

# *Current Programs*

# NJSave



**Help paying Medicare premiums, prescription costs, and other living expenses**

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**Ayuda para pagar sus primas de Medicare, costos de medicamentos recetados, y otros gastos de vida**



# NJSave Savings



Program	Monthly Amount	Annual Amount
Average <b>PAAD</b> benefit to help pay prescription costs for elderly person.	<b>\$54.66</b>	<b>\$655.92</b>
Maximum benefit to pay <b>Medicare Part D premium cost for a PAAD beneficiary</b> enrolled in a Part D plan with a premium for which PAAD will pay in 2019.	<b>\$37.20</b>	<b>\$446.20</b>
Average <b>Senior Gold</b> benefit to help pay prescription costs for elderly person.	<b>\$13.41</b>	<b>\$161.86</b>
Annual benefit amount provided by <b>Lifeline</b> utility assistance program for person who meets PAAD eligibility requirements.		<b>\$225.00</b>
Average <b>LIHEAP</b> benefit to help pay heating & cooling energy costs.		<b>\$290.45</b>
Average <b>USF</b> benefit to help pay <b>gas/electric bills</b> .	<b>\$27.00/\$55.60</b>	<b>\$324.00/\$667.20</b>
Medicare Part B premium cost paid by <b>SLMB or SLMB QI-1</b> .	<b>\$135.50</b>	<b>\$1,626.00</b>



# Enrollment vs. Potential



Program	Enrollment	Eligible, Not Enrolled*
PAAD	118,584	400,000 +/-
Senior Gold	16,854	
MSP (SLMB & QI-1)	23,632	71,509
LIS (Extra Help)	78,066	?
Lifeline Utility	276,733 households	?
HAAAD	125	?
NJ Hearing Aid Project	150 annually	?
USF	175,000	?
LIHEAP	283,759	?

\*Estimates



# Launch of NJSave



- Online application for these important benefits launched in Nov. 2018, and in Spanish in Oct. 2019.



[Español](#) [Help](#) [Login](#)

## Welcome!!

We're glad you're here. Let us point you to where you can get started.

[Start New Application](#)

[Resume Existing Application](#)



# NJSave Benefits to Consumers



- Online access to important benefits and savings.
  - ✦ No searching for paper application, or mailing
- Complete one online application for couples
  - ✦ On paper, husbands and wives must apply separately
- Create an account and come back later.
  - ✦ With email and password, can complete the online application at their own pace
- Immediate confirmation of application submission.
  - ✦ No calling hotline to see if application arrived



# NJSave Benefits to Consumers



- Allows for electronic upload of documentation required for eligibility determinations.
  - ✦ Bank statements, proof of residence, etc.
- Online video tutorial takes viewer screen-by-screen through the application.
  - ✦ Print instructions also available.
- Family members, friends, social workers can help
  - ✦ About 35% on online applications were submitted by such assisters

# NJSave Benefits to the Aging Network



- Verification tools for income and assets.
  - ✦ Links to other systems speed processing
- Worker portal launched in Spring 2019.
  - ✦ Gives our primary partners – AAAs & SHIPs – ability to help consumers without computer access and/or an email account apply online
  - ✦ Easy online status check



# NJSave Dashboards



- We now have dashboards that provide us with statistics regarding the online application, including all applications in the system by home county.

## Online and WP Submitted Application(County)

County	Record Count
ATLANTIC	408
BERGEN	423
BURLINGTON	193
CAMDEN	303
CAPE MAY	70
CUMBERLAND	64
ESSEX	465
GLOUCESTER	158
HUDSON	397
HUNTERDON	78
MERCER	223
MIDDLESEX	348
MONMOUTH	262
MORRIS	162
OCEAN	391
PASSAIC	331
SALEM	32
SOMERSET	89
SUSSEX	61
UNION	252
WARREN	44

*This chart shows the count of all online and worker portal applications, organized by Home County.*



# NJSave Marketing



- News releases, articles
- Social media posts
- Mailings
- Speaking engagements
- Poster, flyer, referral cards, and tabletop signs
- Tote bags, pens, and pillboxes



**NJSave**  
Your One-Stop Application for Benefits and Savings in New Jersey

**You May Qualify for Programs If:**

- You are a resident of the State of New Jersey
- You are age 65 or older
- You are between the ages of 18 and 64 and receiving Social Security Disability benefits
- You meet certain income requirements

**Benefits and Programs:**

- Pharmaceutical Assistance to the Aged and Disabled (PAAD)
- Hearing Aid Assistance to the Aged and Disabled (HAAAD)
- Lifeline Utility Assistance
- Medicare Savings Programs
- Senior Gold Prescription Discount Program

**Additional Savings Programs:**

- Universal Service Fund (USF)
- Low-Income Heating and Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Property Tax Freeze
- Reduced Motor Vehicle Fees
- Low-Cost Spaying/Neutering

**Get Help Now and Save Today!**  
NJ Department of Human Services, Division of Aging Services  
1-800-792-9745 [www.aging.nj.gov](http://www.aging.nj.gov)



Scan Barcode With Your Smartphone



**NJSave**  
Find Out If You Are Eligible to Save!

**Are you disabled or age 65 or older?**  
**Do you need help paying Medicare premiums, prescription costs, and other living expenses?**



**THREE Easy Ways to Save Today:**

1. Scan the Barcode →
2. Go to [www.aging.nj.gov](http://www.aging.nj.gov)
3. Call 1-800-792-9745



# NJSave Milestones



- In first 9 months of campaign, applications are up 5,000 from the same period the prior year
- 22% of all applications received since launch were submitted online
- Campaign won the 2019 Innovations in Benefits Outreach Award from ADvancing States (*formerly National Association of States United for Aging and Disability*)



# Next Steps: System



- Making the application compatible with mobile phones.
  - Accessible now on phones, but not “mobile-friendly”
- Adding NJSave as the fourth online application on NJHelps.org.

# What Can You Do?



- Tell consumers about NJSave and help them apply.
- Put NJSave posters, flyers and tabletop signs in your offices and distribute to your local partners.
  - Request additional supplies as needed.
- Put links to NJSave on your websites.
  - Include our logo/hyperlink:

**NJSave**



# What Can You Do?



- Include information on NJSave in your service directories, newsletters, and share via listservs, Facebook and Twitter.
  - We can supply text and/or write articles on request
- Talk about NJSave at provider and consumer speaking engagements.
- Invite DoAS to make a presentation to provider and consumer groups.



# For More Information



**NJSave**

1-800-792-9745

[www.state.nj.us/humanservices/doas/services/njsave/](http://www.state.nj.us/humanservices/doas/services/njsave/)

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## NJSave Online Application

<https://njdoas-ua.force.com/njsave/quickstart>



# Thank You & Questions



NJ Department of Human Services  
Division of Aging Services

P.O. Box 807

Trenton, NJ 08625-0807

1-800-792-9745

[doas@dhs.state.nj.us](mailto:doas@dhs.state.nj.us)





# Long Term Care and Managed Long Term Services & Supports

# Long Term Care (LTC) and Managed Long Term Services & Supports (MLTSS)



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# July 2019 LTC Headlines

**85.5% of NJFC Long Term Care Population is Enrolled in MLTSS**

**54.3% of the NJ FamilyCare LTC Population is in  
Home and Community Based Services\***

*Prior Month = 54.0%; Start of Program = 29.4%*

**Number of Recipients Residing in Nursing Facilities\*\* is Down  
2,000 Since the July 2014 Implementation of MLTSS**

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

\*\* Nursing Facility Population includes all MLTSS recipients and all FFS recipients (grandfathered, medically needy, etc.) physically residing in a nursing facility during the reporting month.

# Long Term Care Recipients Summary – July 2019

**Total Long Term Care Recipients**

**59,725**

**Managed Long Term Support & Services (MLTSS)**

**51,085**

MLTSS HCBS

**28,161**

MLTSS Assisted Living

**3,105**

MLTSS NF/SCNF

**19,819**

**Fee For Service\* (Managed Care Exempt) NF & SCNF**

**7,493**

**PACE**

**1,147**

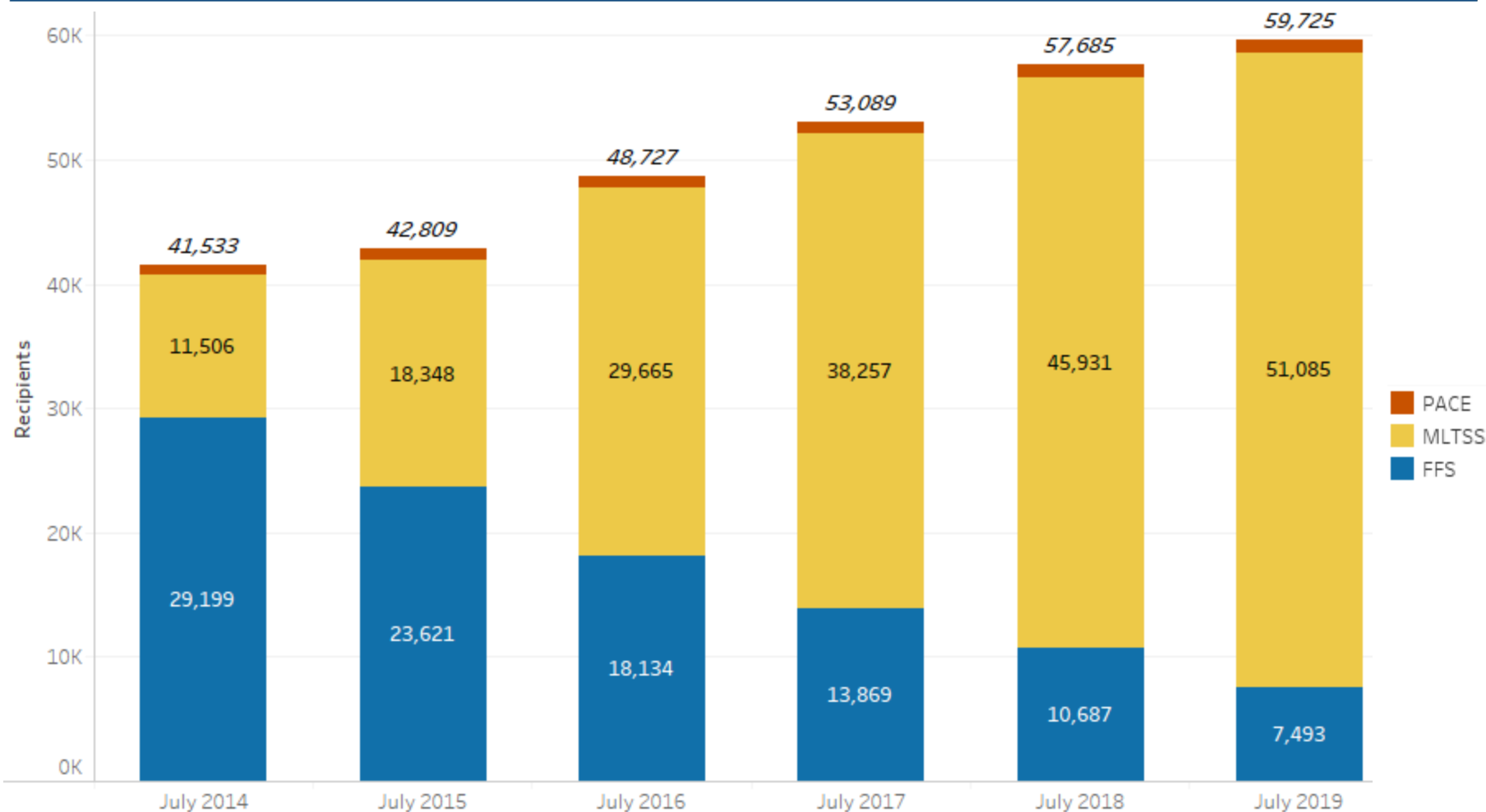
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed September 2019.

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

\* A portion (~25%) of the FFS NF & SCNF count is claims-based and therefore uses a completion factor (CF) to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given service month.

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# Long Term Care Population: FFS-MLTSS Breakdown

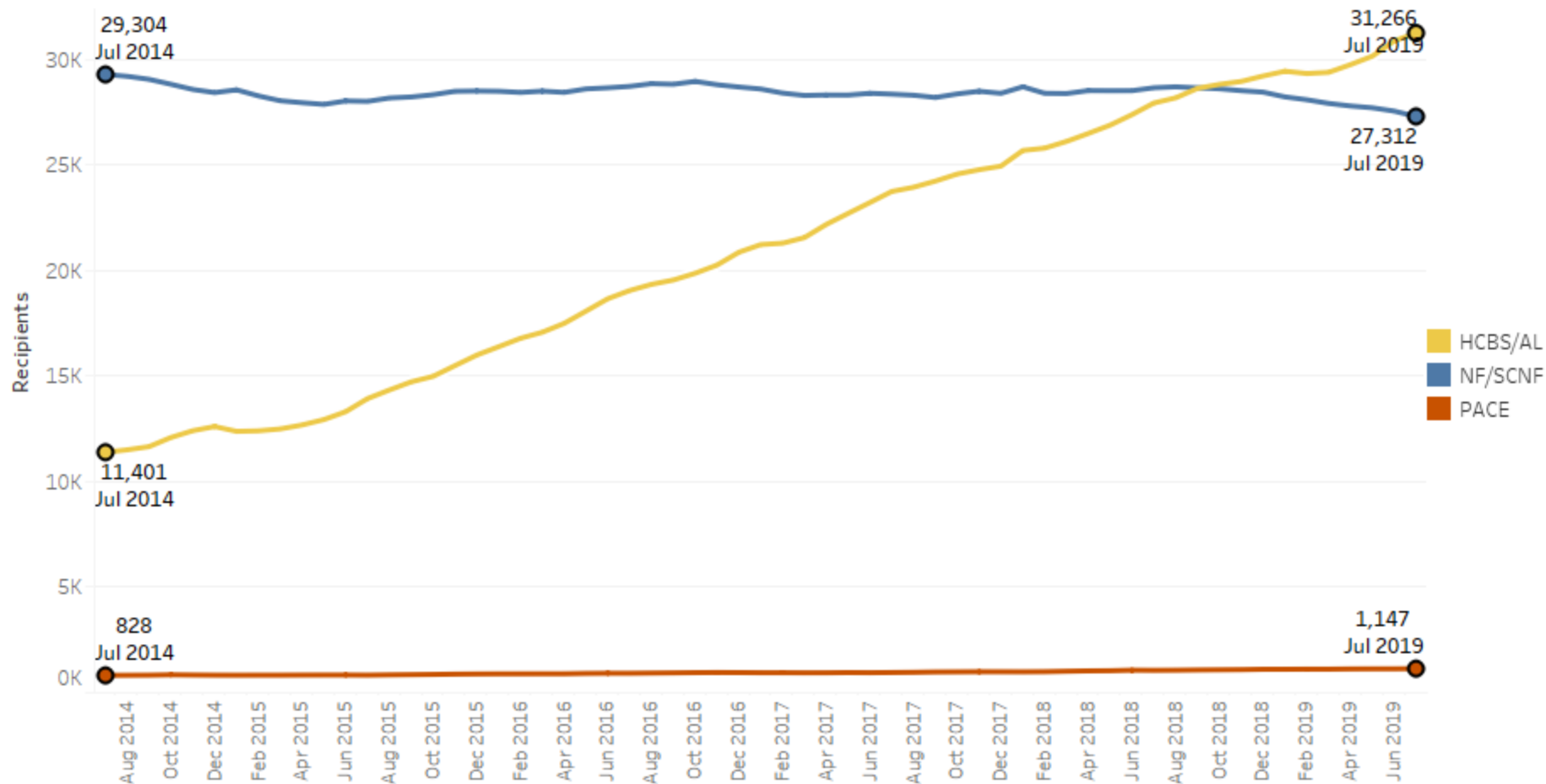


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed September 2019.

Notes: Information shown includes any person who was considered LTC at any point in a given month based on: Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS. MLTSS includes all recipients with the cap codes listed above. FFS includes SPC 65-67 and all other COS 07, which is derived using the prior month's COS 07 population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

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# Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed September 2019.

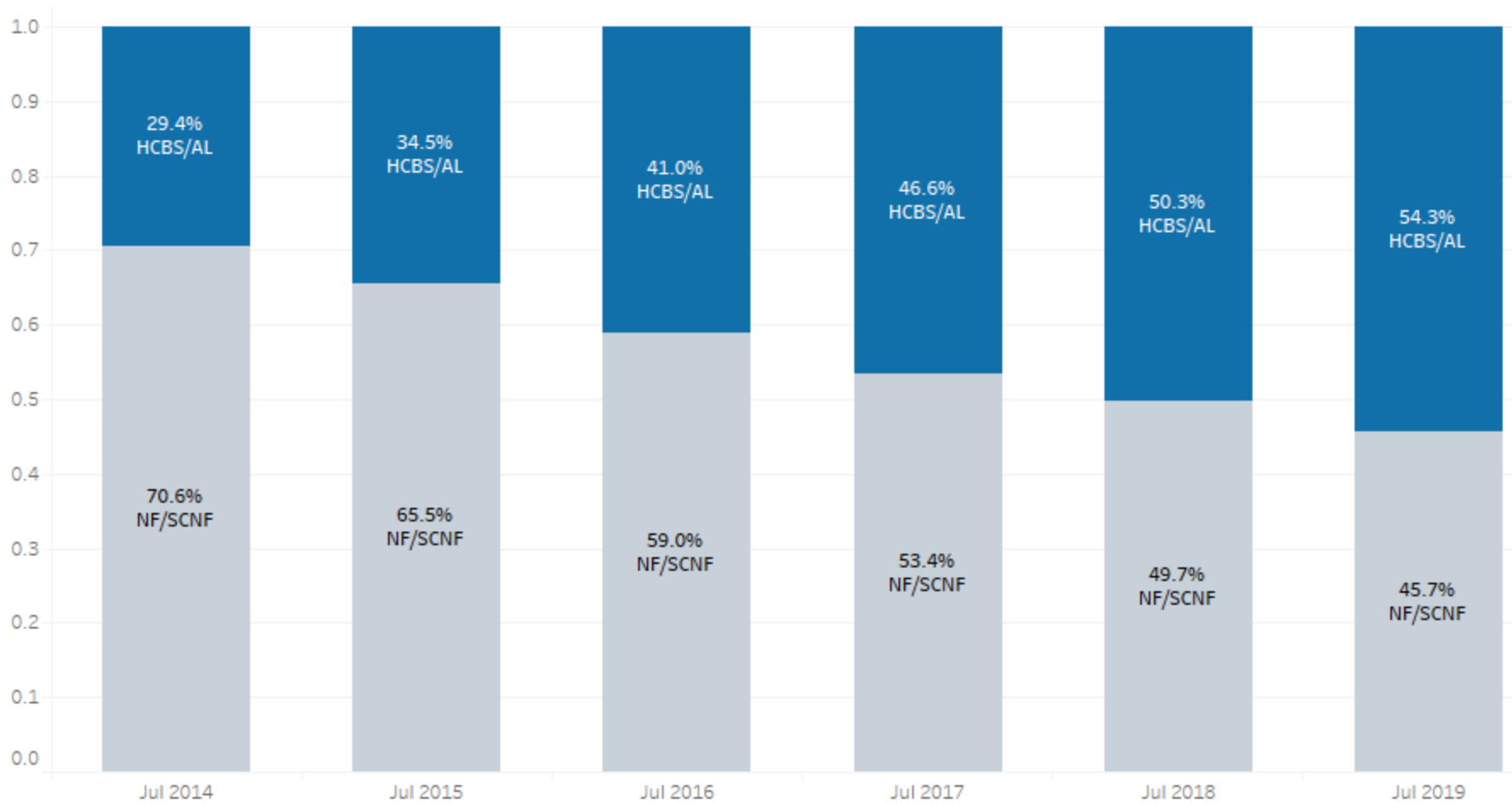
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

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

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

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# MLTSS Rebalancing

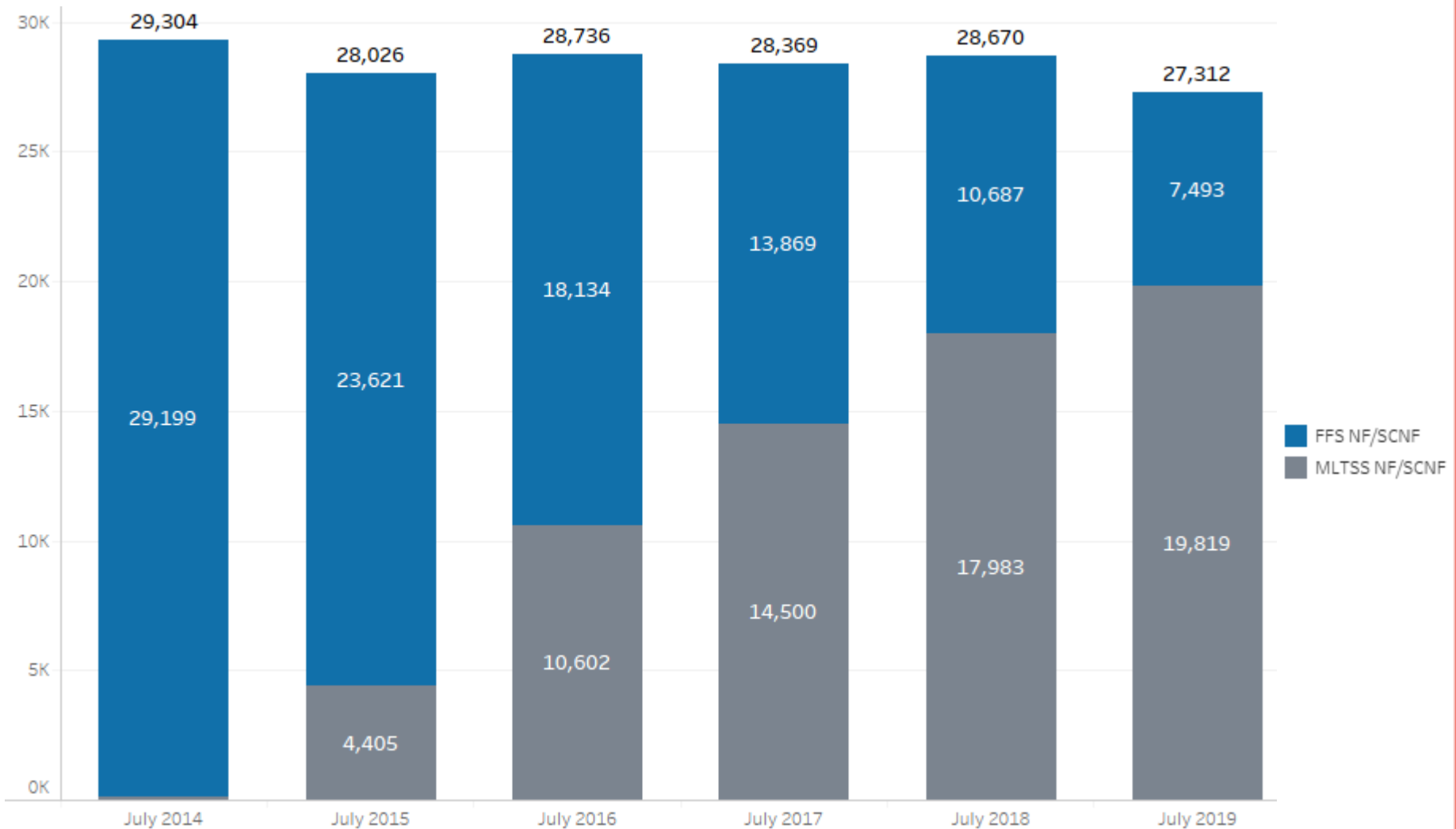


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed September 2019.

**Notes:** All recipients with PACE plan codes (220-229) are categorized as PACE and are included in the total HCBS /AL count. Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS/AL) with no fee-for-service nursing facility claims in the measured month. Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses a completion factor (CF) due to claims lag (majority are medically needy recipients).

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# Nursing Facility Population



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed September 2019.

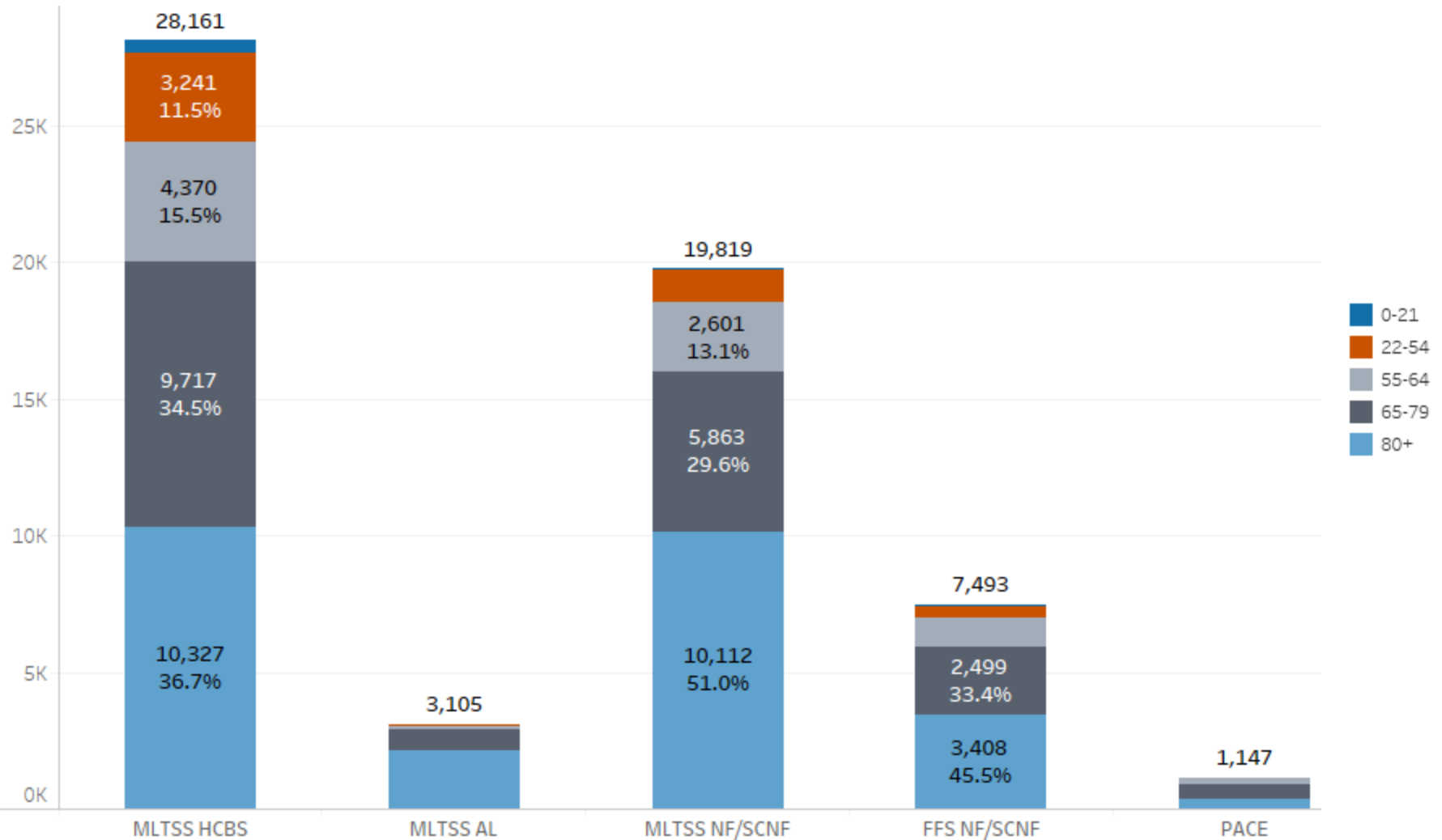
Notes: "MLTSS NF" population is defined as recipients with Capitation Code 78199, 88199 or with a SPC 61. "MLTSS SCNF" population is defined as recipients with Capitation Code 78399, 88399, 78499 or 88499 or with a SPC 63, or 64. "NF FFS" population includes all recipients with a Special Program code of 65, 66 or 67 as all other recipients with COS code 07 that do not meet any of the previous criteria (this subgroup uses a completion factor to account for claims which have not yet been received but are forthcoming).

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# LTC Population: All Settings by Age Group

## July 2019

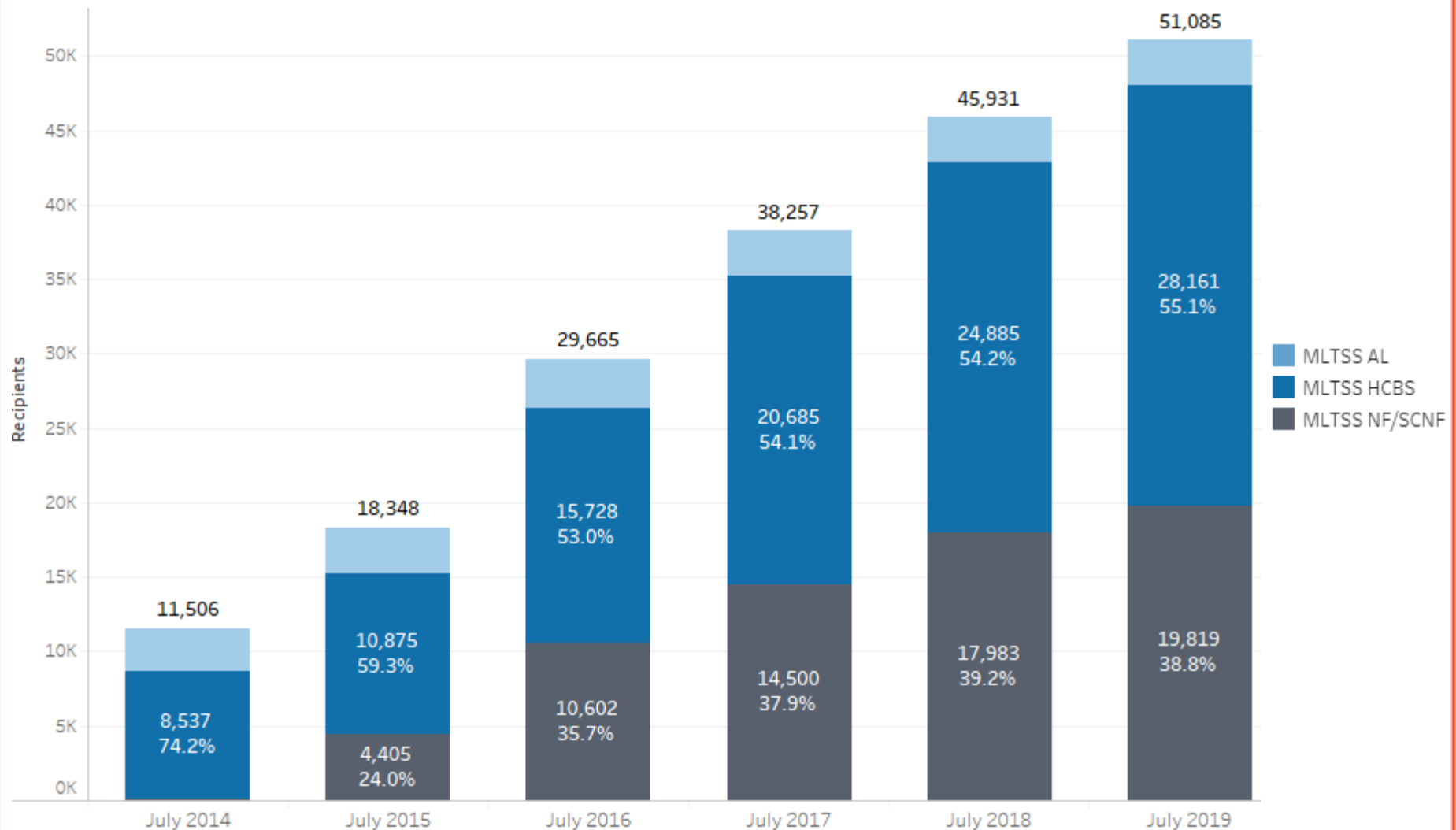


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed September 2019.

Notes: Information shown includes any person who was considered LTC at any point in the given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

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# MLTSS Population by Setting

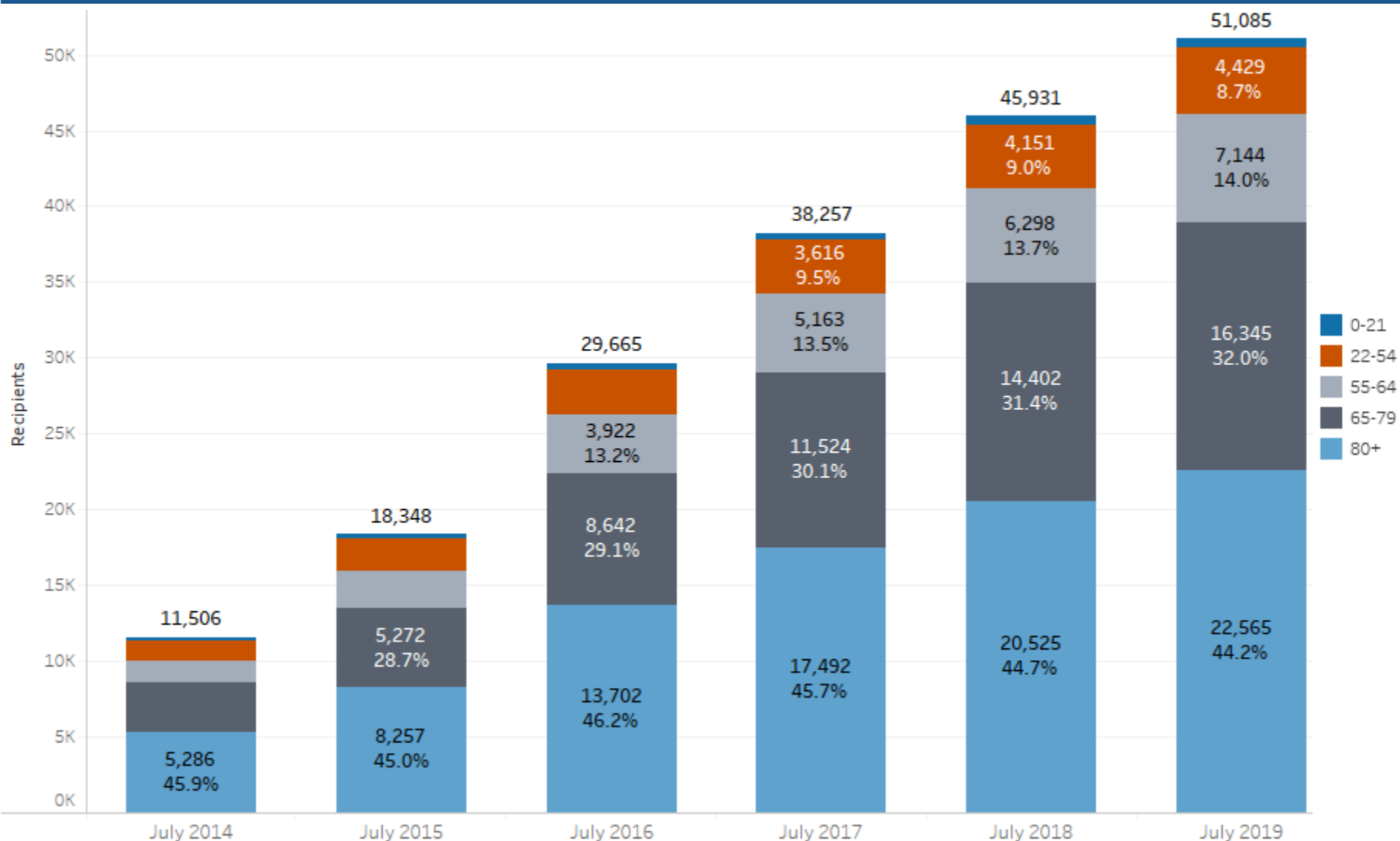


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated September 2019.

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

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# MLTSS Population by Age Group

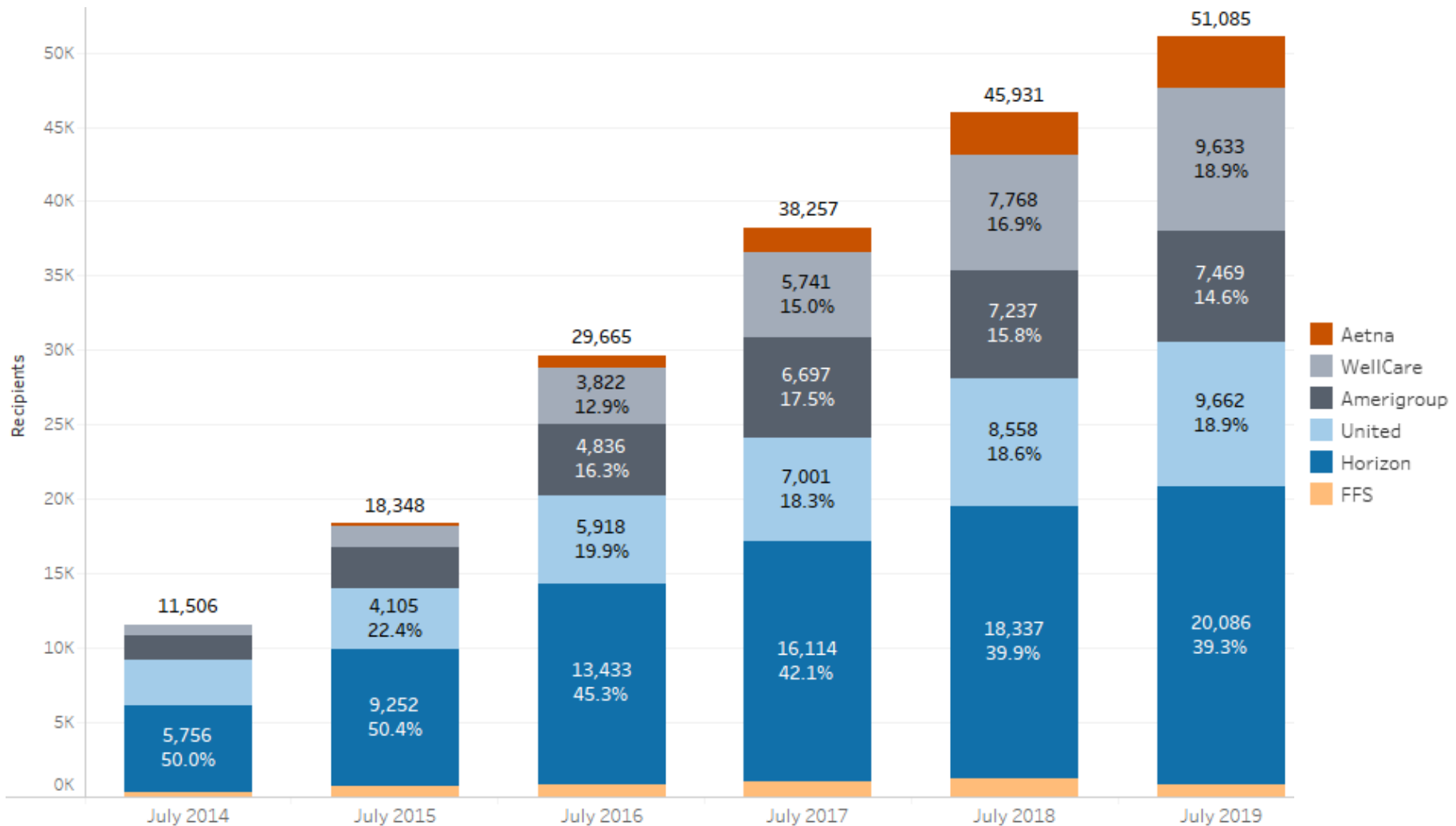


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated September 2019.

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

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# MLTSS Population by Plan



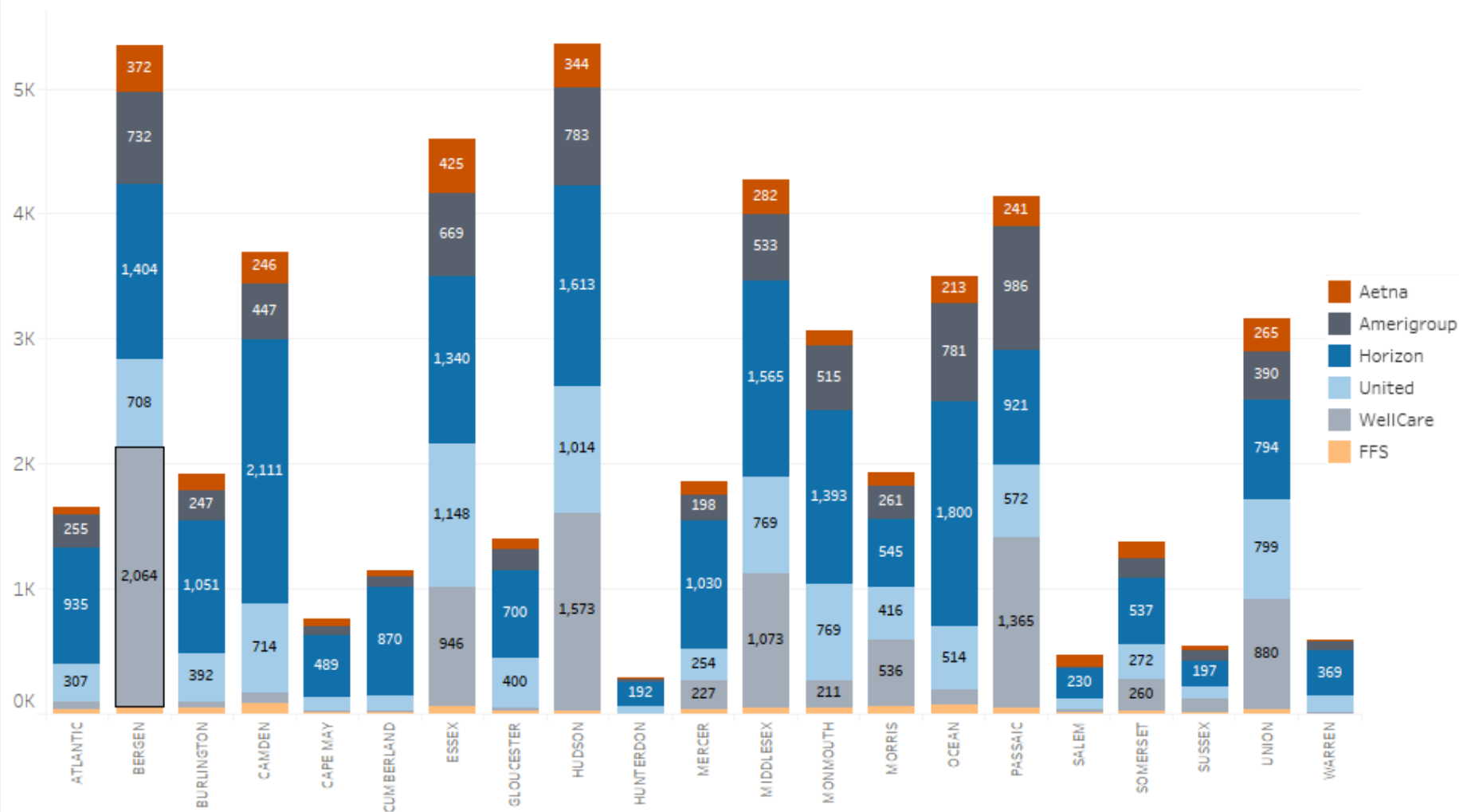
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated September 2019.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by plan. Recipients showing up as FFS were recently assessed and met level of care eligibility requirements in the given month and were awaiting MCO assignment. Those recipients will be categorized in an MCO category in the subsequent month.

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# MLTSS Recipients per County, by Plan

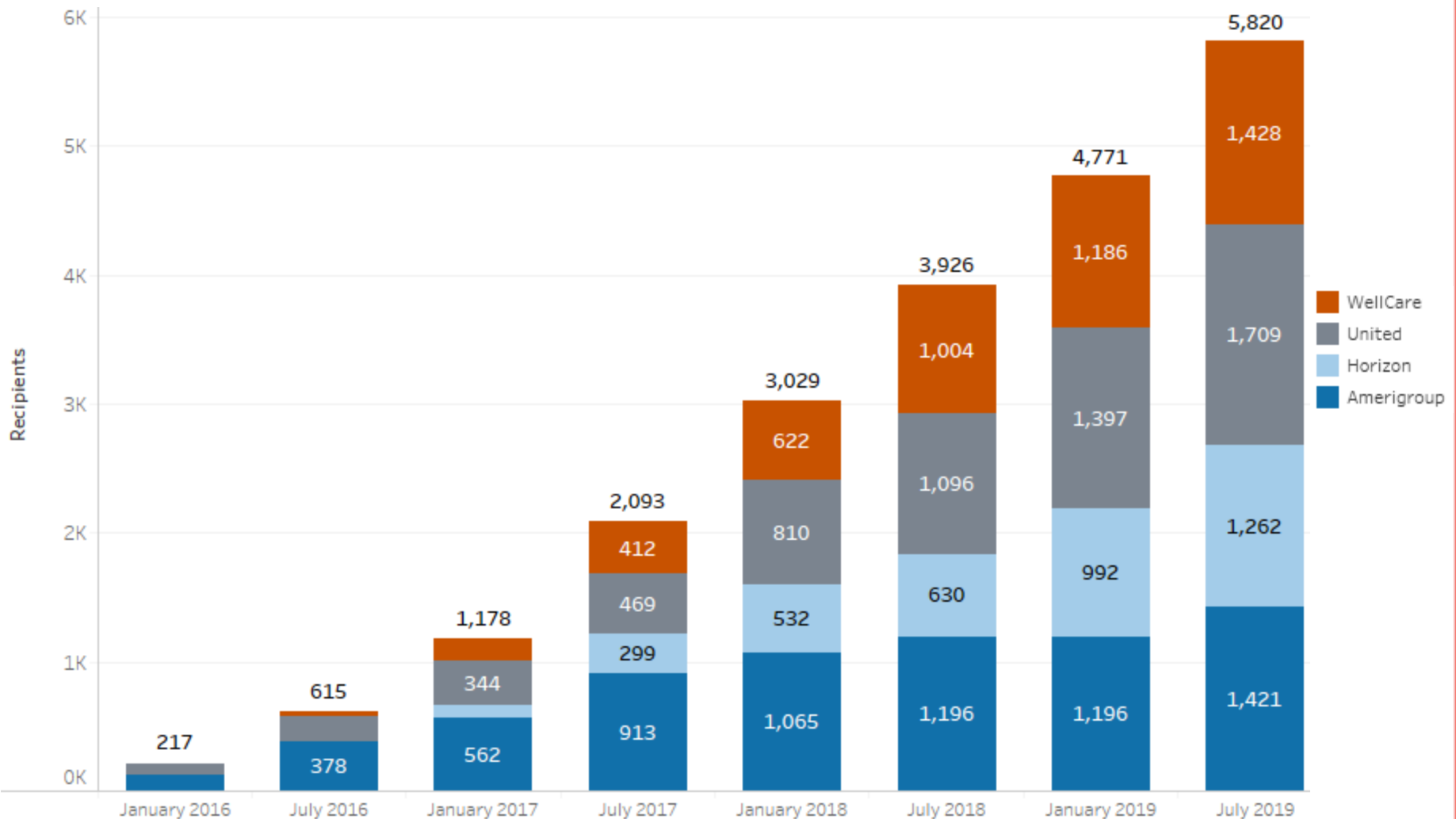
## July 2019



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, updated September 2019.

Notes: Information shown includes any person who was considered MLTSS at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499 AND Special Program Codes 60-64. County distinction is based on recipient's county of residence in the given month.

# MLTSS FIDE SNP by Plan



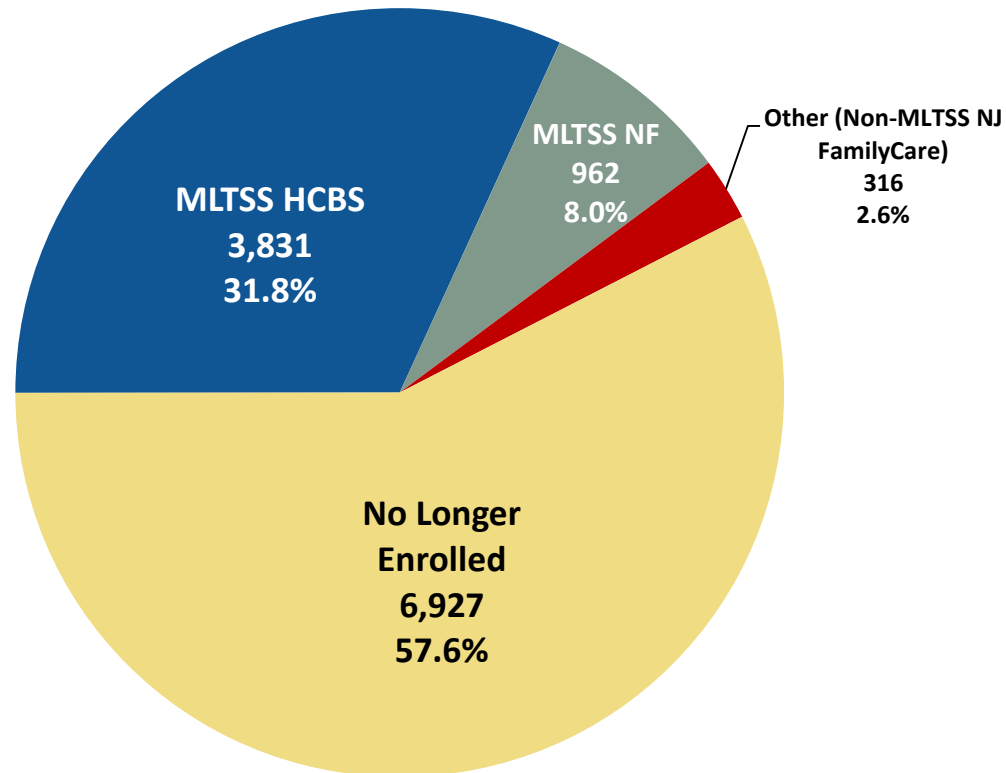
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed September 2019.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 who also have a Part A or Part B indicator or a plan code between 200-204. FIDE SNP is any recipient with a plan code between 200 & 204 only.

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# A Look at the June 30, 2014 Waiver Population Today

**All Waivers**  
(6/30/14 = 12,036)



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed September 2019.

Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled". Of the total number no longer enrolled, 93.8% (3,102) have a date of death in the system (current through 7-11-16).

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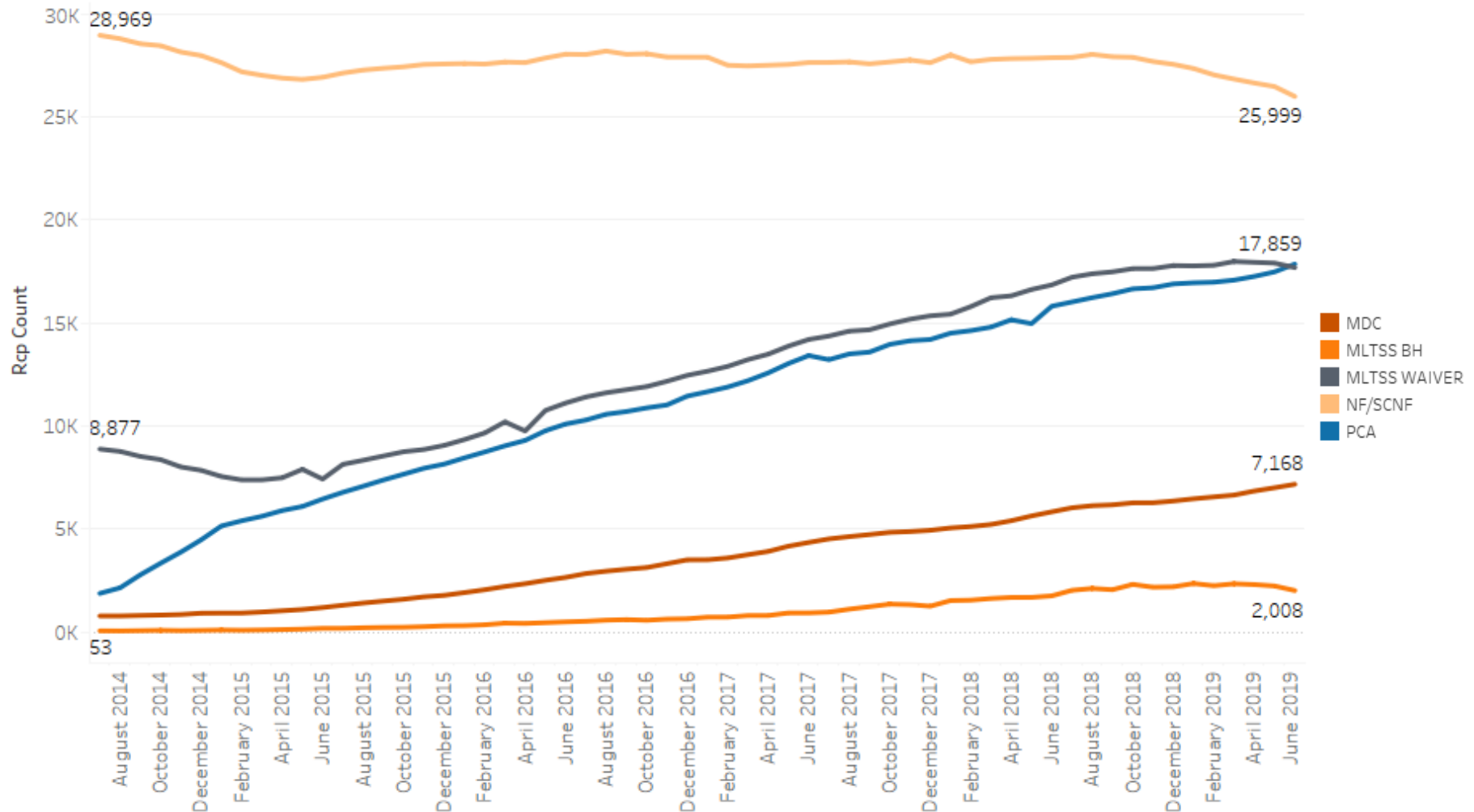
# MLTSS Services Cost





# Entire LTC Population's Services Utilization

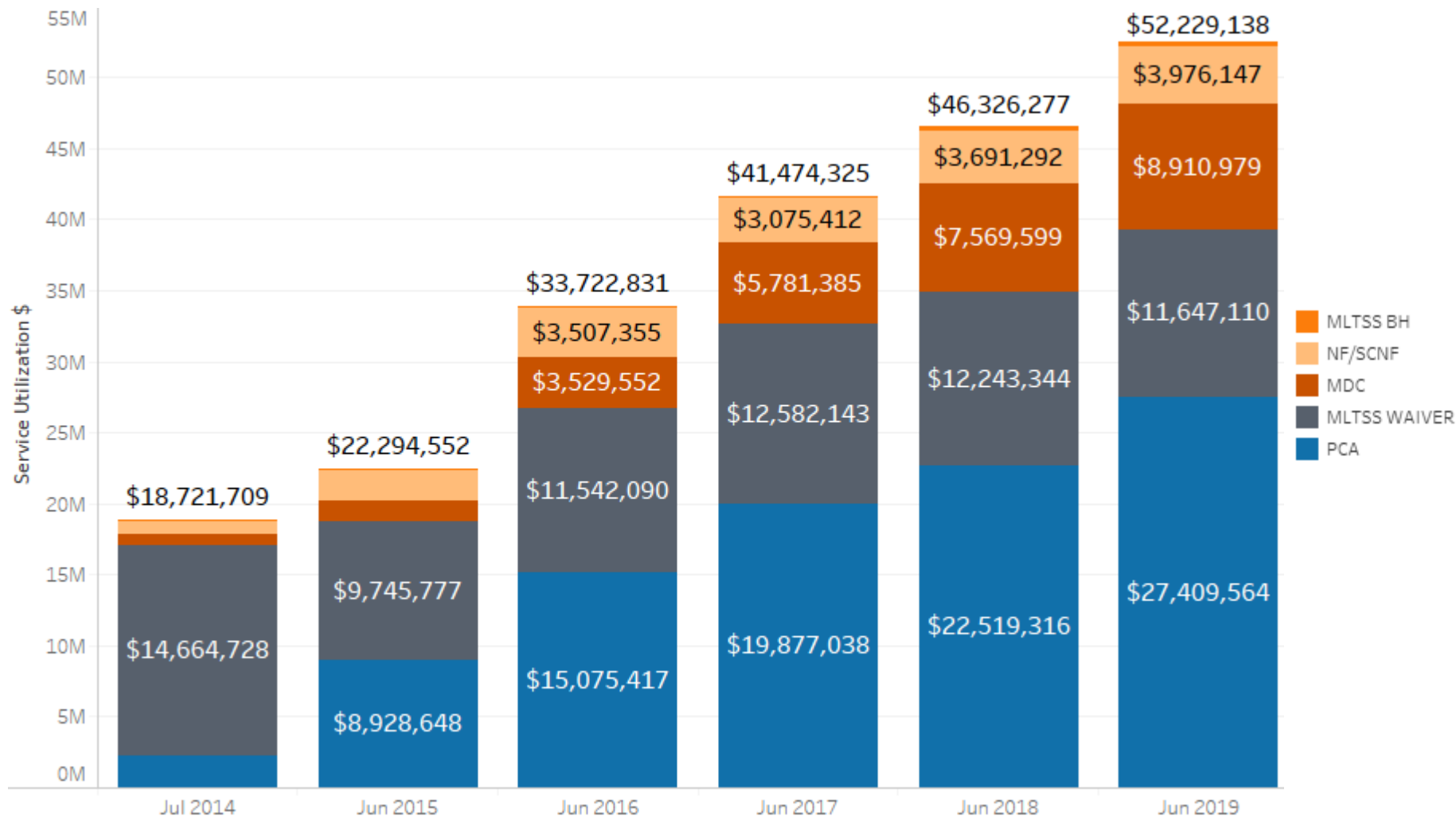
## Monthly Recipient Counts



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. LTC population defined as Cap codes 79399;89399;78199;88199;78399;88399;78499;88499 OR SPCs60-67 OR COS 07.

# MLTSS HCBS & AL Populations' LTC Services: Utilization Dollars

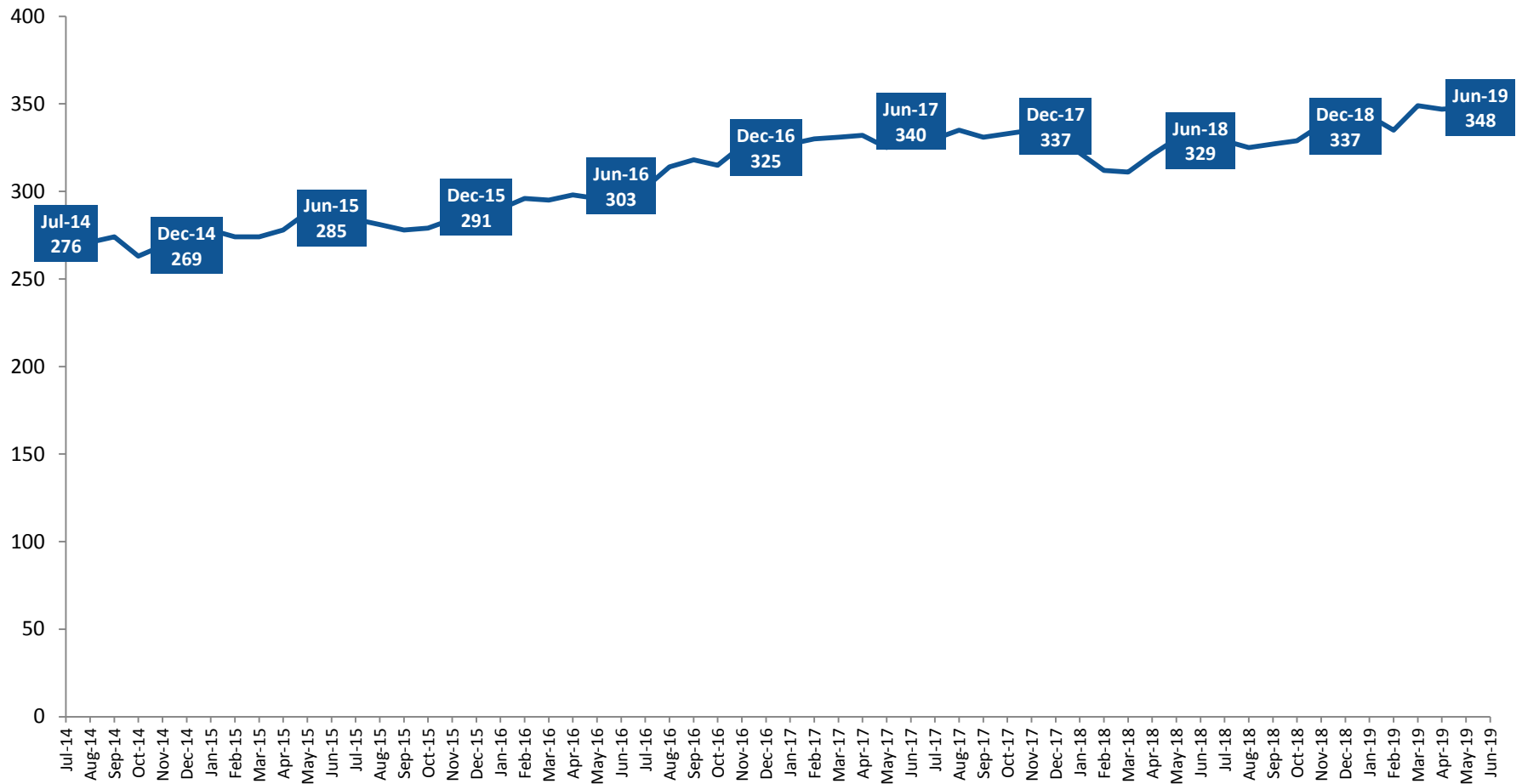


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. HCBS & AL Populations are defined based on cap codes 79399; 89399 OR SPCs 60; 62.

# MLTSS Recipients with a TBI Diagnosis

## MLTSS Recipients with a TBI Claim in Given Month

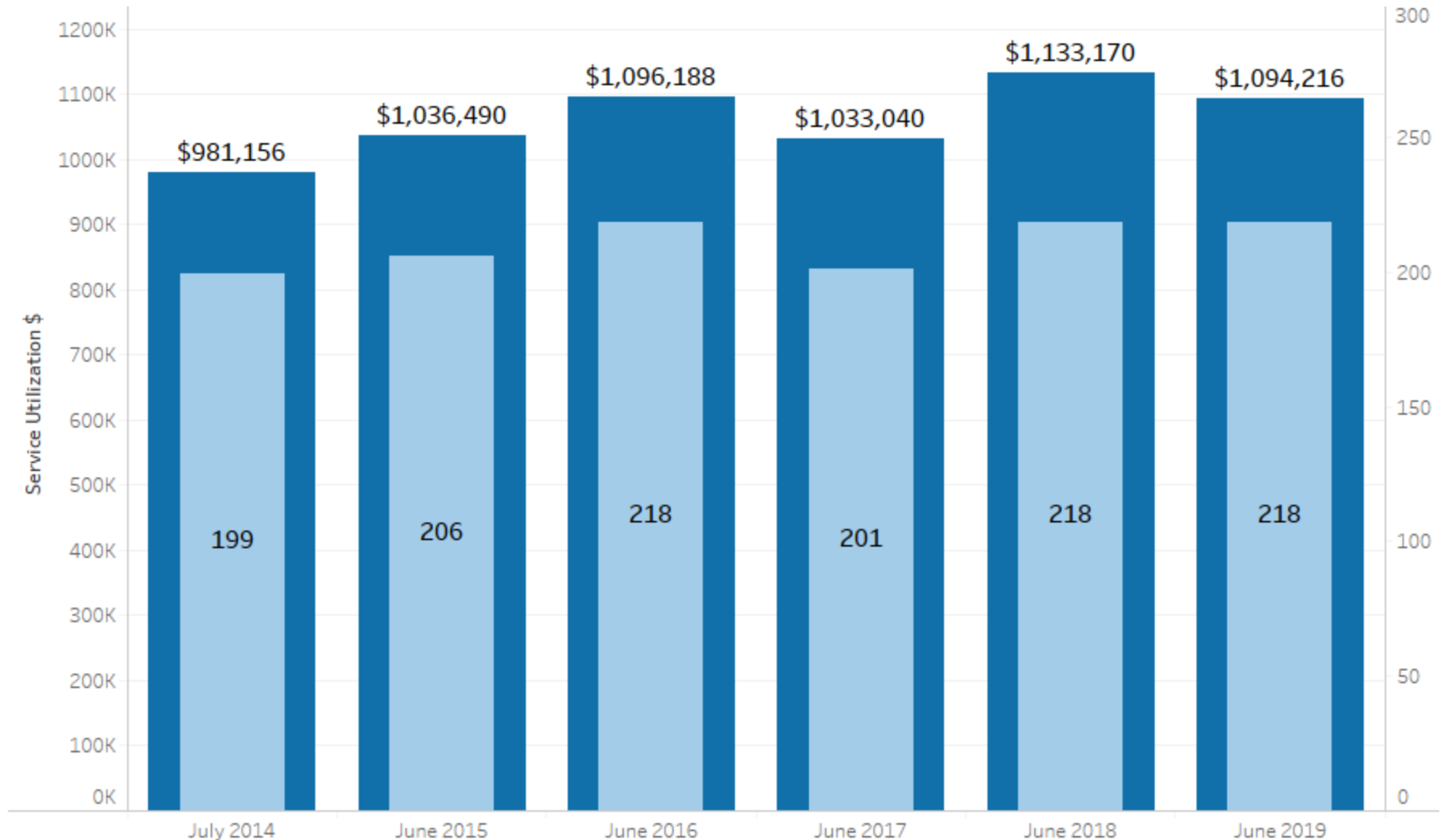


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Recipients had a MLTSS capitation code as well as a TBI Service as defined in the MLTSS Services Dictionary (Cognitive Therapy, Occupational Therapy, Physical Therapy, Speech/Language/Hearing Therapy or TBI Behavioral Management).

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# MLTSS Recipients Using Community Residential Services

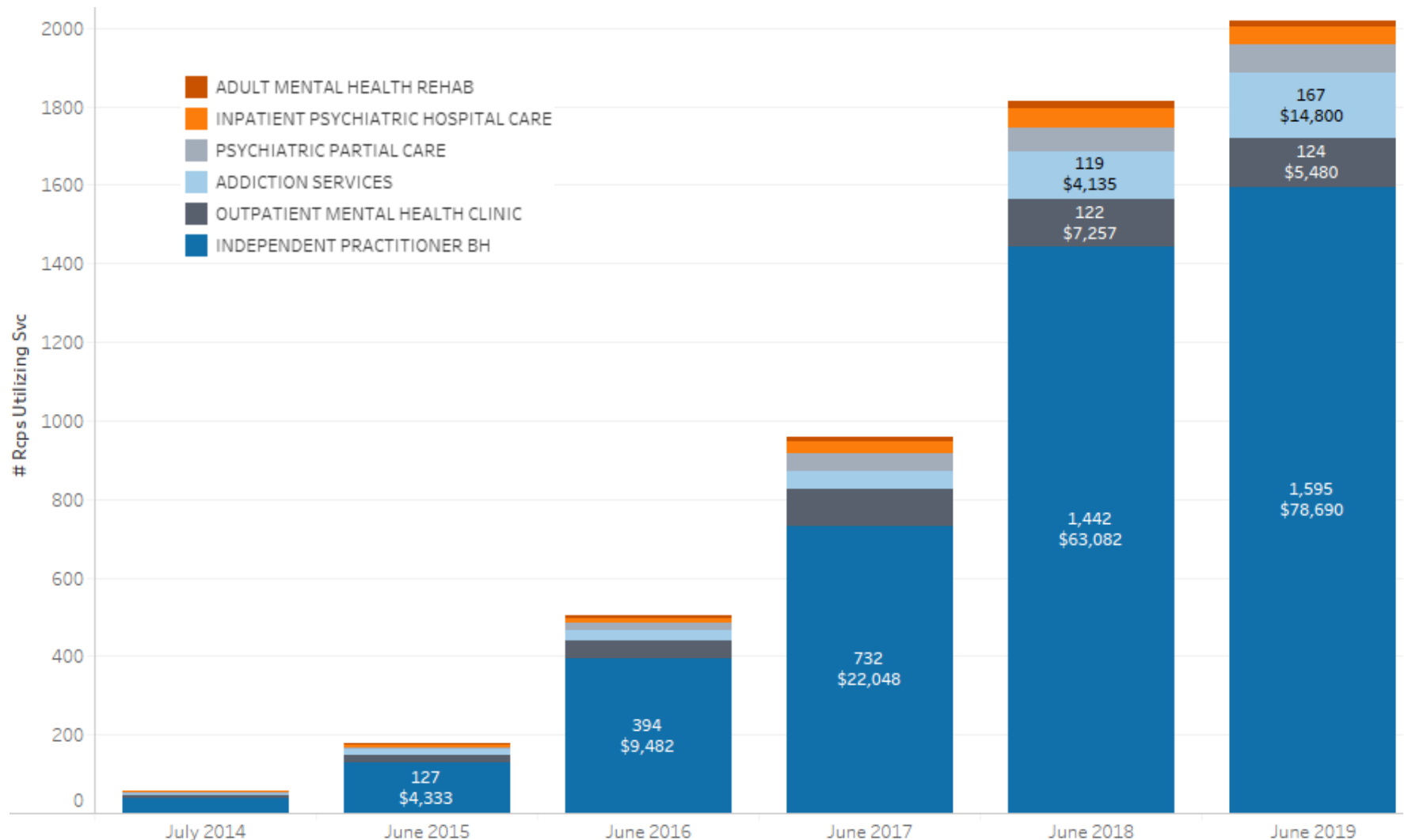


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Recipients had a MLTSS capitation code as well as a CRS claim (procedure codes T2033, T2033\_TF or T2033\_TG) in the given month. Note that recipients may be counted in more than one month.

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# MLTSS Recipients' BH Utilization, over Time

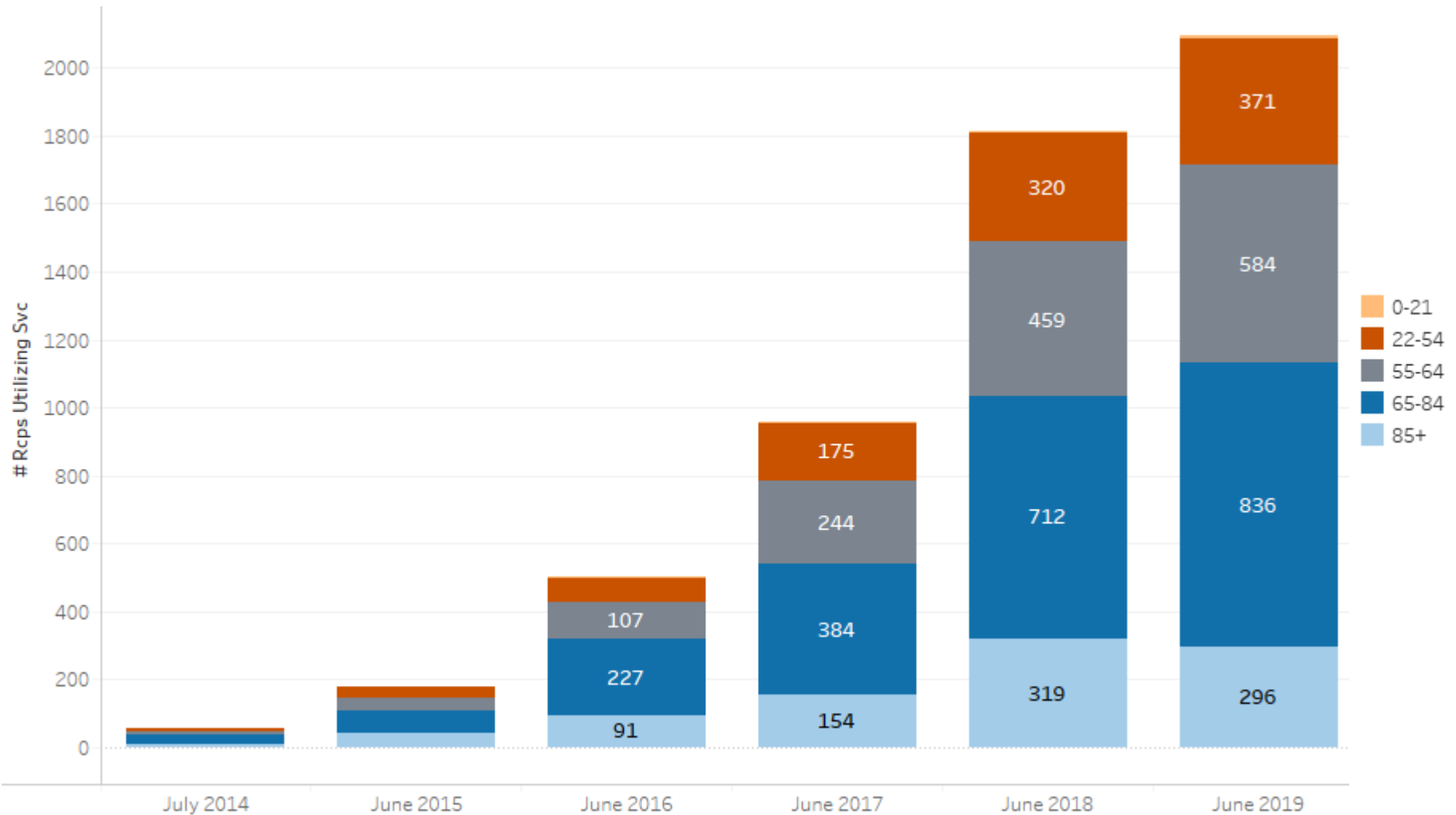


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Recipients had a MLTSS capitation code as well as a CRS claim (procedure codes T2033, T2033\_TF or T2033\_TG) in the given month. Note that recipients may be counted in more than one month.

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# MLTSS Population's BH Utilization by Age Group



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed September 2019.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. HCBS & AL Populations are defined based on cap codes 79399; 89399 OR SPCs 60; 62.

# NJ FamilyCare Enrollment Highlights

# September 2019 Enrollment Headlines

1,687,984 Overall Enrollment

6,189 (0.4%) Net Decrease Over August 2019

95.6% of All Recipients are Enrolled in Managed Care

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

Notes: Net change since Dec. 2013; includes individuals enrolling and leaving NJ FamilyCare. Does not include retroactivity.

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# September 2019 Eligibility Summary

Total Enrollment: 1,687,984

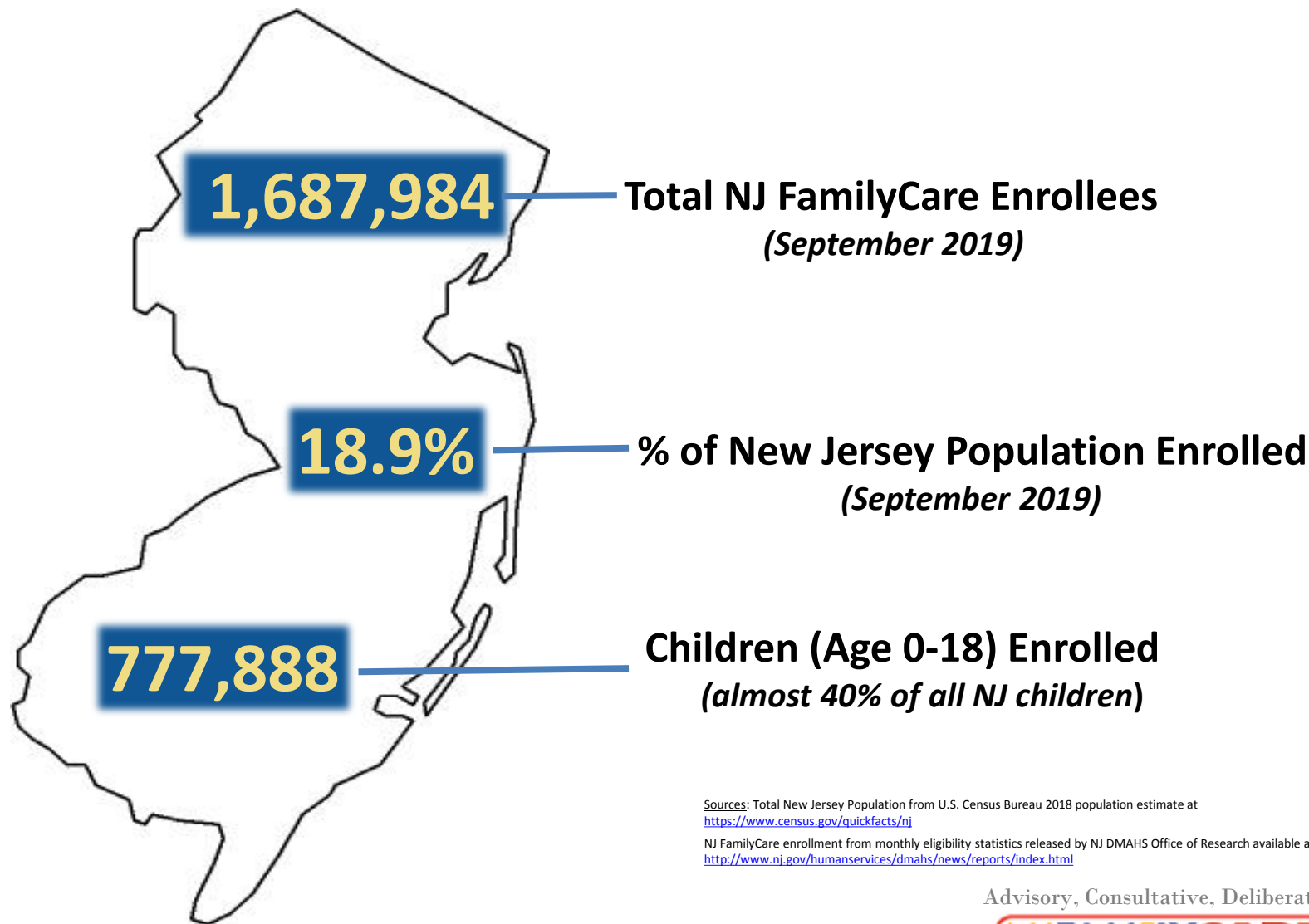
Expansion Adults	511,105	30.3%
Other Adults	96,973	5.7%
Medicaid Children	553,306	32.8%
M-CHIP Children	95,756	5.7%
CHIP Children	127,402	7.5%
Aged/Blind/Disabled	303,442	18.0%

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;

Notes: Expansion Adults consists of 'ABP Parents' and 'ABP Other Adults'; Other Adults consists of 'Medicaid Adults'; Medicaid Children consists of 'Medicaid Children' and 'Childrens Services'; M-CHIP consists of 'MCHIP'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'. Percentages may not add to 100% due to rounding.

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# NJ Total Population: 8,908,520



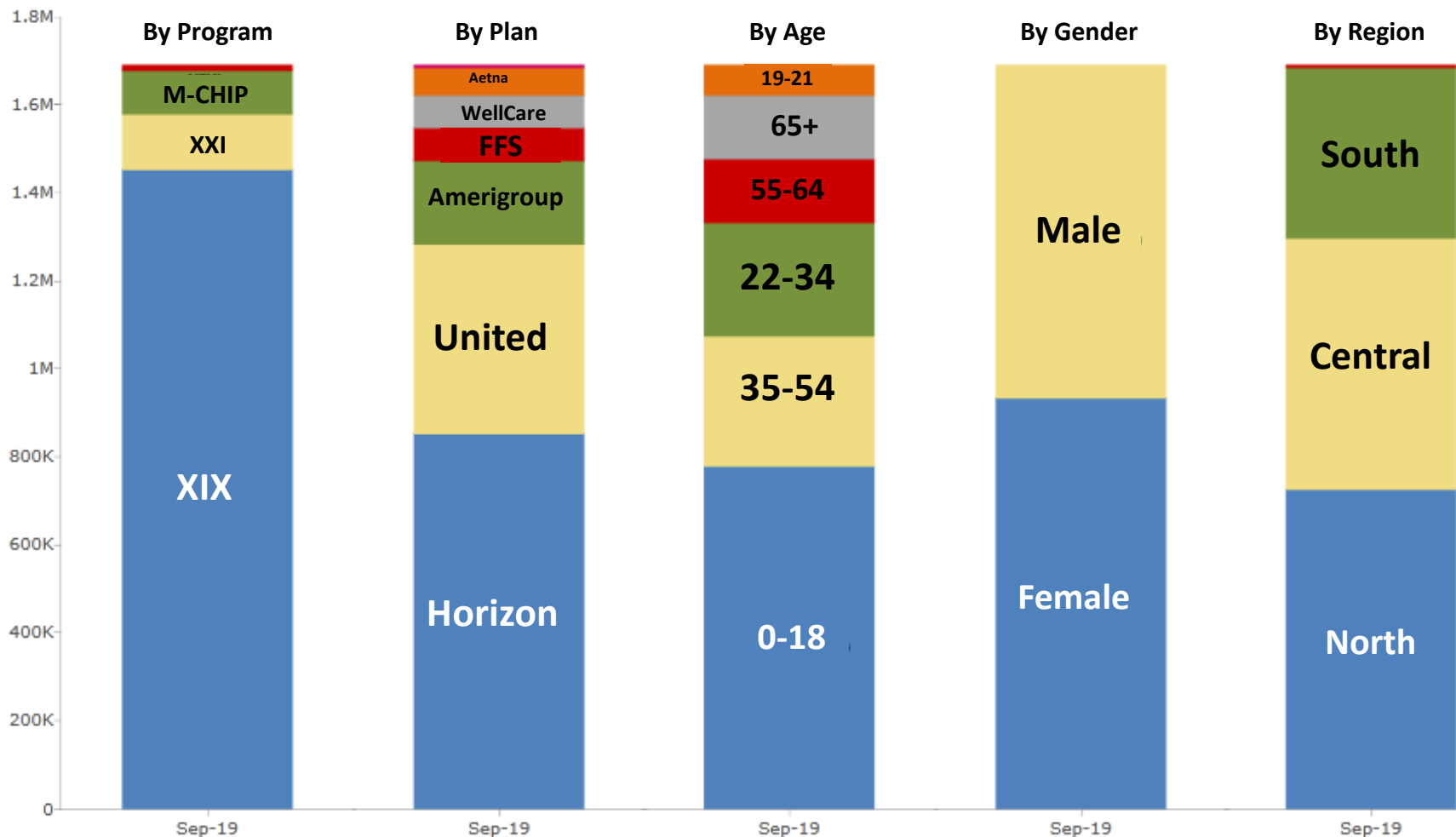
Sources: Total New Jersey Population from U.S. Census Bureau 2018 population estimate at <https://www.census.gov/quickfacts/nj>

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

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# NJ FamilyCare Enrollment “Breakdowns”

**Total Enrollment: 1,687,984**



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for September 2019.

Notes: By Region: North= Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren. Central= Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset & Union. South= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem. Region does not add up to total enrollment due to small “unknown” category that is not displayed. \*M-CHIP: Individuals eligible under Title XIX, but paid with CHIP (Title XXI) federal funds.

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# Managed Care Contract Changes July 1, 2019

# Benefit Package

- Expands Personal Preference Program as a service delivery option to all PCA-eligible NJFC A and ABP Members
- Adds Substance Use Disorder Long Term Residential (LTR) ASAM 3.5 benefit
- Adds Doulas as a new category of service
- Clarifies MCO requirements for dental benefits utilizing Mobile Dental Practices using portable equipment or mobile dental van

# Benefits Package

*(continued)*

- Clarifies MLTSS screening process by MCO for individuals aged 20+ with an ID/DD (intellectual/developmental disability). If MLTSS is indicated, MCO will conduct NJ Choice Assessment at age 20½ and submit to OCCO
- Introduces process for referring Members 20+ years old who are receiving PDN, to DDD for consideration of DDD Supports Plus Private Duty Nursing Program. If indicated, a NJ Choice Assessment will be performed by MCO at age 20½

# Quality Activities

- Adds 2 new Core Set Measures:
  - CCP: Contraceptive Care – Postpartum Women (Measure Steward – U.S. Office of Population Affairs)
  - CCW: Contraceptive Care – All Women (Measure Steward – U.S. Office of Population Affairs)
- Adds a requirement for an annual work plan by Aug. 15<sup>th</sup>, using State defined performance standards, identifying areas where consumer satisfaction is potentially below quality standards. CAP may be required

# Nursing Facility Quality

- Extended Any Willing Provider/Plan through end of SFY '20
- Identified specific criteria that NJ-based NF or SCNF must annually meet to qualify for the Nursing Facility Quality Incentive Payment
- Only facilities that use both validated Hospital Utilization Tracking tools AND participate in CoreQ survey are eligible for consideration of the Nursing Facility Quality Incentive Payment incentives for meeting individual quality metrics



# Members in Need of MLTSS

- Requires NJ Screen for Community Services screening tool be administered before NJ Choice Assessment
- Establishes minimum score, and requires counseling and agreement with program requirements to be assessed for MLTSS
- Defines a procedure for Members not appropriate for MLTSS to request assessment

# Grievances and Appeals

- Requires MCOs to provide Members reasonable assistance in completing forms relating to grievances and appeals
- Sets forth updated reporting requirements (Table 3C) to track and submit non-Utilization Management Provider Grievances and Appeals

# Financial Provisions

- Establishes High Cost Drug Risk Corridor Program to replace reimbursement for other high cost drugs
- Raises metrics for earning Performance Based Payments:
  - Post-partum care timeliness
  - HbA1C <8
  - Body Mass Index documentation for children and adolescents

# Financial Provisions

*(continued)*

- Expands qualified provider types under Medicaid Access to Physician Services (MAPS) to include:
  - Dentist
  - Certified Nurse Midwife
  - Optometrist
  - Clinical Psychologist
  - Clinical Social Worker
- Adds University Hospital – Newark to the program

# Financial Provisions

## *(continued)*

- Expands Non-emergent Low Acuity Hospital reimbursement methodology used by FFS to MCOs
- Requires MCOs to cover assessment and treatment of certain health behaviors, by mental health clinicians, at an FQHC when recommended by PCPs.
- Allows billing for 2 separate medical encounters on the same date of service, i.e.:
  - Initial health and behavioral assessment
  - A required health and behavioral reassessment
  - Health and behavioral health interventions
  - Group intervention
  - Family intervention
- Defines that Group therapy is not eligible for a full encounter
- Groups are limited to 8 persons

# Managed Long Term Services and Supports

- Requires MCOs to provide a monthly updated list of certified NJ Choice Assessors and a list of certified individuals whose employment has been terminated (including date of termination) to DoAS
- Adds annual training on Medical Day Care Regulations (N.J.A.C. 10:164 clinical criteria) to Care Management training
- Requires nutritional assistance or meal preparation to be identified in Plan of Care for Members who require it. Also: who is cooking meals, Member's meal preferences and access to home delivered meals when there is no formal/informal support to consistently provide for preparation and preferences

# Other Additions

- Expands definition of Participant Direction and Personal Preference Program, including:
  - Eligibility requirements
  - Options counseling
  - Enrollment requirements
  - Coordination of Care
- Updates Behavioral Health Dictionary of services
- Adds Provider/Subcontractor required documentation to align with FFS regulations

# Office Based Addiction Treatment



# Office Based Addiction Treatment

- Medicaid lifted prior authorization for Medication Assisted Treatment (MAT)
- FFS began paying OBAT FFS claims April 2019
- MCOs began paying claims June 2019
- Over 400 providers received MAT and OBAT training, to date
- MCOs report >60 unique contracted OBAT providers
- Over 6000 claims have been paid
- Over 1000 unique individuals served
- To address provider feedback and to encourage OBAT enrollment, “Navigator” training began 10/8/19

# Plan First Family Planning Program

# Plan First Family Planning Program

- Plan First Program launched October 1, 2019
- Women and Men up to 205% FPL using Tax Filer rules.
- Opt-in on initial or renewal NJ FamilyCare application.
- Seamless transitions between the Pregnancy Program and Family Planning.
- Offers fee-for-service family planning and family planning-related services only.
- Apply at: [www.njfamilycare.org](http://www.njfamilycare.org).

# Update on the Aged, Blind and Disabled Online Application

# ABD Online Application Update

- Worker Portal enhancements under development to allow for paper application to be data entered
- Provider Portal for Medicaid Providers under development
- Management reports to monitor New, Pending, Supervisor Review, and processing times

# ABD Online Verifications

- AVS
- SSN
- Citizenship
- Verifiable Lawful Presence
- Name & Identity
- DOB
- Death
- Address
- Disability
- SSA Income
- Upload Attachments

[www.njfamilycare.org/abd.htm](http://www.njfamilycare.org/abd.htm)

- Does the Applicant have a history of a severe or chronic intellectual disability or developmental disability that occurred before age 22 and is indicated by intellectual disability, autism, cerebral palsy, epilepsy, spina bifida or other neurological impairments?
- Is the Applicant in need of “nursing home-like” services such as dressing, bathing and mobility assistance?
- Has the Applicant ever applied for assistance with “nursing home-like” services before?

# NJ WorkAbility Eligibility Clarification



# NJ WorkAbility Eligibility Clarification

NJ WorkAbility is one of the NJ FamilyCare Aged, Blind and Disabled Programs that offers people with disabilities who are working, and whose income would otherwise make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage.

- DMAHS met with the Division of Disability Services to:
  - clarify the guidance around program eligibility;
  - work on an update for the online screening tool; and,
  - clarify the public Fact Sheet.

# *Initiatives in Planning / Implementation Stages*

# 1115 Demonstration Amendment Request

# Upcoming 1115 Demonstration Amendment Request

- DMAHS intends to submit a request to CMS to amend the NJ FamilyCare Comprehensive 1115 demonstration.
- Preliminary conversations with CMS are currently taking place.
- Amendment request is targeted to be submitted by the end of November.

# Upcoming 1115 Demonstration Amendment Request

- Amendment request is expected to have two components:
  1. Request to extend coverage for eligible pregnant women to 180 days post-partum.
  2. Request for federal funding to support Substance Use Disorder Promoting Interoperability Program (SUD PIP).

# Upcoming 1115 Demonstration Amendment Request

- Request to extend coverage for eligible pregnant women to 180 days post-partum:
  - Under federal rules, Medicaid coverage for pregnant women extends 60 days post-partum.
  - After the 60 day period, pregnant women may continue to qualify for Medicaid under a different eligibility group (e.g. expansion adults). However, some mothers lose coverage.
  - Legislative language included in SFY 2020 budget directed DMAHS to seek federal approval to extend coverage from 60 to 180 days post-partum.
  - We are submitting this request as part of our forthcoming demonstration amendment.
  - If approved, we believe this amendment will maintain continuity of care during a critical period, leading to improved outcomes for mothers and infants.

# Upcoming 1115 Demonstration Amendment Request

- Request for federal funding to support Substance Use Disorder Promoting Interoperability Program (SUD PIP).
  - In April 2019, DOH and DHS announced the Substance Use Disorder Promoting Interoperability Program (SUD PIP).
    - Made \$6 million in state funding available to SUD providers who meet certain milestones around the adoption of interoperable electronic health records.
  - Existing program is “first come, first serve.” Has sufficient funds to support approximately 120 providers (out of 230 potentially eligible).
  - As part of amendment request, DMAHS intends to request federal funds to (a) extend payments to additional SUD providers, and (b) introduce funding for additional (more advanced) interoperability milestones for all SUD providers.

# Upcoming 1115 Demonstration Amendment Request

- DMAHS welcomes public comments on proposed amendment:
  - In-person today
  - via email to:  
[DMAHS.CMWcomments@dhs.state.nj.us](mailto:DMAHS.CMWcomments@dhs.state.nj.us)



# Policy Implementation and Updates

# Autism Benefits

# Autism Benefits Available Today

Autism benefits available today are currently coordinated between Medicaid managed care and DCF's Children's System of Care (CSOC).

- Medicaid Managed Care Organizations (MCOs) provide allied health services (Physical Therapy, Occupational Therapy, and Speech therapy); Sensory Integration therapy; and, augmentative and alternative communication devices.
- The Children's System of Care (CSOC) provides clinical interventions, skill acquisition and capacity building.

# New Autism Benefits

- DHS, DCF and its stakeholders have been working diligently on an EPSDT benefit design to expand Autism Spectrum Disorder (ASD) services available to Medicaid beneficiaries.
- New SPA-approved services are expected to begin in early 2020.
- New Autism services, covered under managed care:
  - Applied Behavioral Analysis (ABA)
  - DIR<sup>®</sup> Floortime: addresses social engagement, teaches problem solving and improves communication

# Doula Care

# Doula Care

## Background/Legislation

- P.L. 2019 Chapter 85
- On 5/8/19 Governor Murphy signed into law coverage of non-medical Doula services under New Jersey Medicaid, for pregnant women during pregnancy, delivery and the postpartum period.

## Progress

- NJ Department of Health (DOH) providing Doula training
- NJ FamilyCare and DOH collaborating with community stakeholders and Doulas
- SPA being drafted, expect submission in the second quarter of SFY2020
- Community Stakeholder Meetings:
  - Upcoming meeting dates: 11/4/2019 and 11/18/2019
  - Discussions are continuing in the development of core and cultural competencies, service delivery schedule, Medicaid billing process, continuing education and certification requirements.

## Next Steps

- SPA completion following Stakeholder and Interim Meetings
- Billing procedures and rate development

# Update on Electronic Visit Verification

# Electronic Visit Verification

- 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care assistant (PCA) and home health services that require an in-home visit by a provider. This includes self-directed PCA.
- State issued an RFP for a vendor to provide an interoperable EVV system.
- State's Interim Activities: Environmental scan, stakeholder engagement with industry, MCOs, sister agencies, pre-vendor announcement planning
- 1/1/2020 is the required implementation date of EVV, per the Act.
- The State will be submitting a request to CMS for an extension on implementation of the EVV.



# S.499 - Legislation to Provide for an Improved System for Eligibility Determinations in NJ FamilyCare

## S. 499 - Legislation to Provide for an Improved System for Eligibility Determinations in NJ FamilyCare

S.499 streamlines the system for application and eligibility determination for the NJ FamilyCare programs. Specifically, the bill requires:

- DMAHS to develop an IT platform for CWAs, and the HBC for the intake, processing, and tracking of applications (County Worker Portal)
- Establish a system to evaluate the performance of entities responsible for application intake and processing, including CWAs and the HBC;
- To annually publish certain performance metrics on the DHS website;

## S.499 - Legislation to Provide for an Improved System for Eligibility Determinations in NJ FamilyCare

- To establish a system of rewards and penalties for entities responsible for application intake and processing that provides incentives for performance on these metrics and for CWAs to streamline their processes and to use the information technology platform to be developed under the bill; and,
- To designate a customer service liaison team to review eligibility determination complaints.