

Informational Update:

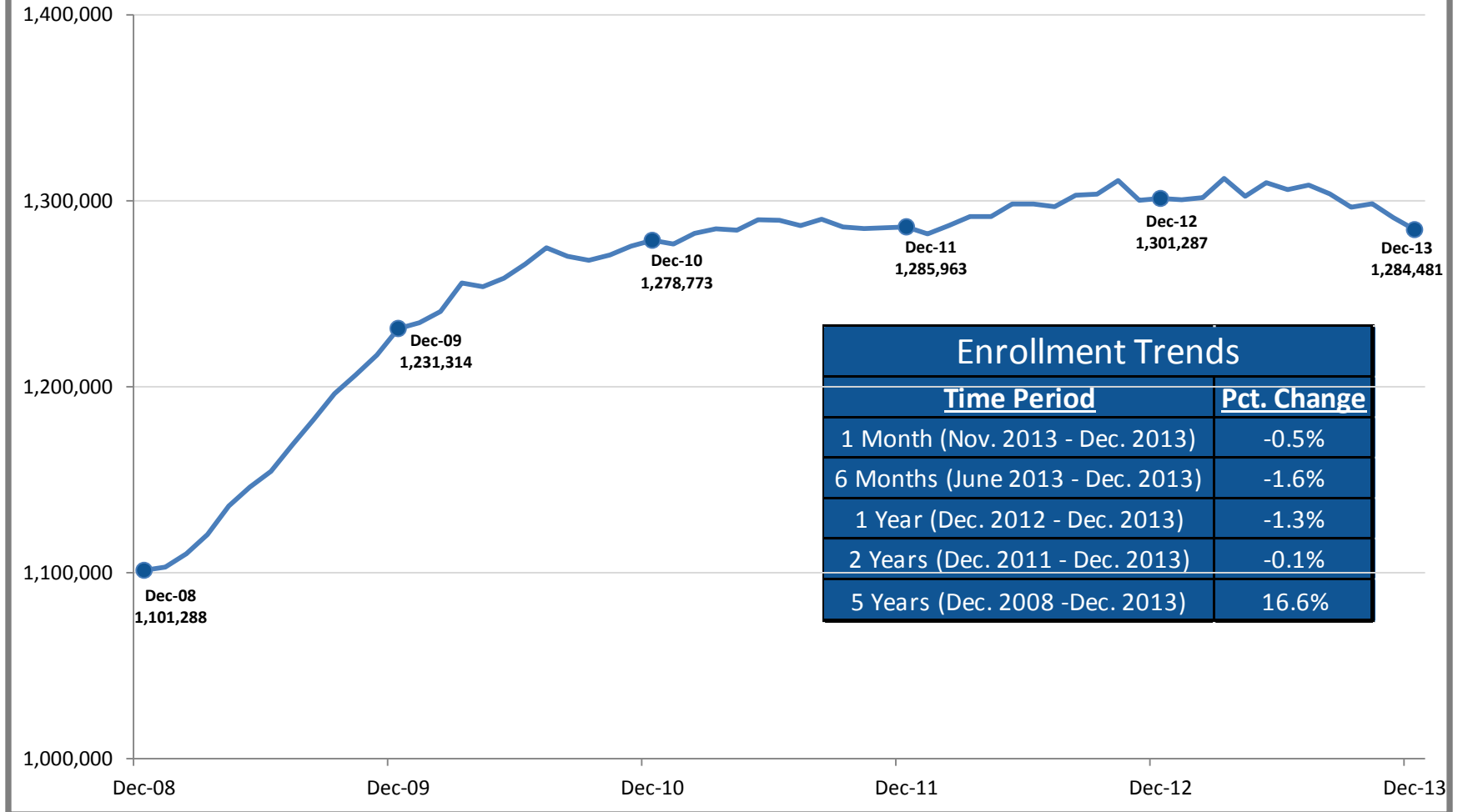
NJ FamilyCare

Eligibility and Enrollment

- January 1, 2014: Presumptive Eligibility (PE) expanded to include Childless Adults and Parents/Caretaker Relatives age 19 to 64.
- New population must have gross income below 133% of the Federal Poverty Level (FPL) to qualify.

Overall Enrollment

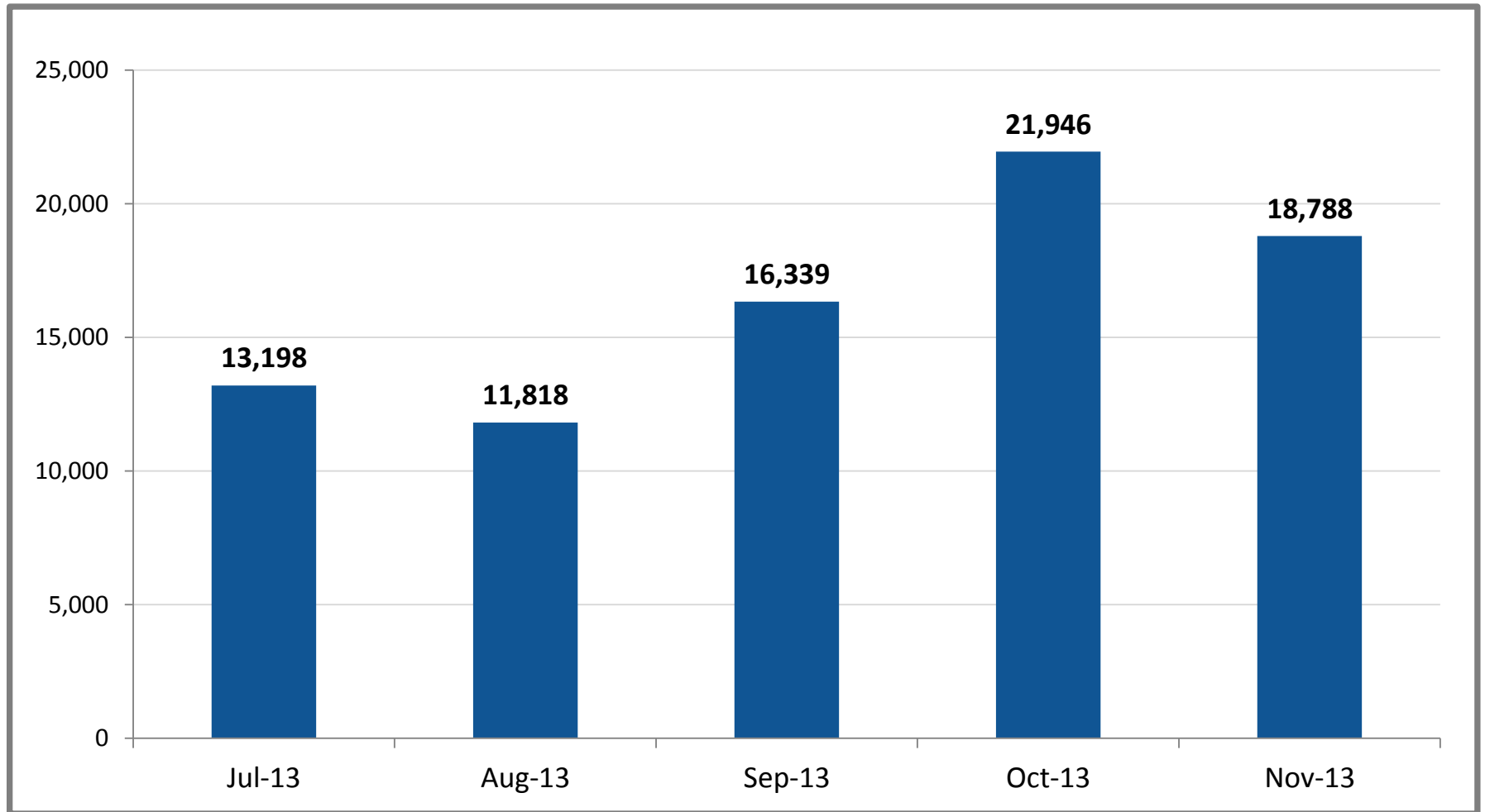
Total NJ FamilyCare/Medicaid Recipients, Dec. 2008 – Dec. 2013



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

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

Applications Received by State Entities

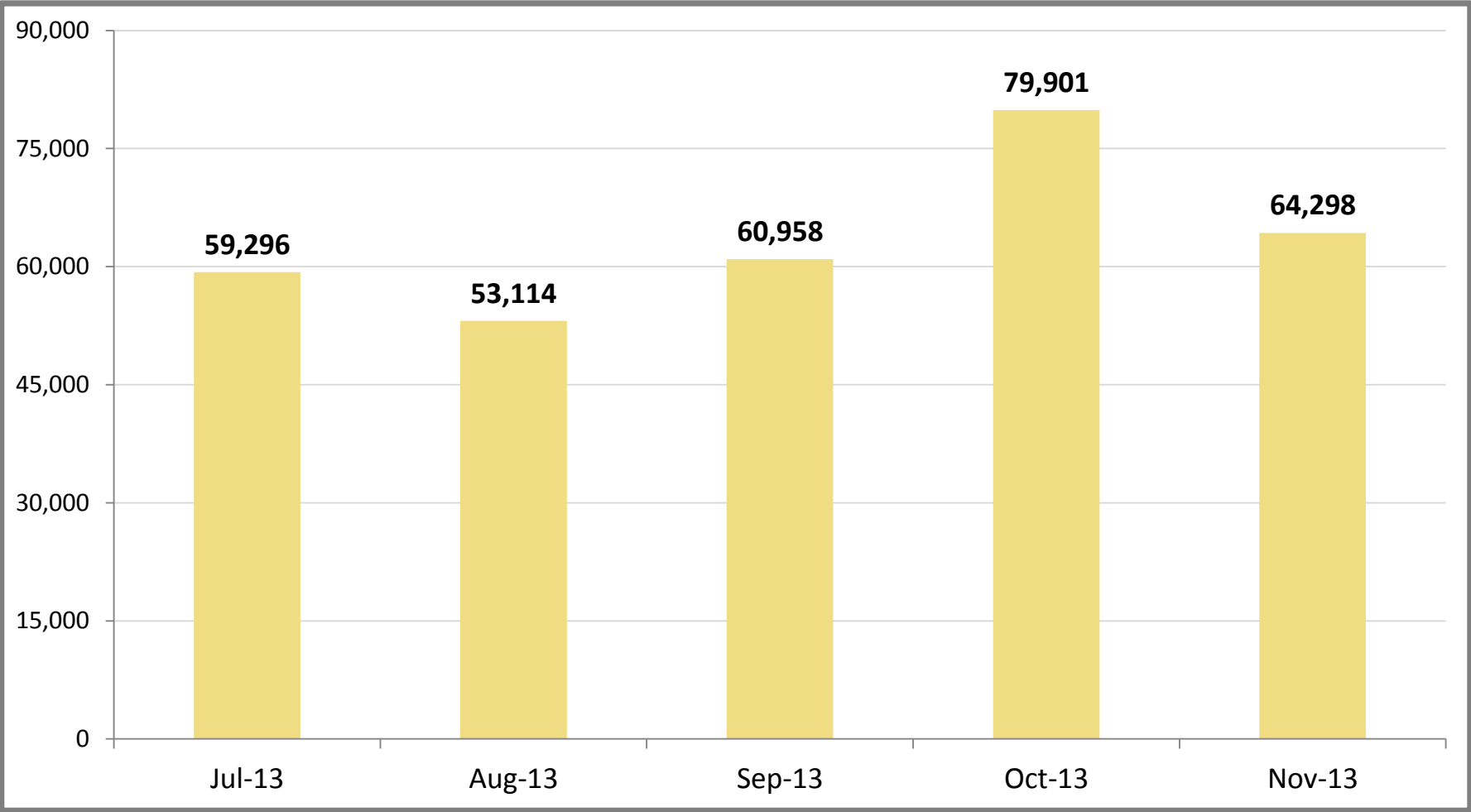


Sources: Xerox, New Jersey's Health Benefits Coordinator, NJ DMAHS Office of Information Systems, NJ DMAHS Office of Eligibility Policy, and County Welfare Agencies (CWAs)

Notes: DOES NOT INCLUDE APPLICATIONS RECEIVED BY THE FEDERALLY-FACILITATED MARKETPLACE VIA HEALTHCARE.GOV.

"Medicaid Applications Received by NJ Family Care" includes all applications received by Xerox and online applications received by the CWAs.

Call Center Call Volume



Sources: Xerox, New Jersey's Health Benefits Coordinator

Notes: Other entities that may receive calls related to Medicaid eligibility (county welfare agencies, MACC offices, etc. not included)

Outreach

- Fall mailing effort ongoing to 333,000 households
- Continued School Express Lane Eligibility
- Parent Express Enrollment
- SNAP Express Enrollment (pending)
- General Assistance Population
- The *New* NJ FamilyCare Training

Alternative Benefit Plan State Plan Amendment

- CMS provided technical assistance throughout the summer and fall in completing the ABP SPA.
- The ABP SPA was formally submitted to CMS on December 24, 2013.

Mental Health Parity and Addictions Equity Act (MHPAEA)

- On October 3rd, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was signed into law. This Federal law requires group health insurance plans (those with more than 50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan.
- The Alternative Benefit Plan (ABP) needs to meet MHPAEA requirements per the Federal Law

Mental Health Parity and Addictions Equity Act (MHPAEA)

- NJ completed a Parity review per CMS' directions to ensure that the ABP meets MHPAEA standards
- This review was presented to CMS and information about MHPAEA is included in the SPA submitted to CMS.

Presentation:

Personal Care Assistant Tool

Update on the New PCA Assessment Tool

Goal of new PCA Assessment Tool:

- Assess a beneficiary's need for assistance with his/her activities of daily living (ADL).
- Gain an understanding of his/her physical/cognitive limitations, ADL and IADL deficits, services required, amount of time service(s) required and frequency of need for the service(s).
- Deliver a reliable score consistent with need and Medicaid Regs.
- Completed by a professional Registered Nurse.
- Person centered and requires documentation of the participation of the beneficiary.
- Accompanied by a set of instructions so the tool is consistently implemented by all MCOs.
- Lends itself to automation, pre-population and auto-calculation from other assessment outcomes to reduce duplicate requests for information.

New PCA Assessment Tool

- DMAHS Worked with the Centers for Health Care Strategies (CHCS) to review tools of other states as well as researching the literature on effective assessments for personal care.
- Tool was developed by an internal workgroup (DMAHS, DoAS and DDS) and is being shared with Medicaid's MCOs for their input.
- Draft timeline for completing the input process with the plans, beta testing and roll out to go-live has been completed.
- An additional pilot is being undertaken in January within the Div. of Disability Services for PPP participants to get a sense of early "glitches" before the beta testing begins in earnest.
- Beta test design is in development and will be completed in January.

New PCA Assessment Tool

- This will be the required tool for PCA determinations across all MCOs.
- Elements of the tool will include information about the person and their household, diagnosis and/or limitations resulting in need for PCA services, ADLs and IADL, nursing summary, and signatures.

Draft Timeline for the Implementation and Use of the New PCA Assessment Tool:

- January/February 2014 – Meet with MCOs to finalize the tool, directions, and design of the beta test methodology.
- February/March 2014 – Training for MCO clinical staff and preparation for beta test.
- March/April 2014 – Beta testing of the PCA tool in 5 MCOs.
- April 2014 - Analysis of beta test results and necessary revisions.
- May/June 2014 – Preparation of MCOs for implementation of new PCA Assessment Tool.
- July 1, 2013 – New PCA Assessment Tool go-live.

Presentation:

Telepsychiatry Initiative

Telepsychiatry

A psychiatric service provided by a psychiatrist or psychiatric advance practice nurse from a remote location over secure, two-way, interactive audiovisual equipment.

Why Telepsychiatry?

- Shared resources between programs will help to reduce cost while improving access to quality care
- Increased access to psychiatrists for medication management
 - To reduce dependence on family physicians and emergency room providers to prescribe psychiatric medications due to lack of availability of psychiatrists
 - Remote access to psychiatrists will increase established relationships essential for proper medication management
- Increased access to specialty psychiatrists
 - Specialty psychiatrists once limited geographically can now serve clients across the state
 - Improved access to child psychiatrists, geropsychiatrists and neuropsychiatrists
- Medical Director services
 - APNs can be utilized for day to day services including intake evaluations, physical examinations, medication management and participation on interdisciplinary teams

Requirements

- Technologies must meet all confidentiality requirements required in HIPAA and HITECH regulations
- Clients must give informed consent
- Services must be available face-to-face if the client does not consent
- The client must be located in a licensed outpatient hospital or mental health clinic
- The psychiatrist or psychiatric APN must be licensed to practice in the State of New Jersey
- The billing provider is responsible for documentation of any services provided
- Providers must follow the appropriate NJAC regulations for all mental health services
- Each participating program shall establish policy and procedures which must be approved by the Division of Medical Assistance and Health Services and either the Division of Mental Health and Addiction Services or the Children's System of Care before services may be provided and billed



DEPARTMENT OF CHILDREN AND FAMILIES' CHILDREN'S SYSTEM OF CARE COMPREHENSIVE WAIVER

PRESENTED
BY
ELIZABETH MANLEY
DIRECTOR



CHILDREN'S SYSTEM OF CARE (CSOC)

RESPONSIBLE FOR THREE COMPONENTS OF THE COMPREHENSIVE MEDICAID WAIVER

1. **Intellectual Disability/Developmental Disability –Mental Illness (ID/DD-MI) COMPONENT**
2. **Autism Spectrum Disorder (ASD) COMPONENT**

EACH PILOT WILL SERVE ABOUT 200 YOUTH

3. **Severe Emotional Disturbance (SED) COMPONENT**

CHILDREN WITH SED WHO MEET CLINICAL CRITERIA FOR HOSPITAL LEVEL OF CARE, WILL BE PROVIDED WITH PLAN A, MEDICAL BENEFIT PACKAGE

SERVICES TO BE PRIOR AUTHORIZED THROUGH CSOC'S CONTRACTED SYSTEM ADMINISTRATOR (CSA), PERFORMCARE



SED COMPONENT

ADDITIONAL THREE NEW SERVICES TO ELIGIBLE YOUTH* INVOLVED WITH THE CHILDREN'S SYSTEM OF CARE (CSOC):

- ⇒ **Transitioning Youth Life Skill Building (16 and over)**
- ⇒ **Youth Support and Training (5 -16 yr old)**
- ⇒ **Non Medical Transportation**

*Youth must be involved with Care Management Organization (CMO) and services must be included in plan of care



ID/DD-MI COMPONENT

GOALS

- ◆ Serve and stabilize child in the least restrictive setting
- ◆ Return the family unit to a place that will require minimal outside intervention

INCLUSIONARY CRITERIA

- Medicaid/NJ Family Care Eligible youth
- CMO involved youth (to coordinate care)
- 5 to 21 yr old
- Co-occurring MH/DD diagnosis
- Meets State MH LEVEL OF CARE (LOC)



ID/DD-MI SERVICE COMPONENTS

- Case/Care Management
- Individual Supports
- Natural Supports Training
- Intensive In Community –Habilitation (IIH)
- Respite
- Non Medical Transportation
- Interpreter Services



ASD COMPONENT

- ◆ Services are habilitative
- ◆ Must be evidence based
- ◆ Enhance inclusion in community with
 - ◆ Improved adaptive behavior, language, and cognitive outcomes



ASD COMPONENT

INCLUSIONARY CRITERIA:

- Must be determined DD eligible through CSOC
- Medicaid/NJ Family Care Eligible Youth
- Under 13 yr. old
- Meets Level of Care Criteria
- Diagnosis of ASD

EXCLUSIONARY CRITERIA:

Children with other insurance



ASD COMPONENT

- Three levels of acuity with associated cost limits for habilitation services –
 - Low-\$9,000/yr
 - Moderate-\$18,000/yr
 - High-\$27,000/yr
- Eligibility and tier assessment by CSOC's Contracted Systems Administrator (CSA), PerformCare NJ



ASD SERVICE COMPONENTS

CSOC will authorize through its own provider network the following services:

- ◆ Behavior Consultative Supports
- ◆ Individual Behavior Supports

Update: Through the RFQ* Process, CSOC has received a significant number of applicants. At least 100 individuals have been approved.

*Please note that the RFQ is still posted and all questions must be submitted directly through

DCF.ASKRFP@dcf.state.nj.us.

MCO's will authorize and manage the below through their provider network:

- ◆ Occupational Therapy
- ◆ Physical Therapy
- ◆ Speech and Language Therapy



TIMELINE

- EXPECT ASD COMPONENT OF THE COMPREHENSIVE WAIVER TO BE OPERATIONAL BY END OF THE FIRST QUARTER OF 2014
- SED AND ID/DD MI COMPONENT TO BE OPERATIONALIZED BY END OF STATE FISCAL YEAR 2014 (JUNE 2014)
- QUALITY STRATEGIES TO BE POSTED ON DCF WEBSITE FOR STAKEHOLDERS INPUT ON OR ABOUT JANUARY 15, 2014 FOR ALL OF DCF'S COMPONENTS OF THE WAIVER



CONTACT INFORMATION

THE EMAIL ADDRESS PROVIDED BELOW CAN BE USED FOR
QUESTIONS/COMMENTS/SUGGESTIONS

dcf_cbh@dcf.state.nj.us