



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Meeting of the Medical Assistance Advisory Council

October 27, 2022

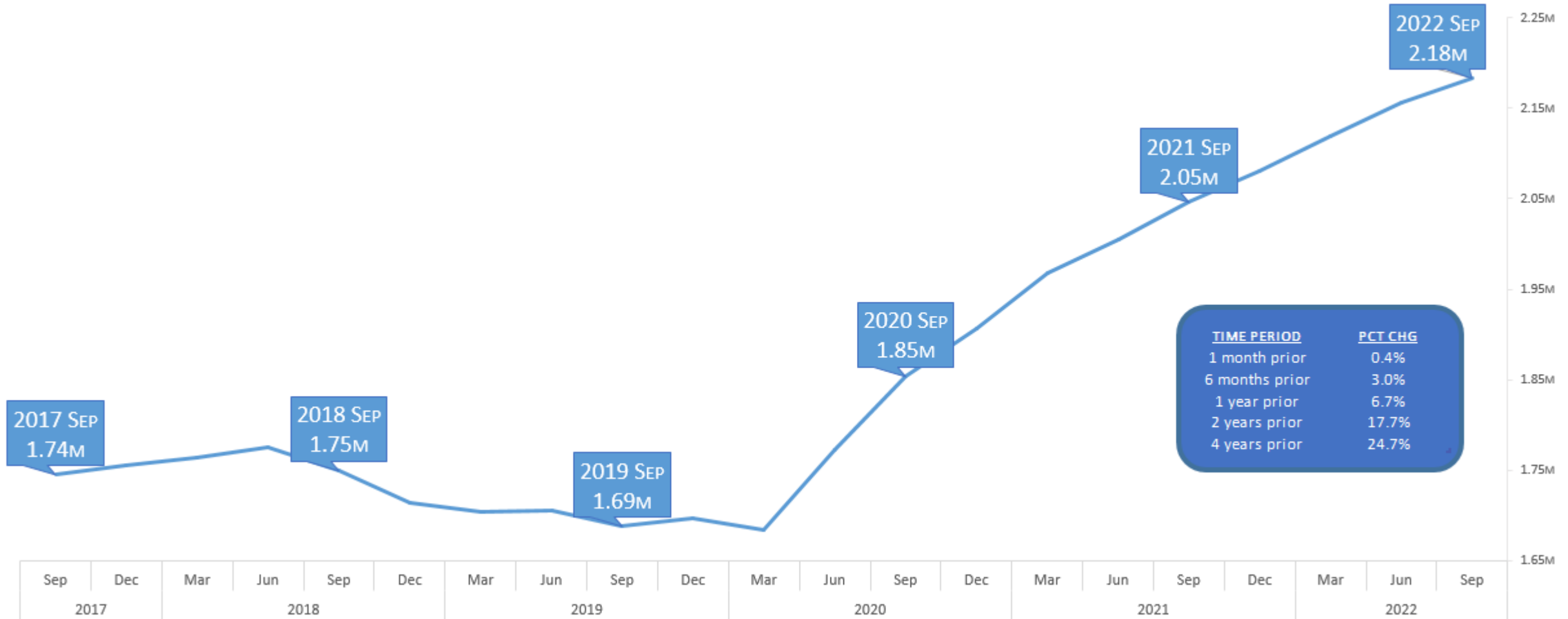
Agenda

- **Welcome and Call to Order** – Dr. Deborah Spitalnik
- **Approval of Minutes** – MAAC Members
- **NJ FamilyCare Membership** – Greg Woods
- **Policy Implementation**
 - 1115 Demonstration Renewal – Greg Woods
 - WorkAbility – Jennifer Langer Jacobs
 - HCBS Settings Rule – Joe Bongiovanni
- **Behavioral Health Analysis** – Greg Woods - *postponed*
- **Autism Resource Guide** – Shanique McGowan
- **Cover All Kids Updates** – Carol Grant
- **End of the Federal Public Health Emergency (PHE)** – Greg Woods and Jennifer Langer Jacobs
- **Planning for the Next Meeting** – Dr. Deborah Spitalnik



NJ FamilyCare Membership

NJ FamilyCare Enrollment





Policy Implementation

Comprehensive Demonstration Renewal

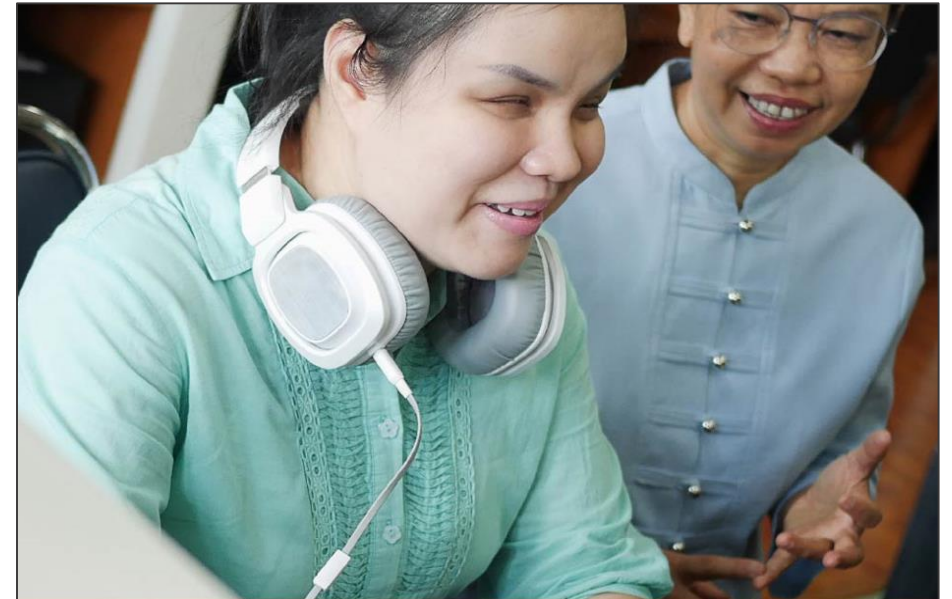
- New Jersey submitted its 1115 comprehensive demonstration [renewal application](#) in February 2022.
 - We propose to extend demonstration additional five years, while adding key new elements to address social determinants of health, promote integrated care, expand access to care, and improve program operations.
- In June, CMS [temporarily extended](#) our existing demonstration period six months through the end of CY 2022.
 - Intended to allow more time for New Jersey and CMS to negotiate full renewal.
- Substantive discussions with CMS on renewal are active and ongoing.
- In recent weeks, CMS has approved 1115 demonstrations for [Massachusetts, Oregon](#), and [Arizona](#) that have overlapping elements with New Jersey's proposal.
- Projected renewal timeline:
 - CMS approval in late CY 2022.
 - Renewal period begins in January 2023.



WorkAbility Expansion

Expanding Eligibility for WorkAbility

- NJ WorkAbility provides Medicaid eligibility to working individuals with disabilities who otherwise would not qualify.
- Legislation enacted earlier this year P.L.2021, c.344. expanded access to NJ WorkAbility, including individuals previously ineligible due to income, resources, or age.
- Key activities underway:
 - Incorporating stakeholder perspectives on current program and expansion
 - Working with CMS to obtain federal authority for program design
 - Technical implementation, including reworking eligibility systems logic



Stakeholder Perspective and Implementation Goals

Access

- Work with our community to make expanded WorkAbility coverage broadly accessible for the people we serve

Timeliness

- Implement coverage as soon as possible, within logistical and legal constraints

Equity

- Support improved access and equitable outcomes with a program that is fair and inclusive

Simplicity

- Develop program policies that are clear and materials that support increased awareness

There are two authorities under which we can access federal matching funds for WorkAbility

- **Ticket to Work**

- Authority under which our program currently operates.
- Some requirements of this authority are unclear for states seeking expansion. As a consequence, technical discussions with CMS remain complex.
- We anticipate interpretive guidance will come from CMS on this, but it is not yet available.

- **Balanced Budget Act/Work Incentives Program**

- Similar legal authority with different technical considerations.
- As of 10/5, CMS confirmed NJ can leverage this authority for expediting the program expansion.
- Technical discussions with CMS are advancing down this path.

WorkAbility Implementation Plan

Phase 1



Expedite access by using existing systems architecture to add twelve months of coverage after a job loss and remove age, spousal deeming, and asset limits from current WorkAbility code.

~**15,000** additional workers with disabilities up to 250% FPL will be able to enroll in WorkAbility. This covers approximately 50% of the population.

Phase 2



Develop new systems infrastructure to remove income limits.

~**15,000** additional workers with disabilities over 250% FPL will be able to enroll in WorkAbility. This covers the remaining 50% of the population

Eligibility redeterminations for existing WorkAbility members – Q4 of PHE unwinding year



HCBS Settings Rule

Background and Intention of the Settings Rule

The intention of the Settings Rule is to ensure that individuals receiving Medicaid Home and Community Based Services (HCBS) have full access to benefits of community living and the opportunity to receive high quality services in a genuinely integrated setting.

- The federal codes that define the HCBS Settings Rule are 42 Code of Federal Register (CFR) Section 441.301(c)(4)(5) and 42 CFR Section 441.710(a)(1)(2).
- Each state is required to achieve full compliance with the Settings Rule by March 17, 2023.
- States use a Statewide Transition Plan (STP), to demonstrate compliance with regulation requirements for HCBS settings. Each state must submit and receive CMS approval for their STP before **March 17, 2023**.
 - In NJ, the STP is a collaboration between DMAHS, the Division of Developmental Disabilities, the Division of Aging Services, and DHS' Office of Licensing.

What is an HCBS Setting?

- A Setting is defined by the access and integration it can provide for an individual to their community.
- The focus is on the quality of a person's full experience in the HCBS Setting.
- The HCBS Settings Rule is important because it helps the State stay accountable to providing high-quality care to members in the community. The Settings Rule:
 - Will ensure that home and community-based services are provided in locations that are truly non-institutional in nature;
 - Will improve the overall quality of HCBS in New Jersey; and
 - Will provide individual members with enhanced protections.

Settings Rule Application

- The HCBS Settings Rule Applies to members and providers in these locations:
 - Assisted Living (ALR/CPCH)
 - Adult Family Care
 - Community Residential Services
 - Licensed, DDD funded residential settings
 - Social Adult Day Services
 - Congregate prevocational and day program settings
- The HCBS Settings Rule Does Not Apply to members or providers in these locations:
 - Privately-owned or rented homes and apartments of people living with family members, friends, or roommates
 - Medicaid State Plan Services (AMDC/AMHR)
 - Nursing homes
 - Institution for mental diseases (IMD)
 - Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
 - Hospitals

HCBS Settings Rule Standards & Real Life Examples

Community Integration

Members are able to join in community life, participate in scheduled and unscheduled activities, and access public transportation, among other things.

Cindy can meet a friend for coffee in town before she goes to a job interview.

Choice

Members choose their living arrangements and day services from several options.

Chuck can choose from appropriate services and providers based on his person-centered care plan.

Independence

Members must have autonomy, physical access to all parts of the setting, and the ability to decide what to do each day, how to decorate their unit, and with whom they wish to socialize.

Inez can decorate her living space in her personal style. She can get a snack with her friend at any time.

Rights

Members have the right to keep their health information private, to be spoken to with respect and dignity by staff, to have their individual needs and preferences known, and to have their requests for services and supports accommodated.

Robyn is feeling reflective today. They are not pressured to participate in social activities.

Additional Requirements for Provider-Owned and/or Operated Residential Settings

CMS has set additional requirements for settings where services and supports are bundled, like provider-owned residences. These protections include:

Protection from eviction	Rights to privacy	Freedom of choice	Right to receive visitors at any time	Physical access to all parts of the setting
<ul style="list-style-type: none"> • Legally enforceable agreement like a lease • Resident has same protections as renters in landlord/tenant laws 	<ul style="list-style-type: none"> • Resident has a door with a lock • If they do not or cannot hold their own key, they get to decide on who does • In group homes, there can be a master key with limited access to the key 	<ul style="list-style-type: none"> • Resident has control of their schedule • They have access to food at any time 	<ul style="list-style-type: none"> • Resident can choose visitors to visit at any hour • The setting must have comfortable places for private visits with family and friends 	<ul style="list-style-type: none"> • Resident has needed supports, like grab bars and seats in bathrooms • They have access to appliances, tables, and chairs they can use

Ensuring Quality Care: Heightened Scrutiny

- NJ Department of Human Services may submit strong evidence (with public input) to the federal government that a particular setting, which is presumed **not** to be HCBS, **does** qualify as an HCBS setting and is not an institution.
- The federal government (Centers of Medicare & Medicaid Services or CMS) must then agree that the setting meets the HCBS requirements in the final regulation.
- On July 15, 2022, NJ DHS issued a list of settings presumed to be institutional for public comment.
 - The public comment period closed August 19, 2022.
 - Responses have been developed and are included in the information sent to CMS.
 - It is the State's intent to assist providers to become compliant before **March 17, 2023**.

DMAHS Evaluation and Enhancement of HCBS

- NJ is evaluating its HCBS programs and services through:
 - Verification of assessment of NJ FamilyCare HCBS residential and day providers;
 - Review of the state's regulations, standards and policies;
 - Preparing information and evidence on settings requiring heightened scrutiny to present to CMS; and
 - Submission of a final Statewide Transition Plan to CMS to show initial findings and to describe how it will make any necessary changes in order to comply with the new rule.
 - [Formal public comment](#) began October 5 and will conclude November 7.
 - The public is encouraged to comment on the STP and heightened scrutiny as provided in the announcement for public comment.

Partnerships with MCOs and Providers

Managed Care

- MCOs will verify continued compliance by credentialing and re-credentialing HCBS providers.
- MCOs will conduct care management visits and develop/monitor plans of care with members.
- The MCO Contract will be amended to reflect these new responsibilities.

Providers

- Providers will ensure that newly established Settings are fully compliant.
- Providers will ensure existing settings remain compliant.
- Providers will maintain and provide documented evidence of new and established settings when requested.

Questions or Comments?

DMAHS.HCBS-Settings-Rule@dhs.nj.gov



Autism Resource Guide

The Family Guide to Autism Services, now available in: English, Spanish, Chinese, Hindi, Tagalog, and Portuguese.

- This resource offers parents, family members, and other caregivers of children with autism spectrum disorders information about autism services available through Medicaid/NJ FamilyCare including:
 - How to access services
 - Information about the services that are available
 - Frequently asked questions
 - Additional resources
- Find the guide at: https://www.state.nj.us/humanservices/dmahs/news/DMAHS_Guide_to_Autism_Services_eng.pdf
- With questions about the guide or the benefit, email MAHS.ASDinquiries@dhs.nj.gov.

Family Guide to Autism Services Funded by Medicaid/NJ FamilyCare

NJ FAMILY
CARE

Affordable health coverage. Quality care.





Cover All Kids Updates

Cover All Kids Updates

- Systems build remains on track for January 2023 Go Live.
- When this is in place, we will be able to cover children who are income-eligible but do not currently qualify for NJ FamilyCare due to their immigration status.
- Cover All Kids Workgroup meetings continue, with the most recent taking place on 10/26/22
 - Work underway on Communications Strategy
 - Toolkit completion expected in next 30 days; distribution to follow in December



Outreach Events – Fall Months

September

- Camden County: Jersey Gay Pride's 14th Annual Out in the Park Celebration
- Mercer County: Mt. Sinai's Back to School Block Party
- Essex County: First Lady Tammy Murphy's Family Festival
- Morris County: Hispanic Heritage Festival
- Passaic County: Department of Cultural Affairs
- Bergen County: Back to School Night
- Essex County: Women's Health Awareness Day
- Essex County: Alma Beatty Health and Wellness Fair
- Passaic County: Department of Cultural Affairs

October

- Passaic County: Parents Back 2 School Kick Off
- Monmouth County: Embrace Well-Being Fair
- Sussex: Wantage Day Fall Festival
- Essex County: Unified Valisburg Services Organization's 50th Anniversary
- Bergen County: Bergenfield DOH
- Ocean County: Color 5K and Family Fun Festival
- Passaic County: Immigration Integration Conference
- Essex County: South Ward Environmental Alliance Open House
- Mercer County: "Self-Care, Health Care, Wealth Care" Fall Resource Fair



End of the Federal Public Health Emergency (PHE)

Preparing for the end of the federal Public Health Emergency

Since March 2020, NJ FamilyCare members have remained enrolled due to federal “maintenance of effort” requirements during the Public Health Emergency (PHE).

The PHE was extended again on October 13, 2022 for another 90 days. CMS has promised states at least 60 days' notice before the end of the PHE, at which time standard redetermination activity is expected to resume.

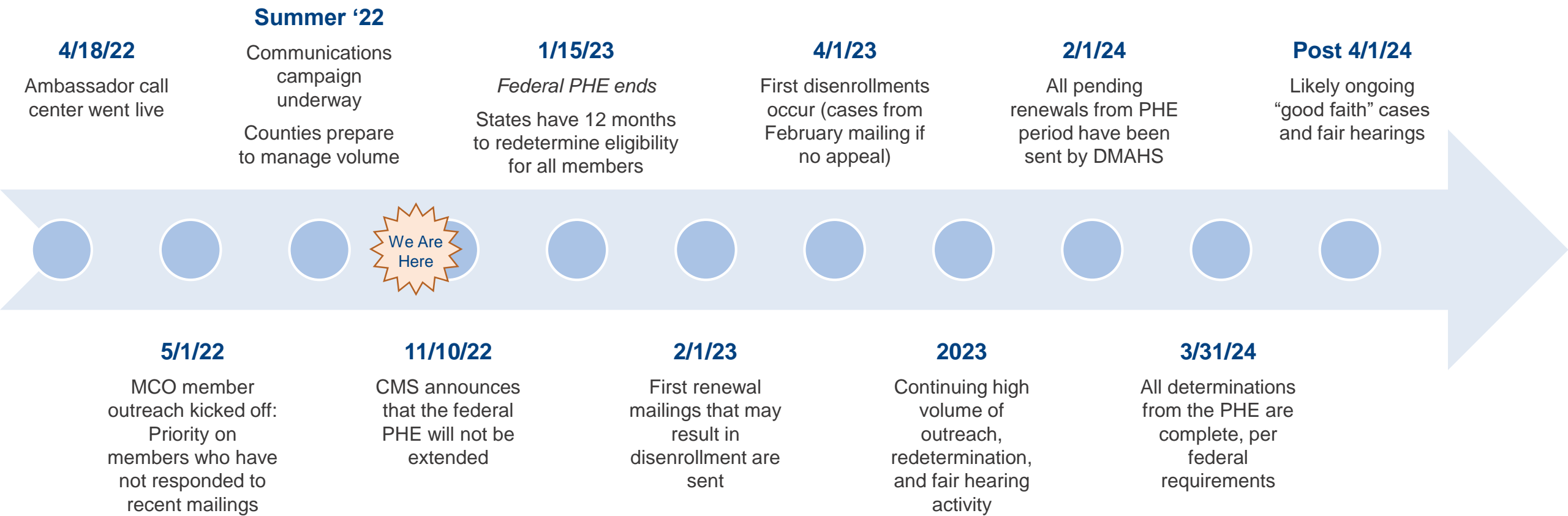
CMS has given states 12 months after the PHE ends to reprocess eligibility for all Medicaid beneficiaries – this includes 2 million NJ FamilyCare members.

This period represents the single largest redetermination exercise in the history of New Jersey’s Medicaid program. Our preparedness for this exercise is a top priority at DMAHS.

What we will talk about today

- ✓ Hypothetical Timeline for the End of the PHE
- ✓ Redetermination Order Planning
- ✓ Website Resources
- ✓ Multi-Lingual Support

Hypothetical Timeline for the End of the PHE



Redetermination Order Planning

During the post-PHE year, DMAHS will distribute cases using the following methodology:

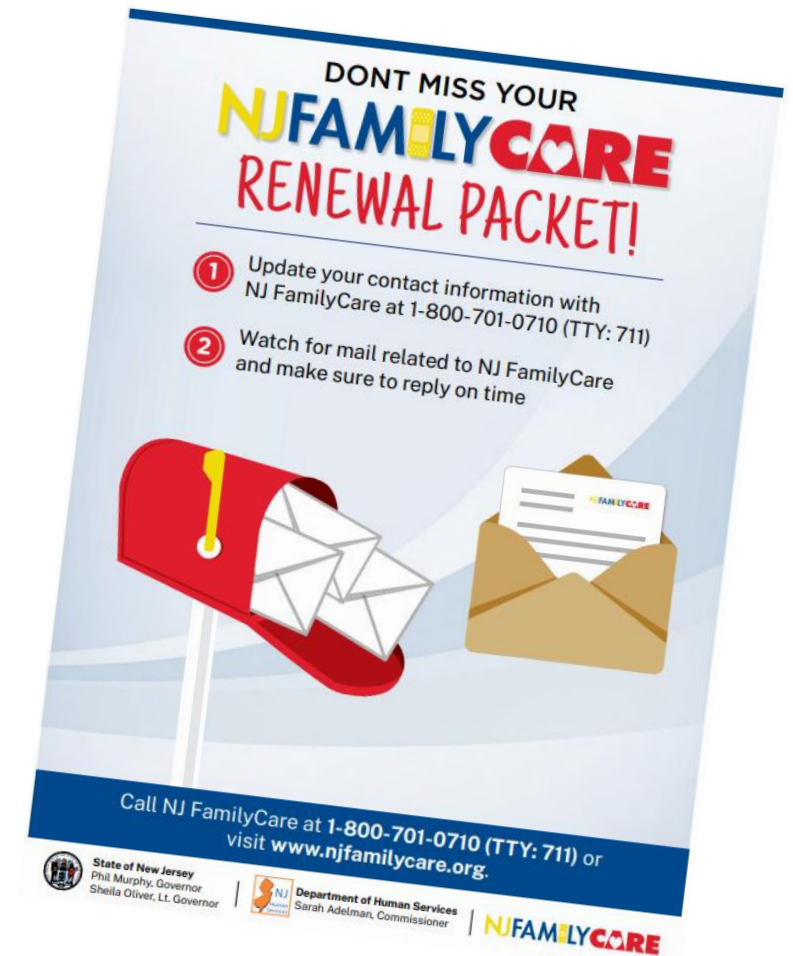
- **Stay on existing renewal schedule for recent cases –**
Members who successfully applied for or renewed NJ FamilyCare during the twelve months before the end of the PHE remain on their current renewal schedule.
- **Spread other cases evenly across 12 months –**
Cases will be evenly distributed across the 12 months of the post-PHE period, with specific considerations described below.
 - **Extra Focus groups** in the blue box will be pulled out of the general distribution and evenly distributed because they require extra attention from eligibility staff.
- **Exception for Workability –**
Members who are enrolled in the Workability program will have their eligibility redetermined in the final quarter of the post-PHE year, to allow for full implementation of [S3455](#).

Extra Focus groups

- **DDD:** Members eligible to receive services through the Division of Developmental Disabilities. This will evenly spread work for DDD Care Coordinators who help their members with the NJ FamilyCare renewal process.
- **ABD –** Members who are not in the DDD group but who previously qualified for NJ FamilyCare on the basis of age, blindness, or disability. In general, determining eligibility for these members is more complex and may require more time and effort.
- **Turned 65 / Medicare eligible –** Members who are not in the above groups, but have turned 65 or newly qualified for Medicare because of a disability during the PHE. These members may either newly qualify for Medicare Savings Programs (in which Medicaid pays for certain Medicare cost-sharing and premiums) or be newly eligible for full Medicaid benefits based on their age or disability.
- **No services received –** Members not in the above groups who also have not received any Medicaid-covered services in the six months prior to the end of the PHE. These members may be more difficult to contact, and may be less likely to respond to initial outreach.

Getting the Message Out About the End of the PHE

- DMAHS has prepared materials to inform members and providers about the upcoming end of the PHE.
- Until the Public Health Emergency ends, we have two key messages:
 - Call NJ FamilyCare at 1-800-701-0710 (TTY: 711) to update your contact information.
 - Watch for mail from NJ FamilyCare, and make sure to reply on time to avoid a gap in your NJ FamilyCare coverage.
- Informational packets and posters went out to **6,012 community organizations** on October 11.
- The online landing page for unwinding information is live and available at nj.gov/staycoverednj/



Stay Covered NJ

[Home](#)
[About Unwinding](#)
[Keep Your Coverage](#)
[Community Help](#)
[Stay Covered NJ Toolkit](#)
[FAQs](#)
[COVID-19 Resources](#)
[Contact Us](#)


TAKE ACTION.
 STAY COVERED.
NJ FAMILYCARE



Prepare for the End of the Public Health Emergency
 Share your updated contact information with NJ FamilyCare. Watch for our mail. Reply on time.

[LEARN MORE >](#)

NJ FAMILYCARE RENEWAL PACKETS ARE COMING



Update your mailing address at
1-800-701-0710 (TTY: 711)

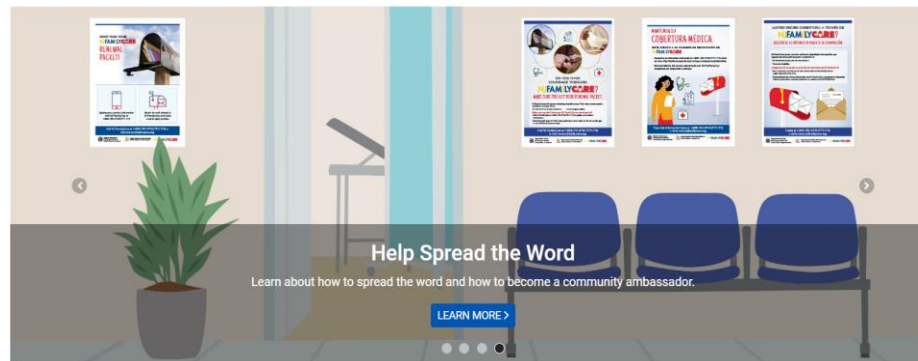
Frequently Asked Questions
 Get answers to frequently asked questions and updates about NJ FamilyCare's renewal process.

[LEARN MORE >](#)



Medicaid Unwinding Process
 Prepare to hear from NJ FamilyCare. Learn what unwinding means for members enrolled in NJ FamilyCare programs.

[LEARN MORE >](#)



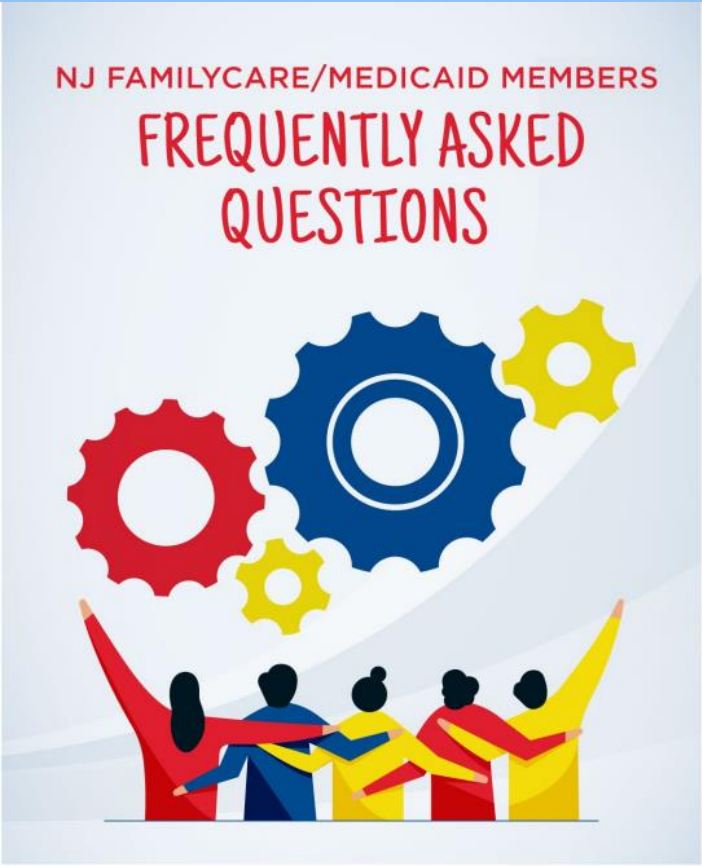
Help Spread the Word
 Learn about how to spread the word and how to become a community ambassador.

[LEARN MORE >](#)



If you are an NJ FamilyCare member with questions, please call us at 1-800-701-0710 (TTY: 711).

If you are an NJ FamilyCare provider or partner organization with questions, please email dmahs.CommunityCollab@dhs.nj.gov.



Keep Your Healthcare Coverage

[Keep Your Healthcare Coverage \(EN\)](#)

[Keep Your Healthcare Coverage \(SP\)](#)

More languages Arabic - عربي

Don't Miss Your

[Don't Miss Your Benefits](#)

[Don't Miss Your Benefits](#)

More languages

Other Resources

[County Board of Social Services](#)

[NJ FamilyCare Enrollment](#)

[GetCoveredNJ](#)

[Connecting NJ –](#)

- Arabic - عربي
- Arabic - عربي
- Bengali - বাংলা
- Chinese - 中国人
- Creole - Kreyòl
- Dari - دری
- French - Français
- Gujarati - ગુજરાતી
- Hindi - हिन्दी
- Italian - Italiano
- Japanese - 日本
- Korean - 한국어
- Pashto - پښتو
- Polish - Polskie
- Portuguese - Português
- Russian - русский
- Tagalog - Tagalog
- Turkish - Türk
- Urdu - اردو
- Vietnamese - Tiếng Việt



Posters are
available in
21 languages:

- Arabic
- Bengali
- Chinese
- Creole
- Dari
- English
- French
- Gujarati
- Hindi
- Italian
- Japanese
- Korean
- Pashto
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Turkish
- Urdu
- Vietnamese

KEEP YOUR HEALTHCARE COVERAGE.

여러분의 건강 보장을
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ترقب وصول
مجموعه التجدید!
• قم بتحديث عنوانك بالاتصال بالرقم (TTY: 711) 1-800-701-0710.
هذا مهم خاصة إذا كنت قد انتقلت مؤخرًا.
• ترقب البريد المتعلق بـ NJ FamilyCare وتأكد من الرد في الوقت المحدد.

致电NJ FamilyCare，电话号码是1-800-701-0710 (TTY: 711)
或访问www.njfamilycare.org了解详情。

新泽西州 Phil Murphy州长
Sheila Oliver副州长

公众服务部 Sarah Adelman厅长

NJ FAMILYCARE

NJ FamilyCare ته پر (TTY: 711) 1-800-701-0710 زنگ ووهی یا
د نورو مالوماتو دپاره www.njfamilycare.org وگورئ.

NJ FAMILYCARE

د نورو جرمي اېالت
فيل مورفي، والي
شيل اوليور، ليټننټ والي

په نورو خدماتو پکښې
سارا اډلمان، کميشنر

NJ FAMILYCARE

আপনার স্বাস্থ্যসেবা
কভারেজ রাখুন।

MANTENGA SU
COBERTURA MÉDICA.

ОЖИДАЙТЕ ПРИБЫТИЯ ПАКЕТА ДЛЯ ПРОДЛЕНИЯ
ВАШЕГО МЕДИЦИНСКОГО СТРАХОВАНИЯ!
• Уточните свой адрес, позвонив по телефону 1-800-701-0710 (телетайп: 711). Это особенно важно, если вы недавно переехали.
• Следите за почтой, относящейся к программе NJ FamilyCare, и не забудьте дать своевременный ответ.

NJ FamilyCare にお電話ください (電話1-800-701-0710 (TTY: 711) または
詳細は、ウェブサイト www.njfamilycare.org にアクセスしてください。

ニュージャージー州
フィル・マーフィー (Phil Murphy) 、州知事
シラ・オリーブ (Sheila Oliver) 、副知事

NJ FAMILYCARE

保健部門
サラ・アデルマン (Sarah Adelman) 、コミッショナー

به مراقبت فاميلي NJ در شماره (TTY: 711) 1-800-701-0710 زنگ بزنيد
يا براي معلومات بيشتر از وبسایت www.njfamilycare.org ديدن كنيد.

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فيلپ ډي مورفي، والي
شيل اولور، معين والي

په نورو خدماتو پکښې
سارا اډلمان، کميشنر

NJ FAMILYCARE

KONTINYE AK MENM
KOUVÈTI MEDIKAL.

તમારું હેલ્થકેર
કવરેજ રાખો.

अपने NJ FAMILYCARE रिन्यूअल
पैकेट को देखते रहें!
• अपने पते को अपडेट करने के लिए 1-800-701-0710 (TTY: 711) पर कॉल करें।
यदि आपने हाल ही में अपना स्थान बदला है तो यह खास तौर से महत्वपूर्ण है।
• NJ FamilyCare से संबंधित मेल को देखते रहें
और सुनिश्चित करें कि समय से जवाब दें।

Chiamate NJ FamilyCare al numero 1-800-701-0710 (TTY: 711)
oppure visitate www.njfamilycare.org per maggiori informazioni.

Stato del New Jersey
Phil Murphy, Governatore
Sheila Oliver, Vice Governatore

Dipartimento dei Servizi Sociali
Sarah Adelman, Direttore

NJ FAMILYCARE

NJ FamilyCare کو (TTY: 711) 1-800-701-0710 پر کال کریں یا
مزید معلومات کے لیے www.njfamilycare.org ملاحظہ کریں۔

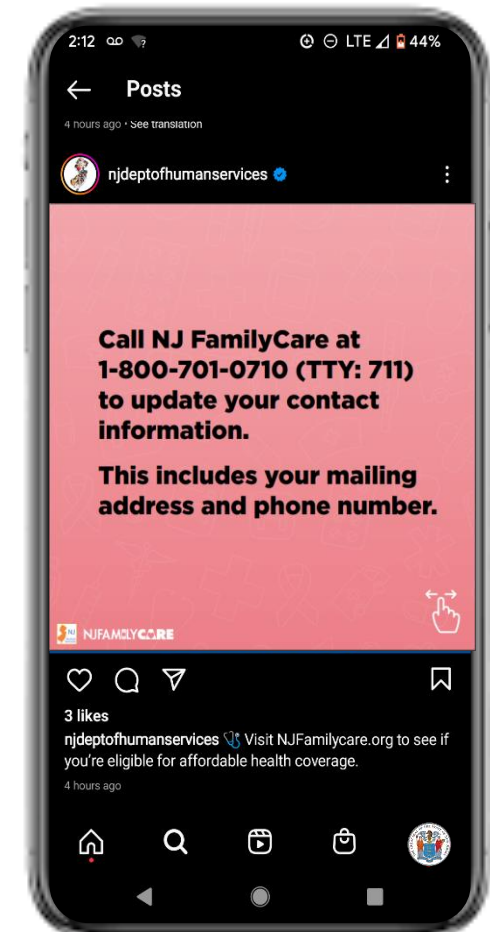
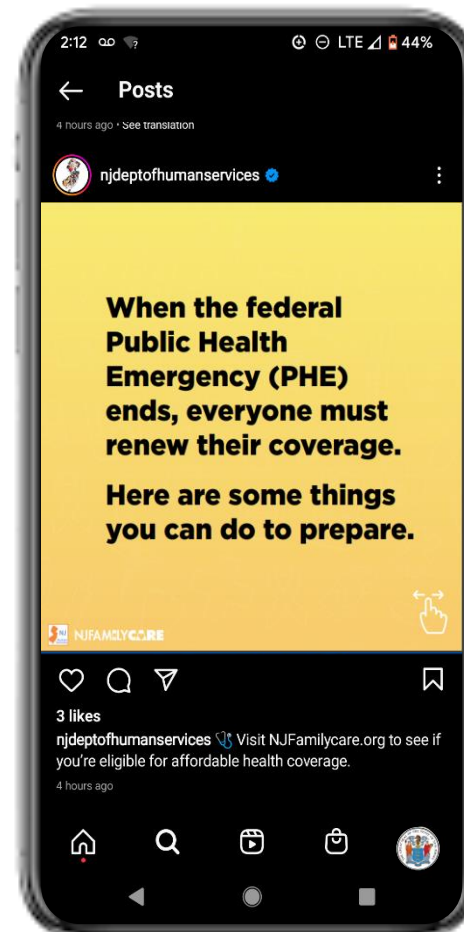
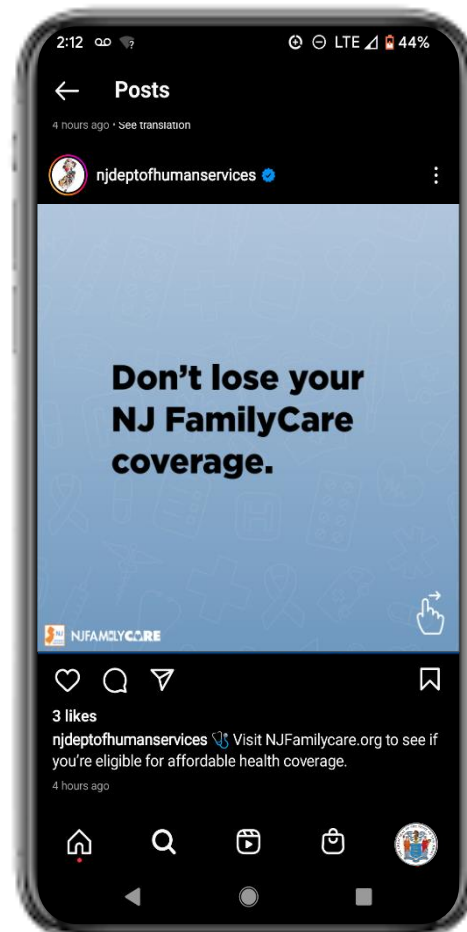
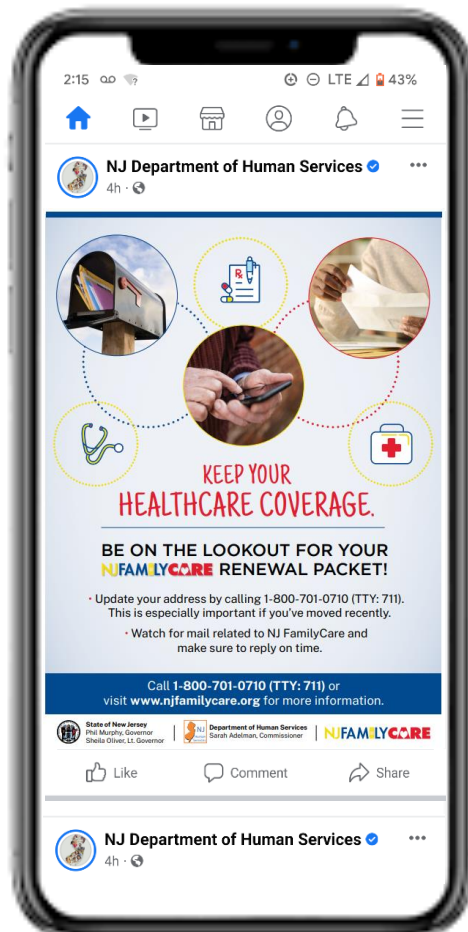
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سٹیٹ آف نیو جرسي
فيل مورفي (Phil Murphy)، گورنر
شيل اوليور (Sheila Oliver)، وائيس گورنر

شعبه برائے انسانی خدمات
سarah اډلمان (Sarah Adelman)، کمشنر

NJ FAMILYCARE

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Stay in touch and #StayCoveredNJ



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Planning for the Next Meeting – January 25, 2023