NEW JERSEY HUMAN SERVICES

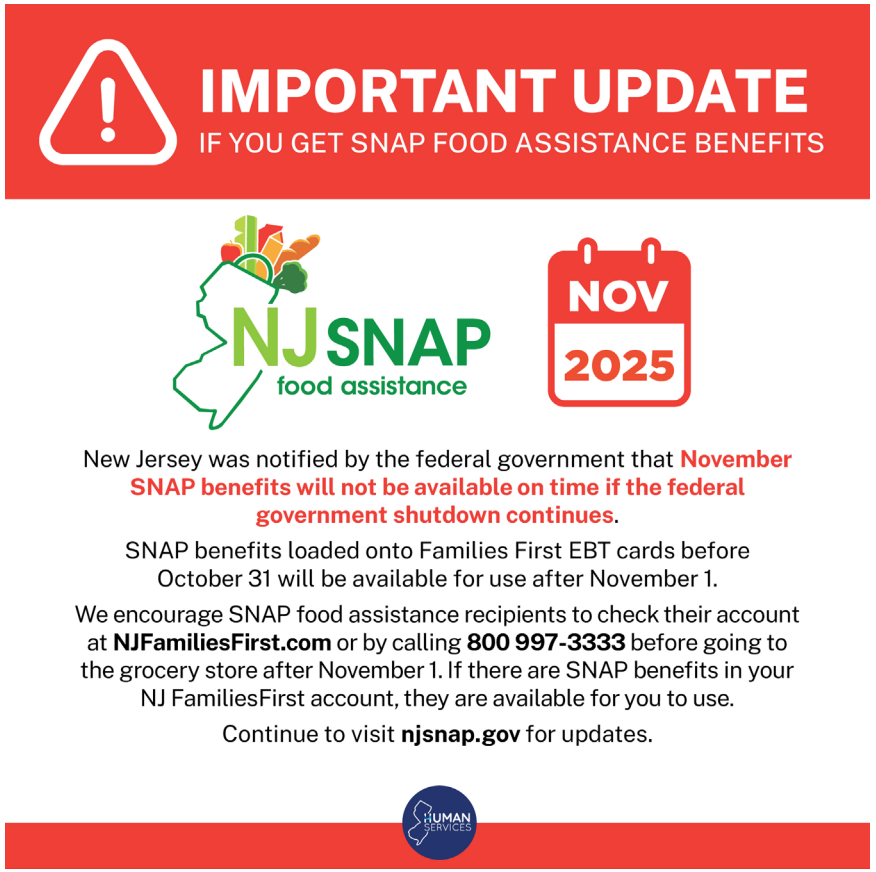
Meeting of the Medical Assistance Advisory Council

October 30, 2025

Agenda

- Welcome and Call to Order – Dr. Deborah Spitalnik
- Update on SNAP Benefits – Larry Braasch
- Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) Updates – Gregory Woods
- Eligibility and Enrollment Updates – Kristine Byrnes
- Federal Updates – Gregory Woods, Natalie Kotkin, and Jon Tew
  - Community Engagement Requirements
  - Other H.R. 1 Topics
- COVID Vaccine Policy Update – Gregory Woods
- NJ FamilyCare Dental Performance – Dr. Tom Lind
- 1115 Comprehensive Demonstration – Jon Tew
  - Community Health Worker Pilot
  - Medically Indicated Meals Pilot
  - Housing Supports Services
  - Behavioral Health Integration
- Planning for the Next Meeting – Dr. Deborah Spitalnik

Update on SNAP Benefits for NJ FamilyCare Members



- If the federal government shutdown continues after November 1, **November SNAP benefits will not be available on time.**
- Remaining October Supplemental Nutrition Assistance Program (SNAP) benefits in members' NJ FamiliesFirst account will stay available for use in November.
- Visit njsnap.gov for updates.
- There is currently **no direct impact** to NJ FamilyCare coverage due to the federal shutdown.

Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) Updates

MAAC / BAC: Status Update

- In 2024, the federal Centers for Medicare and Medicaid Services (CMS) issued regulations that:
  - Established **new requirements** around **Medicaid Advisory Committees**, including:
    - More expansive requirements for **committee membership** (intended to promote representation of diverse stakeholders)
    - Standardized requirements around **committee administration** (e.g., requiring bylaws, banning consecutive membership terms)
  - Required states to establish **Beneficiary Advisory Councils (BACs)**
- To date, DMAHS has:
  - ✓ **Established the BAC**, with membership from across NJ FamilyCare programs
  - ✓ **Appointed members** to the MAAC to broaden stakeholder representation
  - ✓ Begun planning for reconstituting approach to **MAAC governance** (bylaws will be drafted in collaboration with Committee members)
- **Thank you** to everyone who applied to join the MAAC or BAC!
  - There were many more applicants than DMAHS could accommodate
  - Names have been kept on file for future opportunities

Medicaid Advisory Committee Membership

Returning MAAC Members

Chrissy Buteas: HealthCare Institute of New Jersey

Dr. Deborah Spitalnik: Retired from the Boggs Center at Rutgers

Dr. Nicole McGrath-Barnes: KinderSmile

Mary Coogan: Advocates for Children in New Jersey

Theresa Edelstein: LeadingAge

Wayne Vivian: Community Mental Health Consumer Advocate

New Voting MAAC Members

Dr. Becky Ofrane: Montclair State University

Cheryl Golden: Cumberland County Social Services

Hitesh Patel: Rapps Pharmacy

Jamila McLean: State Health and Values Strategies at Princeton University

Laura Waddell: New Jersey Citizen Action

Dr. Rina Ramirez-Alexander: Zufall Health

Sam George: United Healthcare

Sarah Sternbach: Lakewood Resource and Referral Center

Victor Murray: Camden Coalition

New Ex Officio (Non-Voting) MAAC Members

Jeff Carrick:

Department of Children and Families

Jon Seifried:

Division of Developmental Disabilities

Renee Burawski:

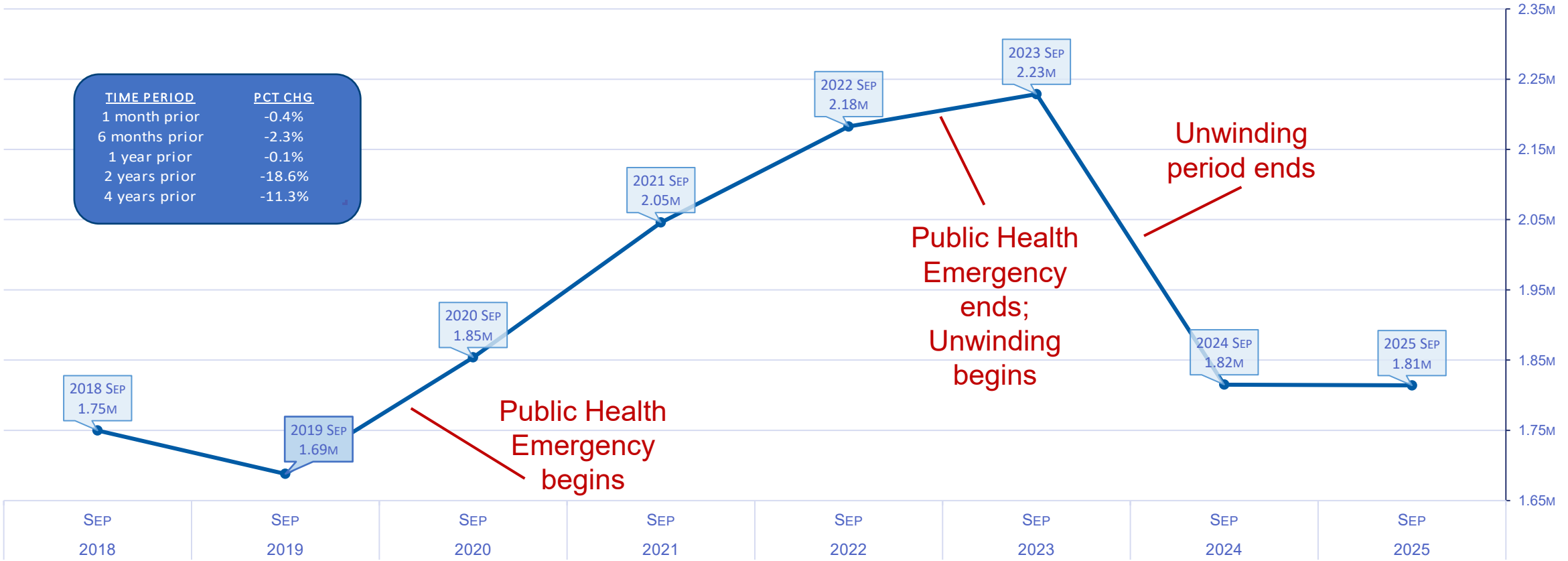
Division of Mental Health and Addiction Services

Beneficiary Advisory Council: First Meeting

- The BAC met for the first time on September 29th.
- Agenda topics included:
  - Introductions
  - "Medicaid 101" presentation
  - Identification of areas of focus for future meetings
- Next steps include:
  - Hold second meeting (December 2025)
  - Identify representatives to serve on the MAAC
- Minutes from BAC meetings will be available online at nj.gov/humanservices/dmahs/boards/bac/.

Eligibility and Enrollment Updates

NJ FamilyCare Enrollment



Unwinding Cases: Final Progress Update

- History: from **March 2020 – March 2023,** members did not have to complete redeterminations to remain enrolled, due federal mandate during COVID-19 public health emergency
  - **April 1, 2023**: New Jersey begins “unwinding process”
    - Requires redetermining eligibility for almost all NJ FamilyCare members (**2.3 million** in April 2023)
  - **July 2024**: Core “unwinding” work ends, but substantial number of cases remain incomplete
    - NJ FamilyCare returns to ordinary cadence for renewals
- As of **September 2025**, unwinding cases are **99.4% complete** (<15,000 remain). Outstanding cases include:
  - Ongoing fair hearings
  - Data errors
  - Small number of cases that were delayed / deferred due to eligibility worker bandwidth
  - Changes in program status (e.g., pregnancy)
- Currently on track to complete **substantially all** remaining renewals by federal deadline of December 31, 2025

Renewal Modalities: Key Updates

Ex Parte

DMAHS has **expanded** capacity to complete **“ex parte”** renewals on ongoing basis

Statewide ex parte success rate:

- Summer 2023 (beginning of Unwinding), **~15%**
- Fall 2025, **40% – 50%**

Online

Introduction of online renewals **began January 2023**

As of **November 2025**, this option will be available for both **ABD** and **MAGI members statewide**

Telephone

Telephonic renewals now available for **all MAGI members** by calling 800-701-0710

Renewal forms have been updated to inform members of this option

Traditional

In person assistance available at CSSAs and NJ FamilyCare Regional Office sites

Paper renewal forms can be dropped off in person or mailed

H.R. 1 – Federal Reconciliation Bill

Deep Dive on Community Engagement

Key Medicaid Provisions

Eligibility Changes

- Mandatory “Community Engagement Requirements” (**Work Requirements**)
- Increased **frequency of eligibility checks**
- Changes to **"retroactive" Medicaid / CHIP eligibility**
- **Elimination** of Medicaid eligibility for many categories of **documented immigrants**

Financing Changes

- Restrictions on **Provider Taxes**
- Restrictions on **State-Directed Payments**
- **Reduced federal financing** for **“emergency Medicaid”**
- Mandatory **federal recoupment** of funding flagged by **audits**
- Stricter “**budget neutrality**” requirements for 1115 demonstrations

Other Changes

- Mandatory **cost-sharing** (co-pays) for certain members
- Prohibits federal Medicaid funding for **Planned Parenthood**

Mandatory Work Requirements

Background

- Currently, there are no **"community engagement"** or **work requirements** for most NJ FamilyCare applicants

Enacted Bill Provisions

- Requires **working age adults** enrolled in **Affordable Care Act expansion group** to meet "community engagement" or **work requirements** (see subsequent slide for more detail)
  - **Certain populations** are **exempt**
- Work requirement **can not be waived**
- States must implement by **December 2026** (Deadline can be extended at federal discretion to 2028)

Likely New Jersey Impacts

- Up to **300,000 individuals lose (or fail to obtain) Medicaid coverage**
  - Based on experience of other states, majority are likely to be ineligible based on **difficulty producing required documentation**
- Could result in **$2.5 billion** in **lost federal investments** in New Jersey's healthcare system each year
- Extensive administrative burden and cost

Next Steps

- Develop **NJ-specific policies** around how members can demonstrate they meet the requirement
- **Identify / reconfigure** data sources and systems to verify member compliance
- **Hire and/or repurpose eligibility staff** or **vendors**
- Begin member **outreach and education**

Work Requirements:
Building Blocks for New Jersey Implementation

Focus on **maintaining enrollment** of existing, eligible members.

- Promote continuity of care
- Reduce administrative work
- Avoid more stringent documentation required at initial application

Use **all available tools** to support timely implementation.

- Leverage existing staffing and systems where feasible
- Maintain momentum on systems modernization

Minimize the **added burden** on members, applicants, and eligibility workers.

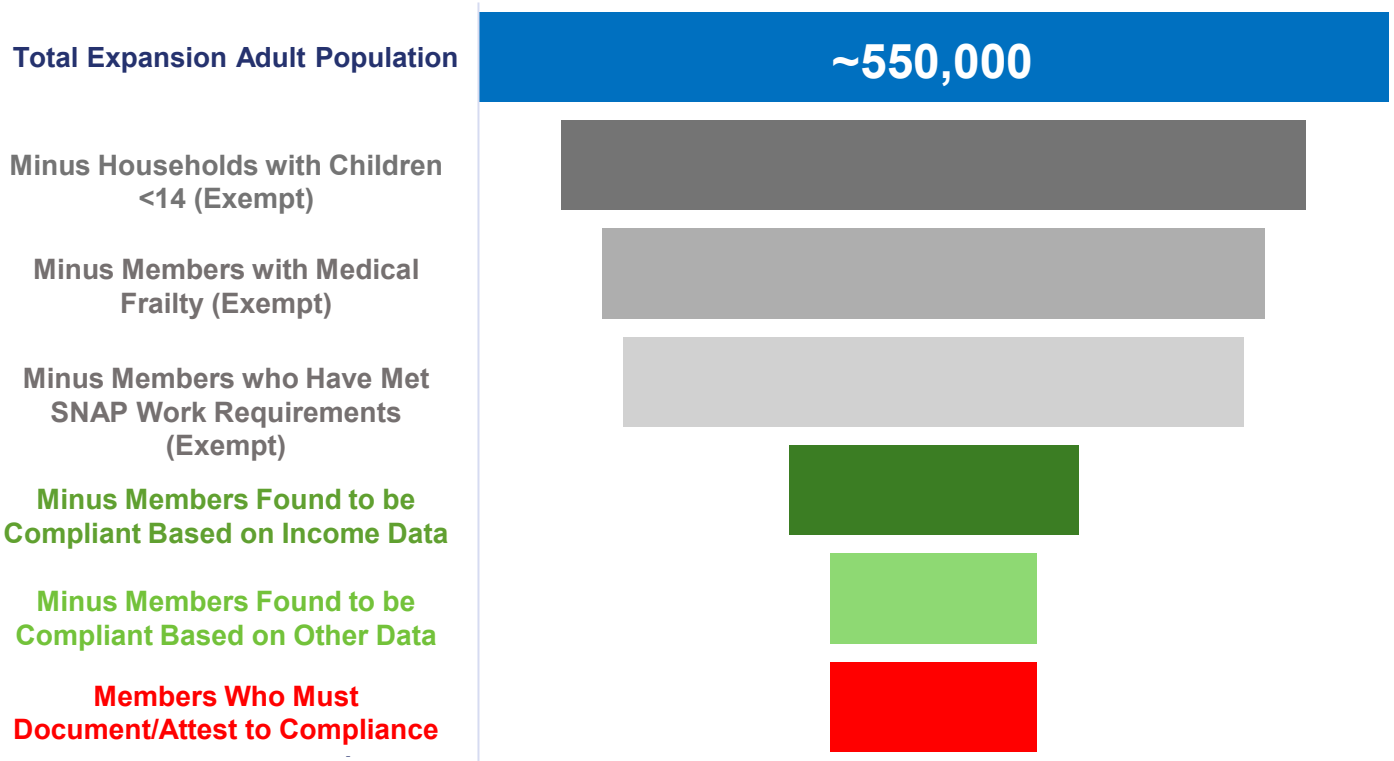
- Emphasize “ex parte” (automatic) verification of eligibility
- Prioritize developing data sources that will support eligibility for the greatest number of individuals
- Maximize attestation and minimize required documentation, if automatic verification is not possible

Plan for member experience to **change** over time.

- Continuously iterate to improve efficiency, member experience, and program integrity
- Conduct ongoing, multi-faceted outreach and education to members and stakeholders

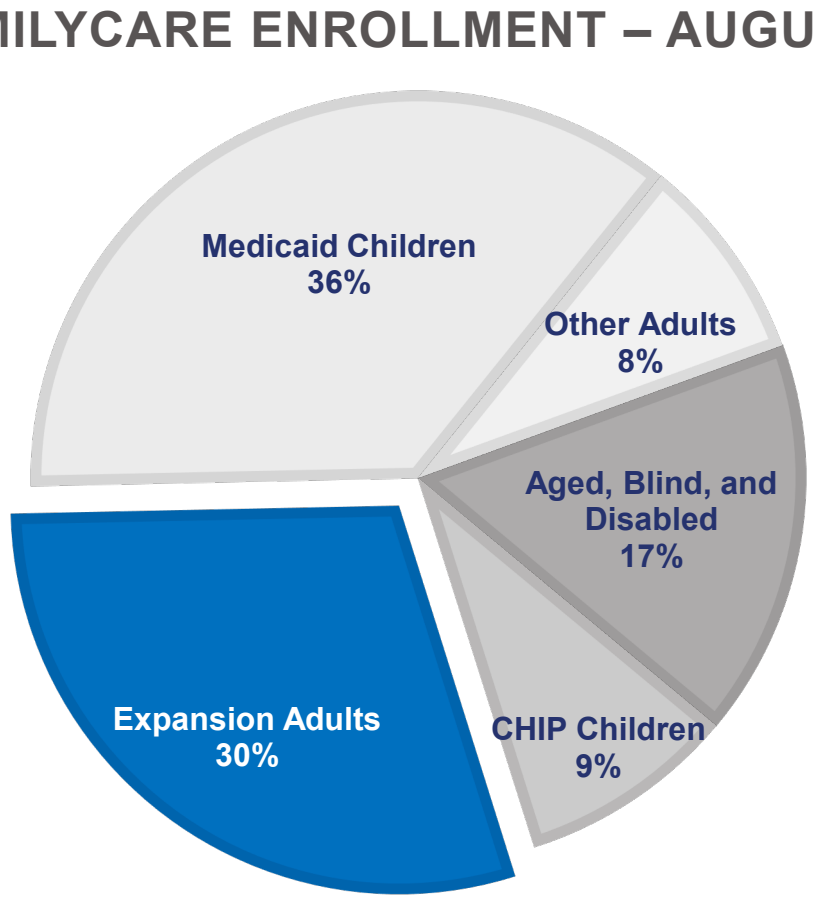
Work Requirements: Key Steps

1. Begin with **total expansion population** (**blue bar** at the top)
2. Identify **exempt members** using existing data sources (three **gray bars** under the blue bar)
3. Identify **compliant members** using existing data sources (two **green bars** under the gray bars)
4. Request that **remaining members** submit documentation/attestation of exemption or compliance (**red bar** at the bottom)



Step 1: Begin with Total Expansion Adult Population

- As of August 2025, total enrollment in NJ FamilyCare was around **1.85 million** members.
- Of these, nearly **550,000 (30%)** are adults in the Affordable Care Act expansion group.



Step 2: Identify **exempt** members using existing data sources

Caregiver Exemption

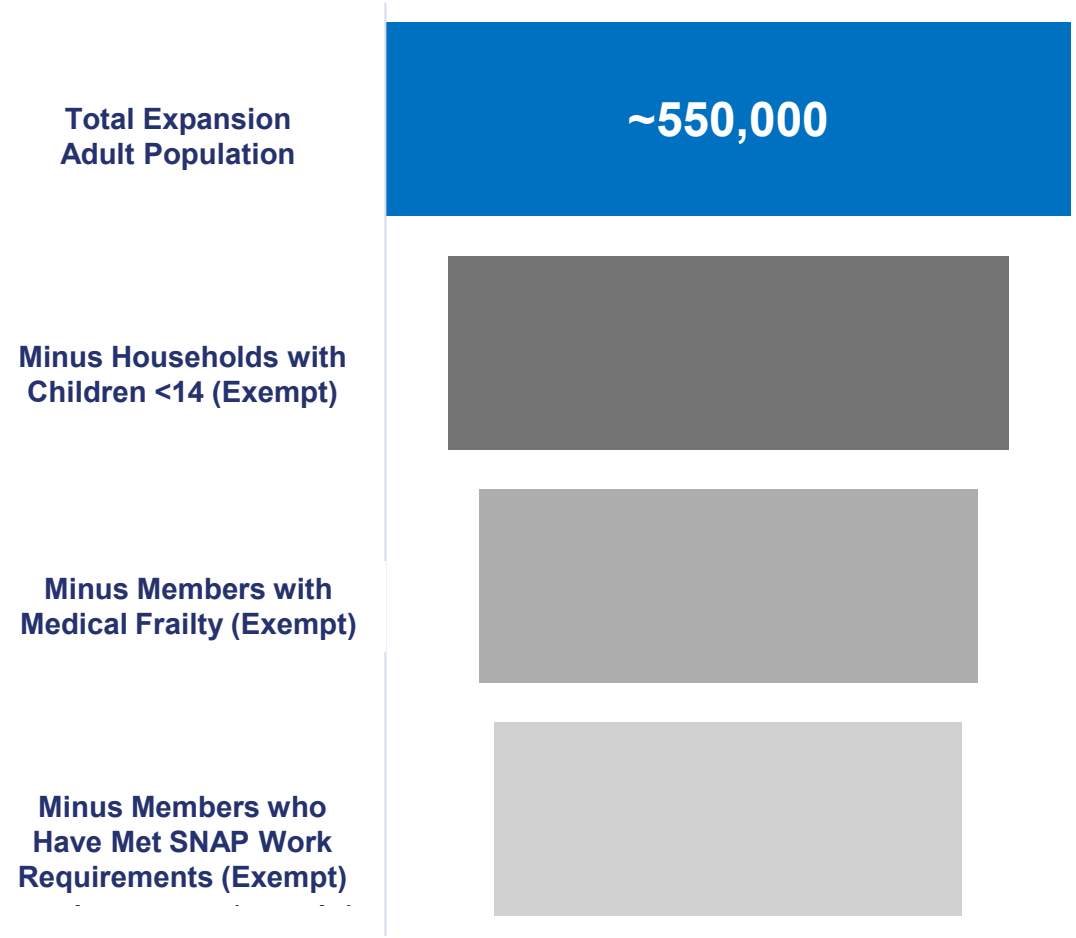
- Parents or caregivers of **dependent children under 14** are exempt
- **State data source:** Medicaid household eligibility data
- **Example:** Mark is in a Medicaid household with a ten-year-old child

Medical Frailty Exemption

- Individuals who are considered **medically frail** are exempt
- **State data source:** Medicaid claims data
- **Example:** Athena has recent encounter data for inpatient SUD treatment

SNAP Exemption

- Individuals who have met **SNAP work requirements** are exempt
- **State data source:** State SNAP data
- **Example:** Yolanda has recently applied for SNAP and demonstrated compliance with SNAP work requirements



Other Automatic Exemptions

- We are focused on the biggest exemption sources now, but there are **other automatic exemptions** built into the statute.
- We **will take these exemptions into account** as we develop our data hierarchy.
- Some of these exemptions may be verified using data available to the state, while others will require self-attestation or documentation.

Other exempt groups include

- **Pregnant** and **postpartum** members;
- **Foster youth** and **former foster youth** under the age of 26;
- Members of a **Nationally Recognized Tribe**;
- Veterans with **rated disabilities**;
- Individuals receiving care in certain **substance use disorder treatment** programs;
- Individuals who have shown compliance with work requirements under **TANF**;
- Parents or **caregivers of individuals with disabilities**; and
- **Incarcerated** or recently incarcerated individuals

Short-Term Hardship Exemptions

- In addition to the **automatic exemptions** built into the statute, there are **some other exemptions** that states **have the option** to use.
- These temporary hardship exemptions include:
  - Individuals living in a county **impacted by a federally declared emergency or disaster**;
  - Individuals living in a **county with a high unemployment rate**;
  - Individuals receiving **inpatient care** or **similar services**;
  - Individuals **traveling for an extended period of time** to access to care.
- We **will also account for these exemptions** as we develop our data strategy.

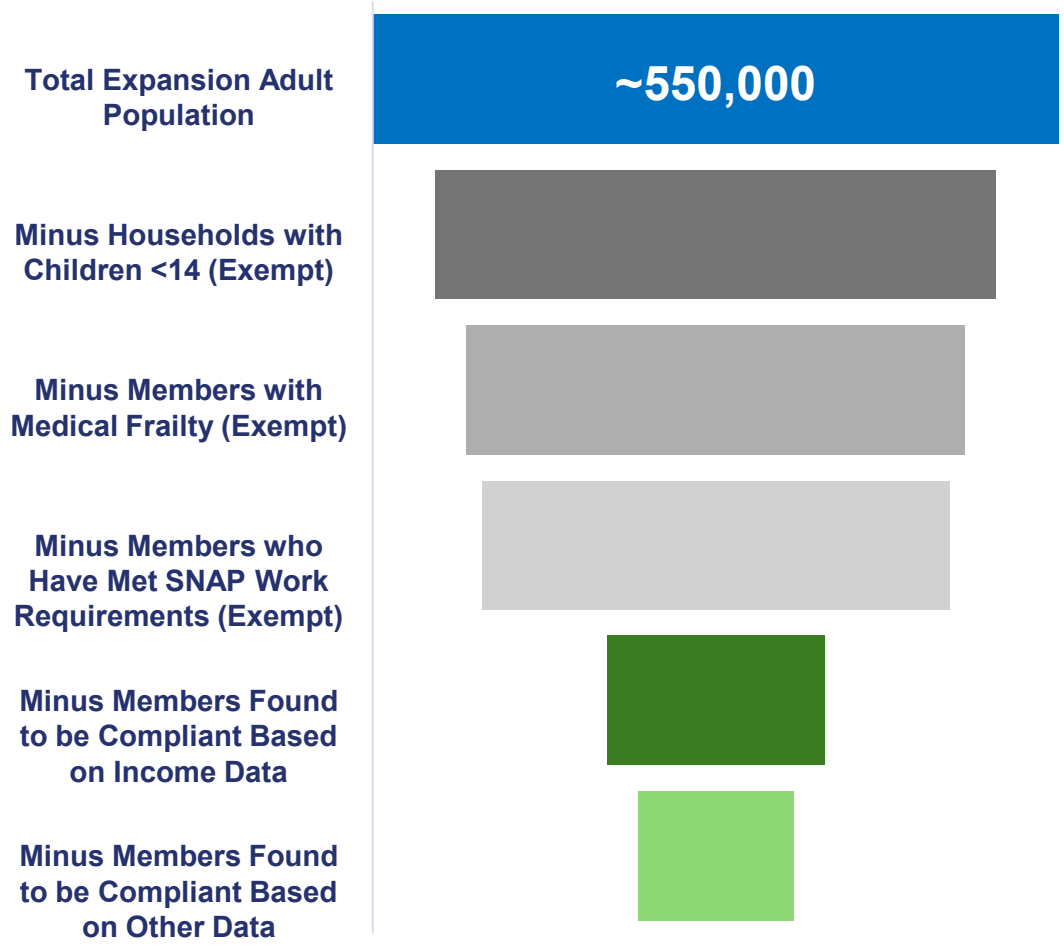
Step 3: Identify **compliant** members using existing data sources

Compliance: Income

- Members earning **more than $580 per month** (80× federal minimum wage) are considered compliant
- **State data source:** New Jersey Department of Labor data or national payroll databases
- **Example:** Maria earns $600 per month, as verified using state wage data

Compliance: Other Data

- Compliance may also be verified using **other data sources**
- **Example:** Carl opts-in to a CMS tool (currently being piloted with other states) to automatically upload his hours as a gig worker. This shows he has worked >80 hours in the past month.

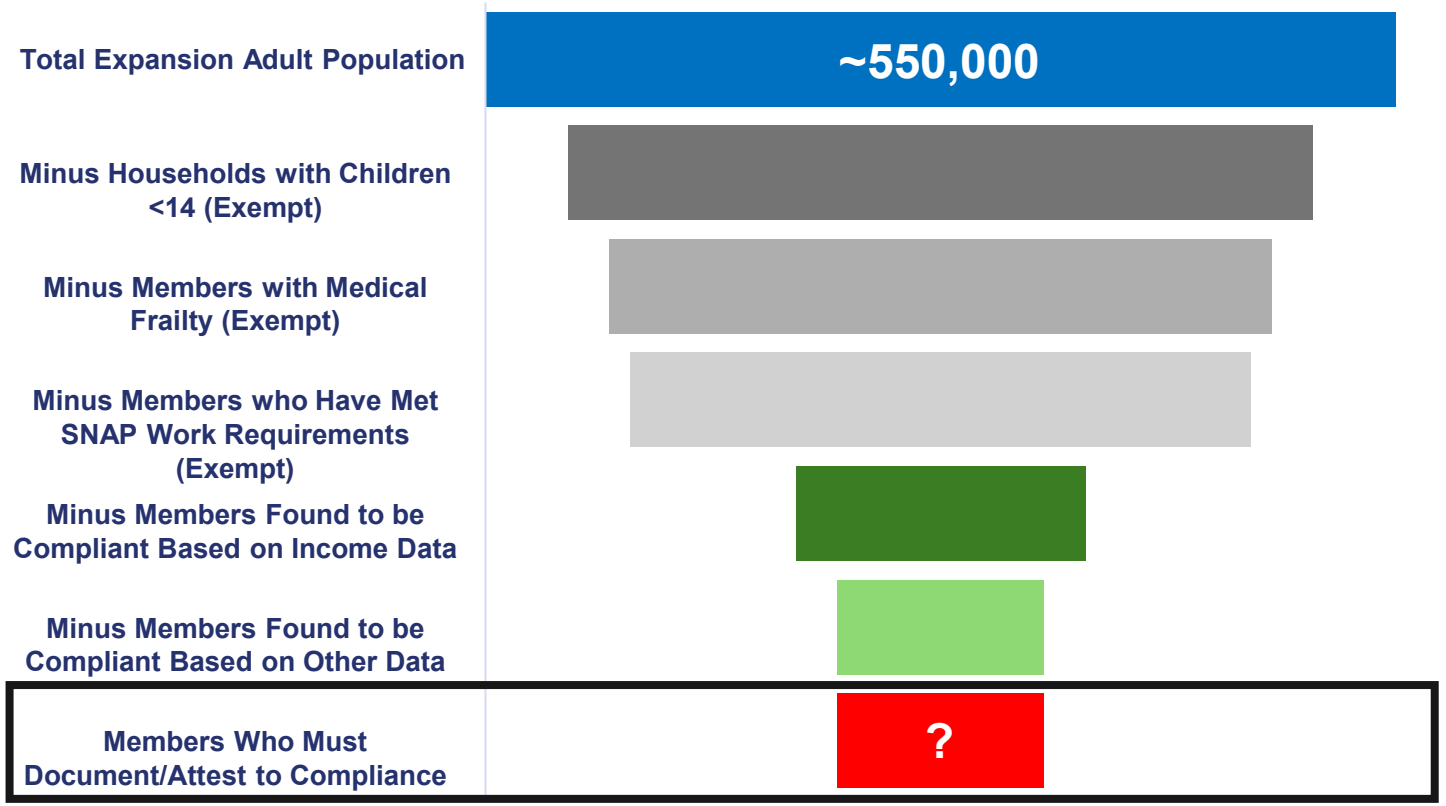


Other Ways to Show Compliance

- Examples above are a subset of broader list of allowable ways to demonstrate **compliance**. Full list includes:
  - **Working** at least 80 hours / month
  - Completing at least 80 hours / month of **community service**
  - Participating in a **work program** at least 80 hours / month
  - Attending **school** at least half-time
  - **Combination of activities** above that totals at least 80 hours / month
- DMAHS is currently working on **assessing the feasibility of accessing additional data sources** to independently verify compliance – e.g., educational enrollment data.
- However, some individuals may be required to submit **self-attestations** or other **paper documentation**.

Step 4: Some members or applicants must submit documentation

- Members whom the state is unable to verify as either exempt or compliant will be required to submit information to the state to establish or maintain enrollment.
- **Key Goal:** Minimize the number of individuals in this group, in order to relieve burden on **members**, **applicants**, and **eligibility workers** to produce and review documentation.



Next Steps: Work Requirements

Systems / Technology Development

- Continue **Medicaid modernization** work supporting eligibility, enrollment and information systems
- Partner with the **New Jersey Office of Innovation (OOI)** to develop technology solutions to identify and record exemptions and compliance

"All of Government" Effort

- Work with other State divisions and agencies, including **Department of Labor and Workforce Development (DOL)**, to use existing data sources
- Explore ways that DMAHS and **Division of Family Development (DFD)** can jointly implement overlapping requirements between Medicaid and SNAP
- Partner with Eligibility Determining Agencies (EDAs) including **County Social Service Agencies** to determine how to handle increased workload

Policy

- Continue policy development around key unanswered question – e.g., **definition of "medical frailty"**
- **Refine estimates** around number of members likely to qualify in different buckets of exemptions and/or compliance

Outreach and Education

- Partner with Community-Based Organizations and other stakeholders to develop **member education and outreach materials**
- Conduct **outreach and education campaign**, starting in **middle of 2026**

Partners are key to success

- **Federal Partners**
  - CMS
- **State Divisions / Agencies**
  - Division of Family Development
  - Division of Mental Health and Addiction Services
  - Division of Developmental Disabilities
  - Department of Labor
  - Office of Innovation
- **Managed Care Organizations**
- **Providers**
  - Hospitals
  - Clinicians
  - FQHCs
- **Community Partners**
  - Counties and Local Governments
  - Regional Health Hubs
  - Community-Based Organizations that serve working age adults
- **Members**

This is an all-hands-on-deck effort and requires partnership beyond DMAHS. **We will request your help with design, implementation, and outreach efforts.** While we formulate our approach, members of the public can email MAHS.WorkReqs@dhs.nj.gov with input.

H.R. 1 – Federal Reconciliation Bill

Other Topics

Rural Health Transformation Funding

- OBBBA earmarked **$50 billion** in temporary funding for states to support Rural Health Transformation.
  - Funding is available for 2026 – 2030.
  - State applications are **due November 5th**.
- New Jersey award is expected to be at least **$100 million / year**.
- The Department of Human Services is collaborating with the Department of Health in drafting and submitting application for New Jersey.
- NJ is the most densely populated state but nonetheless has around **200,000 residents** and **43,000 NJ FamilyCare members** who live in rural areas.
  - These areas / individuals are focus of New Jersey's application.

Rural Health Transformation: New Jersey Funding Application

- DHS and DOH are currently working on finalizing application due **November 5th**.
  - Key application priority areas are shown at right.
- For further information please see: https://www.nj.gov/health/fhs/primarycare/rural-health/#rhtp

Expanding the clinical and non-clinical workforce serving rural areas and residents
Developing capacity and innovation at hospitals, FQHCs, CCBHCs, and other rural-serving providers.
Promoting access to telehealth and remote patient monitoring.
Enhancing health education and outreach.
Addressing chronic disease treatment through screening, treatment and IT enhancements.

Planned Parenthood Funding

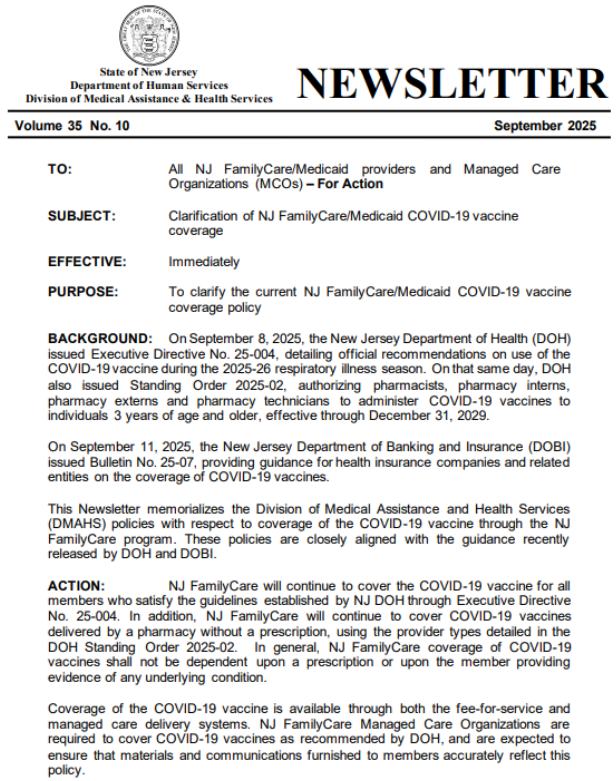
- Section 71113 of OBBBA **prohibits states from providing federal Medicaid funds** to certain prohibited providers
  - This is generally understood to target **Planned Parenthood affiliates**.
- Note that this provision is **not focused on abortion services** (for which federal funding has long been unavailable in the vast majority of cases). Rather, it impacts **other services** offered by Planned Parenthood and similar providers.
- This provision has been challenged in court by both states (including New Jersey) and providers.
  - Litigation is ongoing.
- While litigation is ongoing, we are considering **fallback options** to ensure NJ FamilyCare members retain access to impacted providers.

NEW JERSEY HUMAN SERVICES

COVID Vaccine Policy Update

COVID-19 Vaccine Policy

- On September 8, the New Jersey Department of Health issued:
  - Formal recommendations on use of COVID-19 vaccine during 2025-2026 respiratory illness season
  - Standing order to allow pharmacists and related professionals to administer COVID-19 vaccine to individuals age 3 and over
- Later in September, DMAHS issued Newsletter 35-10 to align with Department of Health guidance. Key points:
  - NJ FamilyCare will **cover COVID-19 vaccine** for **all individuals** covered by DOH recommendations
    - Includes coverage **at pharmacy without a prescription**, per terms of DOH Standing Order
  - Applies to managed care and fee-for-service



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 35 No. 10 **September 2025**

TO: All NJ FamilyCare/Medicaid providers and Managed Care Organizations (MCOs) **– For Action**

SUBJECT: Clarification of NJ FamilyCare/Medicaid COVID-19 vaccine coverage

EFFECTIVE: Immediately

PURPOSE: To clarify the current NJ FamilyCare/Medicaid COVID-19 vaccine coverage policy

BACKGROUND: On September 8, 2025, the New Jersey Department of Health (DOH) issued Executive Directive No. 25-004, detailing official recommendations on use of the COVID-19 vaccine during the 2025-26 respiratory illness season. On that same day, DOH also issued Standing Order 2025-02, authorizing pharmacists, pharmacy interns, pharmacy externs and pharmacy technicians to administer COVID-19 vaccines to individuals 3 years of age and older, effective through December 31, 2029.

On September 11, 2025, the New Jersey Department of Banking and Insurance (DOBI) issued Bulletin No. 25-07, providing guidance for health insurance companies and related entities on the coverage of COVID-19 vaccines.

This Newsletter memorializes the Division of Medical Assistance and Health Services (DMAHS) policies with respect to coverage of the COVID-19 vaccine through the NJ FamilyCare program. These policies are closely aligned with the guidance recently released by DOH and DOBI.

ACTION: NJ FamilyCare will continue to cover the COVID-19 vaccine for all members who satisfy the guidelines established by NJ DOH through Executive Directive No. 25-004. In addition, NJ FamilyCare will continue to cover COVID-19 vaccines delivered by a pharmacy without a prescription, using the provider types detailed in the DOH Standing Order 2025-02. In general, NJ FamilyCare coverage of COVID-19 vaccines shall not be dependent upon a prescription or upon the member providing evidence of any underlying condition.

Coverage of the COVID-19 vaccine is available through both the fee-for-service and managed care delivery systems. NJ FamilyCare Managed Care Organizations are required to cover COVID-19 vaccines as recommended by DOH, and are expected to ensure that materials and communications furnished to members accurately reflect this policy.

NJ FamilyCare Dental Performance

Preventive, Diagnostic, and Restorative Dental Services for Members of All Ages

Preventive Dental Services

Cleanings

Fluoride Varnishes

Sealants

Diagnostic Services

Comprehensive evaluation, including those with caregiver counseling <3 years of age

Periodic evaluations, recommended every 6 months for all ages

X-Rays

Caries Risk Assessments

Imaging and Biopsy Analysis

Restorative Services

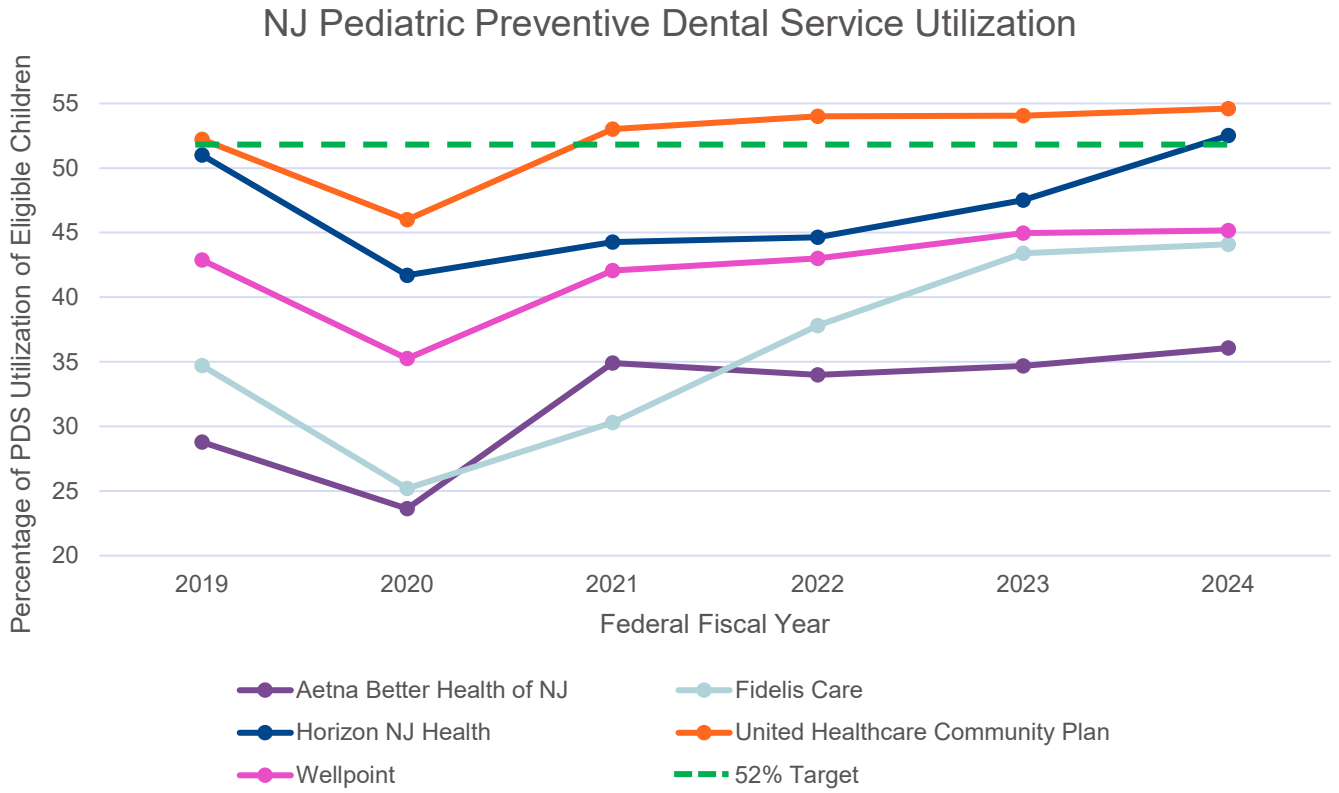
Fillings

Crowns

Dentures

Pediatric Preventive Dental Performance across NJ FamilyCare Health Plans

- Health plans continue to improve their preventive dental service utilization.
- However, Aetna Better Health of New Jersey, Fidelis Care, and Wellpoint continue to be subject to corrective action plans and sanctions.
- Target performance will be increased in future years.



Pediatric Preventive Dental Service Utilization (PDS)

- MCO performance above the benchmark is in green, not subject to any sanctions.
  - MCO performance **between 45% and the benchmark** is in yellow, subject to sanctions.
  - MCO performance **between 40% and 45%** is in orange, subject to greater sanctions.
  - MCO performance **below 40%** is in red, subject to the largest sanctions.

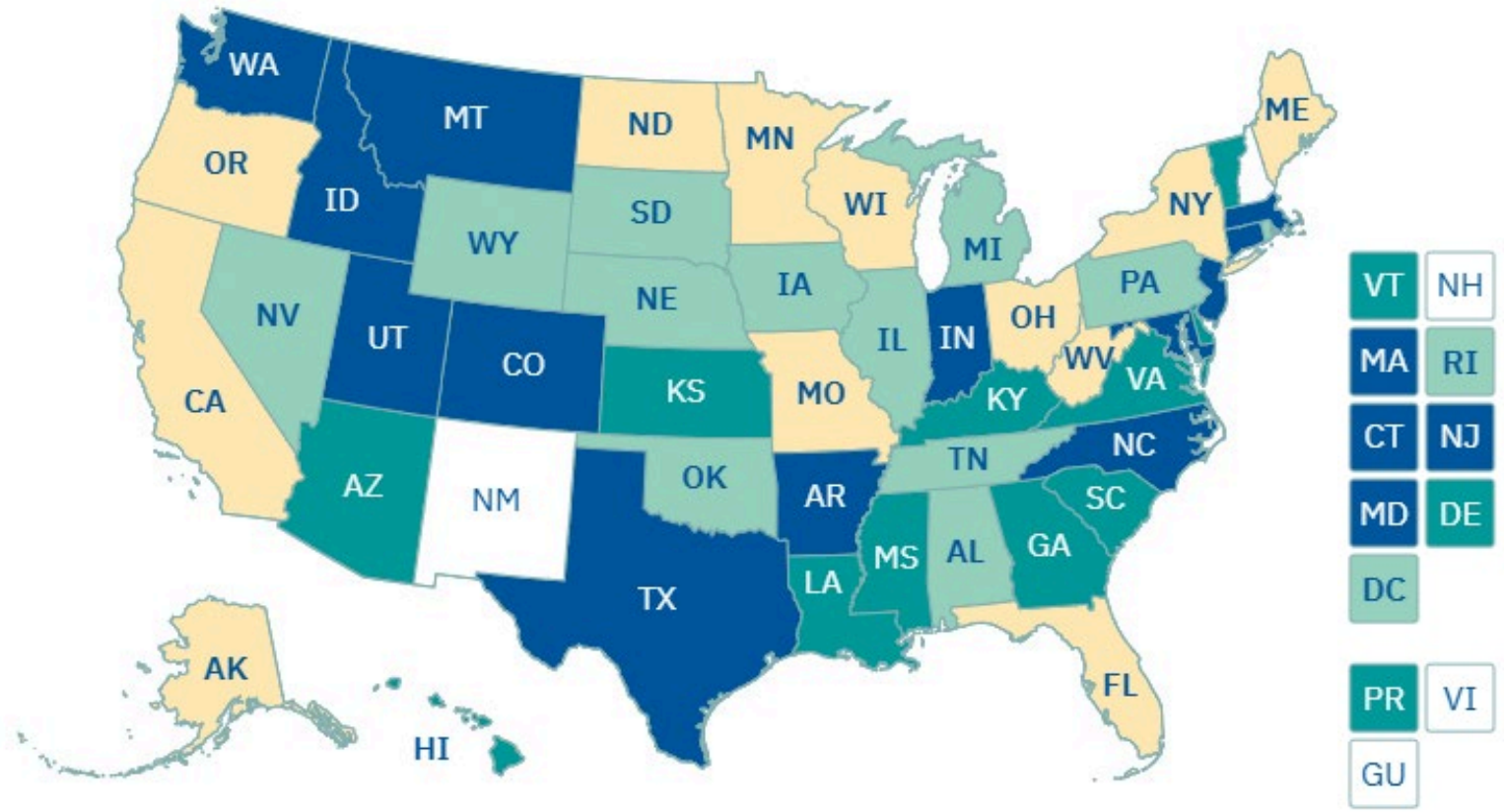
	PDENT FFY **2023**	PDENT FFY **2024**	Year over Year Difference
	50% Benchmark	**52%** Benchmark	
Aetna Better Health of New Jersey	**34.68%**	**36.07%**	**+1.39%**
Wellpoint	**44.97%**	**45.17%**	**+0.20%**
Horizon NJ Health	**47.52%**	**52.51%**	**+4.99%**
United Healthcare Community Plan	**54.05%**	**54.60%**	**+0.55%**
Fidelis Care	**43.37%**	**44.10%**	**+0.73%**

Oral Health MCO Contract Changes

- In January 2026, DMAHS intends to update MCO contract to:
  1. Specify higher **performance thresholds** for Pediatric Preventive Dental metric for next 5 years (table at right). MCOs scoring below these thresholds will be subject to financial penalties.
  2. Require MCOs to publish (and regularly update) lists of network dentists who **specifically serve members under age 5**.

Federal Fiscal Year	Performance Threshold
FY 2026	53%
FY 2027	54%
FY 2028	55%
FY 2029	56%
FY 2030	57%

New Jersey is in the top quartile for children 0-20 receiving oral evaluations



Higher values are better →

Lower values — Higher values

- **49.0% – 61.8%** (3rd quartile – Maximum)
- **44.8% – 48.9%** (2nd quart. – <3rd quart.)
- **40.8% – 44.7%** (1st quart. – <2nd quart.)
- **26.8% – 40.7%** (Minimum – <1st quartile)
- **Not reported by state / territory**

Key Takeaways

New Jersey is at **50%,** well above the national median of **44.8%**

Oral Evaluation, Dental Services: Ages <1 through 20 (OEV-CH)
Percentage of Enrolled Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation: Ages <1 through 20
Population: All states (mixed populations)
Methodology: Administrative
Core Set Year: 2024

NJ 1115 Waiver Implementation

1115 Comprehensive Demonstration Timeline To Renewal

Important Context:

- CMS rescinded two guidance letters issued by the previous administration that defined and provided framework for states requesting authority to offer Medicaid programs related to Health-Related Social Needs (such as housing).
- Since NJ's HRSN program is already approved under our current demonstration, New Jersey does not expect this guidance to immediately affect us.
- However, NJ is monitoring for any incoming policy changes to federal reporting, oversight and evaluation expectations.

NEW JERSEY HUMAN SERVICES

Community Health Worker Pilot

Community Health Worker Pilot: Status Update

- New Jersey's 1115 Demonstration authorizes the state to use Medicaid funds to run several **small-scale pilots** of innovative uses of **Community Health Workers** to improve care for NJ FamilyCare members.
  - Pilots must be tested **in partnership** with NJ FamilyCare managed care organizations.
- After receiving proposals and providing feedback, DMAHS has now provisionally approved five total pilot proposals: one for each MCO.
- Proposals still **require federal approval** from CMS before beginning operation.
  - If federal approval is received, implementation could begin as soon as January 2026.

DMAHS Approved Pilot Proposals

Horizon

- Focus on education and screening of pregnant members at-risk of lead poisoning.
- Partnering with the Trenton Health Team.

Aetna

- Focus on disease management and connections to care for members with Type 2 diabetes.
- Target area: Camden, Middlesex and Essex counties.

Wellpoint

- Focus on behavioral health screenings for members with diabetes.
- Target area: Camden, Middlesex, Essex, and Hudson counties.

United

- Focus on members with a variety of chronic conditions.
- Partnering with the Camden Coalition to serve members in Cumberland and Salem counties.

Fidelis

- Focus on education and condition management for members with Type 2 diabetes.
- Partnering with the Health Coalition of Passaic County.

NEW JERSEY HUMAN SERVICES

Medically Indicated Meals Pilot

Medically Indicated Meals Pilot: Background

- New Jersey's 1115 demonstration authorizes DMAHS to use Medicaid funding to support a **"food as medicine"** pilot.
  - State recently received necessary federal approvals to begin pilot operation.
  - Pilot will operate through June 2028
- **Who can participate in the pilot?**
  - **Pregnant members** with a **diagnosis of diabetes** and **food insecurity needs**.
- What does the pilot offer?
  - Up to 2 **dietician-approved "medically-indicated" meals** per day
    - Meals will be delivered to members' homes
    - Meals will be offered throughout pregnancy and until at least two-months post-pregnancy
  - If needed, additional meals for other family members may be provided to encourage participants to consume meals, instead of sharing with other household members who are also food insecure

Medically Indicated Meals Pilot: Launch Details

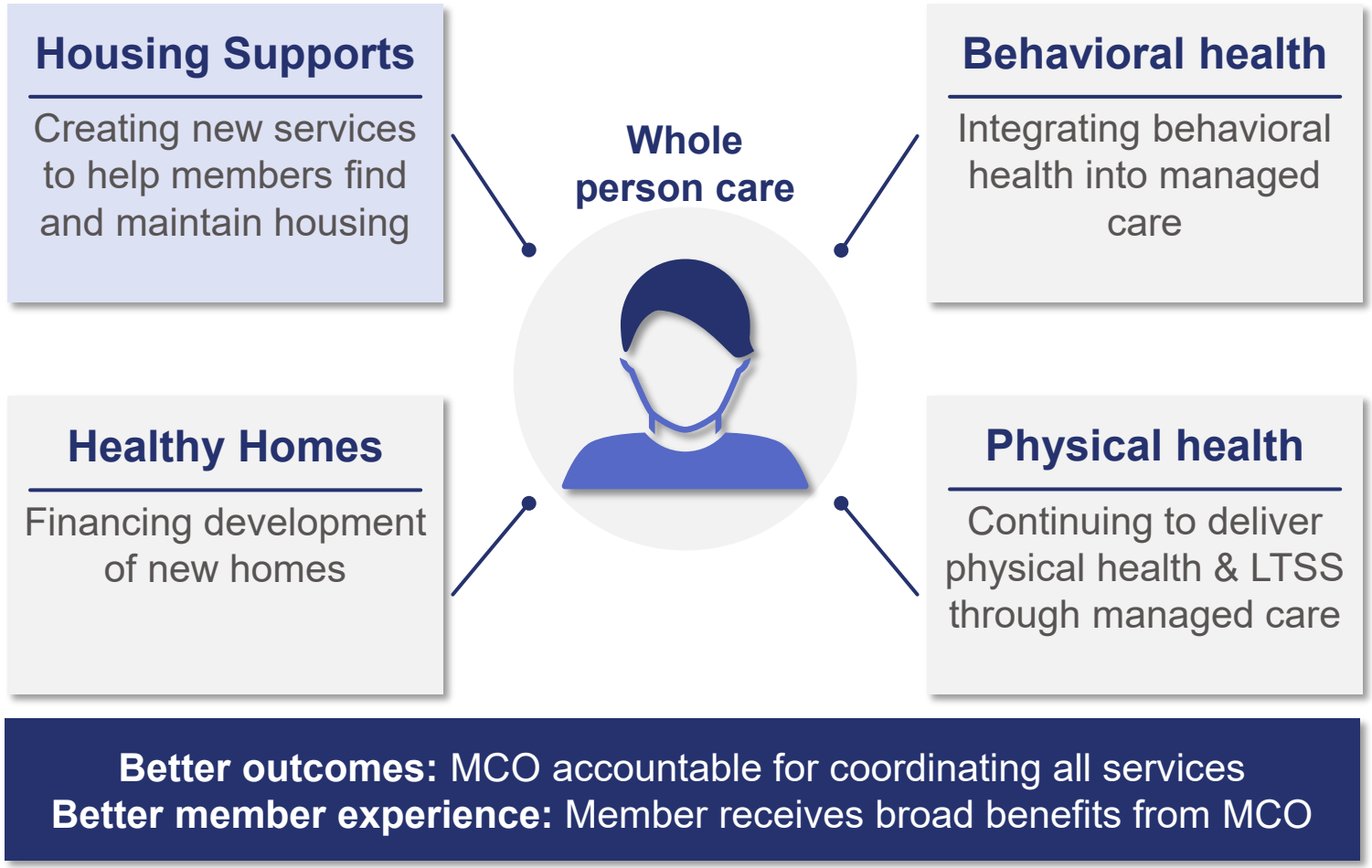
- Pilot is limited to up to **300 members** per year
- DMAHS is working with **Fidelis Care** and **UnitedHealthcare** to identify and engage eligible members
- These two MCOs are each partnering with a Medically Indicated Meals vendor.
  - Fidelis Care Vendor: Good Measures
  - UnitedHealth Vendor: Mom's Meals
- DMAHS and partners are receiving technical assistance support from the American Heart Association (AHA) throughout the pilot.

Any questions?
Visit 1115 website
Email us at
MAHS.MealsPilot@dhs.nj.gov

NEW JERSEY HUMAN SERVICES

Housing Supports Services

On July 1, DMAHS launched Housing Supports, which aims to drive whole person care and improved health outcomes



Program seeks to improve health outcomes by helping Medicaid members find and maintain housing

Program overview and structure

Program intent: improve health outcomes by helping Medicaid members who are homeless or at-risk of homelessness find and remain in safe housing

- **Supplements** but does not supplant state homelessness funding
- **MCOs** responsible for building network, paying claims, authorizing services, and coordinating care management
- **Housing supports providers** responsible for delivering services

Does not include payment for rent or housing production

Services and eligibility

Services available from providers include:

- **Pre-tenancy Services:** case management support to help members *find* housing
- **Tenancy Sustaining Services:** case management support to help members *maintain* housing
- **Move-in Supports**: Payment to facilitate moving into a new home
- **Residential Modifications and Remediation Services**: modifications or repairs to home to ensure health & safety

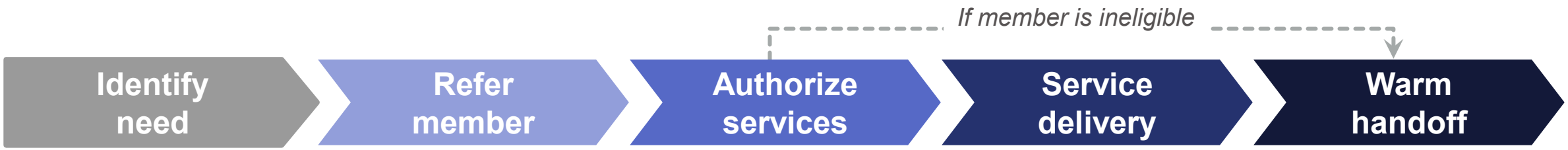
To be eligible for services, members must:

- Be MCO enrolled
- Meet at least one social risk criteria
- Meet at least one clinical risk criteria

Housing Supports: Experience to Date

- **Achievements**
  - Since our July launch, we have connected **hundreds of members** to services
  - Enrolled **significant numbers of housing service providers** into Medicaid to ensure member access
- **Challenges**
  - **Housing providers are still adjusting to Medicaid and Managed Care**, including the processes around authorization, claims and contracting
  - **MCOs are still learning the housing ecosystem**, including how to best partner with these new providers and how to best refer members to care

The member journey includes several key steps, from needs identification to service delivery



Any organization or entity identifies need for Housing Supports, e.g.:

- Hospitals
- Community-based orgs
- Family members
- Self-referral
- Anyone else

Members may be referred via:

- **Filling out initial assessment tool**, or
- **Sending referral to MCO** with basic contact info

MCO receives info, and as needed:

- Supports member to fill out assessment
- Refers member to in-network provider
- Processes authorization

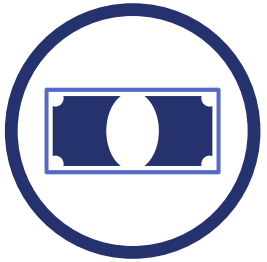
Member receives services, with MCO and provider collaborating

If applicable, **provider documents touchpoint** in HMIS

MCO connects member to other programs as able, to help access appropriate resources

We are closely monitoring performance across the program

Total **member authorizations**



Claims processed

Providers enrolled in the program

Turnaround time; % of members served within 1 week of submission

Providers in-network with at least 1 MCO

Counties with enrolled providers

NEW JERSEY HUMAN SERVICES

How to get in touch with MCOs if interested in services

Aetna Better Health of New Jersey

- Telephone: 1-855-232-3596 (TTY: 711)
- Email: NJHousingServices@aetna.com

Fidelis Care

- Telephone: 1-866-309-8447 (TTY: 711)
- Email: HousingSupports@centene.com

Horizon NJ Health

- Telephone: 1-800-682-9090
- Email: HorizonHSPReferrals@horizonblue.com

United Health Care

- Telephone: 800-941-4647
- Email: NJ_HousingSpecialist@UHC.com

Wellpoint

- Telephone: 640-249-9808
- Email: Darcy.Hillstrom@wellpoint.com

For More Information

- For more information, please reach out to the DMAHS Housing Supports team
  - *DMAHS.HousingSupports@dhs.nj.gov*
- Other key resources:
  - Bookmark the Housing Supports webpage
  - Sign up for the Housing Supports Program newsletter
  - Use our Help Desk Inquiry Form to ask questions and get timely support

NEW JERSEY HUMAN SERVICES

Behavioral Health Integration

Phase 1 of Behavioral Health (BH) Integration went live January 1, 2025 and is taking a phased approach to integrating BH services into managed care

Jan 1, 2025

Phase 1

Outpatient BH Services (for both adults and children)

- Mental Health (MH) outpatient counseling / psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- Substance Use Disorder (SUD) outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic
  - Ambulatory withdrawal management
  - Peer support services
  - SUD care management
- SUD partial care

TBD[1]

Phase 2

Residential & Opioid Treatment Programs

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 2 of BH Integration will be delayed to go-live after January 2026

TBD[1]

Phase 3

Additional BH services TBD

- Opioid Overdose Recovery Programs (OORP)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes (BHHs)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHC)
- Targeted case management (TCM):
  - Program of Assertive Community Treatment (PACT)
  - Children's System of Care (CSOC)
  - Intensive Case Management Services (ICMS)

1. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

Goals for Behavioral Health Integration

Access for members: Increase access to services with a focus on member-centered care

Whole-person care: Integrate behavioral and physical health for whole person care, with potential to improve healthcare outcomes

Care coordination: Provide appropriate services for members in the right setting, at the right time

Phase 1: Transition Period

- The State implemented a **Phase 1 transition period** to ease the shift
- Key priorities for the transition period include:
  - Promote **continuity of care** for members served by providers not yet contracted with the MCOs
  - Provide **additional time** for MCOs to **expand and stabilize provider networks**
  - Give providers time to **learn and practice how to submit prior authorization requests** in line with MCO and State guidelines and ensure timely processing of these requests
  - **Minimize barriers to timely and accurate claims submission** and MCO payment to providers

Transition Period: Status Update

- DMAHS extended some transition period flexibilities until at least **October 31, 2025**, during which:
  - Providers **must submit PA requests** for all Phase 1 services, which MCOs are **required to automatically approve**
  - MCOs **will pay out-of-network providers Medicaid FFS** rates for all claims that are:
    - Submitted with no errors
    - Have a PA on file for PA-required services
- Beginning **November 1**, DMAHS will begin a process to end the transition period
  - Transition policies will be lifted on an **MCO-by-MCO basis over the coming months**, as each MCO demonstrates readiness to end the transition period
    - **Aetna** will end Phase 1 transition period policies on **November 1**
    - **Other MCOs** will continue transition period policies **until they meet readiness requirements** (Providers will have advance notice before this occurs)

Prior Auth | Phase 1 PA submission requirements for in-network and out-of-network providers by MCO as of November 1, 2025

✓ - PA required for service

	Aetna		Fidelis Care		Horizon NJ Health		UnitedHealthcare		Wellpoint	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network[1]	In-network	Out-of-network	In-network	Out-of-network
MH / SUD partial care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MH partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD intensive outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD ambulatory withdrawal management	✓	✓	✓	✓		✓	✓	✓	✓	✓
MH / SUD outpatient counseling and psychotherapy		✓		✓						

Claims will be denied for providers who **do not follow these requirements**

Summary of guidance and available resources for providers to ensure readiness for MCOs lifting transition period policies

Key next steps for the end of the transition period

- **Check which MCOs your members are enrolled in** and **contract and credential with all MCOs** relevant to your client population
  - If you are **unwilling to contract** with all your members' MCOs before they end their transition period policies:
    - **Outreach all members** who are enrolled in MCOs that you are not contracted with and refer them to **MCO BH Care Management**
    - Follow each MCO's **PA / SCA process**
- Ensure staff **know the PA process** for each MCO and are well-trained on State/MCO guidance
- **Ensure PAs are active and on file** for all members receiving PA-required services

Available resources

- End of Phase 1 Transition Period Provider Guidance
- Mental Health PA Guidance document
- Substance Use Disorder PA Guidance document
- MH PA Guidance and Medical Necessity training
- SUD PA Guidance and Medical Necessity training materials
- Provider Guidance Packet
- MCO-led Integrated Care Management Training materials
- DMAHS BH Integration Points of Contact Document

All resources can be found on the BH Integration Stakeholder Information website

Members should connect with their behavioral health providers and MCOs to ensure continuity of care

When my health plan ends the transition period policies, how will this affect my care?

- When your health plan ends the transition period, your BH **providers be in-network or have an agreement** with your plan to continue care
  - If this is the case, **your care will not change**
- If your provider is **out-of-network and has no agreement with your plan**, **you may need to change your care to a different provider** or **encourage your provider to enroll with your plan.**

How can members be ready for the end of the transition period?

- **Confirm that your BH providers** are in-network with your health plan

- If your BH provider is **out-of-network,** you can:
  - **Contact your health plan** to understand options with your current provider or get support connecting to another provider
  - **Access** your health plan's **provider directory** to find an in-network provider
  - Consider switching plans to stay with your key providers

Members, families, and caregivers can access the DMAHS End Of Transition Period Member Guidance document for more **information on the Phase 1 transition period** and guidance on how to **ensure continuity of care**

Planning for the Next Meeting

January 15, 2026