicants to provide responses to the outstanding issues that we've identified.

We do have Rutgers Center for Health State Policy engaged. They've already been receiving, for quite sometime now, all of our Medicaid claims data so that they can prepare to do the evaluation of the demonstration. And we are expecting the demonstration

to begin in early calendar year 2015. This should be another standing agenda item. I will update you at the next MAAC meeting. So we're moving along. We're very excited about the demonstrations.

DR. SPITALNIK: Thank you.

Questions about the ACO demonstrations from the MAAC from the public?

Yes.

UNIDENTIFIED SPEAKER: Hi, Valerie. Could you please repeat the eight applicant areas again.

MS. HARR: Sure. Camden, Trenton, New Brunswick, Gloucester, Cumberland, Atlantic, Passaic, and Newark.

UNIDENTIFIED SPEAKER: Thank you so much.

DR. SPITALNIK: Other questions or comments?

Thank you very much.

I have a few pieces of business to announce, and then also will request any new business for this meeting before we move to our agenda.

The Department of Human Services has requested that the Governor's Appointment Office reappoint the following individuals to the MAAC. The convention is that people serve until they're replaced. So even though the following individuals' terms have expired, they're all still continuous members in good

standing. And that's Theresa Edelstein, Dorothy Goodman, Dennis Lafer, Jose Jimenez, Wayne Vivian, Mary Coogan, and Beverly Roberts. So that's the update on MAAC membership.

The MAAC administrative guidelines have still have not moved forward. The State Board of Human Services, under which we were organizationally embrace no long exists, so it's unclear how some of these decisions move forward. So that's an informational update only.

The following are the dates for the MAAC for Calendar 2015. They're all scheduled to be at this location. We've he learned from today, arrive early with your driver's license or State ID in hand. Monday, January 12th -- and these are also posted and they'll be in the minutes -- Monday, April 13th; Monday, June 15th; and Monday, October 19th. And those meetings will continue from 10 to 1.

Any other pieces of business for this meeting from the members of the MAAC?

Seeing none, I would also like to add our voice to Director Harr's recognition of Elena Josephick. Anyone who has been involved with the Medicaid Program over time, and most importantly the individuals served by the program, have all benefited

in ways that are largely unseen from the wisdom, the dedication, and the openheartedness of a Elena Josephick.

You will be greatly missed and we are deeply grateful for your services.

(Applause.)

DR. SPITALNIK: Okay. I will try to review what we have identified for our agenda for our January 12th meeting and ask people to make additions.

We have requested a report from the External Quality Review Organization on the non-emergency transportation.

We've talked about continue to identify ways that the community can help disseminate information about the expansion and other issues.

There was a request around the information, when it becomes available, of the recommendations that Rutgers State Health Policy was asked for about the Medicaid program.

We also talked about redeterminations, an update the PCA tool when it becomes available; the 1060 regs under revision, when that becomes available; when approved, the spa amendments for Behavioral Health Homes, what will be the evaluative criteria; updates on the ACO process.

Other things that either I missed or that weren't dealt with?

Beverly.

MS. ROBERTS: Provider credentialing.

DR. SPITALNIK: Oh, yes. I'm sorry.

MS. ROBERTS: And perhaps DDD might be able to come to talk about supports program.

DR. SPITALNIK: Thank you. We will convey that.

Any other business?

Roxanne mentioned, and I think it's germane to all of us and the people we serve, not only is it Mental Health Awareness Month, it is Breast Cancer Awareness Month, and it's Disability Employment Awareness Month. And I'm sure I've missed some awareness here.

May I have a motion for adjournment?

Moved, Libman; second, Roberts.

All those in favor.

MAAC MEMBERS: Aye.

DR. SPITALNIK: Thank you all. Good holidays. We look forward to seeing you in January.

(Proceeding concluded at 12:16 p.m.)