

NJ FamilyCare Medical Assistance Advisory Council

July 22, 2020

Agenda

- Welcome, call to order, new format – Dr. Deborah Spitalnik
- Remarks – Commissioner Carole Johnson
- COVID-19 Program Impact
 - Rapid Response, the work behind us and ahead – Jennifer Jacobs
 - Federal COVID flexibilities – Greg Woods
 - NJ FamilyCare enrollment trend – Greg Woods
 - County eligibility processing – Jennifer Jacobs
 - Nursing Facility care management – Jennifer Jacobs
- Discussion and planning for our next meeting – Dr. Spitalnik

Responding to COVID-19: Our North Star principles

We will serve people the best way possible.

We will help New Jerseyans through this emergency by supporting eligibility and ensuring services are available in unprecedented times.

We will keep communication clear and simple.

Leaders are stewards of change. More than ever, we need to communicate to build understanding as we rethink the ways we do things and manage new issues.

We will experiment with new ways to solve problems

Crisis is opportunity to consider bold, creative, and inclusive solutions. We'll be fast, not rash – and we will think strategically and proactively.

We will show people we care.

Empathy, positive energy, and collaborative focus will be our hallmark, internally and externally.

We will honor our shared sacrifice.

With gratitude, we support each other as real people through this challenging time.

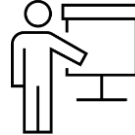
What does serving people *the best way possible* look like during a pandemic?

Rapid Response to Current Needs



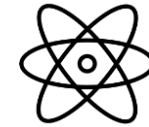
- Ensure access to testing and treatment
- Protect high-risk members
- Support social distancing
- Address changing needs in real time

Plan for Future Needs



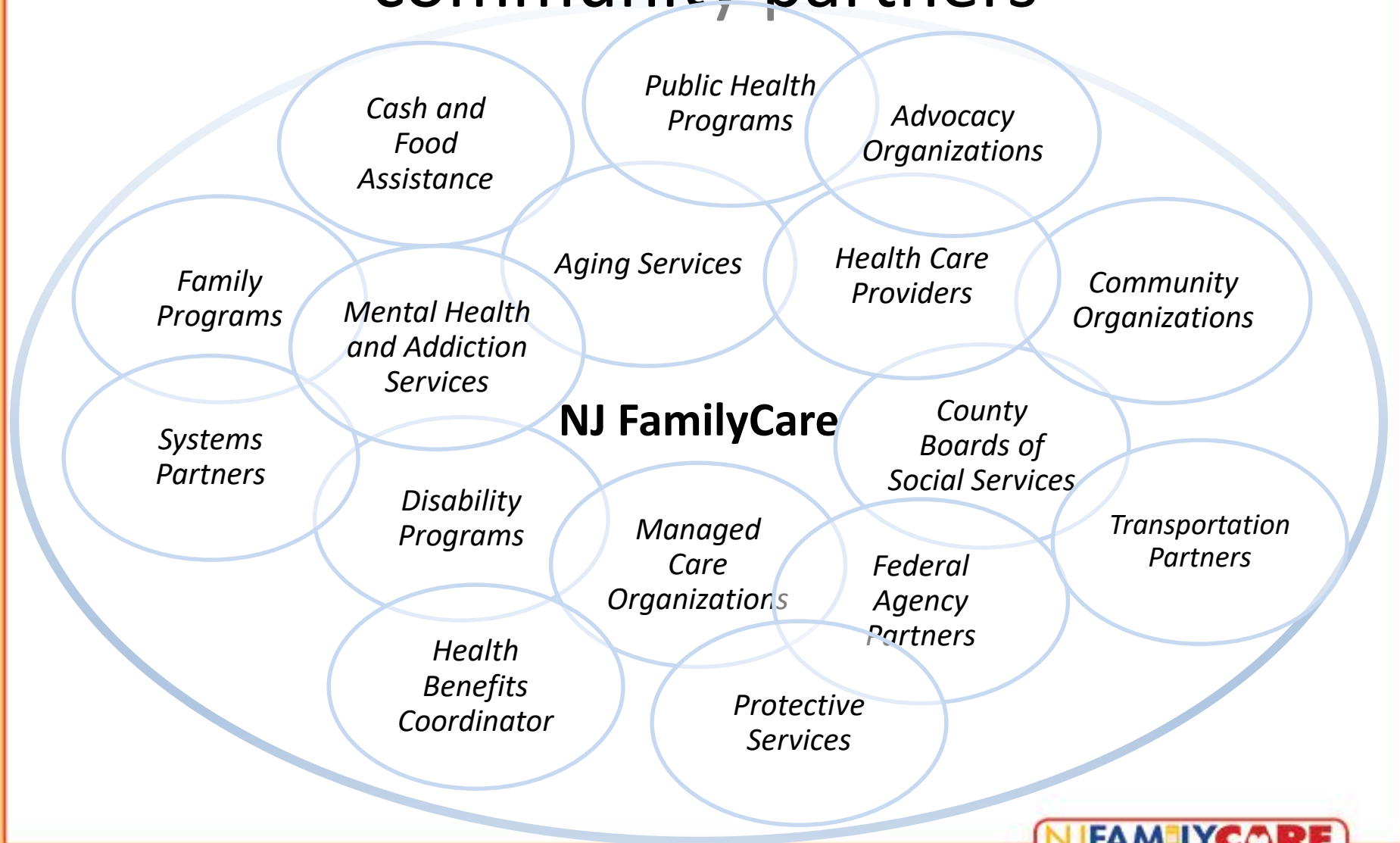
- Prepare for enrollment growth
- Adapt to new testing and prevention protocols
- Support members' post-COVID needs

Solve Problems in New Ways



- Use new approaches, new partnerships, and new technology
- Stabilize and transform

Essential collaboration with community partners



DMAHS Operations

- Most of our team is working remotely most days
- Many paper processes have been replaced by electronic
- Daily COVID rapid response team meetings now 3/week; “Strike teams” meeting frequently
- Weekly meetings with CMS, MCO clinical and operational leaders, County Boards of Social Services, and sister agencies
- Frequent touchpoints with community groups, advocates, and provider associations
- Organizationally, online meetings are both more challenging and more inclusive for our team and our community

Protect and extend access to Medicaid Coverage

We are:

- Encouraging use of online applications
- Using emergency flexibility to enable people to enroll in NJ FamilyCare faster and easier
- Ensuring continuing coverage for Medicaid and CHIP members through the emergency period
- Maintaining suspension of NJ FamilyCare premiums
- Allowing providers to conduct Medicaid presumptive eligibility assessments over the phone
- Enabling hospitals to conduct presumptive eligibility for ABD to support discharge planning

Help our members get the care they need

- There are no copays for COVID testing and office visits.
- Health care is adapting to support social distancing
 - Members are able to refill prescriptions early and for a 90 day supply
 - Care management is all telephonic
 - Telehealth rules have been relaxed
 - Free cell phone for Medicaid and SNAP participants with additional minutes available: www.lifelinesupport.org (Safelink and Assurance)
- Transportation is running
- Fair hearings are happening virtually when possible

Work creatively with our providers to solve problems

- We are collaborating with providers and MCOs
 - Flexibility in site of service, enabling home-based and telephonic care as often as possible
 - Frequent and flexible communication
 - Food delivery and home health aide pilot with Logisticare
 - Expedited provider enrollment with Medicaid
 - Fast-tracked family members as Personal Care Assistance providers
 - Suspended provider audits
 - Relaxed prior authorization requirements
 - NJ provider data provided to CMS to validate relief payments

FEDERAL COVID FLEXIBILITIES

New Jersey is operating under a patchwork of emergency federal authorities

Authority	What it allows?	Status?
1135 of Social Security Act	<p>Temporary loosening of federal requirements around:</p> <ul style="list-style-type: none"> • Prior authorization; • Pre-Admission Screening and Annual Resident Review (PASSR); • Provider Enrollment; • Fair Hearing Timelines; • Provision of Services in Alternative Settings; • Certain HCBS Requirements, including around Level of Care Determinations 	CMS has approved two sets of 1135 requests from New Jersey.
Federal Regulations at 42 CFR 435	Extension of timelines for redeterminations of eligibility, and beneficiary self-attestation of income and resources in certain circumstances	New Jersey is using these flexibilities (specific federal approval is not required).

Emergency federal authorities (cont.)

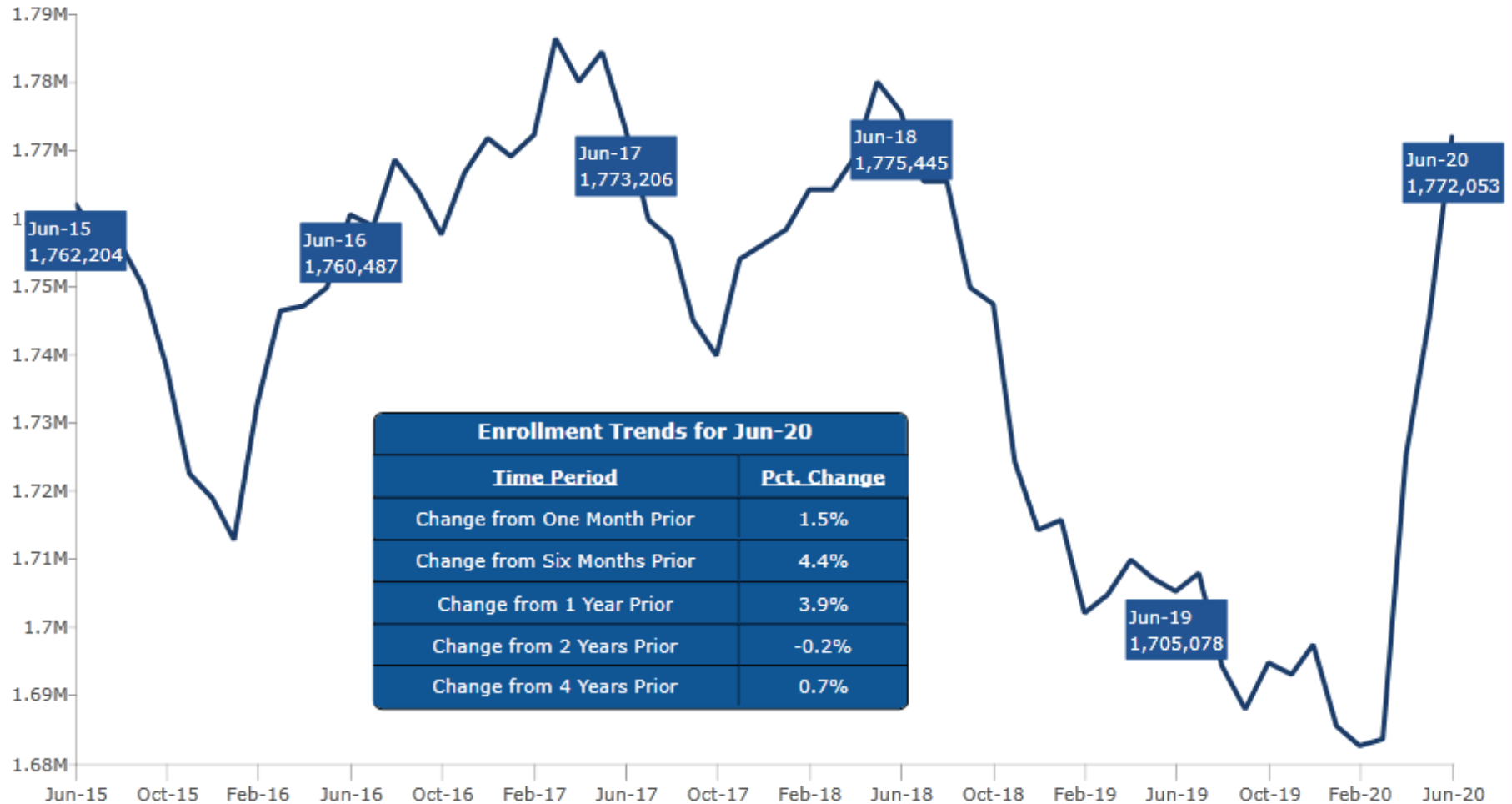
Authority	What it allows?	Status?
Appendix K	<p>Temporary loosens certain rules governing HCBS programs operating under 1115 Demonstration (including MLTSS, DDD, and DCF programs). These include rules around:</p> <ul style="list-style-type: none"> • Service types and limitations; • Settings of Care (including to allow certain services in acute care hospitals); • Provider types, qualifications, and licensure; • Retainer payments. 	CMS has approved New Jersey's Appendix K request.
Families First Act Maintenance of Effort (MOE) Requirement	<p>Federal legislation requires states accepting enhanced federal Medicaid funding during the emergency to:</p> <ul style="list-style-type: none"> • Not change rules to make it harder to qualify for coverage; • Continued enrollment of anyone enrolled as of March 18, 2020 (with limited exceptions). 	New Jersey is complying with MOE requirements.

Emergency federal authorities (cont.)

Authority	What it allows?	Status?
Title XIX (Medicaid) State Plan Amendment	Temporary federal flexibilities, including: <ul style="list-style-type: none"> • Expanded presumptive eligibility; • Broad expansion of telehealth coverage; • Pharmacy flexibilities. 	Pending final CMS approval (will be retroactively effective)
Title XXI (CHIP) State Plan Amendment	Temporary federal flexibilities, including: <ul style="list-style-type: none"> • Waiver of premiums and certain cost-sharing; • Flexibilities around enrollment, renewals, and adverse actions. 	Approved by CMS
1115 Amendment Request	Various other assorted flexibilities that are not otherwise available, additional benefit flexibility, and more lenient eligibility/enrollment processes.	Under CMS review (approval prospects uncertain)

ENROLLMENT UPDATES

Overall Enrollment



Source: SDW MMX Snapshot Universe, accessed 7/7/2020.

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

ELIGIBILITY PROCESSING

Incentive & Penalty Payment Program

Update on P.L. 2019, c.246:

- At the February MAAC, we described a plan based on:
 - Redetermination timeliness (responsive to federal audits)
 - Adoption of technology platform required by legislation
 - Timely processing of initial applications
- Due to policy maintaining eligibility for Medicaid and CHIP members during the emergency period, redetermination timeliness became less relevant for 2020.
 - DMAHS updated the MOU to replace that component with an incentive based on previously unanticipated application volume and enrollment growth.
- As of June 30, 2020, each county has signed a Memorandum of Understanding codifying this agreement and all counties have adopted the new online portal.
- Next steps: Dashboards!

CARE MANAGEMENT

Supporting Community Members

- At our April meeting, we shared stories from the COVID-19 emergency period. As we described then, Care Managers continue to support our members in the community by:
 - Coordinating, continuing or restarting services
 - Explaining how to access telehealth
 - Expediting delivery of supplies
 - Recognizing a need for urgent or non-urgent medical care
 - Addressing food insecurity and other social needs



Supporting Nursing Facility Members

- Today, we will talk about some of the work that Care Managers have been doing with Nursing Facility residents during the emergency period:
 - Reaching out to nursing facilities to get updates on MCO members and sharing information with family
 - Recognizing members' needs and coordinating with member, family, facility, and other caregivers
 - Supporting transitions from nursing facility to community settings

Henry: Person-Centeredness

- Henry called his Care Manager during the first week of restrictions at his Nursing Facility. He was **scared and confused**.
- His Care Manager provided information and support, explaining the reason for the new precautions. Henry said **he felt isolated and was losing track of time**.
- His Care Manager helped him think about ways he liked to spend quiet time, including **reading and journaling**. They discussed **marking off a calendar to stay oriented in time**.
- After spending 40 minutes on the phone with Henry, the Care Manager followed up to **alert the Activities Coordinator at the nursing facility** of Henry's concerns and see if they could provide him some additional support.

Natalia: Options Counseling

- Natalia has cancer, diabetes, and depression. Her family wanted to explore the idea of her living in the community with her granddaughter.
- The Care Manager provided support, information, options, and reassurance as they talked with the nursing facility and worked through the logistics of a potential move. She also counseled the family to consult with Natalia's primary care provider.
- Ultimately, though Natalia appreciated her granddaughter's offer, she chose to stay in the nursing facility where she has relationships with clinical and non-clinical staff, a social network, and daily activities.

Armando: Inpatient Coordination

- Armando was in advanced stages of an **aggressive brain cancer**.
- His disease progression manifested in a **violent outburst** against a member of the nursing facility staff.
- He was transferred to an acute setting, and the nursing facility would not accept him back post-stabilization.
- The care management team at the health plan conferenced frequently with the hospital team in a collective effort to identify a community discharge.
- After outreach to community providers, all agreed that **supportive care with hospice** would be provided in the hospital.
- Armando passed away peacefully on June 7.

Elmer: Independence

- Elmer, age 48, was **homeless** and medically complex when he was admitted to a nursing facility in 2018. He had no income and no community support.
- Elmer told his Care Manager that he wanted to live independently in an apartment of his own. To achieve this goal, he would need a hearing to secure his **Social Security benefits**. The Care Manager helped him work on this, and Elmer's Social Security income started in December 2019.
- The Housing Specialist at the health plan assisted Elmer in finding **subsidized housing** options, and the Care Manager worked with the Nursing Facility social worker and with OCCO's "Money Follows the Person" representative to support Elmer's plan.
- Elmer transitioned to a disability accessible apartment in the community on July 1. The health plan provided **furniture, Personal Care Assistance, home delivered meals, and a personal emergency response system**. In partnership with the nursing facility and home care agency, the Care Manager also **coordinated primary care, specialist, and behavioral health needs**.

Annabelle: Home with Family

- Annabelle is 88 years old. She has **cognitive impairment** and a history of falls. She is **dependent for all care** including feeding, bathing, dressing, incontinence care, and transferring from her bed to her wheelchair.
- Annabelle was residing in a nursing facility and did not have a plan to return to the community, but her daughter was concerned by her mom's appearance when she looked through Annabelle's window during a "visit" in May.
- After speaking with Annabelle's daughter, the Care Manager arranged for an **Inter-Disciplinary Team** meeting with nursing facility staff and Annabelle's family to address concerns and discuss a possible community transition.
- The Care Manager quickly arranged for a **hospital bed, a personal emergency response device, personal care assistance, and groceries** to support Annabelle in living at home with her daughter.

Gus: Caregiver Support

- Gus is 41 years old. He has a **traumatic brain injury**, is **nonverbal**, and **requires assistance with all ADLs**. He was in respite in a nursing facility in March when his mother, who was his caregiver, passed away.
- **Gus's younger sister had not been part of his life since the injury**, but she wanted to bring him home to live with her.
- Gus's care manager explained the services that were available to support Gus and his family, including **chore service** to create a safe home environment. She also identified Gus's **medical providers** for his sister to ensure continuity.
- Gus recently started receiving **cognitive therapy** through telehealth and has the goal of starting a **TBI day program**.
- Gus's sister continues to work closely with his care manager.

Raymond: Advocacy

- Raymond was admitted to a nursing facility in April 2019 after a stroke. He has difficulty verbalizing and requires **total care** and receives nutrition through a G-tube.
- Before COVID, his wife was working full time and traveling the 25 miles back and forth to the nursing facility to be with him daily.
- Raymond became MLTSS eligible in March as the pandemic began in New Jersey. As they met with their Care Manager for the first time, Raymond's wife explained that she had been **trying to bring him home**. She needed support working with the facility.
- Raymond's care manager made numerous phone calls to advocate for him with the social worker, nurses, Director of Nursing, and NF administrator. Having connected to a nurse who could help, the Care Manager worked to get all the needed supplies and **address obstacles, including finding an agency to train his wife to provide proper care at home**. The Care Manager also had Raymond evaluated for Personal Care Assistance and Private Duty Nursing and arranged for the delivery of equipment and furniture.
- Even with challenges of the pandemic, the transition went smoothly and Raymond was home by the beginning of June.

Complexity of Community Transitions

- COVID-19 introduces new challenges
 - Housing options
 - Furnishings and housewares
 - Groceries and meals
 - Medical equipment and supplies
 - Medical care (at home and in community)
 - Long-term services and supports (e.g. personal care assistance, day programs, chore service)
 - Behavioral health care (e.g. addiction, anxiety, grief)
 - Family support, stress, and isolation

Found in a case file:

- Received Transfer w/ Members Daughter/PR Yvonne on the line requesting to speak w/CM Alicia H.
- Yvonne stated member passed away on 4/12/20.
- This CCC expressed her condolences to Yvonne.
- Yvonne stated Member *lived a wonderful life* and that she wanted to personally thank the Members CM's and MLTSS Team for everything we've provided and have done for the Member and Members Family.
- Yvonne stated her family will *forever be grateful for the Kind, Passionate and Hard work* the CM's and MLTSS Team did while Member was still w/us.
- Yvonne stated Members current CM Debra S was amazing but wanted to speak w/Alicia because *she was Members CM prior and was with Member for a while but wanted to thank everyone for everything.*
- CM Alicia was available and requested call be transferred.
- Call transferred successfully.

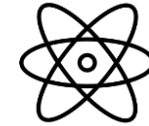
Our work continues...



Rapid Response to Current Needs



Plan for Future Needs



Solve Problems in New Ways

- We are continuing to leverage federal emergency flexibilities during the Public Health Emergency, and considering long-term policy options.
- We are working with eligibility determining agencies, MCOs, and operational partners to manage application and enrollment growth.
- We will continue to adapt to a rapidly changing environment, including new prevention, testing, and treatment protocols.
- We are looking at how to address [health equity](#), workforce development, and social determinants of health in a “new normal.”

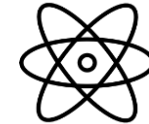
Our work continues...



Rapid Response to Current Needs



Plan for Future Needs



Solve Problems in New Ways

- We are keeping other critical priorities moving while we incorporate new COVID-related projects.
- We are supporting our employees through “remote” adjustments and new work-life challenges.
- We are managing a very challenging State budget atmosphere.
- We will continue to stay close to the pulse. Now more than ever, we are grateful for health care providers, advocates, managed care leaders, state and federal public servants, community leaders, caregivers, families, and other partners who share our vision of serving people *the best way possible*.