

Informational Update:

State Fiscal Year 2015 Budget

FY2015 Governor's Budget Provisions

Growth & Reductions

- Increased funding for benefit cost growth
- Savings from NJ FamilyCare expansion
- Increased funding to implement MLTSS

Language Provisions

- Option to expand Alternative Benefit Plan
- Option to transition eligibility determinations from CWAs

Other Issues

- No Extension of ACA Physician Rate Increase beyond December 2014

Next Steps

- Legislative Budget Committee Hearings (April 10 & May 12)
- Legislature makes changes to Governor's recommendations
- Legislature passes Appropriations Act by June 30

Informational Update:

NJ FamilyCare Expansion Enrollment

Expansion Basics

Timeline

- Oct. 2013 – Applications Started
- Jan. 2014 – Expansion Population Benefits Started

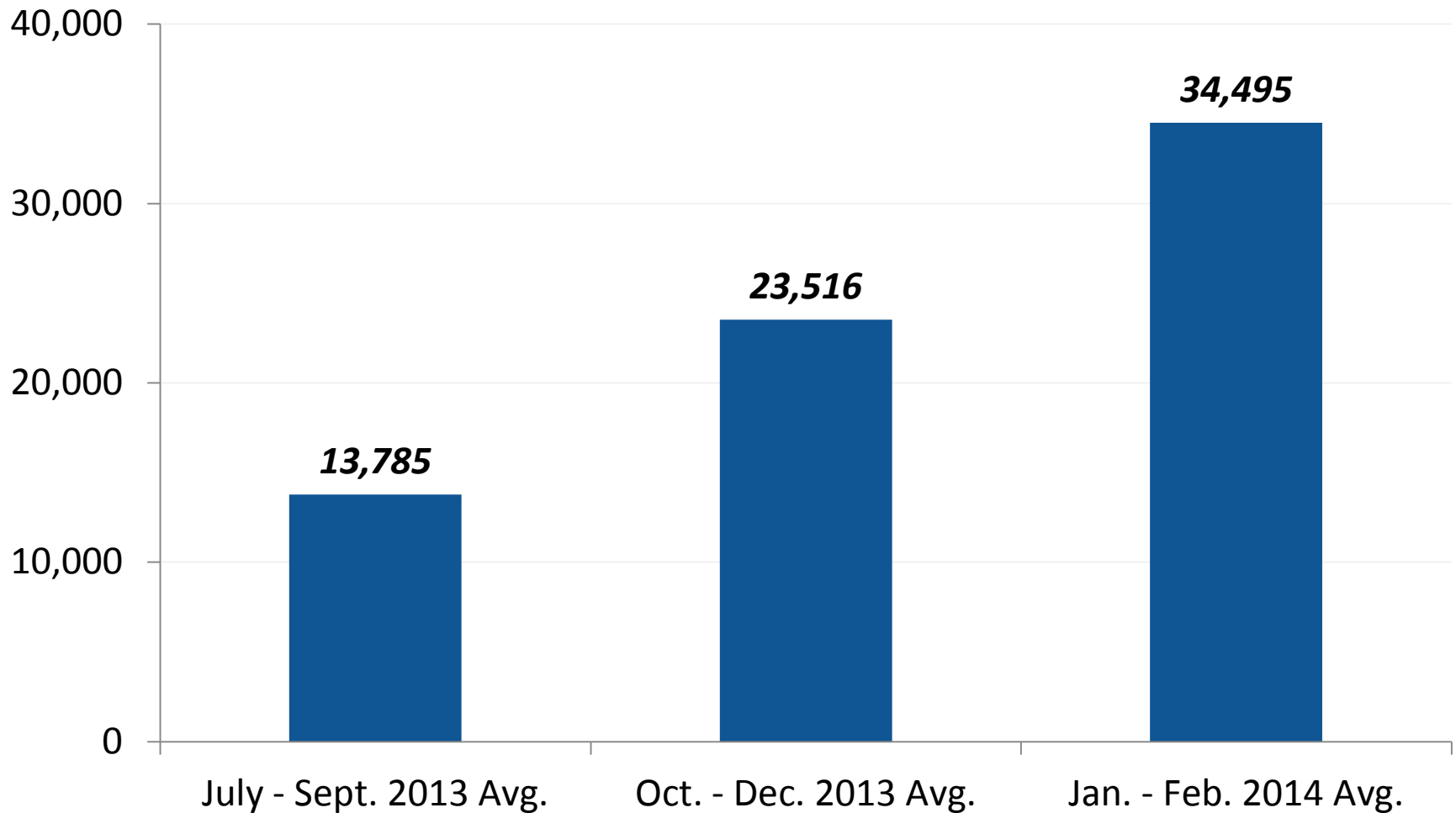
Who's Eligible?

- All adults earning up to 133% of federal poverty level (\$26,321 per year for a family of three)
- Those previously eligible also expected to enroll due to federal law's "individual mandate"

Who pays?

- Federal government pays 100% of expansion population's benefits through 2016
- Federal share slowly tapers to 90% by 2020

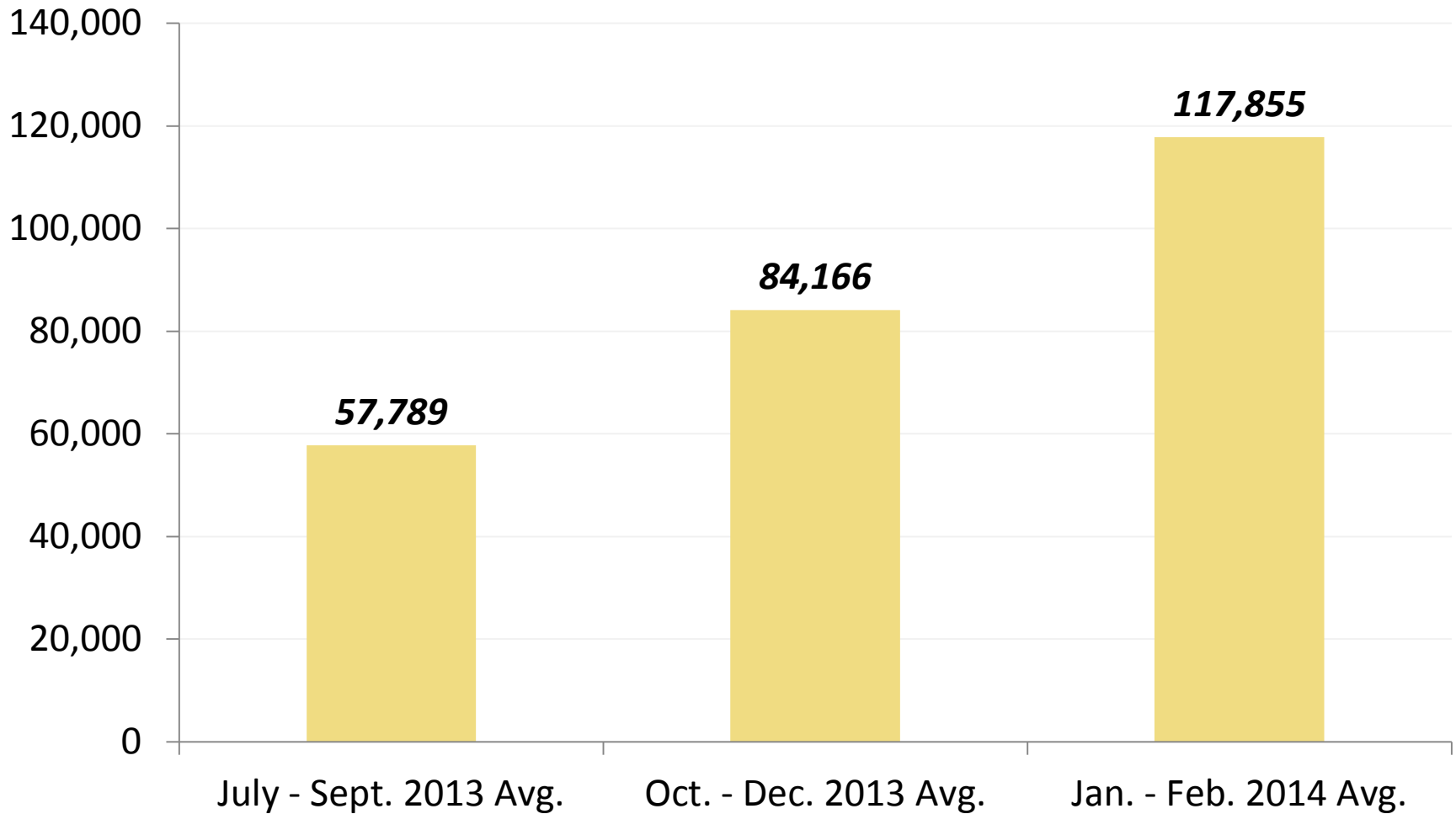
Applications Received by Xerox and CWAs



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: All applications received by Xerox and online applications received by the CWAs ONLY; applications received by the federally facilitated marketplace NOT included

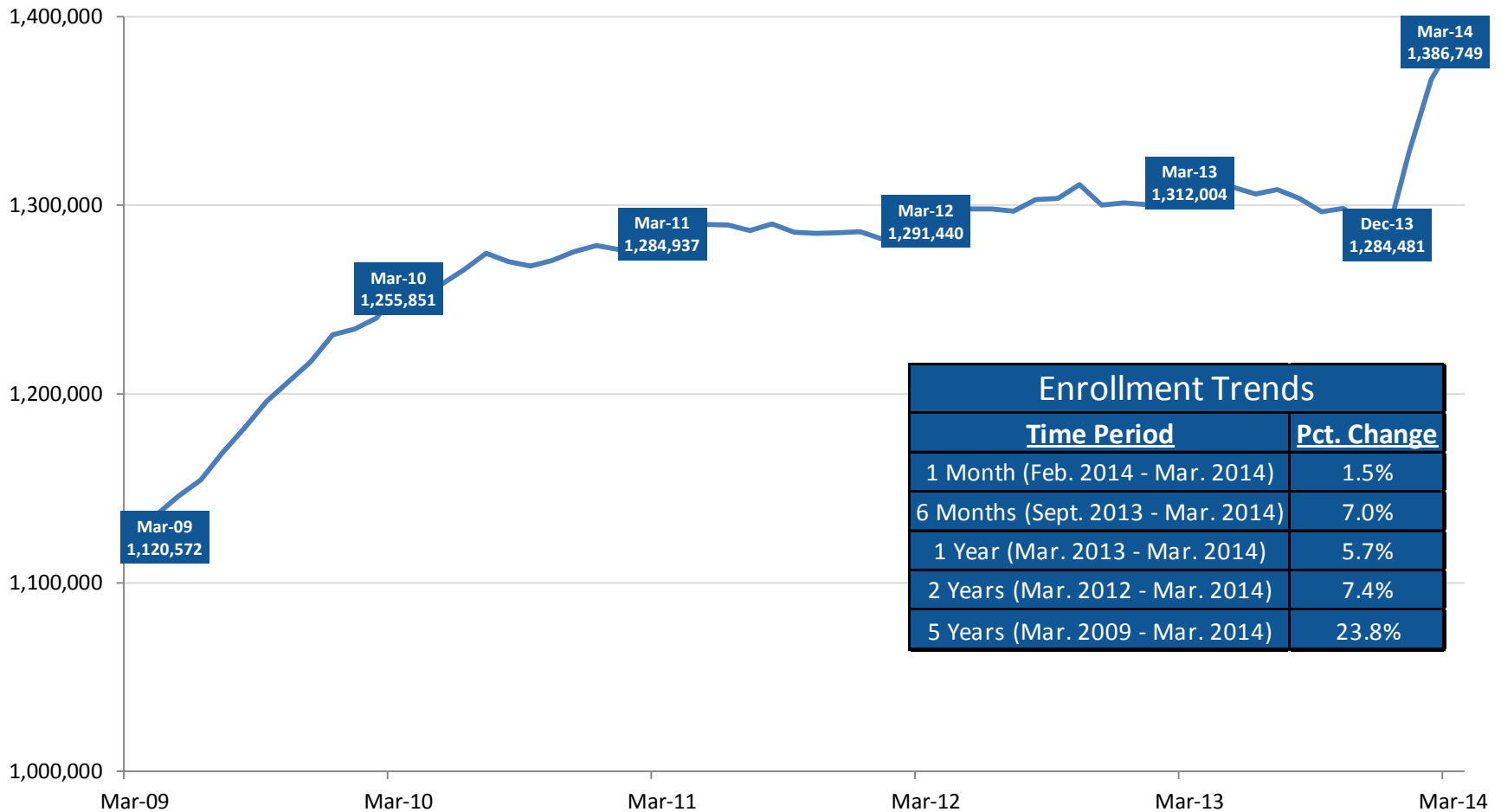
Xerox Call Center Volume



Source: Xerox, New Jersey's Health Benefits Coordinator

Overall Enrollment

Total NJ FamilyCare Recipients, Mar. 2009 – Mar. 2014



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

March 2014 Expansion Summary

Adults Maintaining NJ FamilyCare Eligibility Due to Expansion

176,369

Newly Eligible Adults

95,653

Previously Eligible Children & Parents

10,152

Adults Transitioned to Exchange

3,537

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; a small number of "Newly Eligible Adults Enrolled in NJ FamilyCare" were eligible for the former "General Assistance Medicaid Waiver" prior to 1/1/14; "Adults Transitioned to Exchange" includes individuals disenrolled in Dec. 2013 and not subsequently found eligible by the federally facilitated marketplace

Informational Update:

Administrative Services Organization/Behavioral Health Organization

What Does the Comprehensive Waiver Mean for Behavioral Health Services

- Integrates behavioral health and primary care
- Develops innovative delivery systems
- Supports community alternatives to institutional placement
- Braids Medicaid, federal Block Grant and state-only funding streams
- Provides opportunities for rate rebalancing
- No-risk model or Administrative Services Organization (ASO) transitions to risk-based model or Managed Behavioral Health Organization (MBHO)
- Increased focus on consumers with developmental disabilities and consumers with co-occurring BH and PH conditions

Characteristics of an ASO/MBHO

- The workgroups recommended the following characteristics of an ASO/MBHO which were endorsed by the steering committee:
 - Have capacity to serve individuals with complex behavioral, medical, and/or social needs
 - Provide a seamless system of care that fosters coordination, communication, and collaboration among consumers and partners
 - Require collaboration among DHS, the ASO/MBHO, providers, consumers, and families in quality monitoring and improvement activities

Characteristics of an ASO/MBHO

- Ensure delivery of high quality services by a trained and competent workforce
- Support the exchange and use of information to provide coordinated services
- Support technological interoperability and quality improvement functions
- Adhere to documentation requirements that inform clinical decision-making and support the clinical process
- Maintain transparency regarding data about ASO/MBHO and provider performance
- Recognize that the need to maintain safety is a priority for consumers, families and staff

Characteristics of an ASO/MBHO

- Must have a New Jersey location for all direct operations:
 - care management
 - prior authorization
 - clinical
 - phone/help desk operations

Functions of the Adult ASO as Outlined in the Comprehensive Waiver Special Terms and Conditions

- 24/7 Call Center
- Member services
- Screening and assessment
- Prior authorization
- Network management
- Utilization management, including level of care determination and continuing care review
- Care management
- Medical management
- Care coordination
- Quality management
- Information technology
- Data submission and reporting requirements
- Financial management, including claims processing and payment
- Development of care models and service arrays for consumers with intellectual and developmental disabilities; non-SNP dual eligible (Medicare and Medicaid), and Medicaid expansion populations
- Coordination with the MCOs regarding high-utilizing consumers and consumers screened with behavioral health/medical conditions

Informational Update:

Provider Credentialing

Credentialing Task Force Update

- **Established agreement between Health Plans:** credentialed providers moving between existing offices within the same participating practice will be able to see and bill for services within 30 days (in response to provider input/participation) thereby improving patient access.
- **Made recommendation to align with NCQA policies** permitting Health Plans to give Medical and Dental Directors the final authority to approve appropriate complete credentialing applications in lieu of waiting for formal committee approval.
- **Created a tool to summarize and compare credentialing practices and processes:**
 - Between MCOs
 - Between provider types (Medical, Behavioral, Dental)
- **Collaborating with NJAMHAA to recruit interested behavioral health providers to join the Task Force,** share their experiences and contribute to a unified credentialing model recommendation.
- **Meeting with other states and accreditation agencies,** on an ongoing basis, in an effort to comprehensively review the most effective credentialing initiatives for potential incorporation into NJ state model recommendation.

Informational Update:

Personal Care Assistant Tool

Update on New PCA Assessment Tool

Activities since November 2013 MAAC meeting:

- DMAHS worked with the Centers for Health Care Strategies (CHCS) to conduct workgroup meetings with MCOs and State staff to finalize the PCA Tool for the beta-testing and design the beta-test methodology guidelines.
- Div. of Disability Services initiated beta-testing the tool for PPP participants and the tool and directions were modified based on their feedback.
- Training sessions for MCO Nurses on the PCA tool held on 3/24/14. Total of 57 nurses participated.
- Implementation of the beta-test on 4/1/14.

Beta-Test Methodology Guidelines

- Beta-testing period a minimum of 30 days, beginning April 1, 2014.
- PCA Tool used for all cases: initial, reassessments, change in condition.
- MCOs may elect to limit beta-test to designated nursing staff provided their caseload is representative of cross-section of population (elderly; physically, intellectually, or developmentally disabled; and statewide).
- New PCA Tool must be administered in member's home.
- MCOs may use their existing PCA tool to authorize hours up to 40 during beta-testing period (copies of both tools submitted to DMAHS for analysis).

Draft Timeline for Implementation of New PCA Assessment Tool

- ✓ Jan/March 2014 – Meet with MCOs to finalize the tool, directions, and design of the beta test methodology.
- ✓ March 2014 – finalize beta-test methodology, training for MCO clinical staff, and release of tool for beta-test.
- ✓ April 1, 2014 – Implementation of beta-test.
- May 2014 – Analysis of beta test results and necessary revisions.
- June 2014 – Preparation of MCOs for implementation of new PCA Assessment Tool.
- July 1, 2014 – New PCA Assessment Tool go-live.

***Information presented at the
PCA Assessment Tool Training Session for
MCO Nurses, included...***

Personal Care Assistant (PCA) Program

- PCA is a Medicaid State Plan service for members who need assistance with aspects of daily living due to functional impairment.
- Non-emergency health related tasks done by qualified staff.
- Accommodate long-term chronic or maintenance health care.
- Is NOT a replacement for routine parental responsibility for care, companionship, childcare, or babysitting.

Purpose of the PCA Assessment Tool

- Designed to gain an understanding of the member's:
 - Physical and cognitive limitations;
 - ADL and IADL deficits and services required;
 - Family and living situations; and
 - Amount of time needed to perform the service and frequency.
- Face-to-face assessment performed by a nurse in the member's home.
- Obtain information from observations, and reliable informant.
- Determination of the number of PCA hours needed per week.

General Instructions

The Tool will identify:

- Other individuals in household/relationship/receiving PCA;
- Source of information;
- Structural/Physical Barriers;
- Impairments;
- Diagnosis and/or limitations resulting in need for PCA services;
- Factors directly impacting level of function; and
- Amount of time needed to complete ADL and IADL tasks.

New PCA Assessment Tool...

- Assess member's ADL self-performance during the past 3-7 days, score on the avg. of the 3 most dependent episodes of assistance. Except bathing is single most dependent episode over past 7 days.
- If amount of time exceeds the guidelines, the tool requests the nurse assessor to provide explanation in the relevant section.
- For each section, the maximum level of assistance needed by the member is reflected.
- The tool sets age limitations identified based on standard developmental milestones; these are guidelines and may vary for children with developmental disabilities.

New Proposed PCA Assessment

- The tool assesses the need for hands on assistance for both Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- For each ADL or IADL, the tool sets forth a definition of the area; defines the level of assistance e.g., none, limited, maximum and total care;
- It proposes an average amount of time (taken from tools in use in other states) the assistance is needed by the member; and, provides an opportunity to describe why the actual amount of assistance is above or below an estimated average based on the members unique needs.

New Proposed PCA Assessment

- The tool provides the Nurse Assessor space to provide a summary of his/her findings: to describe whether the member's needs have remained unchanged, increased or decreased and for the Nurse to include any relevant information about the unique needs of the member being assessed.
- The tool (except for the beta test period) must be signed by the member or his/her representative to acknowledge that the assessment was done face to face in the member's home and signed by the Nurse Assessor.
- Plans have been provided instructions and guidance on the completion of the tool.
- Once finalized, all Plans will be required to use the new PCA tool.

Decision Making Ability

Decision Making Ability –

the cumulative time for supervision required between ADL/IADL tasks (over 6 years old).

If no impairment, enter "0"

Minimally impaired - cuing in new or specific situations – 60 minutes per week.

Moderately impaired - repeated reminders to initiate, perform or self direct activities - 120 minutes per week.

Severely impaired - never, rarely makes decisions, unable to initiate or self direct any activity-180 minutes per week

Total minutes

Bathing (over 6 yrs. old)

Bathing (over 6 years old) – Bathing or washing the member in tub/shower/bed/chair. Includes washing hair, drying hair and applying lotion.

If no assistance needed, enter "0"

upper body only-15 minutes,
explain over 2x/day

Lower body only-15 minutes,
explain over 2x/day

30 minutes for full bath

Days

Total minutes

No Assist

Supervision
(oversight/cuing)

Limited assistance
(minimal physical
assistance)

Extensive/Max assist (hand-over-hand assist)

Total dependence

Toileting

Toileting – bowel and bladder elimination (over 5 yrs. old), including use of commode, emptying appliances, cleansing and adjusting clothing. This includes time transferring to commode or toilet.

5-10 minutes per
occurrence if continent
15-20 minutes per
occurrence if incontinent/
limit 90 minutes per day

Days

Total Minutes

- No Assist Supervision (oversight/cuing) Limited Assistance (non-weight bearing support) Extensive/Max assist (weight bearing support)

- Total Dependence Continent of Bowel/Bladder Incontinent of bowel

- Incontinent of bladder Incontinent of bowel/bladder

Meal Preparation

Meal Preparation – includes meal planning, storing, preparing, serving and clean up
(over 18 yrs. old unless special preparation is required)
If no assistance is needed, enter 0 in section below

		Meals per week	Total minutes
Dinner: 20 to 25 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch: 10 to 15 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breakfast: 10 to 15 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
	# of dinners	<input type="text"/>	
	# of lunches	<input type="text"/>	
	# of breakfasts	<input type="text"/>	

Implementation of Managed Long Term Services and Supports (MLTSS)

Presentation to the Medical Assistance Advisory Council

April 11, 2014



**Presentation by Lowell Arye
Deputy Commissioner
Department of Human Services**



Policy Cornerstones for Phase-in of NF Residents into MLTSS

- 1) Once an individual is enrolled in managed care, the individual will always remain in managed care and outside of FFS system regardless of placement.
- 2) Effective 7/1/14 , for new Medicaid beneficiaries with NF Custodial Care triggers MCO enrollment and MLTSS eligibility for NJ FamilyCare eligible individuals in a NF.
- 3) NJ FamilyCare State Plan Services are available on a FFS basis during the gap between the determination of an individual's NJ FamilyCare eligibility and his/her enrollment in an MCO.

Triggers Effective 7/1/14 for Managed Care MLTSS Enrollment for Individuals Currently Living in a NF/SCNF

- 1) Change in Level of Care
- 2) Change in NF/SCNF Provider (new Plan of Care, MDS and Admission Records Required)
- 3) New Admission to MLTSS (NF or Community Placement)
- 4) New Individual to NJ FamilyCare and Eligible for MLTSS
- 5) Change from Rehabilitation to Custodial Care after 7/1/14 (regardless of when admission to the NF occurred)

Not Eligible for Managed Care/MLTSS Enrollment for Individuals Currently Residing in a NF/SCNF Effective 7/1/14

- 1) Temporary admission to the hospital
 - a) Individual returns to the same NF after hospitalization regardless of the length of the hospital stay under FFS

- 2) Non-IMD psychiatric treatment facility stay of less than 30 days
 - a) Individual returns to the same NF after treatment under FFS

Medicaid FFS Individuals in a NF Seeking Transition to the Community

- 1) NJ FamilyCare MCO enrollment occurs upon discharge to the community
 - a) NJ FamilyCare MCO, which is selected by the individual, is responsible for participating in the Transition Planning IDT and establishing/authorizing Transitional Services before enrollment in the MCO

Strategy for Waiver and MCO Care Managers

- Training for new MCO CMs (since 7/13 and on-going)
- Waiver CM meetings
 - Quarterly meetings (care coordinators and supervisors) – 2/11 and 5/21
 - Regional meetings (care coordinators and managers) – 3/25, 3/27 and 4/1
 - Job fairs in a.m. and transitional issues in p.m.
- MLTSS materials (FAQs, copies of letters)
- Dedicated MLTSS hotline for CMs

GO Care Management (CM) Transition

- MCOs completed GO CM Training – 1/14
- DoAS trained OCCO/ADRC Assessors and AAA Information Specialists on counseling new LTSS eligible enrollees to select a LTSS option – Managed Care or PACE and if managed care is chosen how to select the MCO for MLTSS - January.
- MCOs assumed CM for all newly enrolled GO participants and transfer cases as of 2/1
- DoAS sponsors weekly conference calls with each MCO to identify and address issues, concerns, and provide technical assistance in the development of their MLTSS policies and procedures.

GO Care Management Enrollments

- Number of GO enrollments since February 1st – 172
- Number of GO transfer cases from current CMO to MCOs – 517
 - Atlantic (138)
 - Cumberland (157)
 - Hudson (56)
 - Monmouth (43)
 - Warren (123)

Communications: Direct Outreach to Beneficiaries

- Letter mailed to Assisted Living and Community Residential Service Providers (3/15/14)
 - sample copy of letter to Waiver participants sent with mailing
- Letter mailed to NJ FamilyCare Waiver participants in English and Spanish (4/1/14)

MLTSS Communications/Training Materials

- **Frequently Asked Questions (FAQs)**
 - General FAQs
 - D-SNP FAQs
- **Call Center Guidance/Talking Points**
- **Website @**
www.state.nj.us/humanservices/
- You Tube Training Videos at ...
- **MLTSS “Newsletter” Article**
- **PACE Information Sheet (English/Spanish)**

MLTSS Communications/Training Materials

- **PowerPoint presentations**
 - *Choice is Yours (on DHS website)*
 - *MLTSS for the Aging and Disability Networks*
 - *MLTSS: Policies and Procedures*
 - Tailored versions by provider category: AL; CRS; HCBS Medical; HCBS Non-Medical; LTC Pharmacies and NFs

Aging & Disability Network Strategy

- **MCO Training Calendar**
 - Completed topics include Options Counseling, NJ Choice Assessment, Medical Day Care Regulations, AAA/ADRC, OPGand APS, Chronic Disease Self Management and Assisted Living (regulation/policy), Self Direction; Disability Network; Service Definitions (4/4); MFP, I Choose Home NJ, NF Transition and IDT Conferencing (4/9); PACE (4/17); DDS Network 4/14 (topics to include nuances of population and care management for DDS)
- **Network Meetings**
 - APS Supervisors (3/18); SHIP Volunteers (3/20 and 3/27 and then April); Ombudsman Volunteers (3/10, 3/11 and 3/13); Congregate Housing Services Program (3/27); Statewide Respite Care (3/19); Alzheimer's Day Care (3/17); Assoc. of County Disability Services, CILs and CWAs
- **AAA Trainings (for I&A Staff; ADRC Service Coordinators and Outreach Workers; and Assessors)**

Continued...

<http://www.youtube.com/user/TheNJDHS>

- **YouTube Training Sessions (posted)**
 1. *MLTSS: Choice is Yours*
 2. *MLTSS for the Aging and Disability Networks*
 3. Area Agencies on Aging/ADRC
 4. Assisted Living (Regulation and Policy)
 5. Office of the Public Guardian/Adult Protective Services
 6. Chronic Disease self-Management

Aging & Disability Network Strategy

State Staff Training:

- State Hotlines(2 sessions on 3/28 and 1 session on 3/31)
 - Xerox-ACS; NJ FamilyCare; DDS and DoAS Staff Units and Medical Assistance Customer Centers
- Ombudsman for Institutionalized Elderly
- Office of the Public Guardian
- Department of Health (Licensing)
- ISS Offices
- Medicaid Only Supervisors

Strategy for Waiver and MCO Care Managers

Channels and Timing:

- Training for new MCO CMs (on-going)
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Strategy for Providers

Channels and Timing:

- Create provider training materials (in process)
 - Post on DHS website when ready
- Offer provider trainings (Spring 2014)
- Execute provider claims testing with each MCO by provider type (4/15/14)
- MCOs conduct provider trainings (Spring 2014)
- Review updated MCO provider manuals with MLTSS information (4/1-6/1/14)