

1115 Waiver Amendments

**Medical Assistance Advisory Council Meeting
April 11, 2018**

1115 Waiver Amendments

1. Pilot expedites financial eligibility determinations for individuals who are seeking long-term services and supports and who are placed under the New Jersey State Office of the Public Guardian (OPG).
2. Add a one-time allowance for pantry stocking and clothing to the community transition benefit under the Managed Long Term Services and Supports (MLTSS) benefit.
3. Expand and enhance New Jersey's current community health demonstration project to implement the New Jersey Home Visiting (NJHV) pilot program, an evidence-based initiative for high risk pregnant/postpartum women, infants and young children to age two.

Waiver Amendment Process

- As part of the waiver amendment process, in accordance with 42 CFR 431.408, New Jersey is providing a 30 day public comment period for stakeholders and other interested parties. After the comment period has ended, the state will review the comments, make any changes to the application based on those comments and submit the amendment to the Centers for Medicare & Medicaid Services (CMS).
- Once the amendment package is received by CMS, in accordance with 42 CFR 431.416(a), CMS has 15 days to determine if the application package is complete. The 30 day federal public comment period will begin upon response to the state that the package is complete.
- After completion of the 30-day federal public comment period, CMS will review comments and begin negotiations with the state regarding the amendments.

COMMENTS

- The amendments and the public notice can be found on the Division's website at:
<http://www.state.nj.us/humanservices/dmahs/home/waiver.html>
- The comment period ends May 11, 2018.
- Comments can be sent via email to
dmahs.cmwcomments@dhs.state.nj.us (preferred method)
 - Or by mail or fax to:
 - Margaret Rose
Division of Medical Assistance and Health Services
Office of Legal and Regulatory Affairs
P.O. Box 712
Trenton, NJ 08625-0712
FAX: 609-588-7343

NJ FamilyCare Update

March 2018 Enrollment Headlines

1,764,052 Overall Enrollment

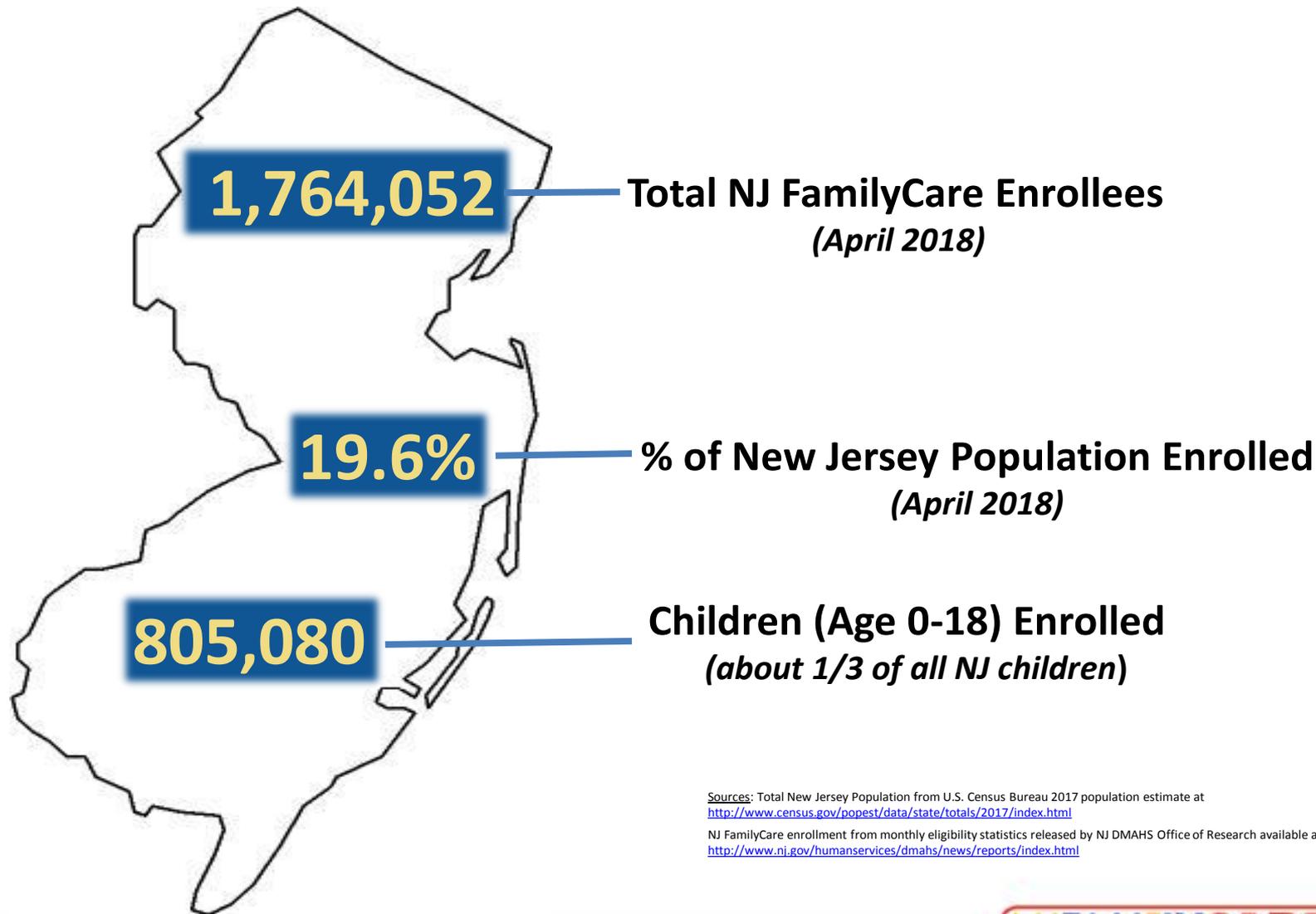
3 (0%) Net Increase Over February 2018
22,169 (1.2%) Net Decrease Over March 2017

94.7% 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 NJFamilyCare. Does not include retroactivity.

NJ Total Population: 9,005,644



Sources: Total New Jersey Population from U.S. Census Bureau 2017 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>

March 2018 Eligibility Summary

Total Enrollment: 1,764,052

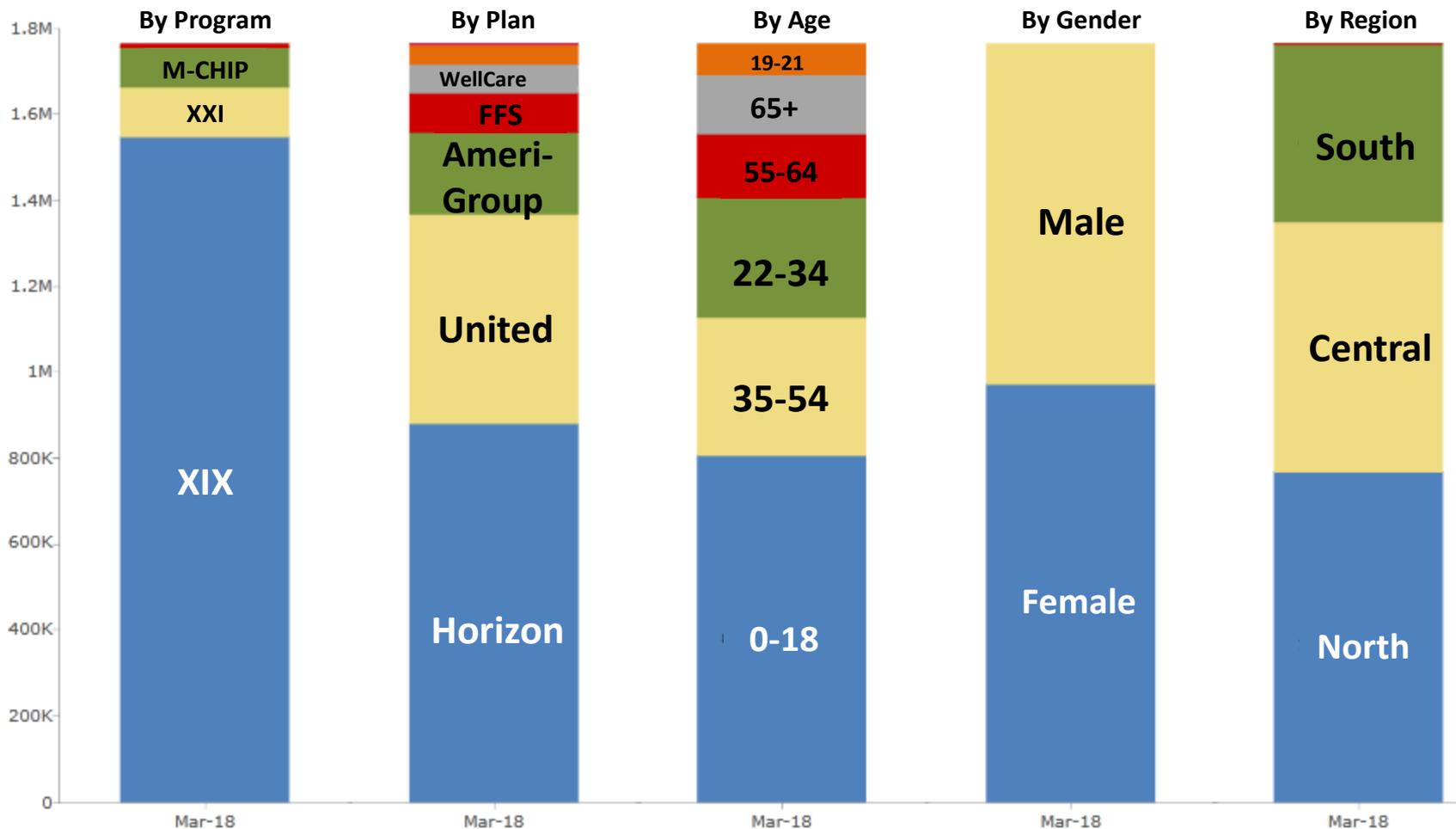
Expansion Adults	547,316	31.0%
Other Adults	106,403	6.0%
Medicaid Children	602,766	34.2%
M-CHIP Children	92,168	5.2%
CHIP Children	115,380	6.5%
Aged/Blind/Disabled	300,019	17.0%

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', M-CHIP' and 'Childrens Services'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'. Percentages may not add to 100% due to rounding.

NJ FamilyCare Enrollment "Breakdowns"

Total Enrollment: 1,764,052



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for March 2018.

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.

State Fiscal Year 2019 Initiatives

Improving Access to Long-Acting Reversible Contraception

- Long-Acting Reversible Contraception (LARC) are methods of birth control that provide safe and effective contraception for an extended period of time without requiring member actions. These include implantable uterine devices (IUD) and subdermal hormonal implants.
- Coverage:
 - Currently, Medicaid covers LARC in all settings except in the immediate post-partum period in the delivery room.
 - Governor Murphy recently signed legislation providing Medicaid the authority to cover LARC in all settings, including the delivery room.
- **NEXT STEPS:** DMAHS is working with its fiscal agent to amend the billing codes to allow provider payment for LARC in all settings. Additional billing guidance will be developed and shared with the MCOs and providers.
 - This change will be effective July 1, 2018.

Expanding Access to Family Planning Services *(proposed)*

- Family Planning services are a mandatory Medicaid service, but states have significant discretion in which populations are eligible and what services are provided.
- In March of 2018, legislation passed to expand Medicaid coverage for family planning services up to 200% FPL.
- Eligibility:
 - Women and Men of child-bearing age (19-55)
 - Individuals with incomes between 138% and 205% of the Federal Poverty Level
 - Must be a New Jersey state resident, citizen or qualified alien.
- **NEXT STEPS:** A limited benefit package available through fee-for-service is being developed and a State Plan Amendment will be submitted to CMS for approval.

Improving Treatment for Hepatitis C

- A cure for chronic Hepatitis C was first approved in December 2013 with the advent of the launch of Sovaldi.
- The five stages (Metavir score) associated with liver disease and the approach used by the clinical community to characterize the progress of the disease are as follows:
 - F0 – no fibrosis
 - F1 – minimal fibrosis
 - F2 – fibrosis has occurred and spread inside the areas of the liver including blood vessels
 - F3 – fibrosis is spreading and connecting to other liver areas that contain fibrosis
 - F4 – cirrhosis or advanced liver fibrosis
- On November 5, 2015, CMS suggested that states expand Hepatitis C drug coverage to include F0 through F4. **Based on this guidance, New Jersey revised its protocol to include F2 effective July 1, 2016.**
 - The Division also removed the current once-in-a-lifetime treatment limitation as well as the requirement for proof of abstinence from drug and alcohol use.
- **Governor Murphy announced New Jersey will revise its protocol to include F0 effective July 2018.**

Improving Access to Autism Services

- Outside of the Autism Spectrum Disorder (ASD) Pilot, New Jersey has not traditionally covered services for youth with Autism.
- Services included under the ASD pilot include:
 - Behavior Consultative Supports (BCS)
 - Individual Behavioral Supports (IBS), and Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)
 - BCS and IBS make up Applied Behavioral Analysis (ABA) Therapy.
- The eligibility requirements for the pilot include:
 - Medicaid eligible;
 - under 13 years of age;
 - a diagnoses of autism;
 - could not have private insurance; and,
 - met Intermediate Care Facilities for individuals with Intellectual disability ICF/ID level of care.

Improving Access to Autism Services

- \$17 Million dollars included in Governor Murphy's proposed budget to expand and improve access to autism services.
- An internal workgroup has been working toward developing a comprehensive service package that includes ABA, PT, OT and ST, plus Naturalistic supports, Floortime and Social Emotional Learning (SEL).
- **NEXT STEPS:** An Autism workgroup is being formed and will meet in the Spring of 2018 to discuss the proposed package of services, make service recommendations and prepare the State Plan Amendment.

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

Long Term Care Recipients Summary – January 2018

Total Long Term Care Recipients*

54,573

Managed Long Term Support & Services (MLTSS)

41,860

MLTSS HCBS

22,367

MLTSS Assisted Living

3,094

MLTSS NF

16,112

MLTSS SCNF (Upper & Lower)

287

Fee For Service (FFS/Managed Care Exemption)

11,744

FFS Nursing Facility (NF)

8,540

FFS Skilled Nursing Facility (SCNF)

255

FFS NF – Other**

2,949

PACE

969

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 2/6/2018.

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).

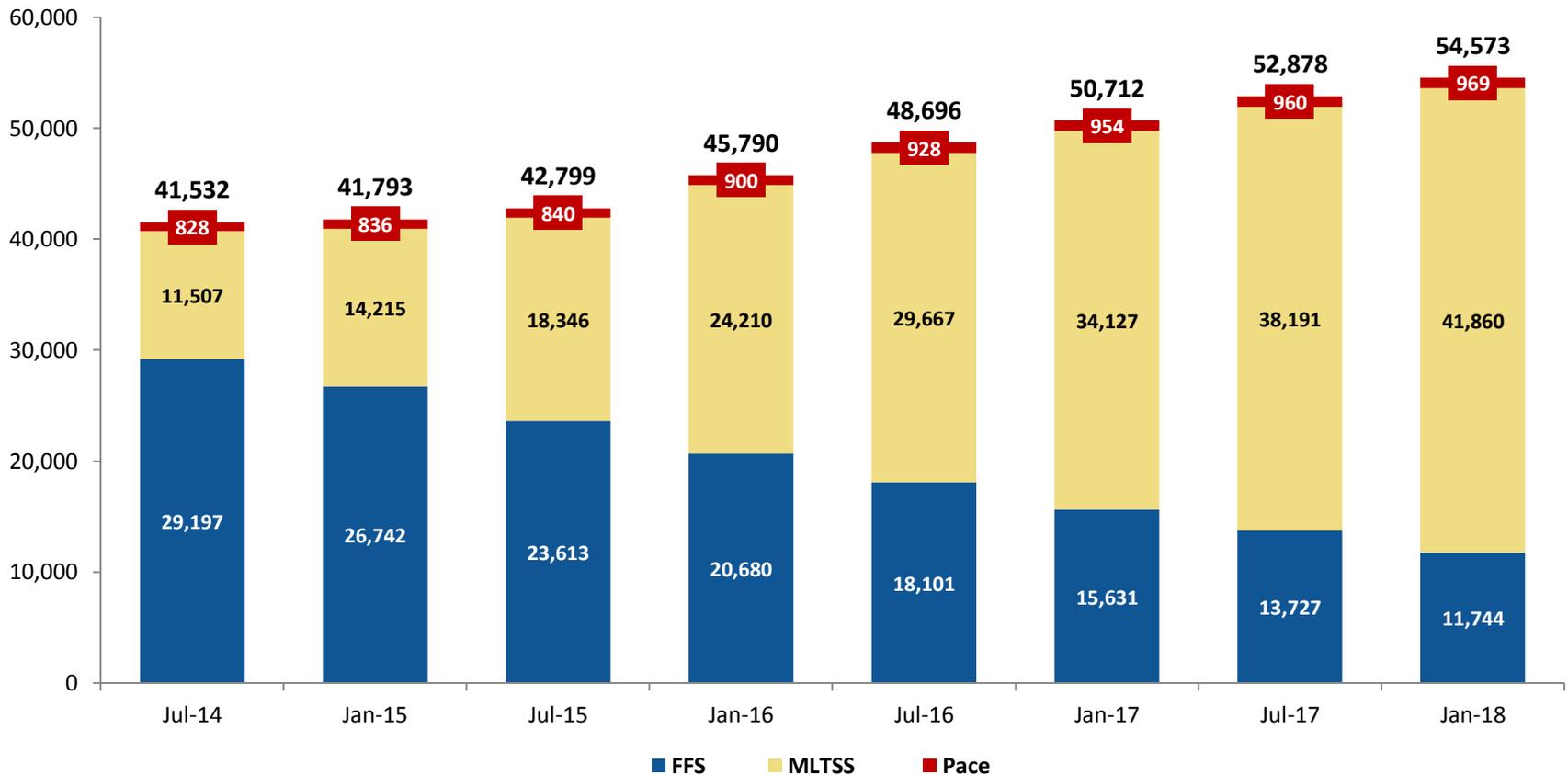
* 'FFS NF – Other is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given service month.

** Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes residing in nursing facilities that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

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Long Term Care Population: FFS-MLTSS Breakdown

6-Month Intervals

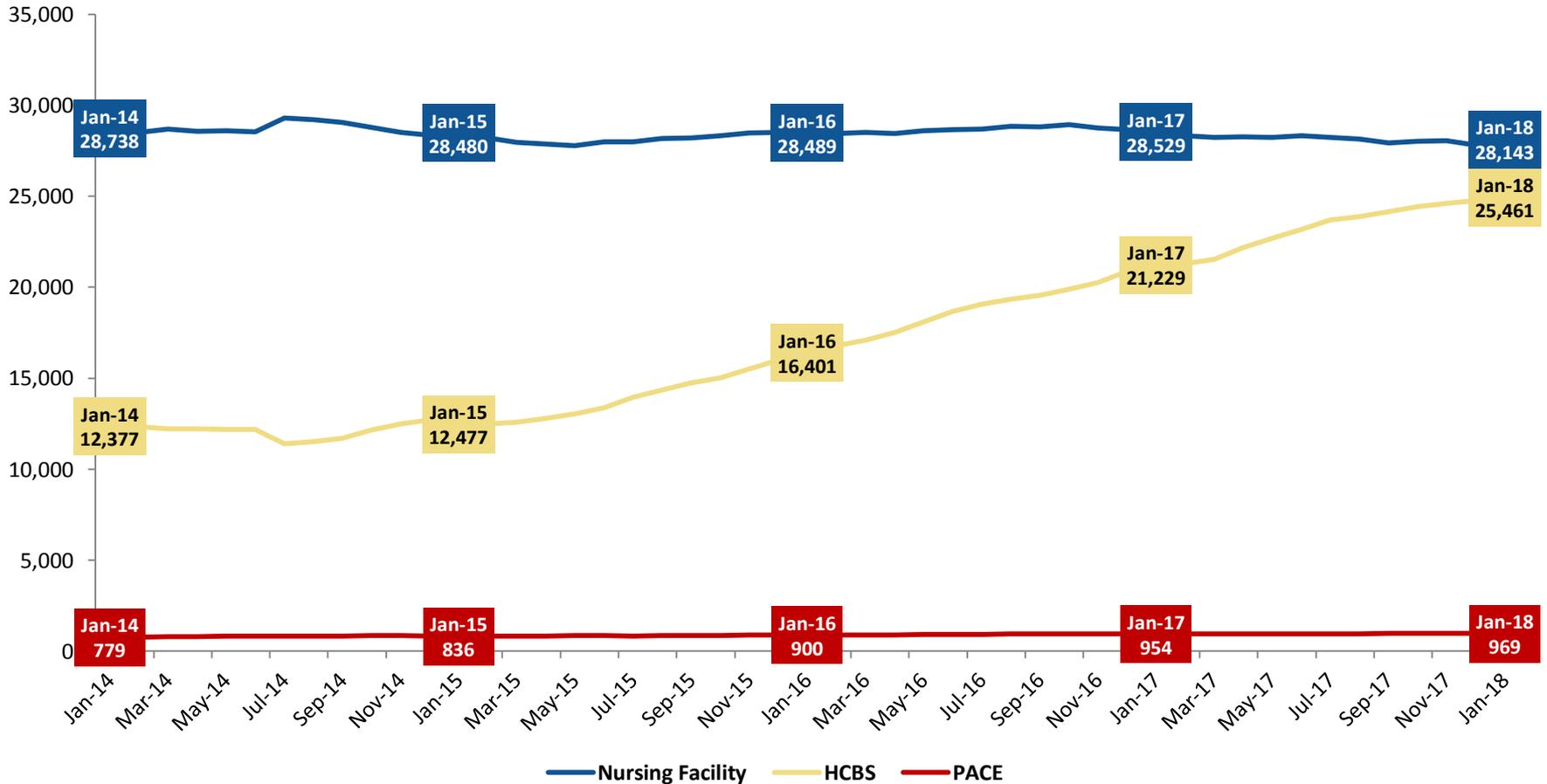


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 2/6/2018.

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



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 2/6/2018.

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.

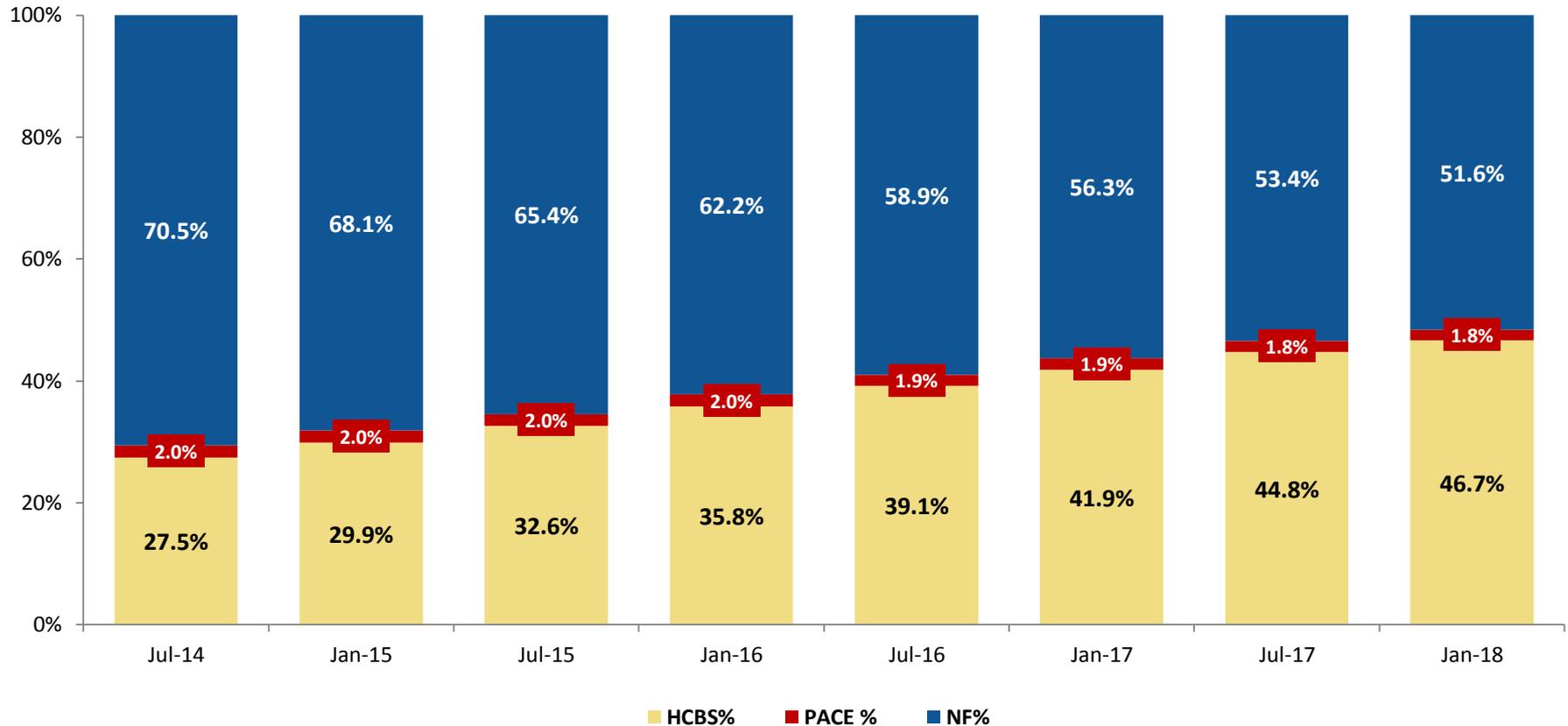
Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of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

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MLTSS Rebalancing

6 Month Intervals



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 2/6/2018.

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

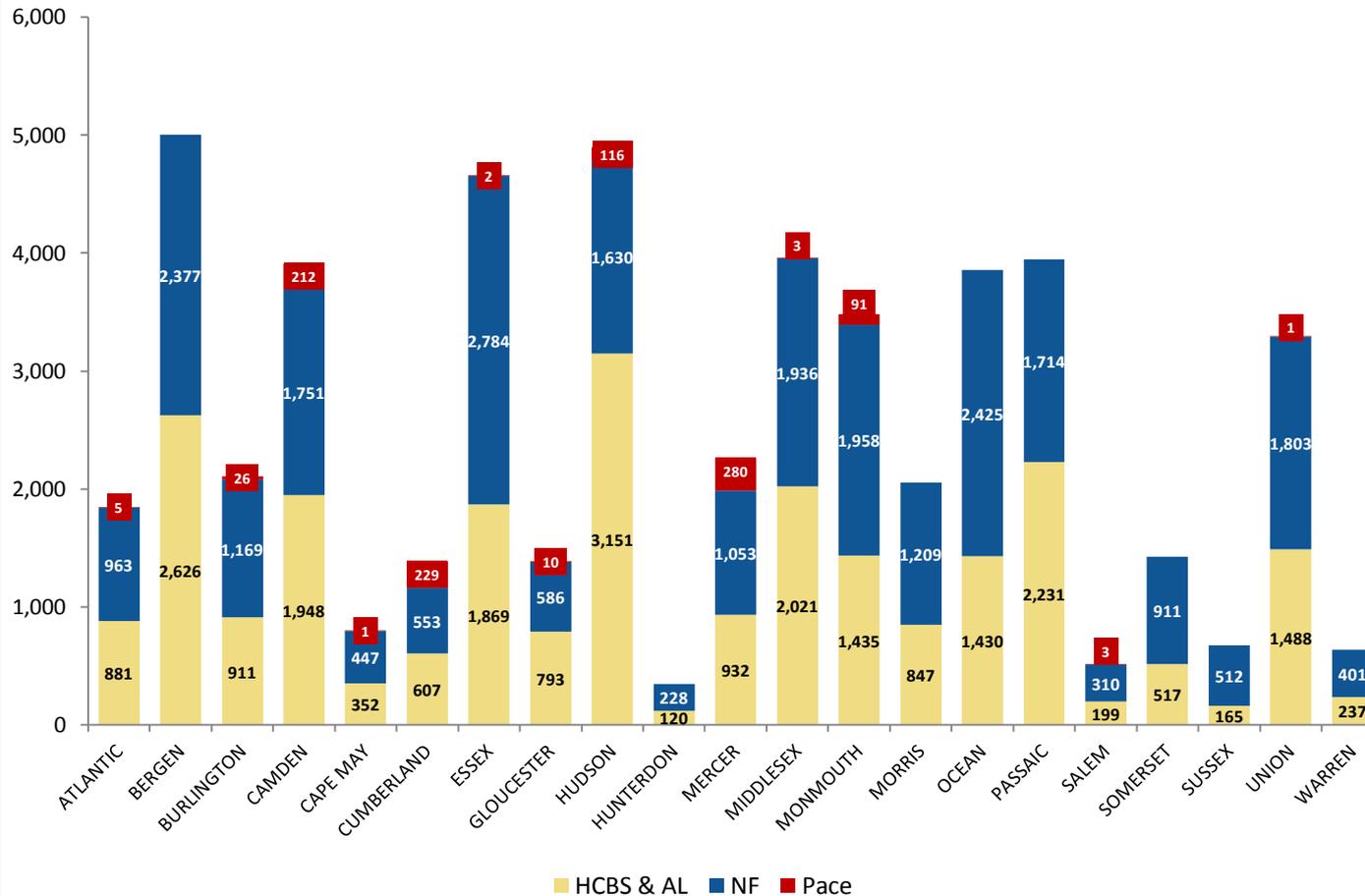
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Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically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

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Long Term Care Population by County

December 2017



COUNTY	NJ FamilyCare	LTC
ATLANTIC	4.1%	3.5%
BERGEN	6.6%	9.5%
BURLINGTON	3.6%	4.0%
CAMDEN	8.2%	7.5%
CAPE MAY	1.1%	1.5%
CUMBERLAND	2.8%	2.6%
ESSEX	13.5%	8.9%
GLOUCESTER	2.7%	2.6%
HUDSON	10.3%	9.3%
HUNTERDON	0.6%	0.7%
MERCER	4.1%	4.3%
MIDDLESEX	7.7%	7.5%
MONMOUTH	4.7%	6.6%
MORRIS	2.5%	3.9%
OCEAN	7.5%	7.3%
PASSAIC	8.9%	7.5%
SALEM	0.9%	1.0%
SOMERSET	1.9%	2.7%
SUSSEX	0.9%	1.3%
UNION	6.6%	6.3%
WARREN	0.9%	1.2%

Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 2/6/18.

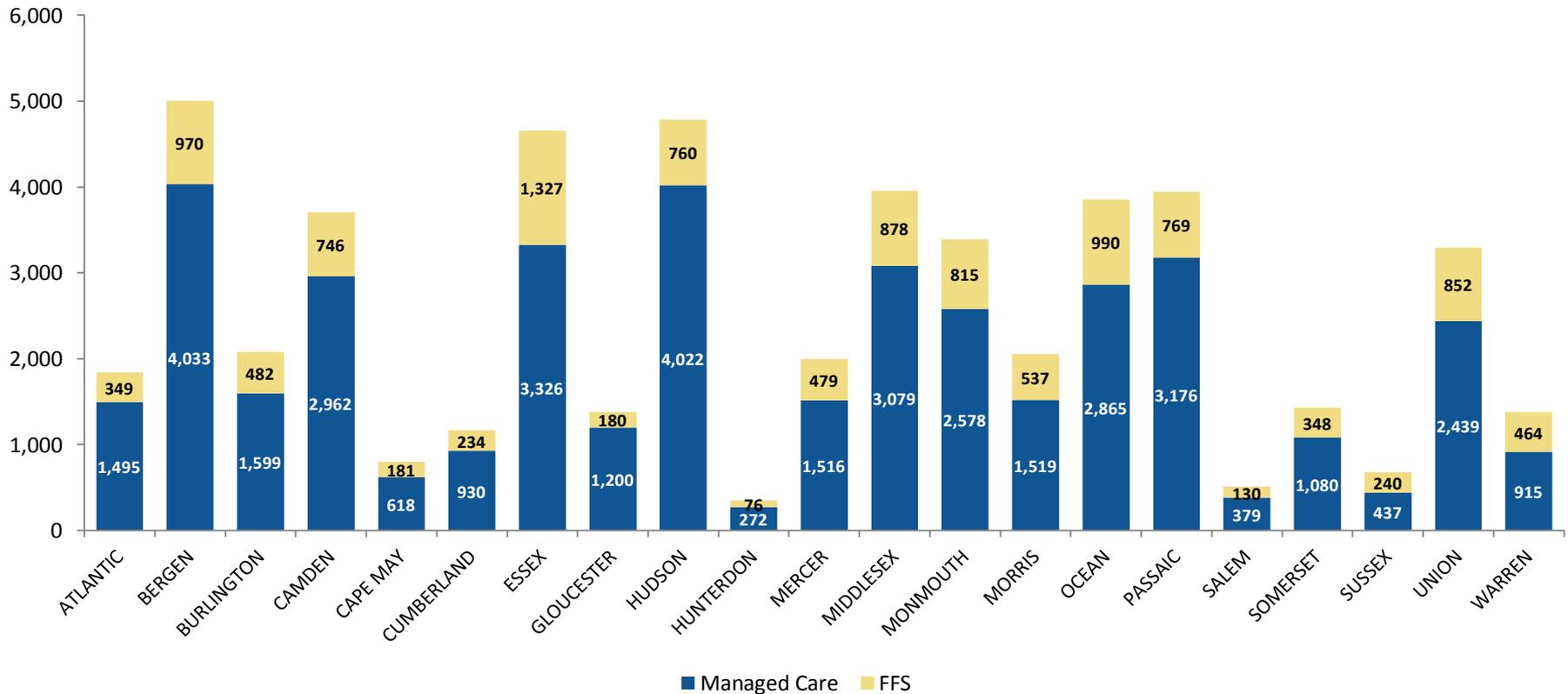
Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). * Uses count for the prior month due to claims lag in identifying medically needy (PSC 170,180,270,280,340-370,570&580) and other non-exempt fee-for-service nursing facility recipients.

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Long Term Care Recipients per County, MC vs FFS

County Long Term Care Population, by MC vs. FFS December 2017

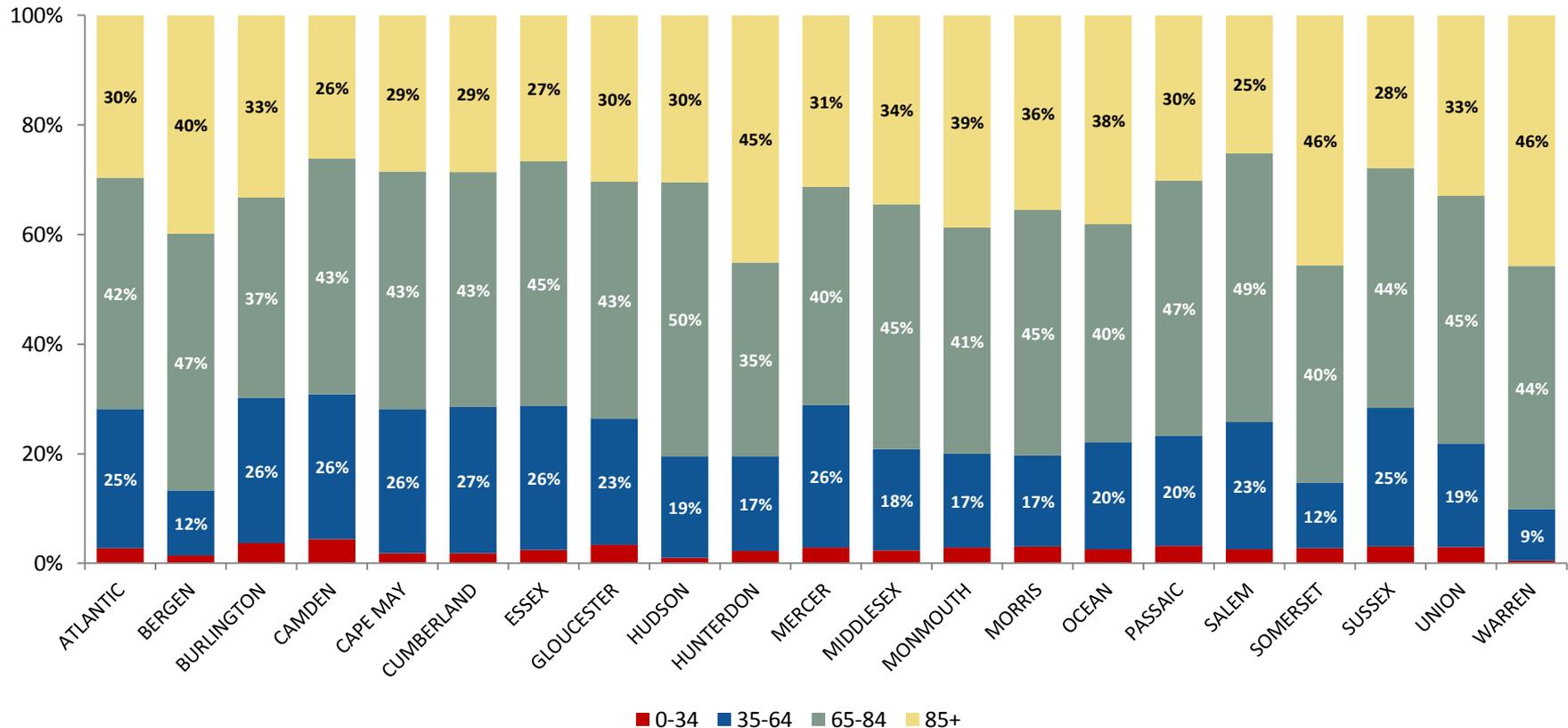


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 2/6/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

Long Term Care Recipients per County, by Age Grouping

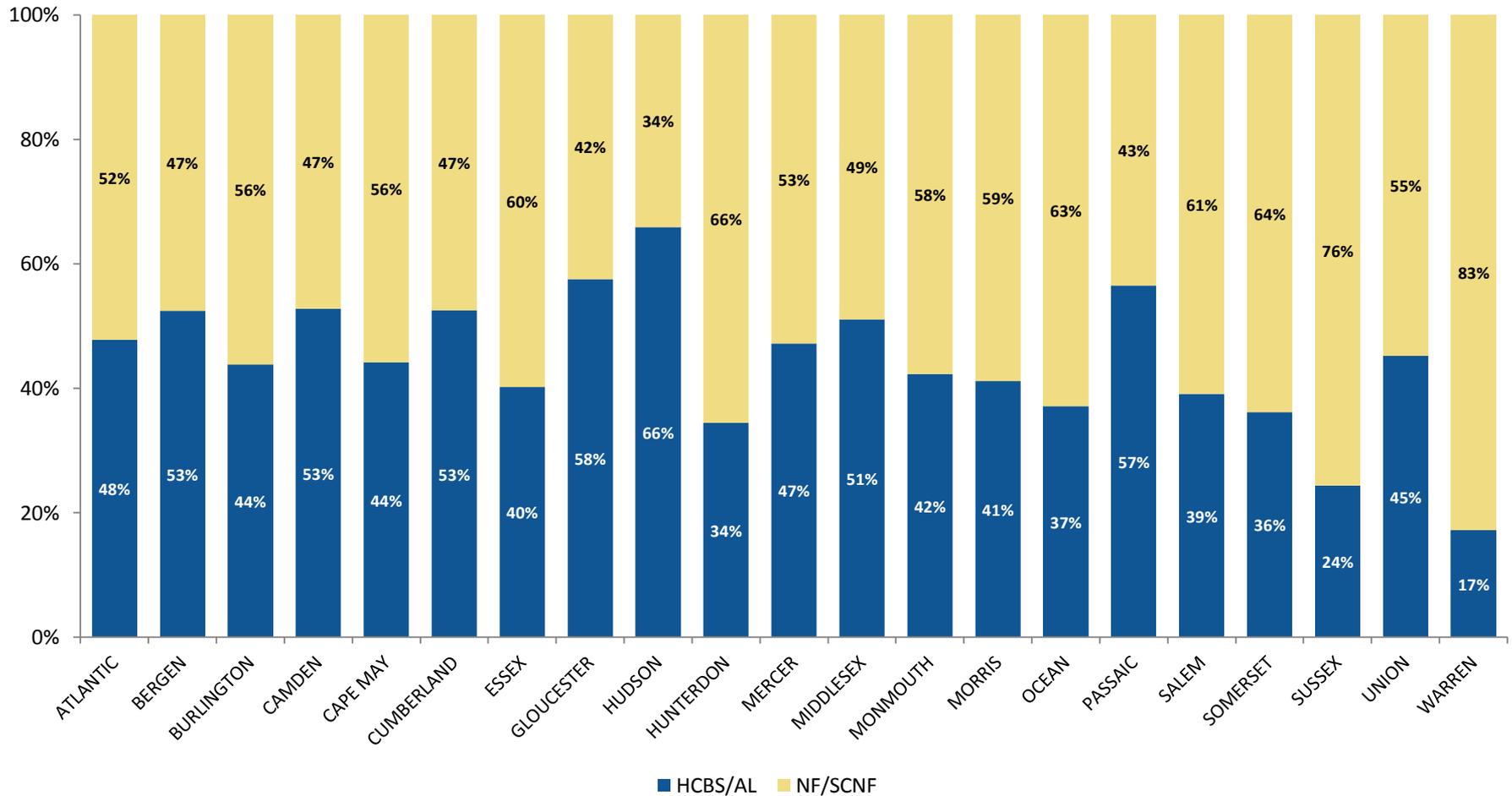
County Long Term Care Population, by Age Grouping December 2017



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 2/6/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

Rebalancing Long Term Care, by County

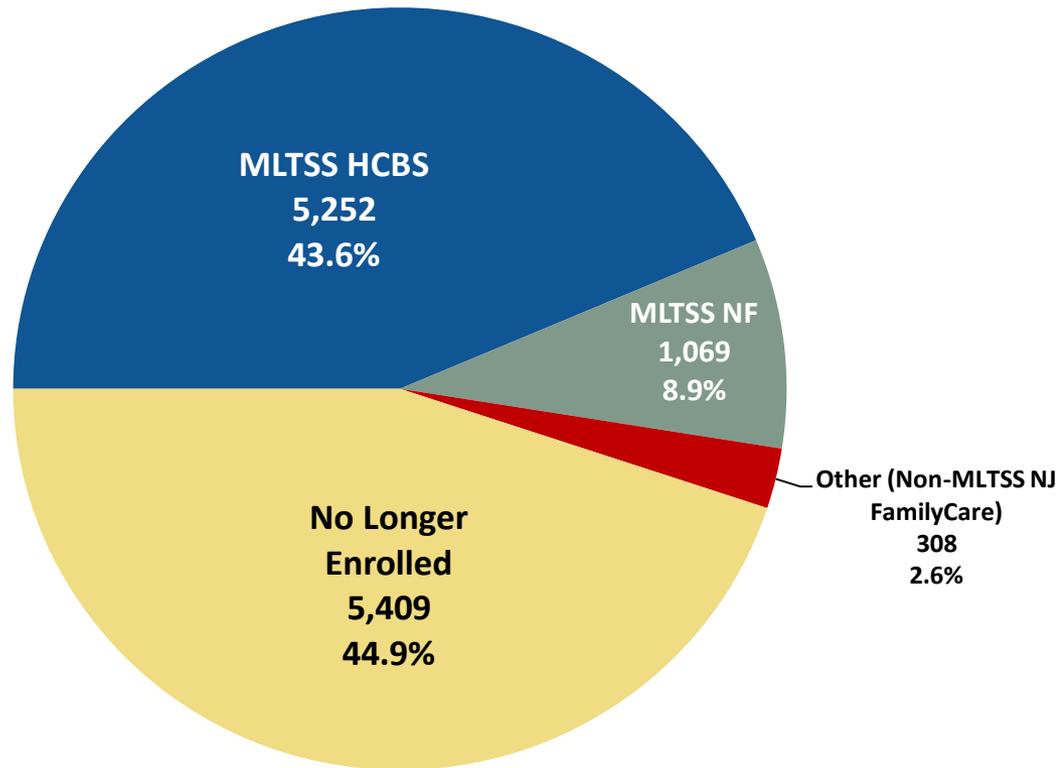


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 2/6/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

A Look at the June 30, 2014 Waiver Population Today

All Waivers
(6/30/14 = 12,040)



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 2/6/2018.

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 Population's LTC Services Utilization, SFY17

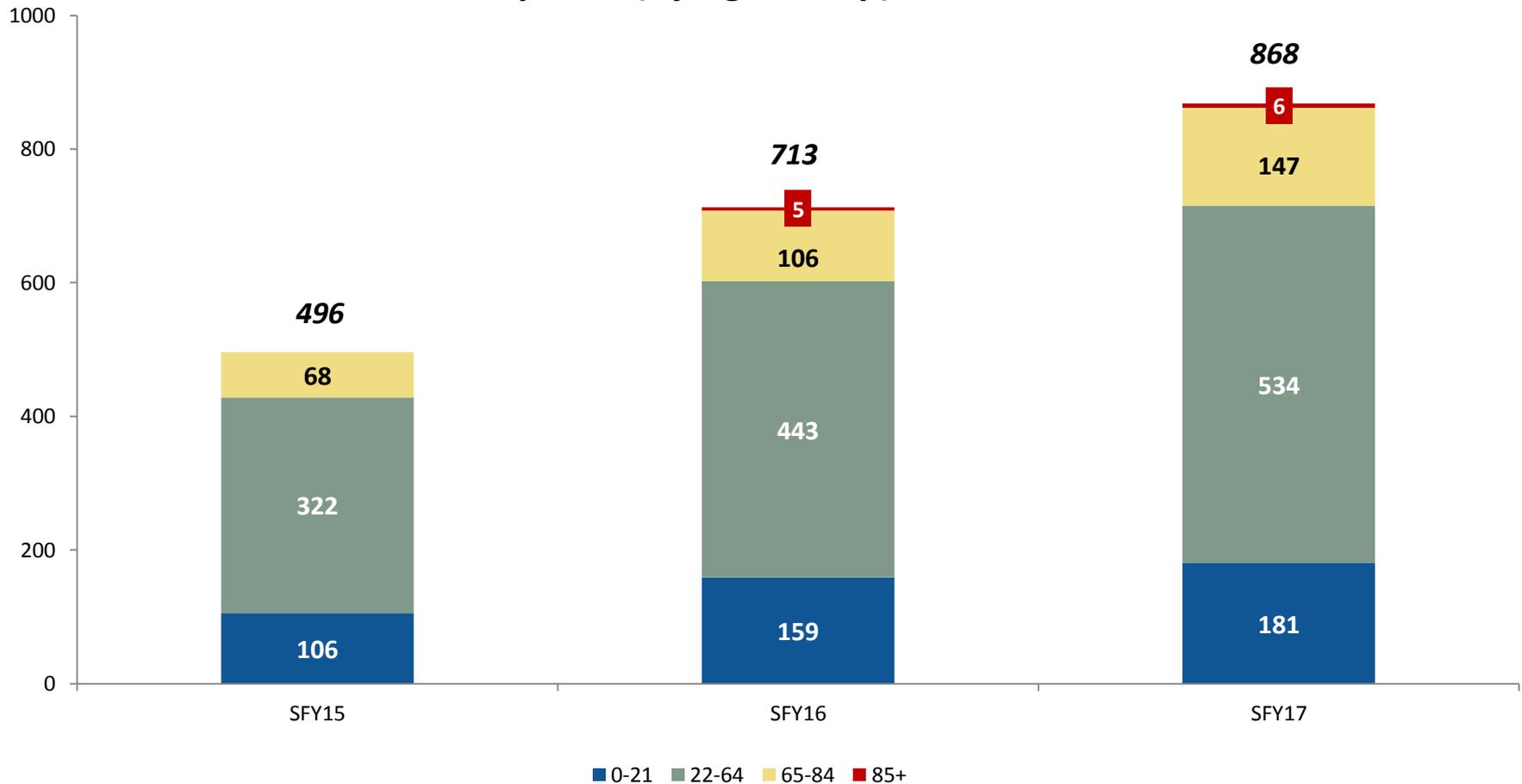
Long Term Care Service Type	Utilization Dollars
NF/SCNF Services	\$1,710,764,634
PCA/Home-Based Support Care	\$222,260,602
Assisted Living	\$63,650,092
Medical Day Services	\$53,696,264
Private Duty Nursing	\$32,490,894
Community Residential Services	\$13,228,420
TBI Habilitative Therapies	\$9,936,089
Home-Delivered Meals	\$8,285,563
Structured Day Program	\$3,895,072
PERS Set-up & Monitoring	\$2,586,195
Respite	\$2,089,713
Residential Modifications	\$1,108,144
Other	\$626,108
Social Adult Day Care	\$521,124
Supported Day Services	\$10,292
Grand Total	\$2,125,149,206

Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 1/22/2018.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. Data not shown for services whose claims represent 5% or less of total claims. LTC Services not shown include: Adult Family Care, Assisted Living Program, Caregiver Training, Chore Services, Cognitive Therapy (Group/Indiv.), Community Transition Services, Home-Delivered Meals, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Occupational Therapy (Group/Indiv.), PERS Monitoring, PERS Setup, Physical Therapy (Group/Indiv.), Residential Modifications, Respite (Daily/Hourly), Social Adult Day Care, Speech/Language/Hearing Therapy (Group/Indiv.), Structured Day Program, Supported Day Services, TBI Behavioral Management, and Vehicle Modifications.

MLTSS DDD Recipients

MLTSS Recipients (by Age Group) with a DDD Claim



Source: NJ DMAHS Share Data Warehouse MLTSS Table and Claims Universe, accessed 2/8/2018.

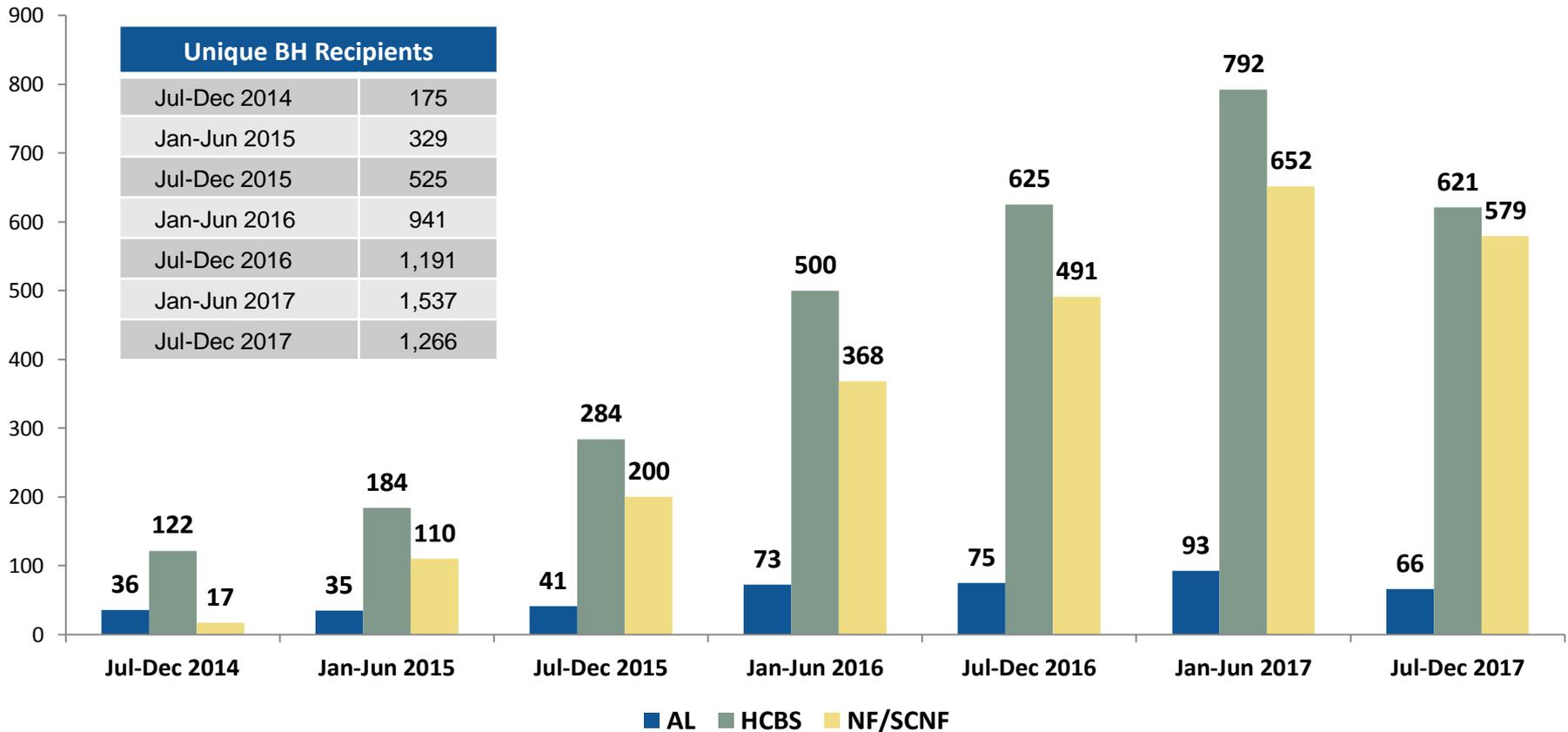
Notes: Includes all MLTSS recipients, as defined by capitation codes 79399;89399;78199;88199;78399;88399;78499;88499 with a DDD paycode designation on the RHMf. Includes the following paycodes: 4, 6, B, C, D, S (respectively: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; DYFS and ABD and DDD). Note that the same recipient may appear in multiple month's counts. Recipients are grouped according to their age on the last day of each state fiscal year.

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MLTSS Recipients Receiving Behavioral Health Services

Semi-Annual Counts, By Setting

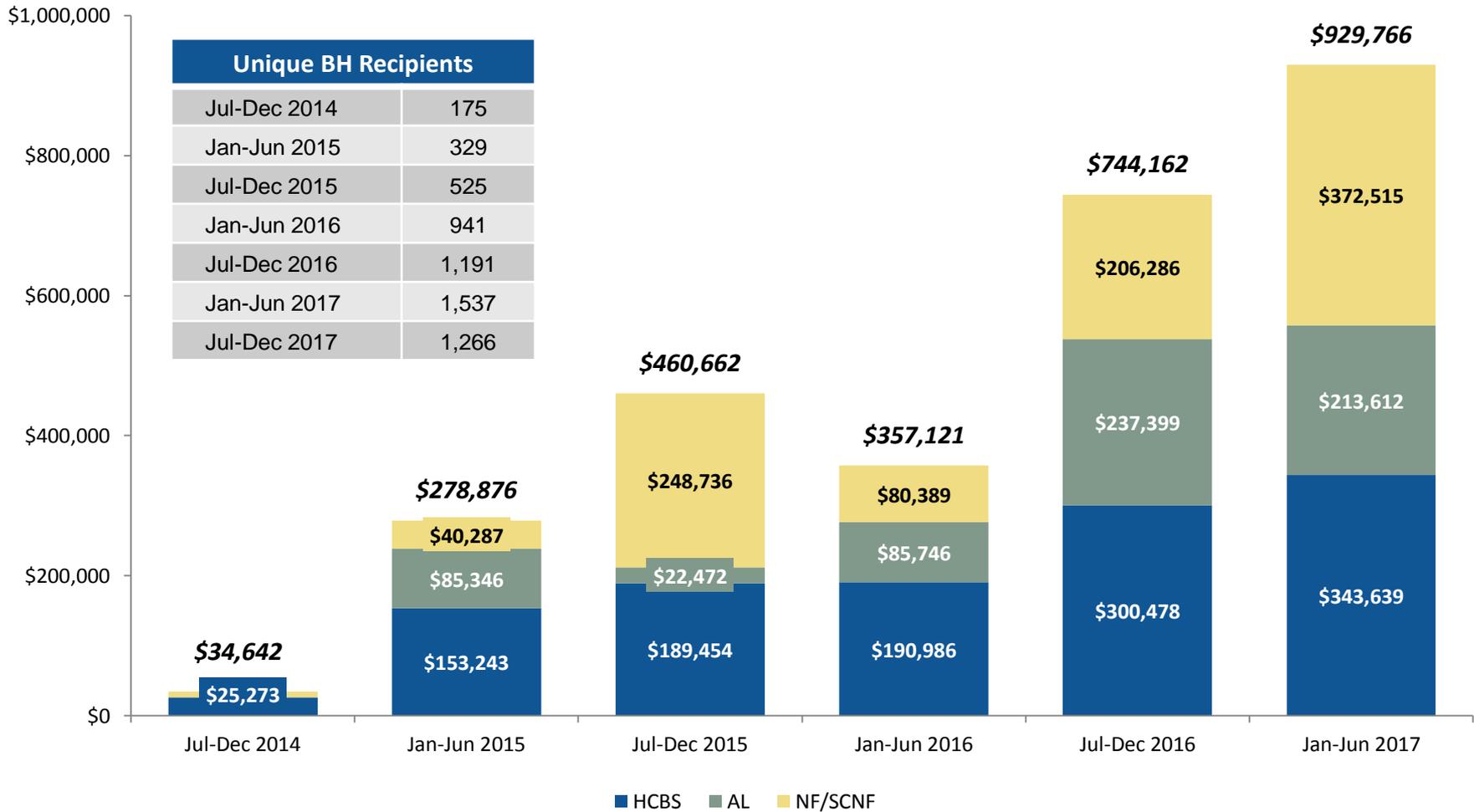
MLTSS Recipients Receiving BH Services
(Unique Recipients per 6-Month Period)



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/9/2018.

Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

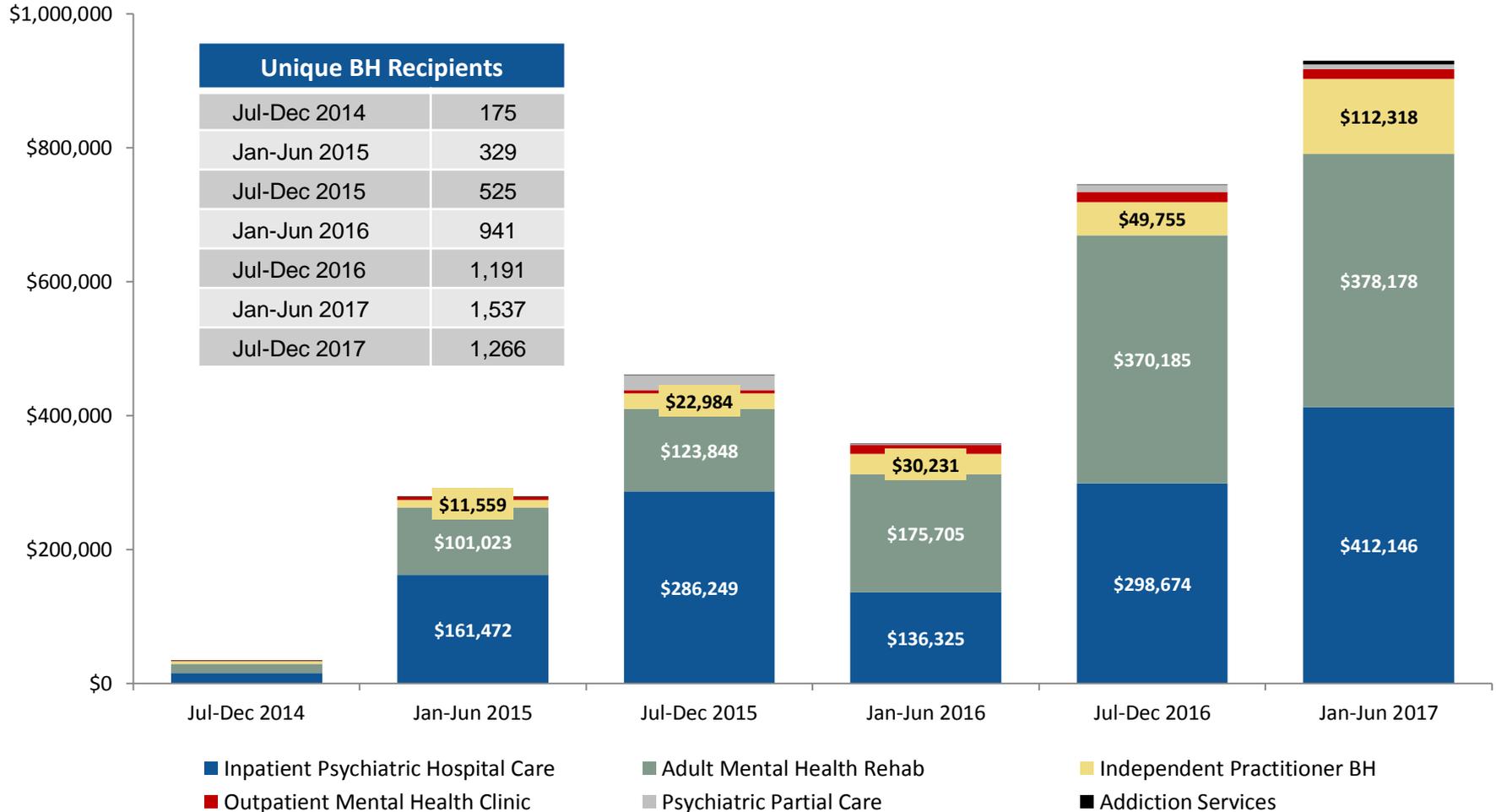
MLTSS Behavioral Health Services Utilization, by Setting



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/9/2018.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 2/8/17 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data.

MLTSS Behavioral Health Services Utilization, by Service



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/9/2018.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 2/8/17 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data. *Psychiatric Partial Care includes both inpatient & outpatient partial care.

Behavioral Health Care Update Medicaid Substance Use Disorder (SUD) Waiver

Special Terms and Conditions

SUD Waiver deliverables are all currently pending CMS approval.

SUD Program Implementation Plan

NJ FamilyCare has submitted the final revision to CMS

SUD Program Health IT Plan

Included as part of implementation Plan

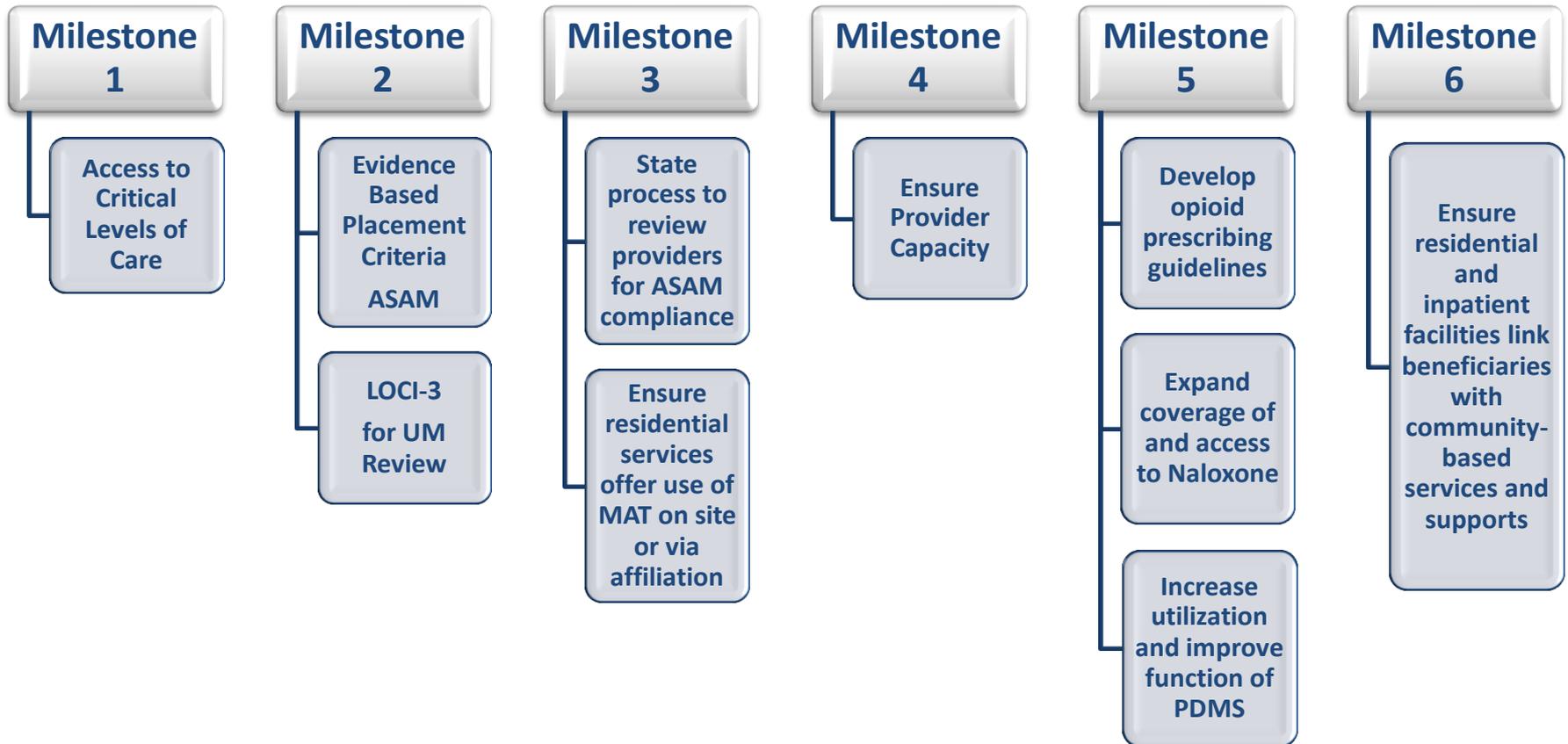
SUD Program Evaluation Design

Submitted to CMS by Rutgers Center for State Policy

SUD Program Monitoring Protocol

NJ FamilyCare has submitted first draft to CMS

Update on Milestones



Monitoring Protocol Overview

New Jersey will report performance measures that assess each goal area of the SUD waiver.

- Increased rates of identification, initiation and engagement in treatment
- Increased adherence to and retention in treatment
- Reductions in overdose deaths
- Reduced utilization of Emergency Department and inpatient settings with improved access to appropriate continuum of services
- Fewer readmissions to same, or higher level of care
- Improved access to care for physical health conditions

Service Implementation Timeline

*July 2018

- Medicaid coverage of short-term residential and withdrawal management Institutions for Mental Disease (IMD) services

*October
2018

- Medicaid coverage of long-term residential IMD services

*July 2019

- Medicaid coverage of Case Management for Substance Use Disorder

*July 2019

- Medicaid coverage of Peer Services

*Dates are projections and are contingent upon CMS approval.

Diabetes Legislation

Public Law 2017 Chapter 161

Establishes mandatory NJ FamilyCare services for pre-diabetics, diabetics, and gestational diabetics for the following diabetic educational services:

- ❖ Diabetes Prevention Programs (DPP)
- ❖ Diabetes Self-Management Education (DSME)
- ❖ Medical Nutrition Therapy (MNT)

Public Law 2017 Chapter 161

Mandates NJ FamilyCare coverage of diabetes-related:

- ❖ Equipment
- ❖ Supplies
- ❖ Insulin pens
- ❖ Insulin pumps
- ❖ Other insulin delivery devices
- ❖ Other related supplies

State Plan Amendment

- Submission to CMS pending
- Public Notice anticipated April 2018
- Enactment of the law becomes effective only with the approval of federal matching funds
- Medical professionals with appropriate training may bill for diabetes education services
- Certification requirements for diabetes educator subtypes are defined by the law