Welcome

Department of Human Services
Budget Listening Session

State of New Jersey
DHS
Department of
Human
Services

A STRONGER AND FAIRER NEW JERSEY

The Murphy Administration is committed to a stronger and fairer New Jersey.

In our early months on the job, the team at the Department of Human Services has taken important steps to help realize that goal.

IMPROVING MEDICAID

The Murphy Administration has improved Medicaid benefits to address pressing public health issues.

IMPROVING MEDICAID

New Diabetes Benefits

New Medicaid coverage of diabetes self-management education and training, medical nutrition therapy, the National Diabetes Prevention Program and supplies and equipment to the Medicaid program.

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IMPROVING MEDICAID

Expanded Hepatitis C Treatment

New Medicaid coverage of curative Hepatitis C drugs for all Medicaid enrollees with a Hepatitis C diagnosis.

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IMPROVING MEDICAID

New Autism Spectrum Disorder Benefits

New Jersey has only covered select services for a small population in a pilot program. It's estimated over 10,000 youth have an Autism Spectrum Disorder diagnosis.

This change will give young people with Medicaid coverage access to appropriate screening and treatment.

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IMPROVING MEDICAID

Tobacco Cessation

Medicaid made it easier to get help quitting by removing the requirement that individuals need prior approval from their health plan before obtaining tobacco cessation medications.

Group counseling for tobacco cessation will also be covered.

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IMPROVING MEDICAID

Family Planning

Medicaid is expanding family planning services to residents with incomes up to 200% of the federal poverty level.

These newly eligible recipients have access to a package of family planning-related services, including post-partum coverage of long-acting reversible contraception, allowing New Jersey to remove a restriction limiting access to one of the most effective forms of contraception.

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IMPROVING MEDICAID

Treating Opioid Use Disorder

Medicaid will offer a more complete service package to assist those who are battling opioid and other substance use disorders.

Implementation will expand Medicaid coverage of peer services and case management services for individuals with a substance use disorder and include coverage for detox, short-term and long-term residential rehabilitation services.

Governor Murphy's budget also included a $100 million investment in combatting the opioid epidemic.

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COMBATTING OPIOID EPIDEMIC

Helping with Recovery

- We welcomed the Division of Mental Health and Addiction Services back to DHS.

- And in addition to Governor's $100 million investment, the Administration received three federal grants totaling $30.6 million to fight the opioid crisis.

- This funding will help with initiatives aimed at preventing overdoses and expanding treatment and recovery services.

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STEPHEN KOMNINOS' LAW

Stephen Komninos' Law Takes Effect

- The Stephen Komninos' Law took effect May 1.

- It strengthens protections for individuals with intellectual and developmental disabilities who reside in or participate in Department programs.

- It also recognizes the important role of guardians and family members in the lives of adults with developmental disabilities.

NJ ABLE

Launching NJ ABLE

- NJ ABLE helps individuals with disabilities better save for their needs through tax-advantaged savings accounts.

- The accounts can be used to pay for expenses incurred as a result of living with a disability.

- Qualified expenses include, but are not limited to, education, health and wellness, housing, transportation, legal fees, financial management, job training and support, assistive technology and personal support services.

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DSP WAGE INCREASE

Increasing Wages for Direct Support Professionals

- Wages were increased for the direct support professionals who work with individuals with intellectual and developmental disabilities.

- Governor Murphy and the Legislature identified $32 million to support higher wages for the direct support professionals.

- The increase represents an average wage increase of about 4.5 percent.

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Investing in Quality & Affordable Child Care

Quality Child Care

- $38 million in new investments in child care to help more families find services they need.

- Boosts the child care subsidies that help families with lower incomes who are working, in school or in training programs.

- The highest rate increase is for infant care.

- Includes a new incentive to support efforts by child care centers to expand infant care.

- Includes grants for child care center improvements.

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EXPANDING FOOD ASSISTANCE

Expanding Food Assistance to More Community College Students

- The Murphy Administration with help from anti-hunger advocates and higher education officials is expanding food assistance to career and technical education students at community colleges.

- The Supplemental Nutrition Assistance Program (SNAP) made available to students in community college career and technical education programs.

- DHS also engaged with the Council of County Colleges and the New Jersey Commission on Higher Education to increase college student participation in SNAP.

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NJSAVE

Helping Older Adults Save

- The Division of Aging Services launched NJSave, a new online application to help older residents with low-incomes and individuals with disabilities save money.

- NJSave allows individuals to use a single online application to check their eligibility for savings and assistance programs such as Medicare Savings Programs, New Jersey's Pharmaceutical Assistance to the Aged and Disabled and the Lifeline Utility Assistance Program.

PROJECT BEST EYE SCREENINGS

Ongoing Eye Screenings

- Project BEST, which stands for Better Eye-Health Services and Treatment, is part of an ongoing effort by the Commission for the Blind and Visually Impaired to reduce the incidence of blindness.

- The program provides eye health education and safety by offering no-cost vision screenings for adults and children throughout the state.

- Eye screenings have been held throughout the state as part of a continuing campaign.

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EXPANDING LEAP

Bringing LEAP to Newark

- The Newark Public Library became the 9th in the state to launch the Library Equal Access Program, or LEAP.

- The LEAP program offers access to the Internet for people who are blind and visually disabled.

- Lt. Gov. Oliver helped us welcome the program to Newark in October.

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NJ HEARING AID PROJECT

Boosting the NJ Hearing Aid Project

- The New Jersey DHS Hearing Aid Project provides free refurbished hearing aids to residents over the age of 65 with low incomes.

- The Department increased the reimbursement for audiologists participating in the program and dispensing hearing aids to low-income individuals from $150 to $300.

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ASSISTIVE LISTENING DEVICES

Assistive Device Demonstration Center

- Opened in May at 11A Quakerbridge Plaza in Hamilton.

- Displays devices such as a videophone, amplified and captioned phones, baby cry alerts, assistive listening devices and smoke detectors.

- Consumers, providers and the community-at-large can experience hands-on demonstrations.

- Some of this equipment is available for free to residents with low incomes.

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GET COVERED NJ

Ensuring Access to Health Care

- The Department provided funding and support to five community organizations that will help enroll New Jersey residents in health coverage.
- The initiative is part of Governor Murphy's effort to enroll more New Jerseyans during the Affordable Care Act's open enrollment period from Nov. 1 to Dec. 15.
- That effort includes the new www.getcovered.nj.gov web site.

HURRICANE MARIA EVACUEES

Helping Evacuees

- After Hurricane Maria devastated Puerto Rico and destroyed the island's power grid, many evacuees relocated to New Jersey.

- NJ Human Services hosted public events in Mount Holly, Perth Amboy, Vineland, Jersey City, Paterson, Camden, and Elizabeth to inform evacuees about programs and assist with enrollment.

- Programs highlighted included shelter, health care, food assistance and cash assistance.

- In total, 175 evacuees attended the sessions.

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THANK YOU

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New Jersey Autism State Plan Amendment

Department of Children and Families

Children's System of Care

January 2019

SPA Development Process - Background

- Outside of the Autism Spectrum Disorder (ASD) Pilot, NJ FamilyCare has not traditionally covered services for youth with Autism

- Services included under the ASD pilot:
  - Behavioral Consultative Supports and Individual Behavioral Supports (ABA) - *Fee-for-Service*
  - Physical, Occupational and Speech Therapy - *Managed Care*

- Eligibility requirements for the ASD pilot:
  - NJ FamilyCare eligible
  - Diagnosis of Autism
  - Cannot have private insurance coverage

New Jersey Department of Children and Families

SPA Development Process - Background

- July 2014, the Center for Medicare and Medicaid Services (CMS) issued clarification of Medicaid Coverage of Services to Children with Autism

- $17 million was included in Governor Murphy's FY19 budget to expand and improve access to services for youth with Autism

- Autism Executive Planning Committee
  - charged with informing the elements of the State Plan Amendment (SPA)

New Jersey Department of Children and Families

Vision for Children and Youth

- Ensure timely access to appropriate services and build capacity, where indicated

- Expansion of specialty services available statewide

- Family and youth driven approach

- Integrated approach to care

- Expansion of trauma competent care

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Vision for Children and Youth

- Youth and families will have access to a multidisciplinary array of services that are individually planned and coordinated

- Services:
  - Evidence-based, evidence informed, evidence supported and/or promising practices
  - Support the child's functional development, and enhance his/her inclusion in their own communities
  - Reflective of Core Values and Principles of System of Care Approach (trauma and developmentally informed)
  - Youth and Family Voice and Choice is Paramount
  - Benefit plan would reflect a holistic and integrated approach
  - In home/out of home settings, clinical settings, community settings
  - Cannot duplicate/supplant what is covered through educational entitlement or under private insurance

New Jersey Department of Children and Families

Eligibility

- Under 21 years of age

- Eligible for NJFamilyCare programs

- Have an ASD diagnosis by a qualified licensed practitioner

- Meet medical necessity criteria

Service Definitions & Provider Qualifications

Service	Provider Qualifications
Behavioral Supports	BCBA, BCBA-D, BCaBA, Behavior Technician, Master's Degree, LCSW, LSW, LPC, LAC, LMFT and/or Bachelor's level under the supervision of independent licensed practitioner; psychologists, physicians
Adjunctive Therapies	Master's Degree, LCSW, LSW, LPC, LAC LMFT Certificate or certified practitioner
Augmentative and Alternative Communication	Speech/language Pathologist (MA/MS, SLP-CCC) Licensed Audiologist
Allied Health (Occupational, Physical, Speech and Language)	MS.O.T/R; MA, SLP-CCC; PT, with additional training/certificates in specific areas, such as "Sensory-Integration" (source: https://www.aota.org/Practice/Children-Youth/SI.aspx) Licensed/credentialed in their discipline with specialized training and endorsement, including, but not limited to: DIRFloortime Advanced Practitioner, Endorsement at Levels III and IV of the New Jersey Association for Infant Mental Health endorsement- Clinical, Developmental Models of Autism Intervention -DMAI - Certificate of the Center for Autism and Early Childhood Mental Health, Early Start Denver Model (ESDM), and Relationship Development Intervention (RDI)

Service Definitions & Provider Qualifications

Service	Provider Qualifications
Peer to Peer Support	Must meet the state standards for peer to peer support staff/work
Developmental Consultation	Licensed/Credentialed in their discipline, including Developmental Psychologists, Pediatricians, and Developmental Pediatricians
Developmental, Individual Differences, and Relationship-based Approaches	Licensed/credentialed in their discipline with specialized training and endorsement, including, but not limited to: DIRFloortime Advanced Practitioner, Endorsement at Levels III and IV of the New Jersey Association for Infant Mental Health endorsement-Clinical, Developmental Models of Autism Intervention -DMAI - Certificate of the Center for Autism and Early Childhood Mental Health, Early Start Denver Model (ESDM), and Relationship Development Intervention (RDI)
Screening and Diagnostic Evaluations	Licensed/Credentialed in their discipline, including Developmental Psychologists, Pediatricians, and Developmental Pediatricians
Clinical Interventions Models	State licensed/credential in their discipline
Comprehensive Treatment Models (CTMs)	State licensed/credential in their discipline

New Jersey Department of Children and Families

Service Definitions & Provider Qualifications

Service	Provider Qualifications
Community Inclusion	Dually certified educators with certifications in general education and TSD endorsement (Teacher of students with Disabilities) State qualified provider
Eating and Feeding Evaluation and Treatment	Licensed/Credentialed in their discipline, including Developmental Psychologists, Pediatricians, and Developmental Pediatricians
Skill Acquisition and Capacity Building	Master's Degree, LCSW, LSW, LPC, LMFT and/or Bachelors level under the supervision of independent licensed practitioner, psychologists, physicians
Transitional Services	State qualified provider
Respite	State qualified provider
Assistive Technology	State qualified provider
Transportation	State qualified provider

Public Comments

Comments or inquiries must be submitted in writing within 30 days of the posting of the public notice (posted January 3, 2019):

Division of Medical Assistance and Health Services

Office of Legal & Regulatory Affairs

Attention: Margaret Rose

P.O. Box 712, Mail Code #26

Trenton, New Jersey 08625-0712

Fax: 609-588-7343/ E-mail: Margaret.Rose@dhs.state.nj.us

Link to public notice:
https://www.state.nj.us/humanservices/providers/grants/public/index.html

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of CHILDREN AND FAMILIES

Customer Satisfaction Survey for Behavioral Health Transportation Services

LogistiCare Behavioral Health Customer Satisfaction Survey

Methodology

Two types of phone surveys were done for beneficiaries that had scheduled a trip with LogistiCare:

1. Beneficiaries that had a completed trip.
   - The purpose of this survey was to assess the beneficiary's satisfaction with the trip itself, and the beneficiary's satisfaction with LogistiCare.
2. Beneficiaries that had scheduled a trip, but the trip was canceled.
   - The purpose of this survey was to determine the reasons for cancelations and to assess satisfaction with rescheduling the appointment.

Sample

LogistiCare provided IPRO with a daily file of all trips that were processed the previous day. From this file, IPRO selected a random sample of trips that were appropriate for each survey. Surveys were stratified by region. The three regions defined were North, Central and Southern New Jersey.

As directed by DMAHS the regional breakouts are as follows:

- North: Sussex, Warren, Passaic, Bergen, Morris, Essex and Hudson
- Central: Hunterdon, Middlesex, Monmouth, Ocean, Somerset and Union
- South: Mercer, Camden, Burlington, Gloucester, Salem, Atlantic, Cape May and Cumberland

Trip Criteria

Trips were selected based on the following criteria for the completed trip survey:

- The trip had a completed ambulatory A-leg trip for an outpatient appointment;
- The trip occurred within 5 days of receipt of the file;
- The pick-up location was the beneficiary's residence.

Trips were selected based on the following criteria for the canceled trip survey:

- The trip had a canceled ambulatory A-leg trip for an outpatient appointment; and,
- The trip was scheduled to occur on the day prior to the file being received (in order to focus on trips that were canceled on the day the trip was to occur).

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Time Frame

- Phone calls were made during a two-week period between 6/26/18 and 7/12/18.
- Phone calls were conducted by survey staff trained on the content of the surveys,
- Demonstration phone calls were made, and a sample of each surveyor's calls were monitored to ensure accuracy and completeness.

Throughout the survey, the number of completed and cancelled surveys was monitored on an ongoing basis to ensure that the number of surveys by region met the sample requirement: 100 cases for completed trips and 50 cases for cancelled trips for each region in New Jersey. Cases where the beneficiary was reached were included in the total count of completed calls.

Completed Trip Survey

- A total of 326 phone calls were made to reach beneficiaries who had had a completed trip from residence to appointment (A-leg trip)

- Calls occurred an average of 2.6 days from the trip

- Each number was called only once, and the result recorded as "beneficiary not reached," "declined to participate," or completed survey.

Survey Calls

Call Outcome	Region			Statewide
	North	Central	South	
Completed surveys	109	110	107	326
Average days from trip to call	2.6 days	2.5 days	2.7 days	2.6 days
Beneficiaries reported incorrect trip data	8	12	18	38
Completed surveys available for analysis	101	98	89	288

Pick-up Time Satisfaction

Pick-up Time Satisfaction	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Were you satisfied with the time the vehicle arrived to pick you up?								
Completed surveys for analysis	101		98		89		288	
Yes, satisfied	87	86.1%	85	86.7%	75	84.3%	247	**85.8%**
No, not satisfied	14	13.9%	13	13.3%	14	15.7%	41	14.2%
For beneficiaries not satisfied with pick-up time: did the vehicle arrive too early or too late?								
Not satisfied with pick-up time	14		13		14		41	
Vehicle arrived too early	1	7.1%	3	23.1%	1	7.1%	5	12.2%
Vehicle arrived too late	10	71.4%	5	38.5%	6	42.9%	21	51.2%
No response	3	21.4%	5	38.5%	7	50.0%	15	36.6%

Timeliness

Timeliness to the Appointment1	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Early to the appointment	30	29.7%	21	21.4%	25	28.1%	76	26.4%
On time to the appointment	56	55.4%	65	66.3%	46	51.7%	167	58.0%
Late to the appointment	15	14.9%	12	12.2%	18	20.2%	45	15.6%

[1] Early: > 15 minutes before the scheduled pick-up time; On time: +/- 15 minutes of the scheduled pick-up time; Late: > 15 minutes after the scheduled pick-up time

Driver Satisfaction

Driver Safety and Courtesy	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
In your opinion, was the person driving the vehicle a safe driver?								
Yes	96	95.0%	98	100.0%	87	97.8%	281	97.6%
No	4	4.0%	0	0.0%	1	1.1%	5	1.7%
No response	1	1.0%	0	0.0%	1	1.1%	2	0.7%
In your opinion, did the driver treat you with courtesy and respect?								
Yes	97	96.0%	98	100.0%	88	98.9%	283	98.3%
No	3	3.0%	0	0.0%	0	0.0%	3	1.0%
No response	1	1.0%	0	0.0%	1	1.1%	2	0.7%

Driver Responsiveness

Driver Responsiveness to	Region						Statewide	
	North		Central		South			
Questions/Concerns	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Was the driver responsive to any questions or concerns that you had?								
Beneficiary had questions/concerns	22	21.8%	13	13.3%	8	9.0%	43	14.9%
For beneficiaries who did have questions/concerns, was the driver responsive?								
Yes	16	72.7%	6	46.2%	7	87.5%	29	67.4%
No	6	27.3%	7	53.8%	1	12.5%	14	32.6%

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Required Equipment

Equipment in Vehicle	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Did you require any equipment for your trip? For example, a wheelchair lift?								
Yes	6	5.9%	1	1.0%	7	7.9%	14	4.9%
For beneficiaries who did require special equipment, did the vehicle have the equipment you needed?								
Yes	3	50.0%	1	100.0%	6	85.7%	10	71.4%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No response	3	50.0%	0	0.0%	1	14.3%	4	28.6%

Vehicle Cleanliness

Cleanliness of Vehicle	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	

How clean was the vehicle?								
Very clean or clean	95	94.1%	91	92.9%	87	97.8%	273	94.8%
Dirty or very dirty	4	4.0%	7	7.1%	1	1.1%	12	4.2%
No response	2	1.9%	0	0.0%	1	1.1%	3	1.0%

Additional Stops

Additional Stops	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Did the driver stop to pick up or drop off someone else?								
Yes	31	30.7%	38	38.8%	29	32.6%	98	34.0%
If yes, how many times stopped to pick up/drop off others?								
1 additional stop	19	61.3%	17	44.7%	15	51.7%	51	52.0%
2 additional stops	10	32.3%	15	39.5%	13	44.8%	38	38.8%
3 additional stops	0	0.0%	3	7.9%	0	0.0%	3	3.1%
4 or more additional stops	1	3.2%	3	7.9%	1	3.4%	5	5.1%
No response	1	3.2%	0	0.0%	0	0.0%	1	1.0%

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Inconvenience With Multiple Stops

Number of Stops	No Inconvenience		Slightly Inconvenient		Very Inconvenient		Any Inconvenience (Slight + Very)	
	n	Rate	n	Rate	n	Rate	n	Rate
Trips with any stop[1]	73	74.5%	11	11.2%	9	9.2%	20	20.4%
1 stop	43	43.9%	4	4.1%	2	2.0%	6	6.1%
2 stops	25	25.5%	5	5.1%	6	6.1%	11	11.2%
3 stops	1	1.0%	1	1.0%	1	1.0%	2	2.0%
4 or more stops	4	4.1%	1	1.0%	0	0.0%	1	1.0%

[1] Of the 98 beneficiaries who had a stop during their trip,
5 beneficiaries did not respond to this question

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Keywords

Additional stops during trip						
Yes	20	20.4%	59	60.2%	19	19.4%
No	56	29.9%	107	57.2%	24	12.8%
No response	0	0.0%	1	33.3%	2	66.7%
Inconvenience for additional stop[1]						
Yes	2	10.0%	8	40.0%	10	50.0%
No	18	24.7%	48	65.8%	7	9.6%
No response	0	0.0%	3	60.0%	2	40.0%

Of the 98 beneficiaries who had a stop during their trip,
5 beneficiaries did not respond to this question.

Overall Satisfaction

Overall Rating of Trip	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
How would you rate your ride overall?								
Very good or good	95	94.1%	95	96.9%	86	96.6%	276	95.8%
Poor or very poor	5	5.0%	3	3.1%	2	2.2%	10	3.5%
No response	1	0.9%	0	0.0%	1	1.2%	2	0.7%

Return Trip

Return Trip Scheduling	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Did you have a ride take you home after your appointment?								
Yes	90	89.1%	89	90.8%	81	91.0%	260	90.3%
Did you call LogistiCare to send a vehicle to pick you up after your appointment, or did you schedule a ride before your appointment?								
Prescheduled return trip	80	88.9%	84	94.4%	75	92.6%	239	91.9%
Call after appointment (will call)	10	11.1%	5	5.6%	5	6.2%	20	7.7%
No response	0	0.0%	0	0.0%	1	1.2%	1	0.4%

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Will Call

Will Call Return Trips	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Beneficiaries called after appointment (will call)	10		5		5		20	
When you called, did LogistiCare tell you what time you would be picked up?								
Yes, was told pick-up time	8	80.0%	5	100.0%	5	100.0%	18	90.0%
No, wasn't told pick-up time	2	20.0%	0	0.0%	0	0.0%	2	10.0%
If yes, did the vehicle arrive within 15 minutes of when you were told?								
Yes	5	62.5%	5	100.0%	4	80.0%	14	77.8%
No	3	37.5%	0	0.0%	1	20.0%	4	22.2%
Were you satisfied with how long you had to wait to be picked up?								
Yes	8	80.0%	5	100.0%	4	80.0%	17	85.0%
No	2	20.0%	0	0.0%	1	20.0%	3	15.0%

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Scheduled Pick-up

Prescheduled Return Trips	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Beneficiaries with prescheduled trips	80		84		75		239	

Was your appointment done by the time you were scheduled to be picked up?								
Yes	79	98.8%	82	97.6%	73	97.3%	234	97.9%

If yes, did the vehicle arrive at the scheduled time?								
Yes	65	82.3%	64	78.0%	61	83.6%	190	81.2%
No	14	17.7%	15	18.3%	12	16.4%	41	17.5%
No response	0	0.0%	3	3.7%	0	0.0%	3	1.3%

Overall Satisfaction with LogistiCare

Satisfaction with LogistiCare Contact	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	101		98		89		288	
Did you call LogistiCare to schedule this trip?								
Yes	82	81.2%	82	83.7%	67	75.3%	231	80.2%
If yes, how would you rate your interactions with LogistiCare overall?								
Very good or good	70	85.4%	70	85.4%	60	89.6%	200	85.5%
Poor or very poor	8	9.8%	8	9.8%	5	7.5%	21	9.0%
No response	4	4.8%	4	4.8%	2	2.9%	10	4.3%

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Cancellation Reason

Trip Cancellation Reason	Region						Statewide	
	North		Central		South			
	n	Rate	n	Rate	n	Rate	n	Rate
Completed surveys for analysis	45		41		44		130	
Did you call LogistiCare to schedule this trip?								
Doctor canceled	0	0.0%	4	9.8%	5	11.4%	9	6.9%
Beneficiary canceled	39	86.7%	29	70.7%	34	77.3%	102	78.5%
Vehicle never arrived	2	4.4%	2	4.9%	1	2.3%	5	3.8%
Other	4	8.9%	6	14.6%	4	9.1%	14	10.8%

Other Cancellation Reasons

Cancellation Reason	n	Percent
Not in the program/Loss of eligibility	4	28.6%
Beneficiary in hospital/sick	3	21.4%
Suspended service by LogistiCare for previous no-shows	2	14.3%
Pick-up issues	2	14.3%
Travelled by other means	1	7.1%
Late pick-up	1	7.1%
Unknown	1	7.1%

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Emergency Department Triage Fee

Overview

– Became law July 1, 2018 (NJSA 30:4D-7p)

– **Impacts NJ FFS Hospitals Only and MCO non-participating Hospitals (90% of FFS rate)**

– Commissioner determines Non-emergent Diagnosis Codes

– Commissioner shall apply for State Plan Amendments as necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures

– Effective the first day of the fourth month next following the date of enactment (Discharge Dates starting November 1)

Exclusions

- Exclusions from the Triage Payment:

    - Pregnancies / Expectant Mother

    - Emergency Certifications

    - Children up to Age 6

    - Elderly (65 & above)

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High Utilization and Emergent Diagnosis

- Hospital Determinations: (Rev Code 45x (ER))
  - Procedure Code 99281 (Low) through 99285 (High)

- Emergent diagnosis determined based on diagnosis codes describing conditions manifested by acute symptoms of sufficient severity that the absence of immediate attention could reasonably be expected to result in:
  - Placing the member's health in serious jeopardy;
  - Serious impairment to bodily functions; or,
  - Serious dysfunction to any bodily organ or part.

- DMAHS started with emergency determination located on ICD-10 Diagnosis code File (over 77,000 ICD-10 diagnosis codes)
  - DMAHS refined non-emergent codes (approximately 1,100)

4

Next Steps

- Submitted State Plan Amendment to CMS
- System programming
- Revising Regulations
- Non-emergent / Low Acuity Diagnosis Code List maintained on NJMMIS.com

NJ FamilyCare Update

December 2018 Enrollment Headlines

1,714,155 Overall Enrollment

41,981 (2.4%) Net Decrease Over December 2017

95.0% of All Recipients are Enrolled in Managed Care

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December 2018 Eligibility Summary
Total Enrollment: 1,714,155

Expansion Adults	520,738	30.4%
Other Adults	100,822	5.9%
Medicaid Children	578,279	33.7%
M-CHIP Children	92,648	5.4%
CHIP Children	118,176	6.9%
Aged/Blind/Disabled	303,492	17.7%

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NJ Total Population: *8,908,520*

1,714,155 — **Total NJ FamilyCare Enrollees**
(November 2018)

19.2% — **% of New Jersey Population Enrolled**
(November 2018)

787,649 — **Children (Age 0-18) Enrolled**
(about 1/3 of all NJ children)
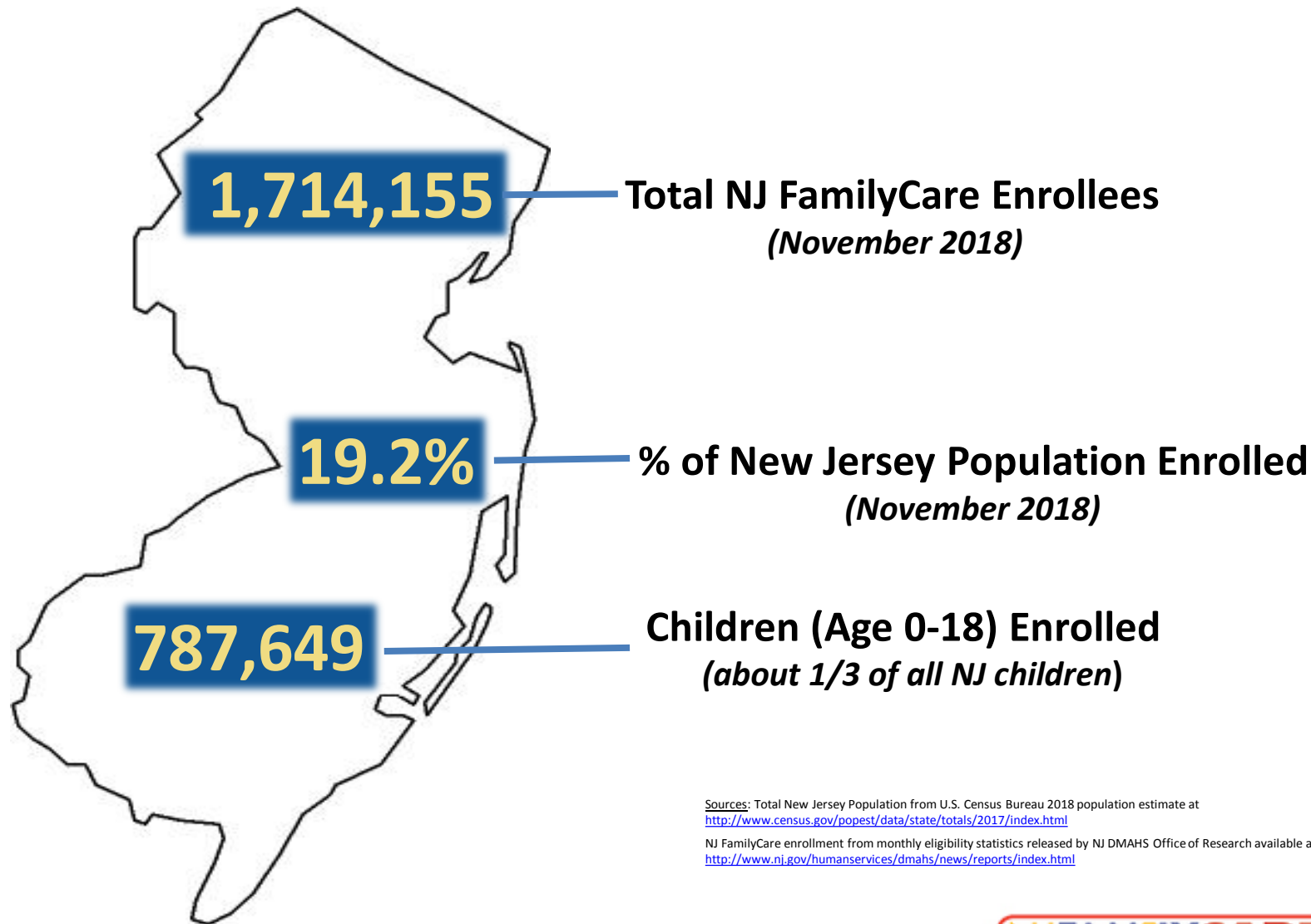
Sources: Total New Jersey Population from U.S. Census Bureau 2018 population estimate at
http://www.census.gov/popest/data/state/totals/2017/index.html

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: 1,714,155
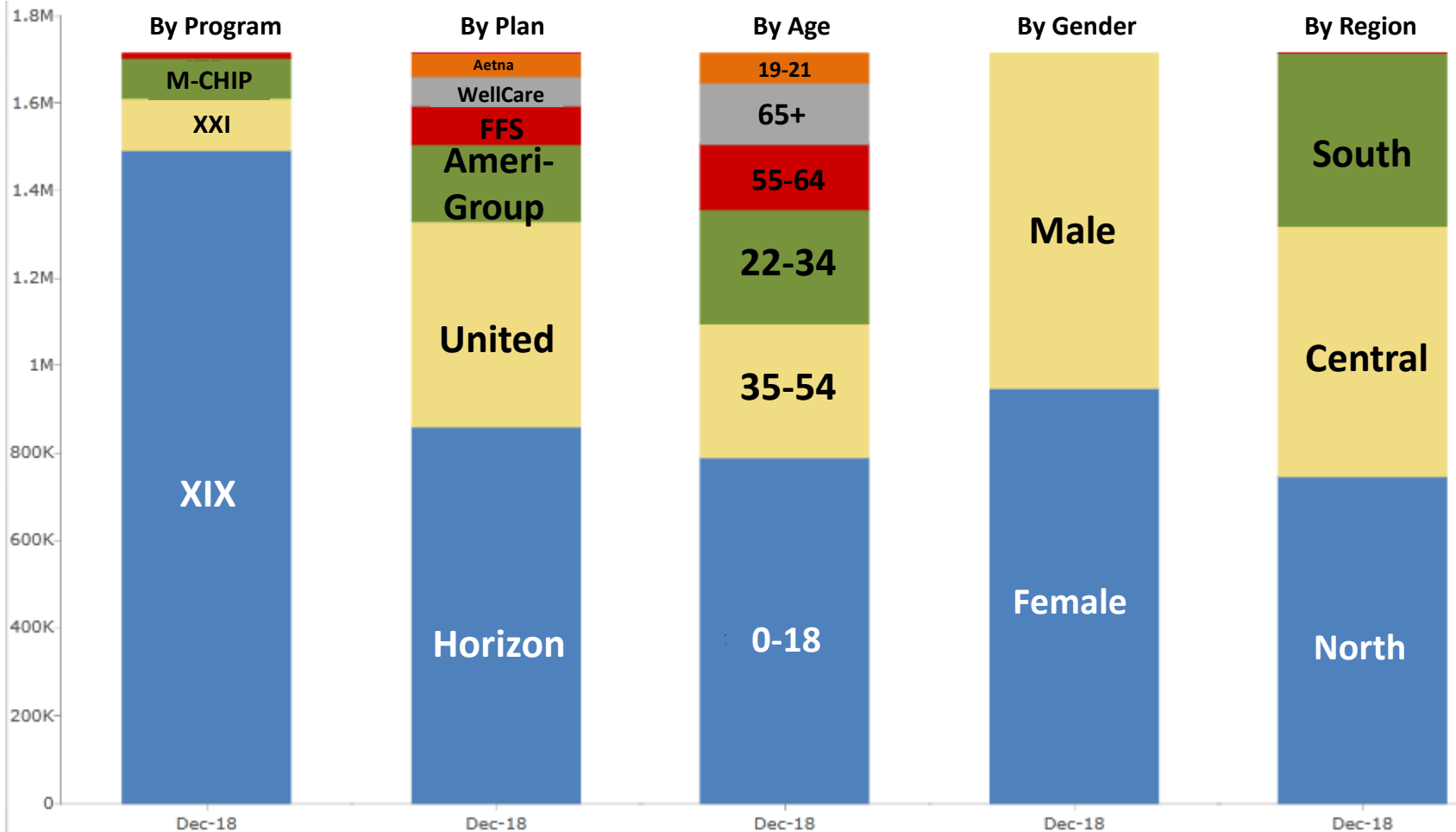
By Program | By Plan | By Age | By Gender | By Region

By Program: M-CHIP, XXI, XIX

By Plan: Aetna, WellCare, FFS, Ameri-Group, United, Horizon

By Age: 19-21, 65+, 55-64, 22-34, 35-54, 0-18

By Gender: Male, Female

By Region: South, Central, North

All columns: Dec-18

Long Term Care and
Managed Long Term Services & Supports

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

October 2018 LTC Headlines

81.8% of NJFC Long Term Care Population is Enrolled in MLTSS

51.3% of the NJ FamilyCare LTC Population is in Home and Community Based Services*
Prior Month = 51.1%; Start of Program = 29.4%

Number of Recipients Residing in Nursing Facilities is Down 1,000 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.

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Long Term Care Recipients Summary – October 2018

Total Long Term Care Recipients	57,941

Managed Long Term Support & Services (MLTSS)	47,392
MLTSS HCBS	25,490
MLTSS Assisted Living	3,128
MLTSS NF/SCNF	18,774

Fee For Service* (Managed Care Exempt) NF & SCNF	9,456

PACE	1,093

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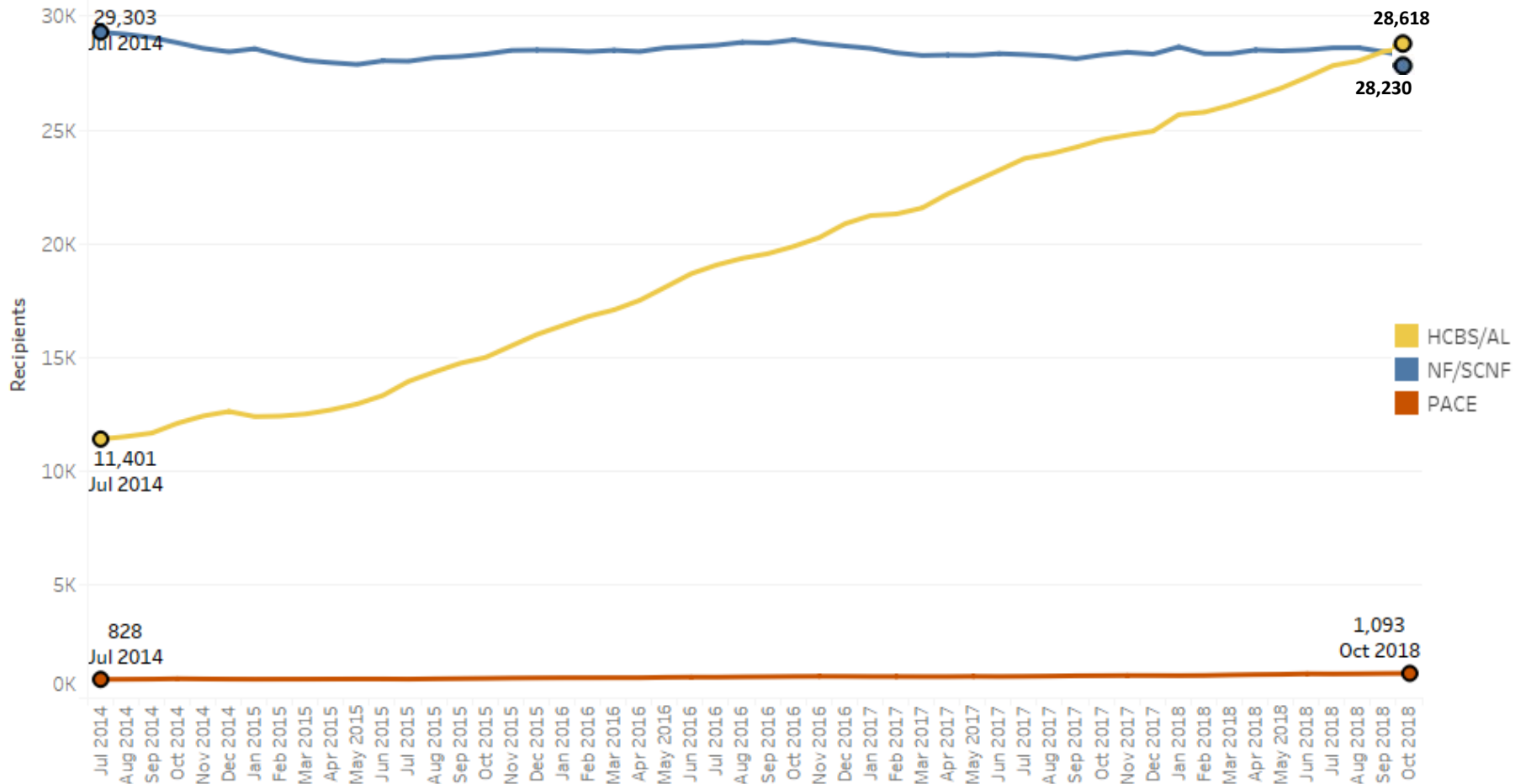# Long Term Care Population: FFS-MLTSS Breakdown
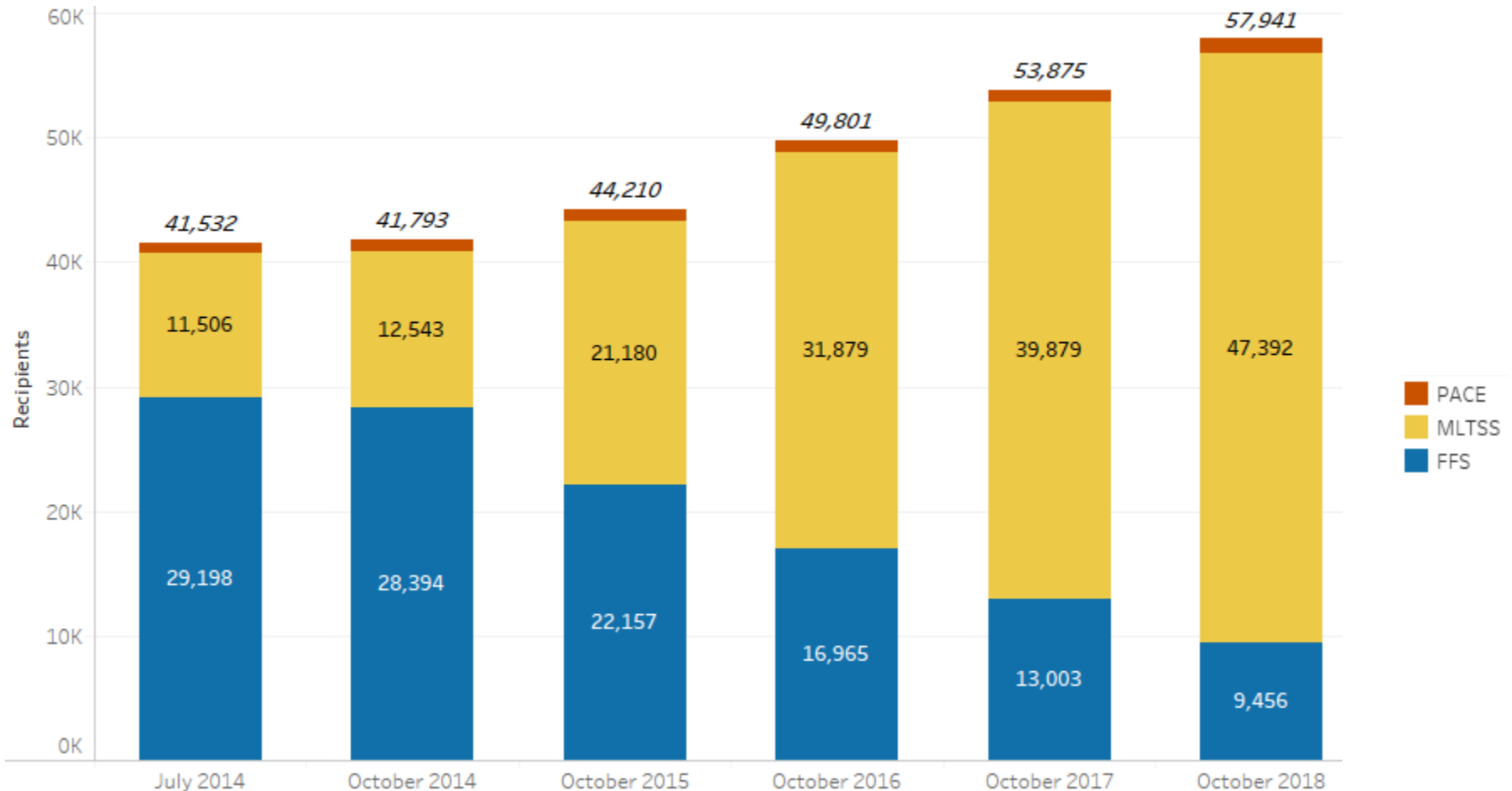
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed December 2018.

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 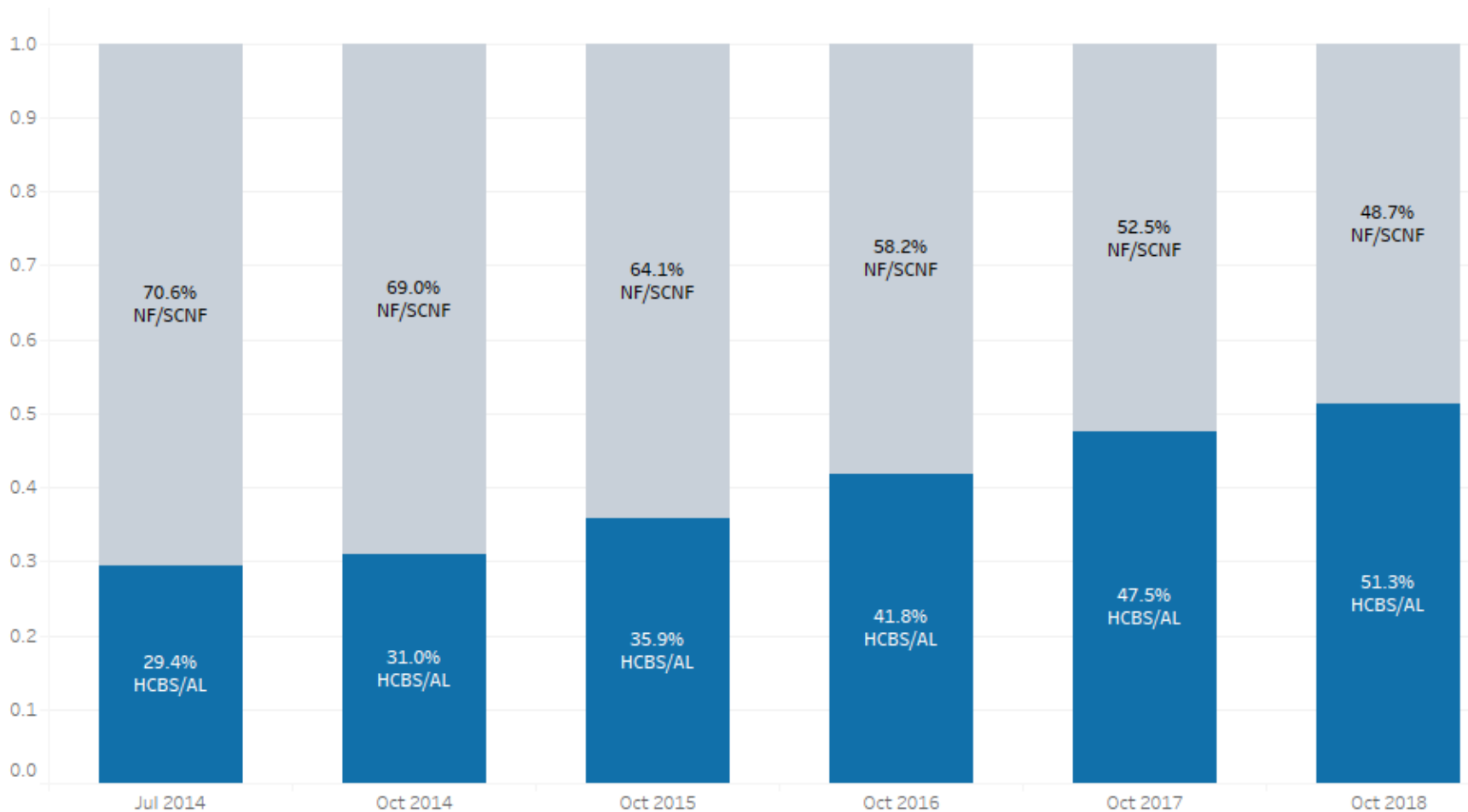with the cap codes listed above. FFS includes SPC 65-67 and all other COS 07, which is derived using the prior month's COS 07 population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

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Long Term Care Population by Setting

29,303
Jul 2014

28,618

28,230

11,401
Jul 2014

828
Jul 2014

1,093
Oct 2018

Recipients

Legend:
- HCBS/AL
- NF/SCNF
- PACE

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MLTSS Rebalancing

Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed December 2018.
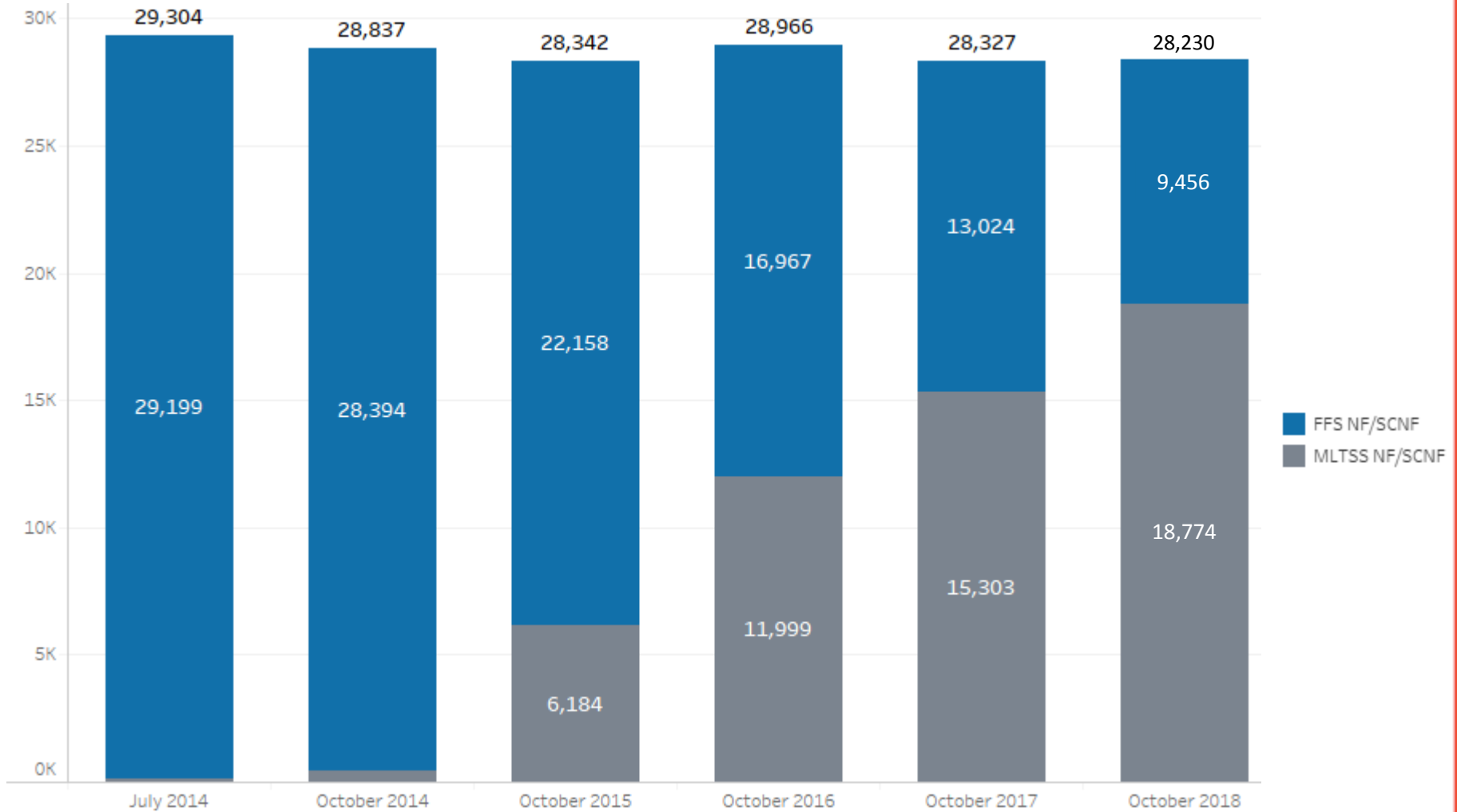
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.
Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (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 &/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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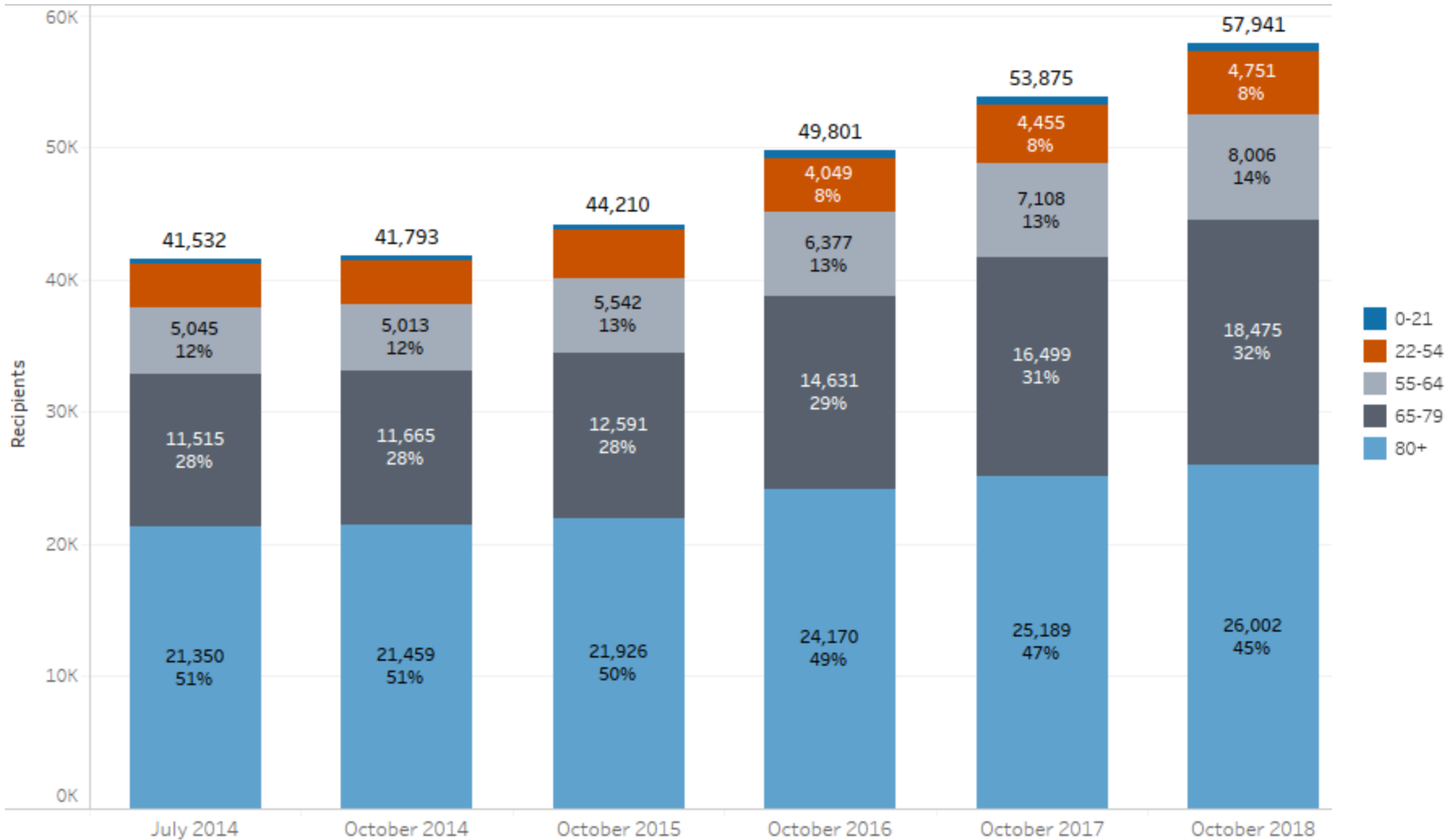
73

Nursing Facility Population

Chart: Nursing Facility Population (stacked bar chart), values by month:

	July 2014	October 2014	October 2015	October 2016	October 2017	October 2018
Total	29,304	28,837	28,342	28,966	28,327	28,230
FFS NF/SCNF	29,199	28,394	22,158	16,967	13,024	9,456
MLTSS NF/SCNF			6,184	11,999	15,303	18,774

Legend: FFS NF/SCNF (blue), MLTSS NF/SCNF (gray)

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Long Term Care Population by Age Group

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Long Term Care Population by County, by Setting
October 2018

Legend:
- FFS NF/SCNF
- MLTSS AL
- MLTSS HCBS
- MLTSS NF/SCNF
- PACE

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Long Term Care Recipients by County, by Age Group
October 2018

Legend:
- 0-21
- 22-54
- 55-64
- 65-79
- 80+

MLTSS Population by Setting

Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated 12/2018.

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
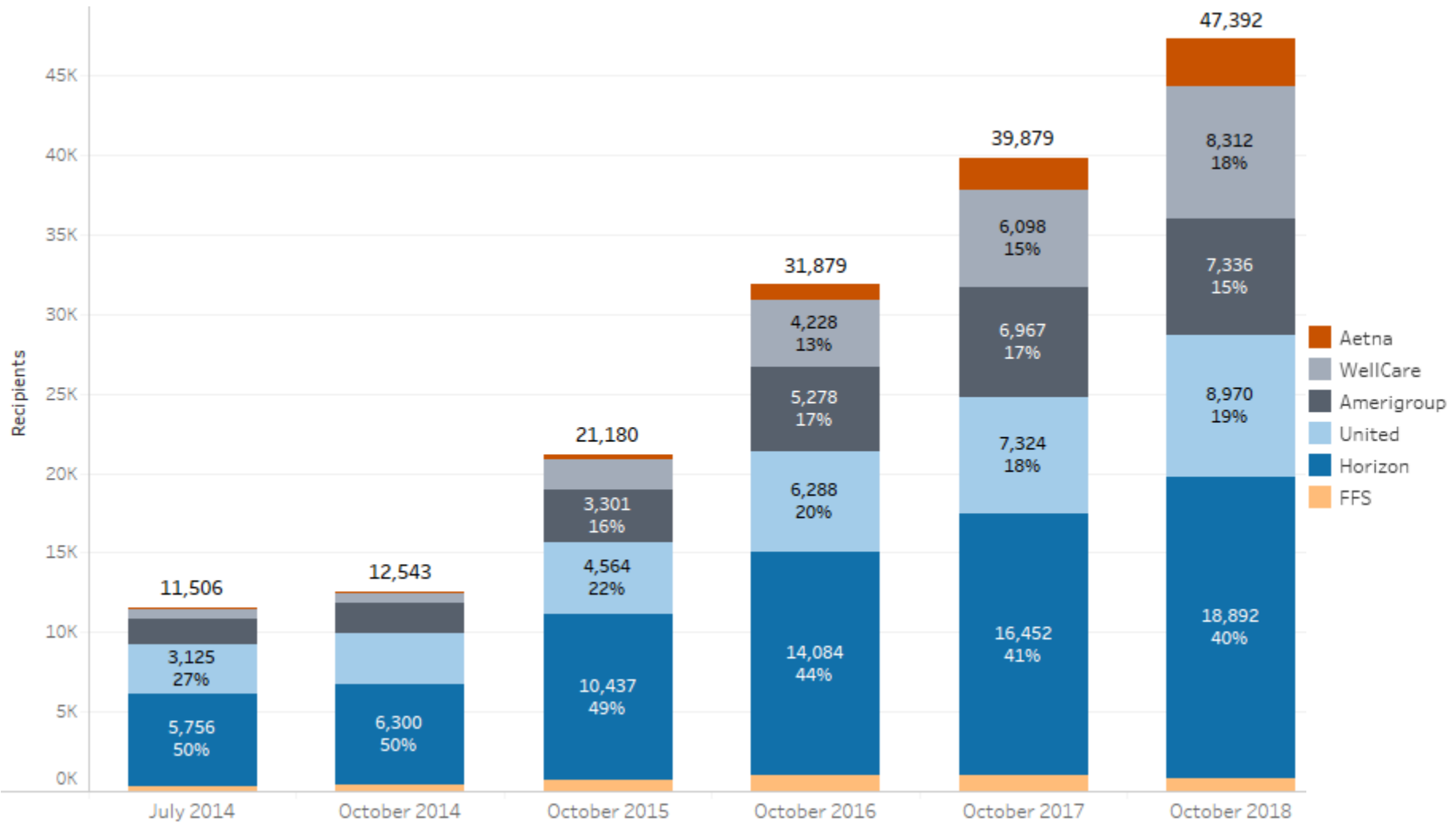
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated 12/2018.

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.

MLTSS Population by Plan

Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated 12/2018.

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 n the subsequent month.
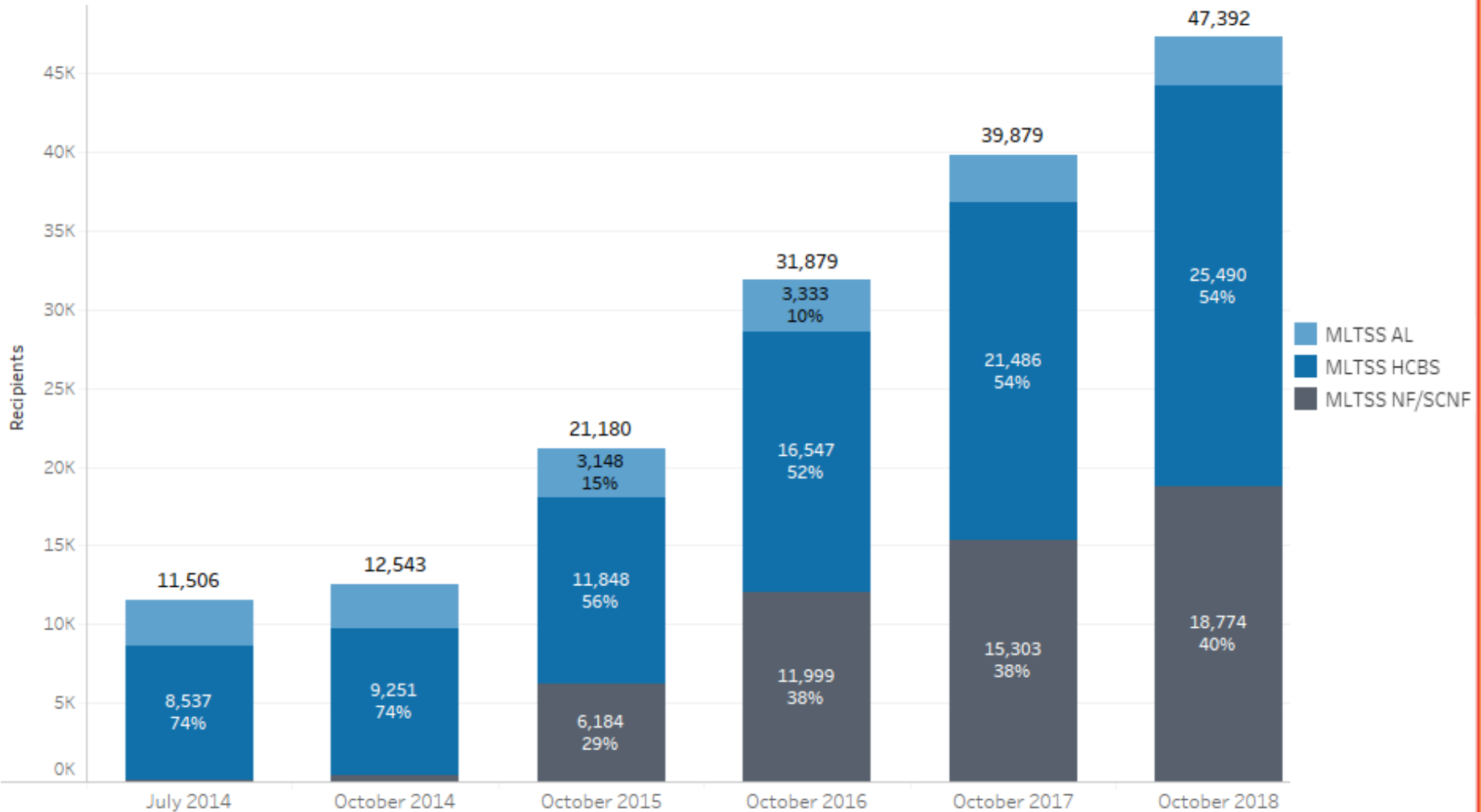
MLTSS Recipients per County, by Plan
October 2018
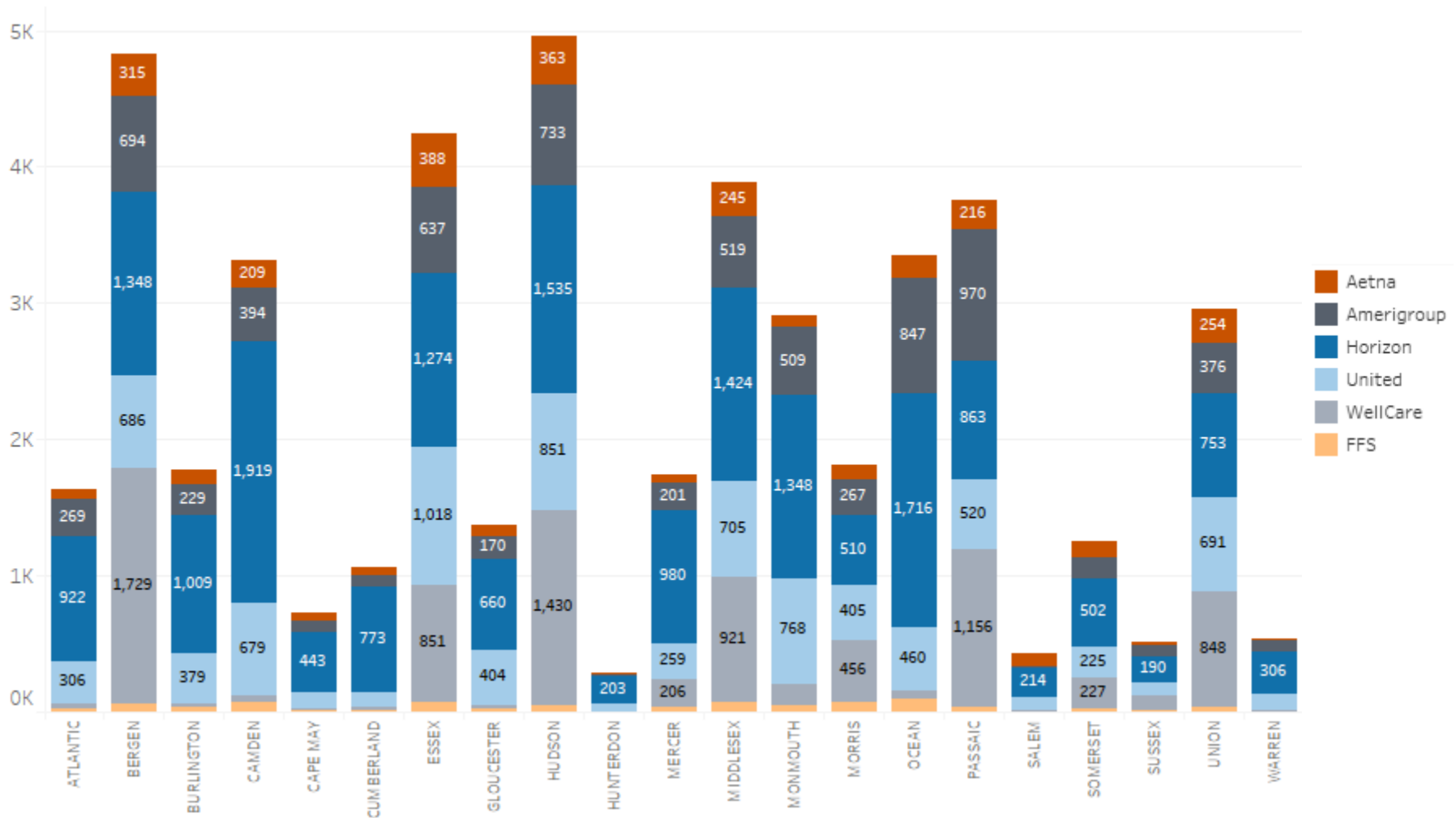
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, updated 12/2018.
Notes: Information shown includes any person who was considered MLTSS at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499 AND Special Program Codes 60-64. County distinction is based on recipient's county of residence in the given month.

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A Look at the June 30, 2014 Waiver Population Today

All Waivers
(6/30/14 = 12,036)
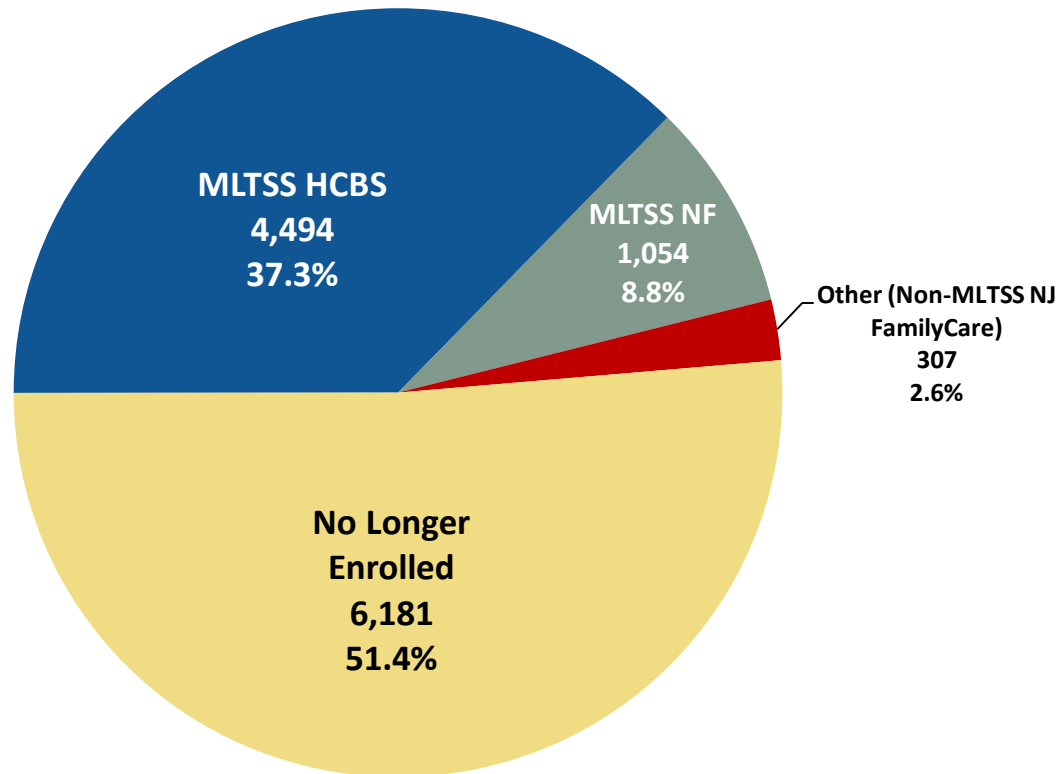
MLTSS HCBS
4,494
37.3%

MLTSS NF
1,054
8.8%

Other (Non-MLTSS NJ
FamilyCare)
307
2.6%

No Longer
Enrolled
6,181
51.4%

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MLTSS Services Cost

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Entire LTC Population's Services Utilization
Monthly Recipient Counts

MLTSS HCBS & AL Populations' LTC Services Utilization
Service Utilization Dollars, by SFY
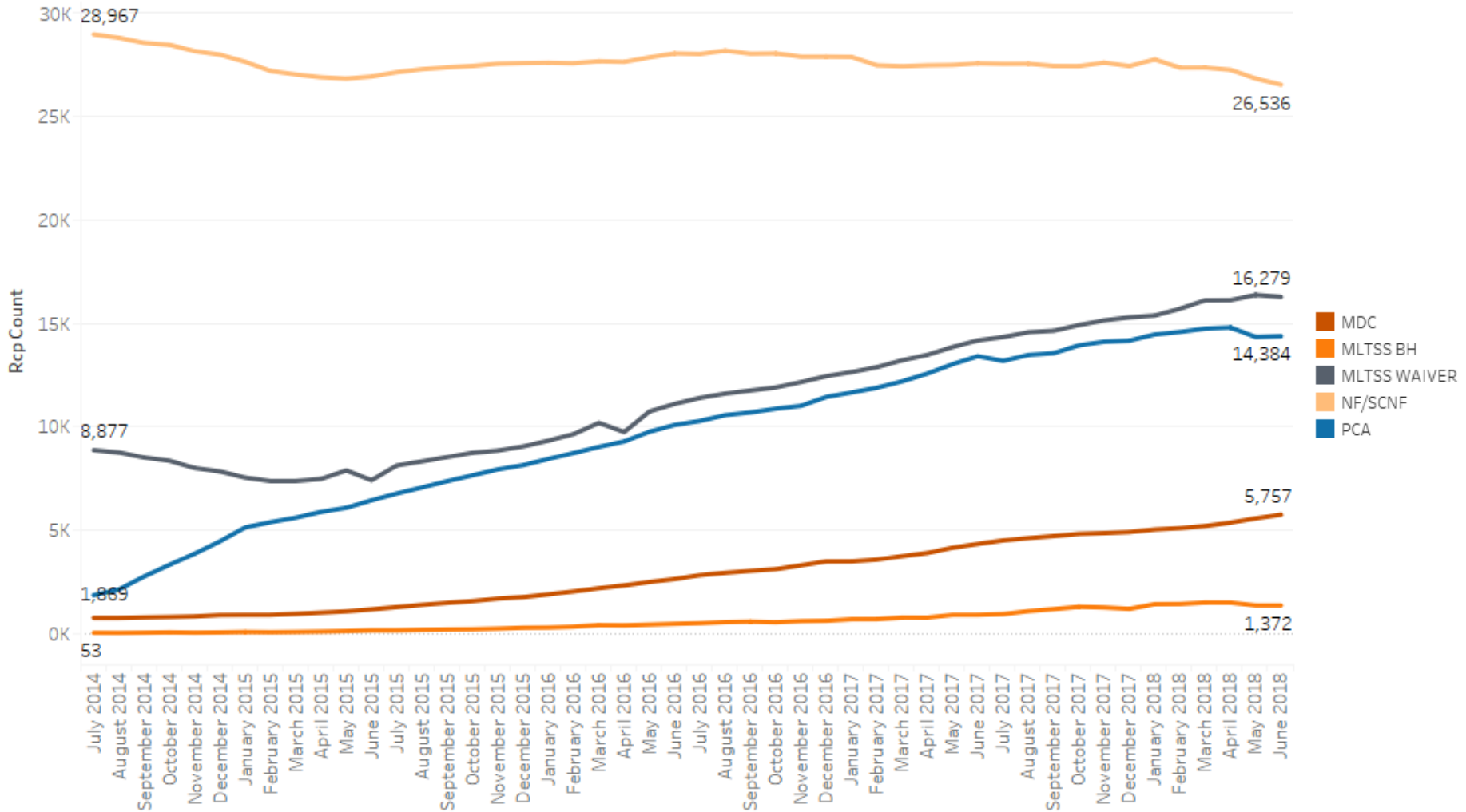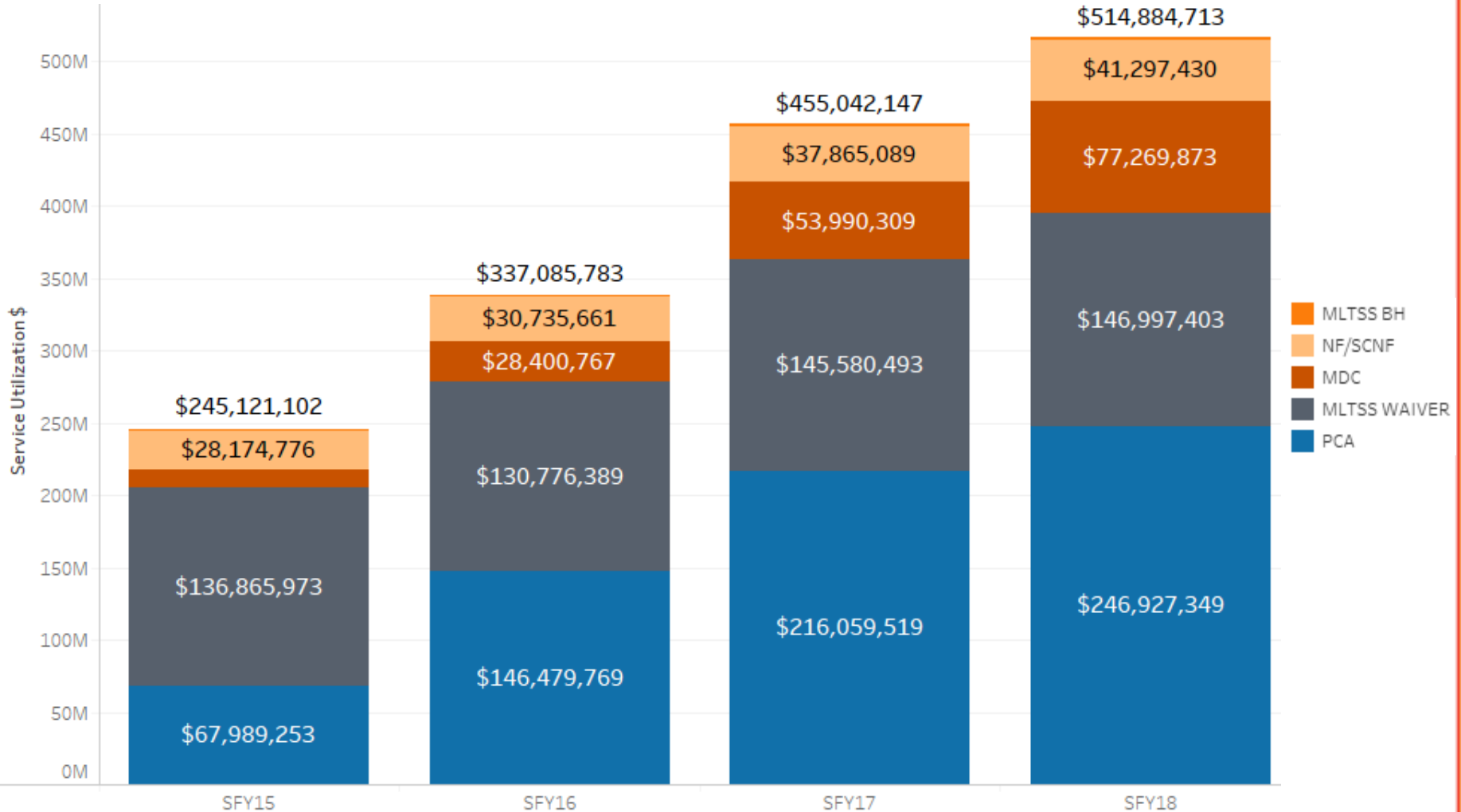
Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed October 2018.
Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. HCBS & AL Populations are defined based on cap codes 79399; 89399 OR SPCs 60; 62.

Office Based
Addiction Treatment

The **MATrx** Model

- The Division of Medical Assistance and Health Services, in collaboration with the Division of Mental Health and Addiction Services, is proposing Office Based Addictions Treatment (OBAT) as a Medicaid reimbursable service.

- OBAT is designed to enhance access and improve utilization of non-methadone medication-assisted treatment (MAT) services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for primary care providers (PCP) providing these addiction services.

Background
The **MATrx** Concept

- Low incidence of PCPs participating in substance use disorder (SUD) treatment, particularly MAT

- Offers an opportunity to improve access and to expand integration of care within NJ FamilyCare

- The majority of NJ FamilyCare beneficiaries are covered under a Medicaid managed care organization (MCO)

- The majority of NJ FamilyCare beneficiaries currently do not receive SUD services through their primary care providers

- Until now, many PCPs have elected not to participate in the diagnosis and treatment of substance use related disorders because of a lack of reimbursement, a lack of experience and knowledge treating these conditions and/or perceived barriers to providing treatment

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Perceived Barriers

Barriers include:

- Discerning what services are covered by the MCO and/or the State

- Low reimbursement

- Lack of knowledge or experience

- Need for additional MAT waivered community providers

- Additional education and support for practitioners

NJ FamilyCare has designed the OBAT program to support providers by increasing rates and offering clinical guidance and support.

New Jersey waivered Buprenorphine Providers

No. Providers certified for 30 patients: 1,017
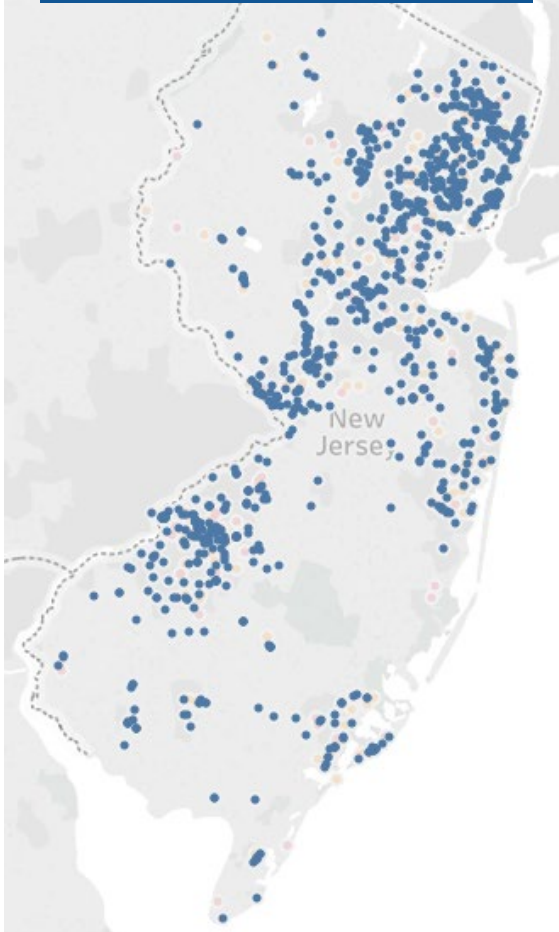
No. Providers certified for 100 patients: 273
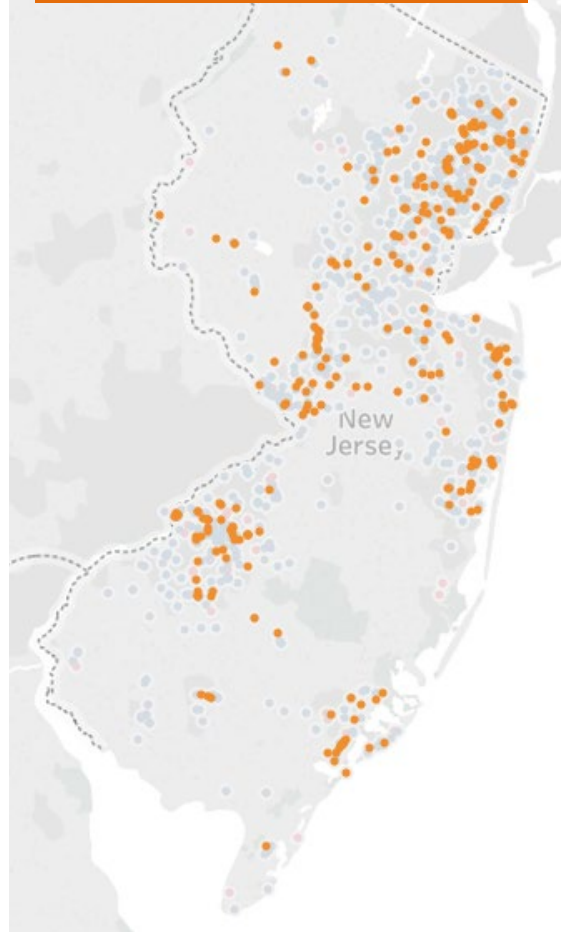
No. Providers certified for 275 patients: 136
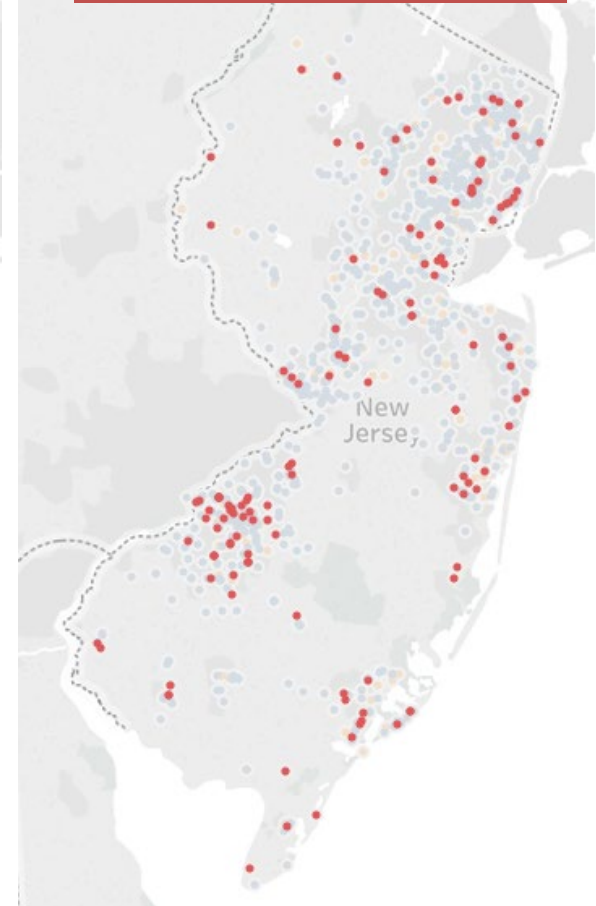
CMS Data Analytics Project. Waivered buprenorphine providers. Distinct NPI count by Provider capacity

Waivered Buprenorphine Providers Medicaid Eligible vs. Active Prescribers

Larger providers are more likely to be active Medicaid providers and/or active prescribers of buprenorphine (CY2017) to a Medicaid recipient.

Waivered Providers, FFS Medicaid Eligible, and Active Medicaid Prescribers (CY2017)

30	22%	42%	36%
100	69%	17%	14%
275	93%	5%	2%

Legend:
- Not Medicaid (CY2017)
- Medicaid Eligible CY2017 no prescriptions found
- Medicaid Active Prescriber
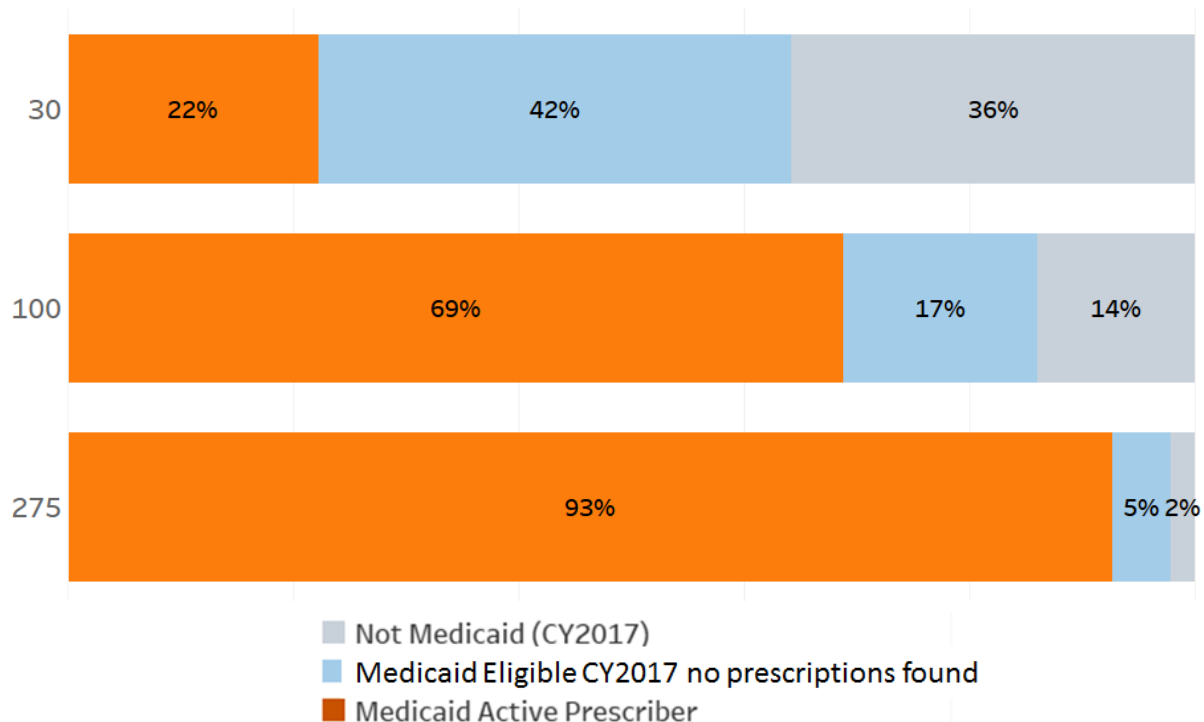
Waivered Prescribers with Buprenorphine Prescriptions CY2017 Capacity vs. Medicaid Patients

Certified Patient Capacity vs. Medicaid Beneficiaries Served (CY2017)

Capacity	Medicaid Served	Prescribed	Percent
30	1,865	6,840	27%
100	4,260	19,200	22%
275	7,151	34,925	20%
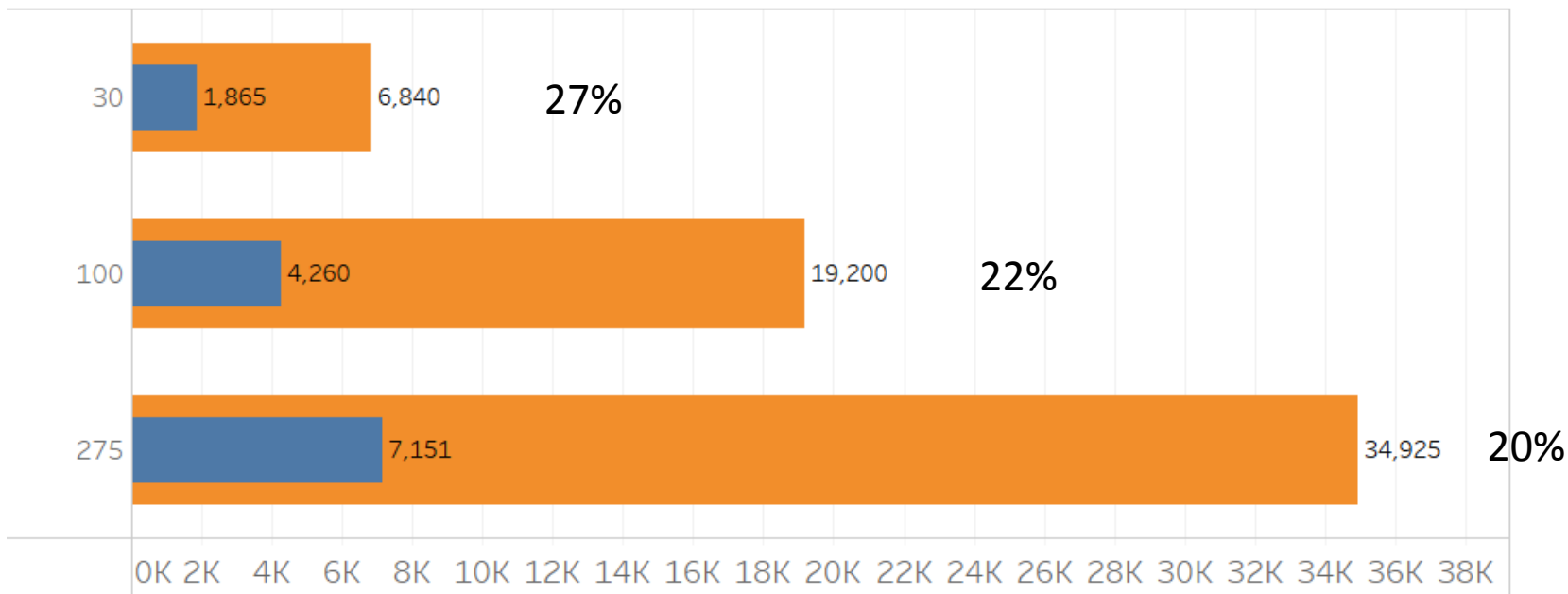
The **MATrx** Concept

Provider types:

- Centers of Excellence- University based providers contracted by the State to provide training, consultation and peer services in addition to primary care treatment for complex cases.

- Premier Providers- FQHCs, CCBHCs, OTPs have the ability to provide both physical and counseling services. Currently paid under a bundled rate for these services.

- Office Based Addiction Treatment- Primary Care Providers (PCPs)

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The New Jersey **MATrx**

OBAT Providers

Premier Providers

The Centers for Excellence
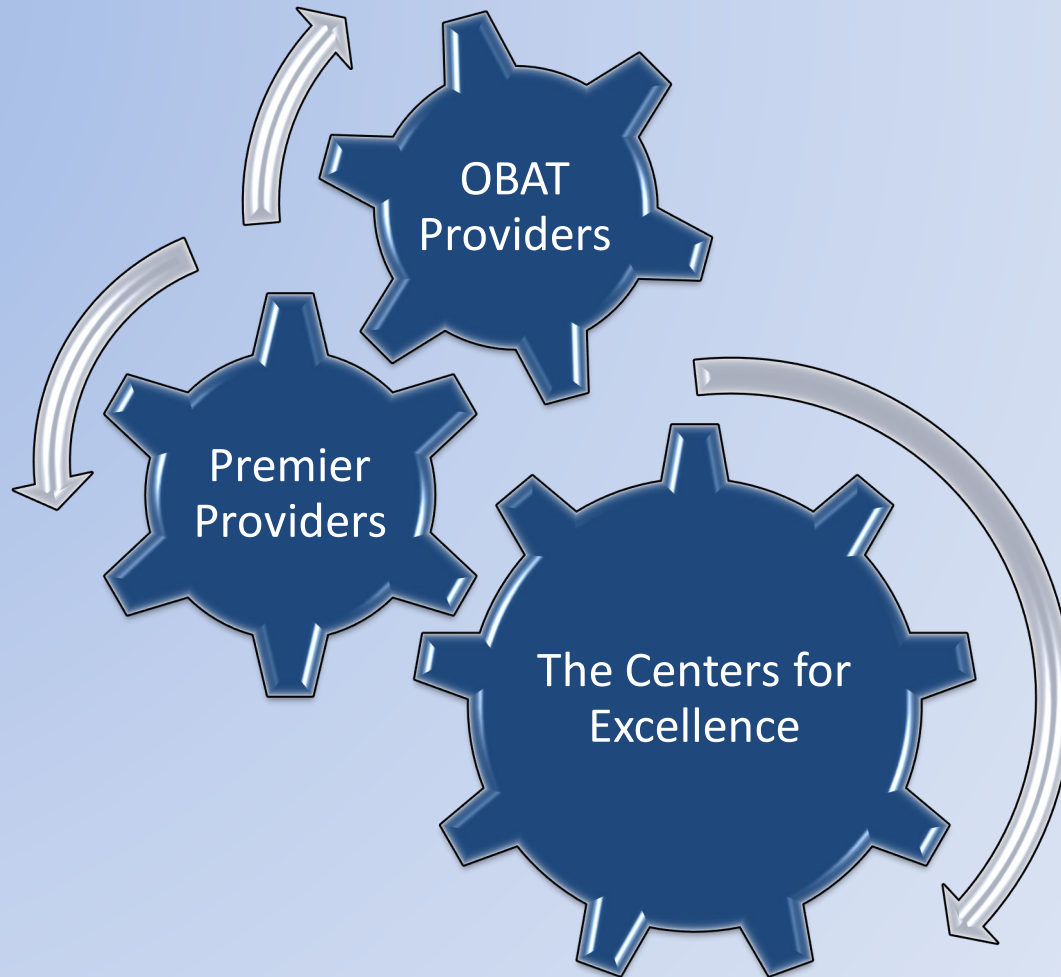
MATrx Providers

OBAT providers must:

- be DATA 2000 waivered* to prescribe Buprenorphine

- affiliate with other OBAT providers

- promote integrated care

- meet best practice guidelines

*Those who are not yet waivered can take advantage of DMHAS training opportunities and are encouraged to become DATA 2000 waivered providers

MATrx Providers

OBAT Providers:

- Number of Waivered Providers - 1540
    - 1370 MD
    - 153 APN
    - 17 PA
  - Provider capacity 100,310

MATrx Providers

Centers of Excellence

Institutions of medical learning: Rutgers University Medical School - Newark, Cooper Medical School and Rowan University School of Osteopathic Medicine

- Contracted with DHS to offer mentorships and consultation
- Offer training opportunities to PCPs to become OBAT providers
- Provide fellowships to increase the pool of SUD specialists available in New Jersey
- Provide consultation for medically complex cases
- Provide treatment for individuals with multiple failed treatment attempts or complex comorbidity
- Provide peer services

MATrx Providers

Premier Providers:

Providers who offer both the medical and counseling components of OBAT within a single practice. They include most Federally Qualified Health Centers (FQHCs), Opioid Treatment Providers (OTPs), Certified Community Behavioral Health Centers (CCBHCs) and substance use licensed independent clinics who offer integrated care in addition to MAT services.

MATrx Providers

Primary Care Providers:

Physicians, Advance Practice Nurses (APNs) or Physician Assistants (PAs) contracted with a managed care organization to provide primary care

- Must employ "Navigators" to assist patients to address psychosocial issues related to substance use

- Coordinate counseling services with community providers

- Refer complex patients to Centers of Excellence or Premier providers

The **MATrx** Concept Service Enhancements

Rates

- Enhanced rate for PCP intake and evaluation for OBAT services
- Enhanced rates for Evaluation and Management codes

Navigator/Peer Services

- Reimburse for Navigator (PCP) and Peer support services (COE) to address psychosocial issues related to SUD treatment
- Assist with recovery issues including housing, transportation, or employment

MATrx Navigator Services

Navigator Services:

- Once the provider meets the established standards and is properly waivered, they must offer "Navigator" services.

- Navigators must be registered nurses, licensed practical nurses, social workers or individuals with a bachelor's degree and at least two years of life experience with substance abuse.

- Navigators may meet with the patient independently or with the PCP present.

- Navigators are a separately reimbursable service that functions primarily to address the psychosocial needs of the SUD patient.

- The position may share other duties depending on the size of the SUD population being treated.

MATrx Navigator Services

Navigator Services:

- Work with the patient to establish a comprehensive, individualized treatment plan that addresses non-medical factors that have an impact on SUD treatment:

  - connecting patients with social service organizations

  - recovery supports

  - family education

  - referrals to alternate levels of care as required

- Establish relationships with community addiction counselors, as required, and to assist their patients in arranging for, and keeping, appointments.

- For complex cases or situations, navigators may coordinate referrals for consultative services at clinics or centers of excellence that may offer additional clinical experience.

*FQHCs, OTPs, and CCBHCs are paid bundled rates and are not eligible for navigator/peer reimbursement

MATrx Services

	Centers for Excellence	Premier Providers	PCPs
Integrated Care for Physical and Behavioral Health needs on site or through affiliation	Required	Required	Required
Capability for MAT induction, stabilization and maintenance	Required	Required	Required
Ability to see MAT referrals within 24 – 48 hours	Required	N/A	N/A
Ability to utilize Peer Support Services	Required	N/A	N/A
Ability to provide Case Management/Navigation services	Optional	N/A	Required
Ability to provide BH counseling on site, thru affiliation, or via Telemedicine	Required	Required	Required

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Potential OBAT Billing: *Initiation*

Navigator Service			E&M Code
Initiation (Visit type: Adult wellness visit or acute visit for chemical dependence. A comprehensive evaluation of a new patient for appropriateness of MAT.	**Unit of Service:** One-time fee billed on initial visit **H0006 HF HG** Proposed Rate for Navigator intake and treatment planning billed with H0006 HF HG: **$152.00** *H0006 HF HG must be billed with E/M or 90792 HF	**Navigation:** Range of services include: treatment system navigation, advocacy, community connections, support and education for treatment compliance, recovery planning. Must include a plan of care.	**90792 HF-** physician intake for OBAT program: $325 Includes history and physical, appropriateness for MAT, medication mgmt., toxicology screening, medication/health education and treatment planning. Providers cannot bill for the enhanced E/M rate and 90792 HF for the same visit and 90792 HF may be billed once per patient per episode of care

Potential OBAT Billing: *Stabilization*

Navigator Service			E&M Codes
Stabilization **Visit type:** follow up visit for symptom management, evaluation of cravings and potential adjustment of MAT (Buprenorphine, Naltrexone (injectable or oral, Acamprosate and others drugs in evidence based treatment protocols for alcohol or opioids)	**Unit of Service:** Weekly (estimated 4-6 weeks) **H0006 HF SU** **Proposed Rate: $76.00** (limited to once per week, maximum of 6 weeks) The treatment phase may be billed for the calendar week following induction and weekly thereafter May or may not be billed with E/M Must see Navigator face to face to bill. May or may not be billed with E/M code	**Navigation:** Range of services include: assisting patient with setting up and keeping counseling appointments; community connections, employment and/or housing support and necessary education for treatment compliance and recovery planning initiation.	**99211-99215 HF**-Treatment review, medication mgmt., toxicology screening, medication/health education and treatment plan.

Potential OBAT Billing: *Maintenance*

Navigator Service			E & M Codes
Maintenance **Visit type**: MAT medication evaluation and ongoing treatment	**Unit of Service:** **Monthly** (continues based on individual need) **H0006HF** **Proposed rate: $76.00** (billed first calendar month following final H0006 HF SU billing and each subsequent calendar month thereafter) May be billed for opioid and/or alcohol MAT treatment. Must be billed after face to face visit with Navigator. May or may not be billed with E/M code.	**Navigation:** Determined stable and actively working on their recovery treatment plan. Range of services include: continued treatment system navigation, advocacy, community connection, support for education, and employment or housing issues, as needed, and implementing patient's recovery plan. Case management services may include non-face to face time working on care planning, care coordination and data analysis but at least one face to face visit per month.	**99211-99215 HF**-Billed for medication management, medication/health education, toxicology screening and treatment planning.

MATrx Concept

OBAT is for any chemical addiction. The estimated treatment durations presented are based on the treatment for opioid addiction. Alcohol or other chemical addictions may require a two hour intake followed by 1-2 weekly payments as needed. Services should be provided based on individual need following ASAM guidelines.

Proposed Timeline

Phase 1: Sept. to Dec. 2018

- **Determine OBAT Requirements**

- **Establish reimbursement for OBATs**

- **Identify OBAT providers**

- **Determine criteria for Centers of Excellence and Initiate MOA**

- **Identify Centers of Excellence**

- **Announcements for DMHAS trainings for Data 2000 prescribers**

Phase 2: Jan. 1 thru March, 2019

- **OBAT billing goes active Jan 1, 2019**

- **Centers of Excellence**

- **Determine requirements for Premier Providers**

- **Evaluation and reporting requirements**

Phase 3: April 1 thru July 1, 2019

- **Billing goes active for premier providers**

- **Peer Support Services covered by Medicaid July 1, 2019**

Managed Care
Contract Changes
July 1, 2018

Significant Changes by Article

- 3.9.4A requires when a sub-contractor reports encounter data on behalf of an MCO, that subcontractor must have HIPAA certification and DMAHS approval. The MCO always maintains responsibility for encounter data reported by its sub-contractor.

- 3.11 requires MCOs to submit an annual Health IT Plan for the secure sharing of health-related information. The Health Information Technology plan will demonstrate how participating providers will leverage the Health Information Exchange by utilizing the Health Information Technology Standards.

- Article 4 references to NJ FamilyCare D have been modified to show NJFC D benefits to be identical to NJFC C benefits except for a higher ($35) ER copay for NJFC D enrollees.

- 4.1.1X requires providers who use telehealth/telemedicine to comply with all rules, regulations and applicable laws.

Significant Changes by Article
(continued)

- 4.1.2A.27 MLTSS and DDD enrollees will receive all MH services except for Targeted Case Management as well as all SUD services covered by NJ FamilyCare from their MCO

- 4.2.9D added Medical Nutrition Therapy provided by a Registered Dietitian or certified nutritionist to complement traditional medical interventions in diabetes treatment, including but not limited to Diabetes Self-Management Education Programs, Diabetes Prevention Programs (DPPs) and Expanded Diabetes Prevention Programs (EDPPs).

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Significant Changes by Article
(continued)

- 4.2.9H added the Diabetes Self-Management Education program shall meet current quality standards established by either the American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA).

- 4.4.5E.1 The MCO is responsible for all inpatient medically necessary services and consultations in a general acute care hospital, a special hospital or a psychiatric hospital – short term (excluding state or county mental hospitals)regardless of the diagnosis or reason for treatment.

- 4.8.4B SUD providers must be listed in the MCO on-line directory and indexed by service description.

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Significant Changes by Article
(continued)

- 5.8.3A.1 MCOs may offer their members the option of receiving their member handbooks electronically.

- 7.3A.22 Adds "A NJ dedicated Pharmacy Director" to the list of MCO required staff

- 7.16.7B requires the MCO to annually achieve at least NCQA HEDIS 75th percentile for Lead Screening in Children measure with liquidated damages as a percentage of capitation paid depending on shortfall to the 75th percentile level.

- 8.5.6 Previous $10 EPSDT incentive paid to screening providers is no longer a pass-through. It still must be paid by the MCO to the provider, but is now included in the MCO capitation payment.

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Significant Changes by Article
(continued)

- Appendix B9.9 MLTSS BH Services Dictionary revised and relocated to B4.4 as the Behavioral Health Services Dictionary and separated into Mental Health Services and Substance Use Disorder Services
  - Hospital Based Inpatient Withdrawal Management is now covered for all populations by the MCO
  - Inpatient psychiatric hospital care, covered by the MCO for members age 21 through 64, including private stand-alone psychiatric hospitals
  - Opioid Treatment changed to Medication Assisted Treatment

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