

ABLE: Achieving a Better Life Experience Act of 2014

The National ABLE Alliance is a partnership of States dedicated to providing those living with disabilities with an ABLE investment product that offers multiple financial options at low cost.



About ABLE

Giving those with disabilities the ability to save.

What is ABLE?

ABLE helps individuals with disabilities and their families:

- **save for disability-related expenses on a *tax-free* basis**
- **preserve their ability to benefit from supplemental security income Medicaid, and other federal programs.**



Eligibility

How do I qualify to open an NJ ABLE account?

Who's eligible?

To be eligible, individuals must meet two requirements:

- 1) Your disability was present before the age 26; and,**
- 2) One of the following is true:**
 - You are eligible for SSI or SSDI because of a disability
 - You experience blindness as determined by the Social Security Act; OR,
 - You have a similarly severe disability with a written diagnosis from a licensed physician that can be produced if requested.



Health & Wellness



Use of Funds

What can ABLE funds be used for?

Qualified Disability Expenses

- ANY expense that is incurred as a result of living with a disability and is intended to improve quality of life.
- Not limited to medical necessity.
 - Education
 - Health and wellness
 - Housing
 - Transportation
 - Legal fees
 - Financial management
 - Employment training and support
 - Assistive technology
 - Personal support services
 - Oversight and monitoring
 - Funeral and burial expenses

Special Tax Advantages

- ABLE savings may grow and be withdrawn tax-free, **provided that savings are used for qualified, disability-related expenses.**¹
- Earnings may compound federally tax-deferred, maximizing the return on your investment.

No impact on current benefits

ABLE assets will be disregarded or receive favorable treatment when determining eligibility for most important means-tested benefits:

- **Supplemental Security Income**
- **Medicaid**

Impact on benefits (cont.'d)

Supplemental Security Income (SSI)

- Balances of \$100,000 or less are excluded from your SSI resource limit
- > \$100,000 SSI cash benefits will be suspended, but Medicaid will continue

Medicaid Eligibility

- Able assets are disregarded
- >\$100,000 and SSI cash benefit stops, Medicaid will continue
- NJ ABLE is subject to the “Medicaid Recovery” Provision

ABLE Facts

ABLE Facts

- The designated beneficiary of the account is the account owner
- Income earned by the account will not be taxed, as long as withdrawals are used for qualified expenses
- Contributions to the account can be made by anyone (the account beneficiary, family and friends)
- Contributions must be made using post-taxed dollars
- Can open an account in any State that allows outside residents (41 including DC)

User-friendly

- Open an account online with as little as \$25.
- Access your account 24/7 from a PC, tablet, or mobile device.
- Access by phone or online.

Contribute more, pay less.

High maximums

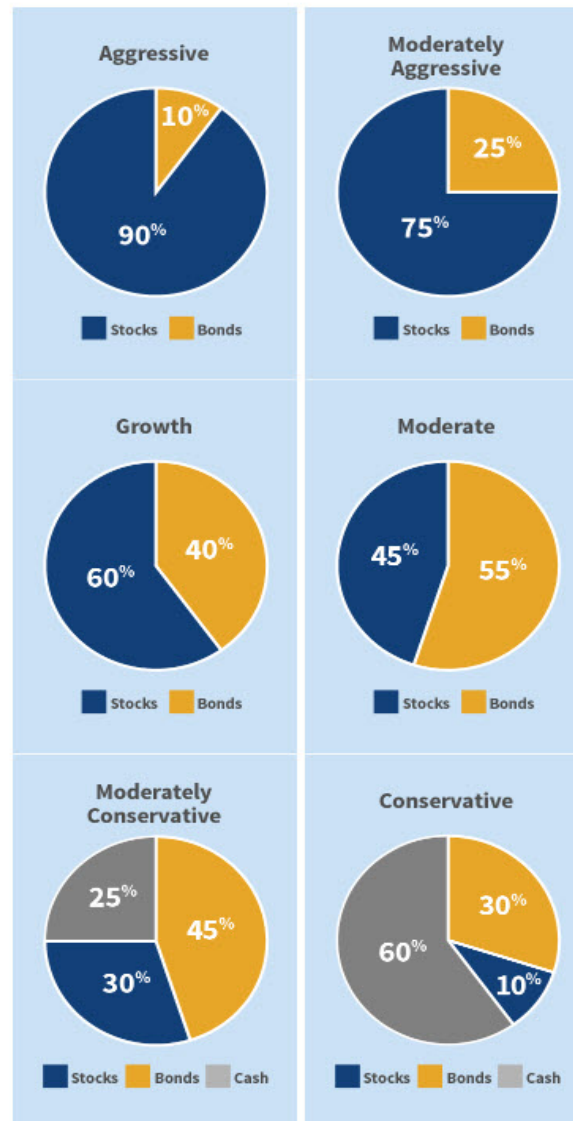
NJ ABLE: \$15,000 per year max. Lifetime contribution limit: \$305,000.

Low fees

The annualized investment costs on assets per investment option range from 0.34% to 0.38%, depending on which investment option(s) you select.

Each Account is charged an account maintenance fee of \$15 each quarter. This fee can be discounted by \$3.75 if you select email delivery for statements and confirmations.

Investment options to fit your needs.



529 College Savings Rollover Provision:

- Allows funds in a 529 College Savings account to be rolled over into a 529A account (ABLE Account)
- The ABLE account beneficiary must be either:
 - **the beneficiary of the 529 College Savings account, or**
 - **A “family member” of the beneficiary of the 529 College Savings account**
- The funds rolled over from the 529 college savings account to an ABLE account are subject to the annual contribution limit and thus capped at \$15,000 for any given tax year (provided no other contributions into the account have been made during that tax year)

Eligibility for Saver's Credit:

- Also known as the **Retirement Savings Contributions Credit**
 - Allows a tax credit to low and moderate income taxpayers who make contributions to retirement accounts
- Saver's Credit can be taken for your contributions to an ABLE account if you're the designated beneficiary and you meet the following:
 1. Age 18 or older;
 2. Not a full-time student; and
 3. Not claimed as a dependent on another person's return
- Amount of credit is a certain percentage of your contribution depending on your gross annual income; Maximum of \$2,000/year
- For more information: <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-savings-contributions-savers-credit>

Additional Contributions Above \$15,000 ***“ABLE to Work Act”***

- This provision allows ABLE account beneficiaries who work, and earn income, to contribute above the \$15,000 annual contribution limit.
 - *Up to the annual federal poverty limit (\$12,140 for 2019) or up to the amount of their earned income, whichever is less.*
- The contributions above the \$15,000 annual contribution limit would be limited to contributions made specifically by the account beneficiary into their ABLE account.
- **The additional contribution would only be allowed if the beneficiary is not participating whatsoever in his/her employer based retirement fund.**



Opening An Account

How to Enroll.....

- **Visit:** nj.savewithable.com to learn more about the Program, request an information kit or enroll online.
- **Call:** 1(888) 609-8869 to speak with a Program representative Monday through Friday, 8:00am – 5:00 pm ET.
- **Email:** nj.clientservice@savewithable.com
- **By Mail:** (printed application)

NJ ABLE
P.O. Box 219289
Kansas City, MO 64121

(Ascensus College Savings Recordkeeping Services, LLC)

Frequently Asked Questions

Who can open an ABLE account?

Eligible individuals can open the account for themselves, or an authorized individual can open an account on their behalf.

What are the options to enroll?

You can enroll online or print and mail in the application from the website. Applications are not taken over the phone, however, if the account owner needs help filling out the online or paper application technical assistance will be provided.

Do I have to prove that withdrawals are for qualified disability expenses?

Not at the time of the withdrawal. Annually, NJ ABLE will report the total amount of your withdrawals to the IRS and the date and amount of each of your withdrawals to the Social Security Administration. In the event that either entity wants to verify the expenses, it's recommended that you keep detailed records.

Frequently Asked Questions

Can I have more than one NJ ABLE Account?

No. You're limited to one ABLE account, except in the case of a rollover from another qualified ABLE program. This extends beyond NJ ABLE to include accounts in other ABLE programs.

In the case of a rollover to an ABLE account for the same account owner, the account from which the funds are withdrawn must be closed within 60 days of the withdrawal.

Can friends and family make contributions into my account?

Absolutely! Anyone can contribute directly to your NJ ABLE account. No matter who contributes, you, the account owner or authorized individual, retain control over the account.

How often can I change my investments?

Twice per calendar year. You can change your investment options for any NEW contributions at any time.

Frequently Asked Questions

What's the difference between an ABLÉ Account and a Special Needs Trust or a Pooled Income Trust?

- **Control:** Individual control vs. trustee control
- **Ease of accessing funds**
 - ABLÉ funds are easy to access with checking and debit card options
 - SNT funds are more complicated and have more rules in order to preserve eligibility for benefits.
- **Set up costs:**
 - ABLÉ account is less expensive to establish
 - SNT often requires an attorney or high minimum contributions
- Can I have both?
 - **Yes**



ABLE Stories

Parent of ABLE Account Owner: Lauren



Lauren is her son's strongest advocate. It is her number one job. That is why she opened an ABLE account in February 2017 for Steven, who has Trisomy 9 Mosaic, a rare chromosomal disorder. Funds in Steven's account will be used to save for his future and to replace the family's aging van with a wheelchair accessible one.



"As a parent, ABLE has given me peace of mind in knowing I can set my son up financially for his current and future needs, without risking benefits. Creating an ABLE account is not time consuming, and very easy to do from the comfort of your own home. You really have nothing to lose and everything to gain. Even small contributions over time can have a significant impact on quality of life!"— Lauren



ABLE Account Owner: Katy



Katy is 28, works full time and is on NJ Workability. She has cerebral-palsy and is using her ABLE account to save for disability-related equipment and to build her dream HGTV-quality accessible home.



"The process of getting an ABLE account is pretty painless. It seems counterintuitive to everything we have been told. I'm a living, breathing example that this does not count against you. I'm getting the same services as before. It doesn't count against you and, unlike a trust, it isn't expensive."

– Katy

ABLE Account Owner: Edward



Edward is 31 and ABLE-eligible due to a spinal cord injury from a hit and run car accident when he was 17 years old. He has an MBA and is working two part-time jobs. He's using his ABLE account to save up for vehicle modifications and to *finally* move out of his parents house and into his own accessible housing.



“ABLE has allowed me to start saving without penalizing or jeopardizing my benefits. My parents worry what will happen to me when they are no longer able to help or they have died. ABLE gives them some peace of mind about my future. Plus, unlike a special needs trust that must be controlled by a trustee or trustees, ABLE gives me - a person with a disability - control over my finances and increased independence.” – Edward

ABLE Resources

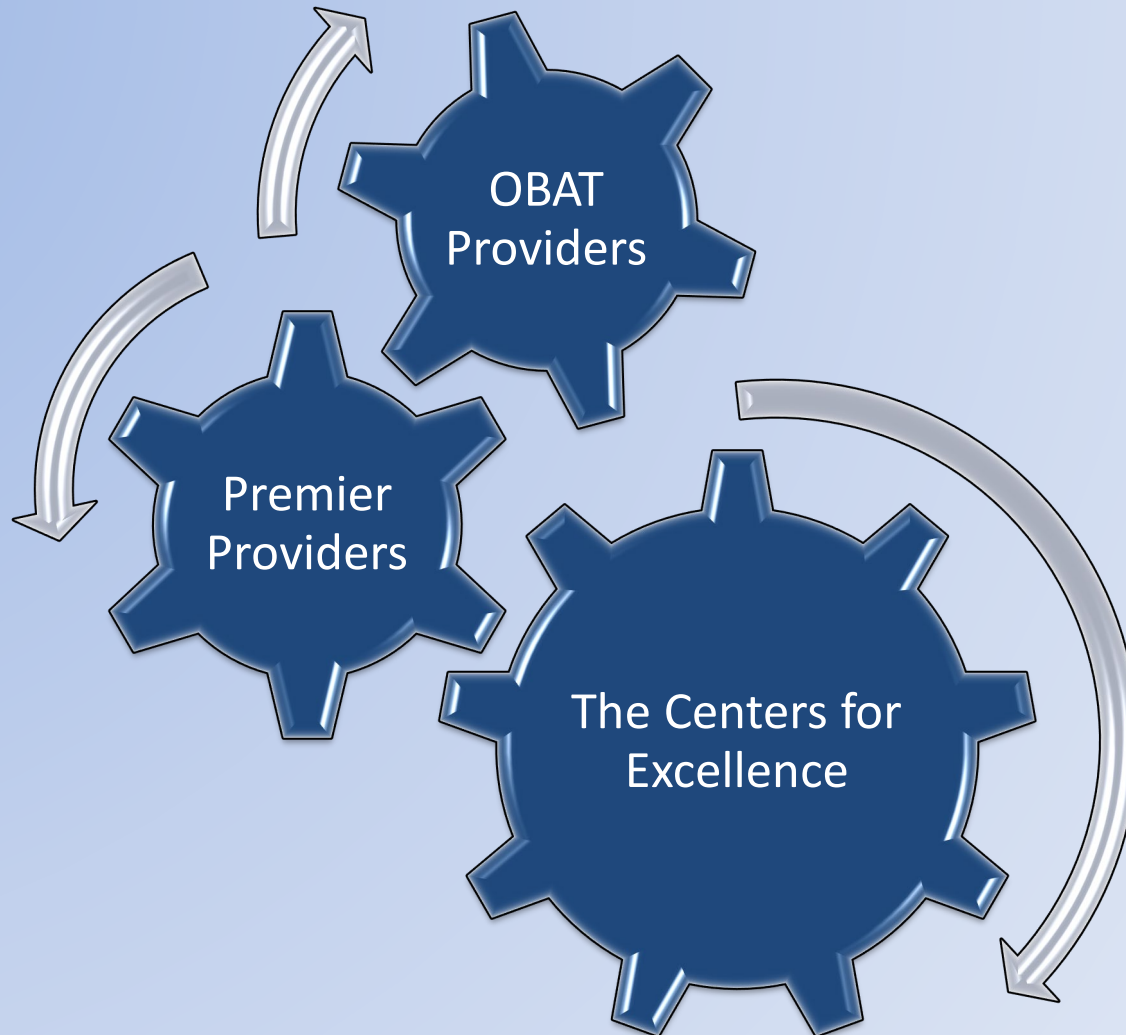
- ABLE National Resource Center www.ablenrc.org
- Social Security Administration: ABLE Accounts
<https://secure.ssa.gov/poms.nsf/lnx/0501130740>
- Internal Revenue Service (IRS) ABLE Accounts
<https://www.irs.gov/government-entities/federal-state-local-governments/able-accounts-tax-benefit-for-people-with-disabilities>

NJ MATrx Model Concept

The MATrx Concept

- The Division of Medical Assistance and Health Services, in collaboration with the Division of Mental Health and Addiction Services, has implemented a concept for Medication Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT) that is Medicaid reimbursable.
- 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 that will encourage additional primary care providers (PCPs) providing MAT services.

The New Jersey MATrx



Background:

The MATrx Concept

- DHS convened a group of stakeholders including family care physicians, community SUD providers, university based providers, FQHCs, ambulatory care clinics, pain and addiction specialists, and government subject matter experts to address the need to expand office based treatment for opioid misuse.
- The group discussed:
 - what is currently happening in their practices
 - how do you build upon what is working
 - how do providers work together to meet the patients needs
- Identified barriers to care

Perceived Barriers

Barriers include:

- Burdensome prior authorization requirements
 - Reported to be time consuming
 - Low success rate
- What services are covered by the MCO? By the State?
- Insufficient reimbursement
 - Involved intakes and social histories
 - No reimbursement for addressing psychosocial factors
- Lack of knowledge or experience
 - Need for peer to peer support
 - Need for mentorship

The MATrx Concept

Provider Types

- Centers of Excellence (COEs)– 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, Ambulatory Care Providers(ACPs) and OTPs. FQHCs, ACPs and CCBHCs have the ability to provide both physical and counseling services. FQHCs, OTPs and CCBHCs are currently paid under a bundled rate for these services
- Office Based Addiction Treatment providers (OBATs)– Primary Care Providers (PCPs) which include PAs and APNs

MATrx Providers

OBAT Providers must:

- Be DATA 2000 waived* to prescribe Buprenorphine
- Affiliate with other OBAT providers
- Promote integrated care
- Meet best practice guidelines

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

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 ambulatory care clinics licensed to provide substance use counseling. They offer integrated care in addition to MAT services.

*Integrated care refers to care of physical health conditions, substance use disorders and mental health disorders including serious mental illness.

Provider Support

Centers of Excellence:

Institutions of Medical Learning: Rutgers University Medical School – Newark, Cooper Medical School of Rowan University 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 treatments for individuals with multiple failed treatment attempts or complex comorbidity
- Provide peer to peer services

MATrx Navigator Services

Once the provider meets the established standards and is properly waived, they **must** offer “Navigator” services

Navigator Services:

- Navigators must be licensed (registered nurses, licensed practical nurses, social workers) individuals or individuals with a bachelor’s degree (two years of SUD life experience) or an associate’s degree (four years of lived SUD experience)
- Navigators may meet with the patient independently or with the PCP present
- 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 or may be shared between practices

MATrx Navigator Services

Navigator Services:

- Work with the patient to identify issues and establish a simple individualized plan of care (PIE) that addresses the 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 navigators may coordinate referrals for consultative services at clinics or centers of excellence.

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

MATrx Navigator Services

The American Medical Association (AMA) describes a patient navigator as someone whose primary responsibility is to provide personalized guidance to patients as they move through the healthcare system. The term patient navigator is often used interchangeably with “patient advocate,” and the role may be filled formally or informally by individuals with clinical, legal, financial or administrative experience, or by someone who has personal experience facing healthcare related challenges.

Journal of Nursing & Patient Care

Patient Navigators as Essential Members of the Healthcare Team: A Review of the Literature **Mailloux C1***
and Halesey E2

MATrx Navigator Services

Patient navigators are a part of the patient's healthcare team (ultimate responsibility lies with the PCP)

The primary role of a patient navigator includes:

- educating and connecting patients to resources and support services
- Coordinating care among healthcare providers
- scheduling appointments
- identifying financial/social services
- Completing a treatment plan (PIE) and tracking outcomes
- access to transportation
- provides support to minimize anxiety
- identify appropriate social services and make referral

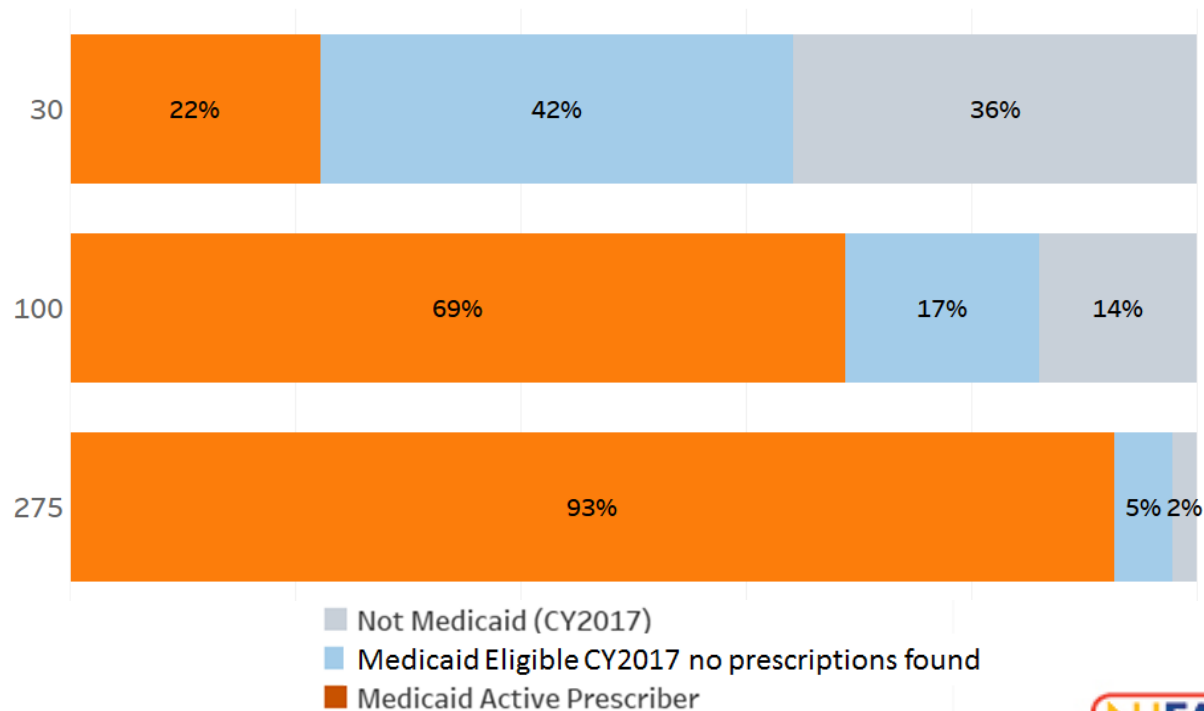
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Waivered Buprenorphine Providers vs. Medicaid Eligible vs. Active Prescribers

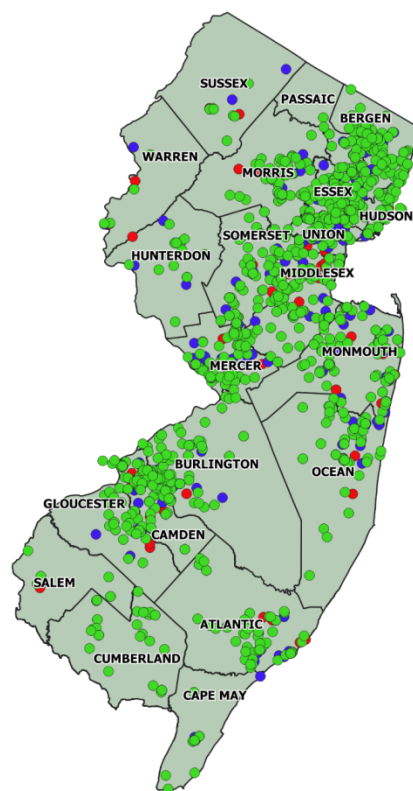
Larger providers are more likely to be active Medicaid providers and/or active prescribers of buprenorphine (CY2017) to a Medicaid recipient.

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



All New Jersey Waivered Buprenorphine Providers (Medicaid and non-Medicaid)

Buprenorphine Waivered Providers in New Jersey, by County, by Patient Treatment Capacities, 2019



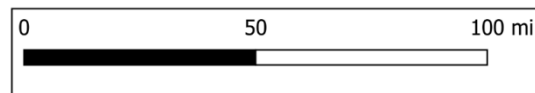
Legend

- Certified to Treat 30 Patients
- Certified to Treat 100 Patients
- Certified to Treat 275 Patients

No. Providers certified for
30 patients: 1,395

No. Providers certified for
100 patients: 294

No. Providers certified for
275 patients: 138



Waivered Physicians From 6/1/18 to 12/1/18

State	Total Number of Providers	Provider Designation			Number of Patients Certified For			Provider Capacity
New Jersey	Number of Providers	MD/PO	NP	PA	30	100	275	Total
On June 1, 2018	1,540	1,370	153	17	1,112	290	138	100,310
As of December 1, 2018	1,821	1,549	239	33	1,395	294	132	107,550
6 Month change	+ 281	+ 179	+ 86	+ 16	+ 283	+ 4	- 6	+ 7,240
6 Month Percentage	+ 15%	+ 12%	+ 36%	+ 48%	+20%	+1%	-5%	+ 7%

Training by Rowan University

Spring 2019 BUPRENORPHINE TRAINING COURSES

Training is FREE and includes complimentary breakfast, lunch and CMEs
(where applicable)

Saturday, May 11, 2019

Rowan University School of Osteopathic Medicine

Academic Center, Multipurpose Room

One Medical Center Drive

Stratford, NJ Trenton, NJ

Friday, May 17

Great Bay Country Club

901 Somers Point-Mays Landing Road

Somers Point, NJ

Training by Rowan University

Friday, May 31, 2019

Virtua Memorial Conference
Center
175 Madison Avenue
Mount Holly, NJ

Friday, June 28, 2019

Trenton Country Club
201 Sullivan Way
Trenton, NJ

Attendees:

- Can be eligible to receive up to a \$750 honorarium.
- Earn CME credits for the onsite physician participation.
- **For more information**
- Please contact: Nikole Ticcino 856-566-6960 or ticcinnl@rowan.edu
- **To register:**
- Please visit:
marketplace.rowanonline.com/store/events/listings/22433

Identified Barriers

Effective 4/1/2019, no prior authorization shall be allowed for medications and/or bundled services that include administering medication for the treatment of opioid use disorder.

- Safety edits (posted as a result of prospective drug utilization review (DUR))
- Maintain formulary preferences (through the pharmacy benefit)

Buprenorphine/naloxone combination products- No PA

Buprenorphine only- No PA

Naltrexone (oral)- No PA

Naltrexone XR- (For opioid, alcohol or both)- No PA

Methadone (oral) for the treatment of SUD- No PA

Sublocade (injectable)- No PA

Probuphine- (implantable)-No PA

Identified Barriers

Over 95% of Medicaid beneficiaries are enrolled in a managed care plan

MCOs cover:

- Primary Care Providers with a Navigator
- Referrals to COEs for patients with:
 - comorbidities
 - complex treatment options
 - multiple failed attempts

Identified Barriers

For Medicaid beneficiaries that are not enrolled in one of the fully integrated subpopulations:

FFS covers:

- Community behavioral health providers
 - OTPs, psychologists, SUD clinics, FQHCs
- Psychiatrists providing OBAT services
- All services for patients pending enrollment into a managed care plan

Identified Barriers

Increased intake and assessment for opioid misuse

For physician's intake and assessment:

- 90792HF- effective 4/1/19 pays \$438.17
- Office visits pay 100% of Medicare

To support increased need for management of identified psychosocial issues:

- Creation of Navigator care management services
- Navigator intake- \$152 (one time)
- Additional weekly billing x 6 weeks-\$76/week
- Additional monthly billing (no limit)-\$76/month

Any Willing Qualified Provider Components and Changes

An Initiative of the Divisions of
Aging Services and
Medical Assistance and Health Services



AWQP Initiative Background

The AWQP Initiative was developed in collaboration with the MLTSS Steering Committee Quality Workgroup which includes representatives from the NF providers, MCOs, and other long-term care stakeholders and advocates. The selection of these initial quality measures was a collaborative process over the course of several meetings in 2016. In January 2018, the AWQP Initiative was launched.

In late 2018, DHS reevaluated the AWQP initiative with a focus on incentives and rewards for quality performance.

NF and SCNF Funding

Part of the broader strategy for AWQP is to recognize the need to increase rates for nursing facilities and special care nursing facilities within budgetary constraints while recognizing the importance of rewarding and incentivizing quality

The AWQP quality initiative and the NF/SCNF rate changes provides a multi-tiered strategy to both improve quality and increase reimbursement.

Intent of the Initiative Changes

- Continue a Value Based Purchasing Initiative
- Research best practices from other states VBP programs
- Retain the quality metrics
- Allow for individual measure performance and incentive
- Establish mandatory participation requirements
- Shift from progressive accountability to financial incentives
- Include Special Care Nursing Facilities (SCNFs)
- Shift to annual data and reporting cycle that aligns with fiscal year

AWQP Timeline

- **April 2019:**
 - NFs receive most recent QPS Reporting including CoreQ survey results (Q4 2018)
- **April/May 2019:**
 - Appeals and Quality Performance Plan Report submissions required by NFs
 - CoreQ survey cycle begins
 - includes Hospital Utilization Tracking certification
- **May/June 2019:**
 - AWQP Stakeholder Workgroup
 - Provider engagement/training on next steps

Contact Information

For questions regarding the AWQP Initiative, please contact:

Leah Rogers

Quality Assurance Coordinator

Division of Aging Services

609-438-4512

dhs.awqpinitiative@dhs.state.nj.us

Office of Medicaid Innovation

Office of Medicaid Innovation

On February 6, DHS announced the new

Office of Medicaid Innovation Gregory Woods, Chief

Email: Greg.Woods@dhs.state.nj.us

Mission:

Improve the quality, delivery and cost of care within the state's Medicaid program.

Office of Medicaid Innovation

Major areas of focus:

Alternative payment models

Value-based payment strategy

Coordination of care for dual-eligibles

Complex and high-needs populations

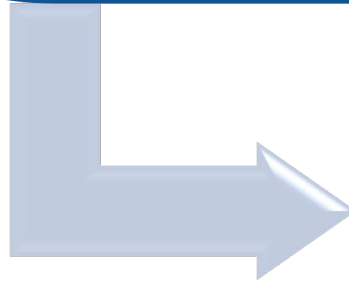
Quality measurement

Other innovative approaches to improve outcomes, experience of care, and efficiency

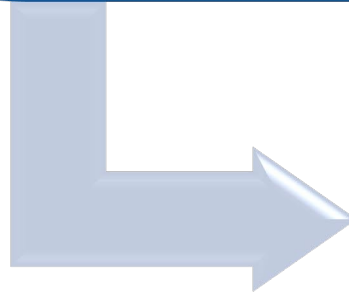
Office of Medicaid Innovation

Immediate next steps:

Review of existing (and past) value-based and alternative payment initiatives within NJ FamilyCare



Extensive stakeholder outreach



Discussion with peer states re: best practices

Long Term Care and Managed Long Term Services & Supports

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



Advisory, Consultative, Deliberative

February 2019 LTC Headlines

83.6% of NJFC Long Term Care Population is Enrolled in MLTSS

**52.6% of the NJ FamilyCare LTC Population is in
Home and Community Based Services***

Prior Month = 52.5%; Start of Program = 29.4%

Number of Recipients Residing in Nursing Facilities is Down
Almost 2,000 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.

Long Term Care Recipients Summary – February 2019

Total Long Term Care Recipients

57,580

Managed Long Term Support & Services (MLTSS)

48,144

MLTSS HCBS

26,035

MLTSS Assisted Living

3,105

MLTSS NF/SCNF

19,004

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

8,313

PACE

1,123

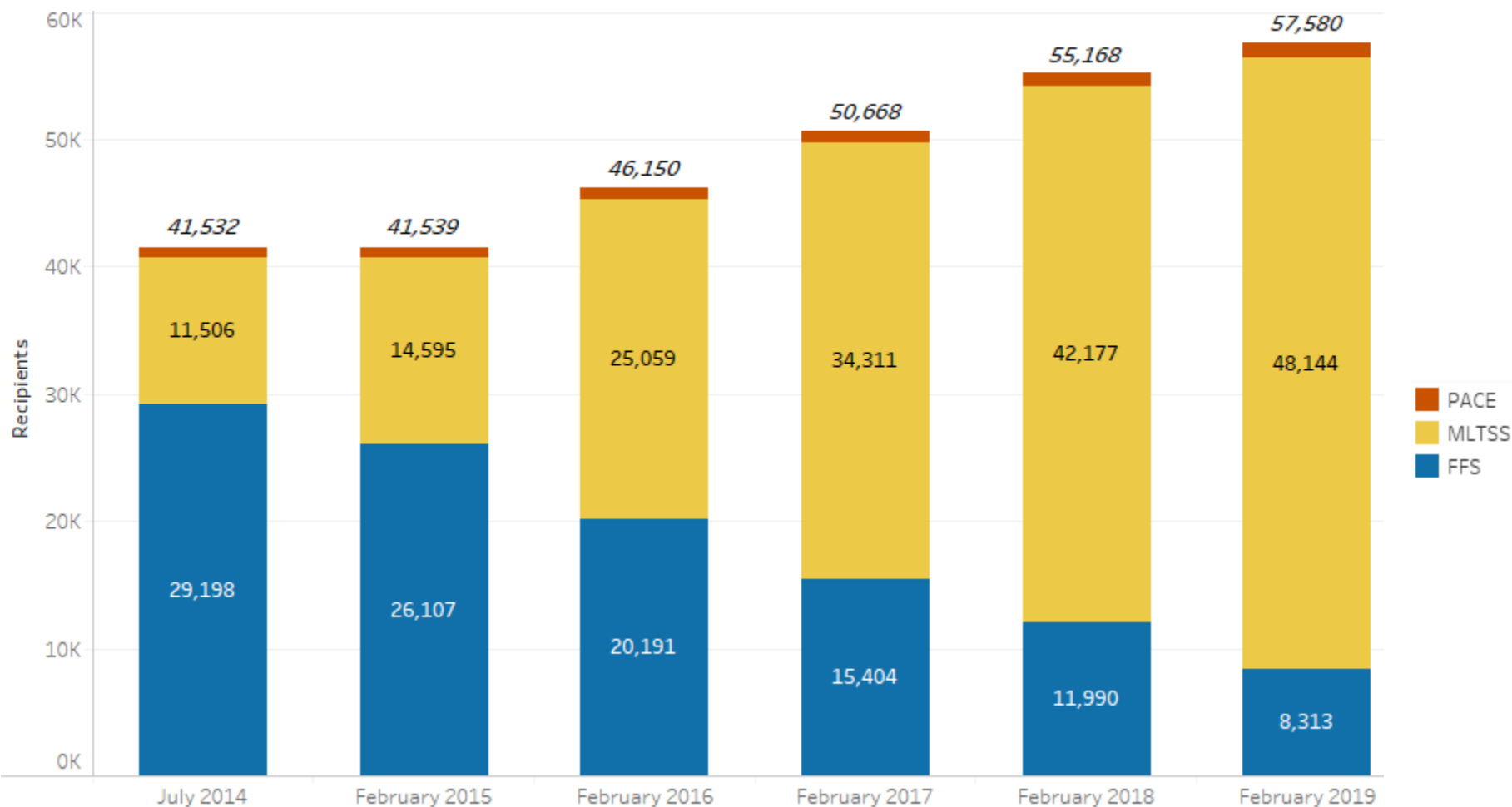
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed April 2019.

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).

* A portion (~25%) of the FFS NF & SCNF count is claims-based and therefore uses a completion factor (CF) 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.

Advisory, Consultative, Deliberative

Long Term Care Population: FFS-MLTSS Breakdown

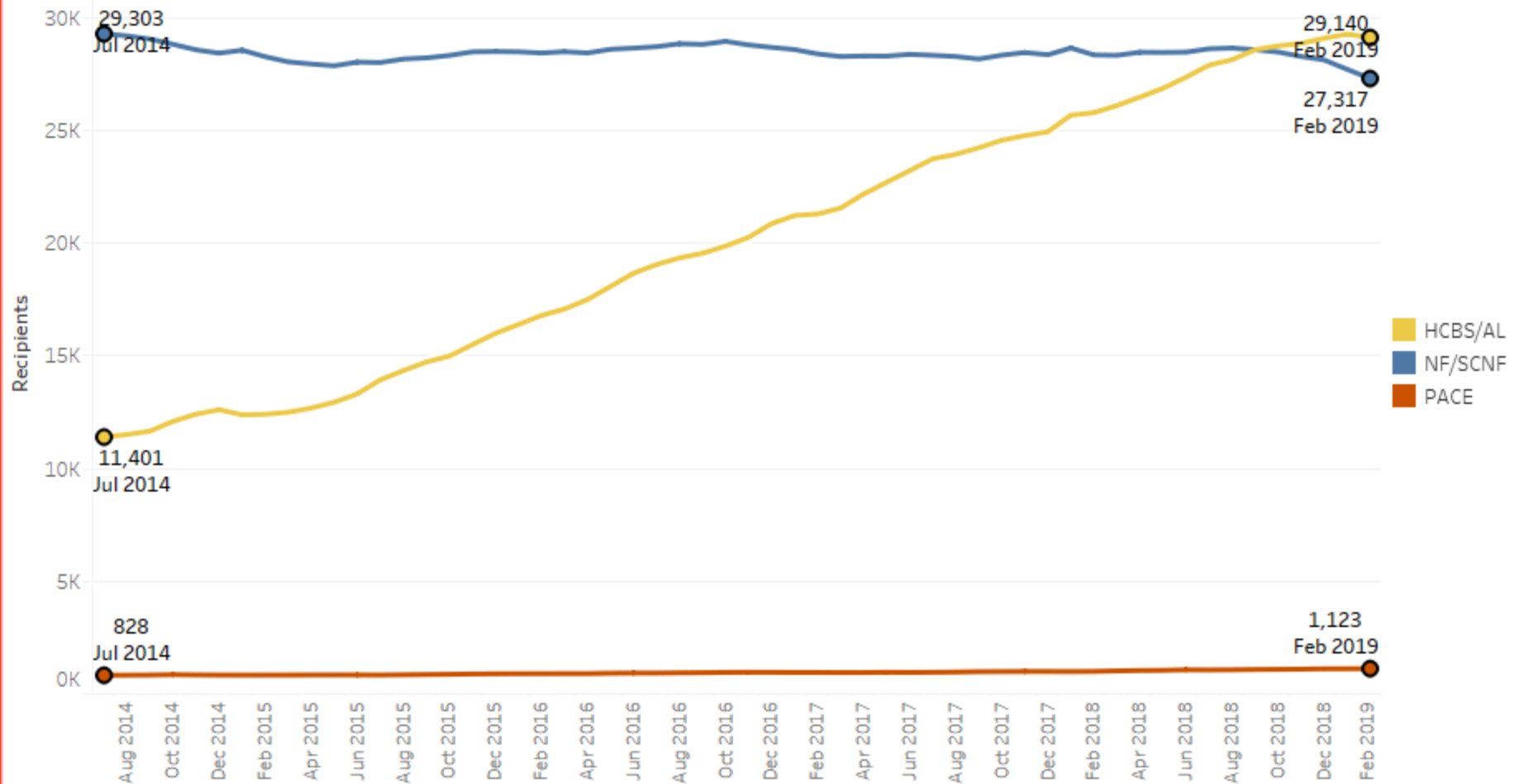


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed April 2019.

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.

Advisory, Consultative, Deliberative

Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed April 2019.

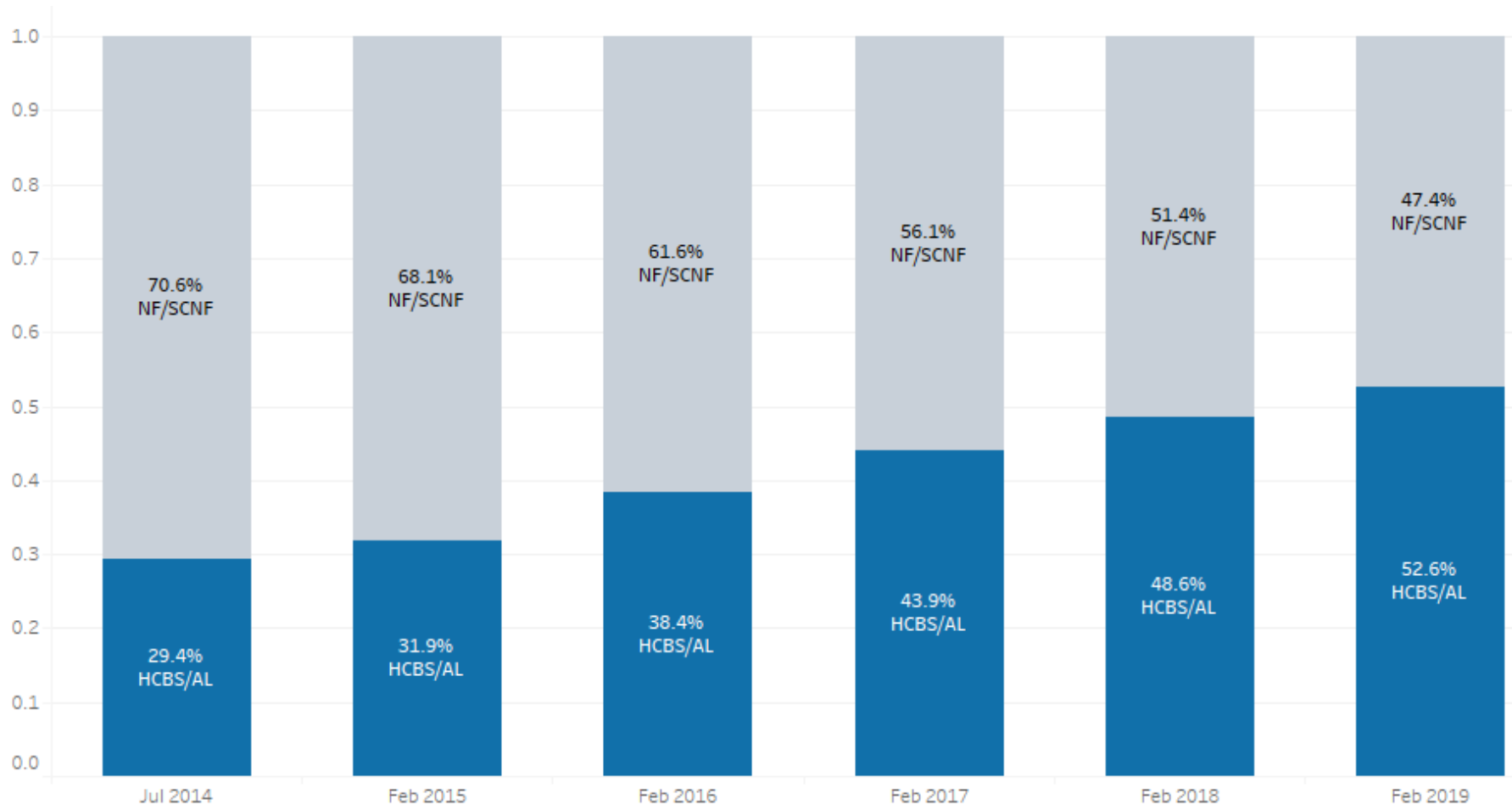
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

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 a completion factor (CF) due to claims lag (majority are medically needy recipients).

Advisory, Consultative, Deliberative

MLTSS Rebalancing



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed April 2019.

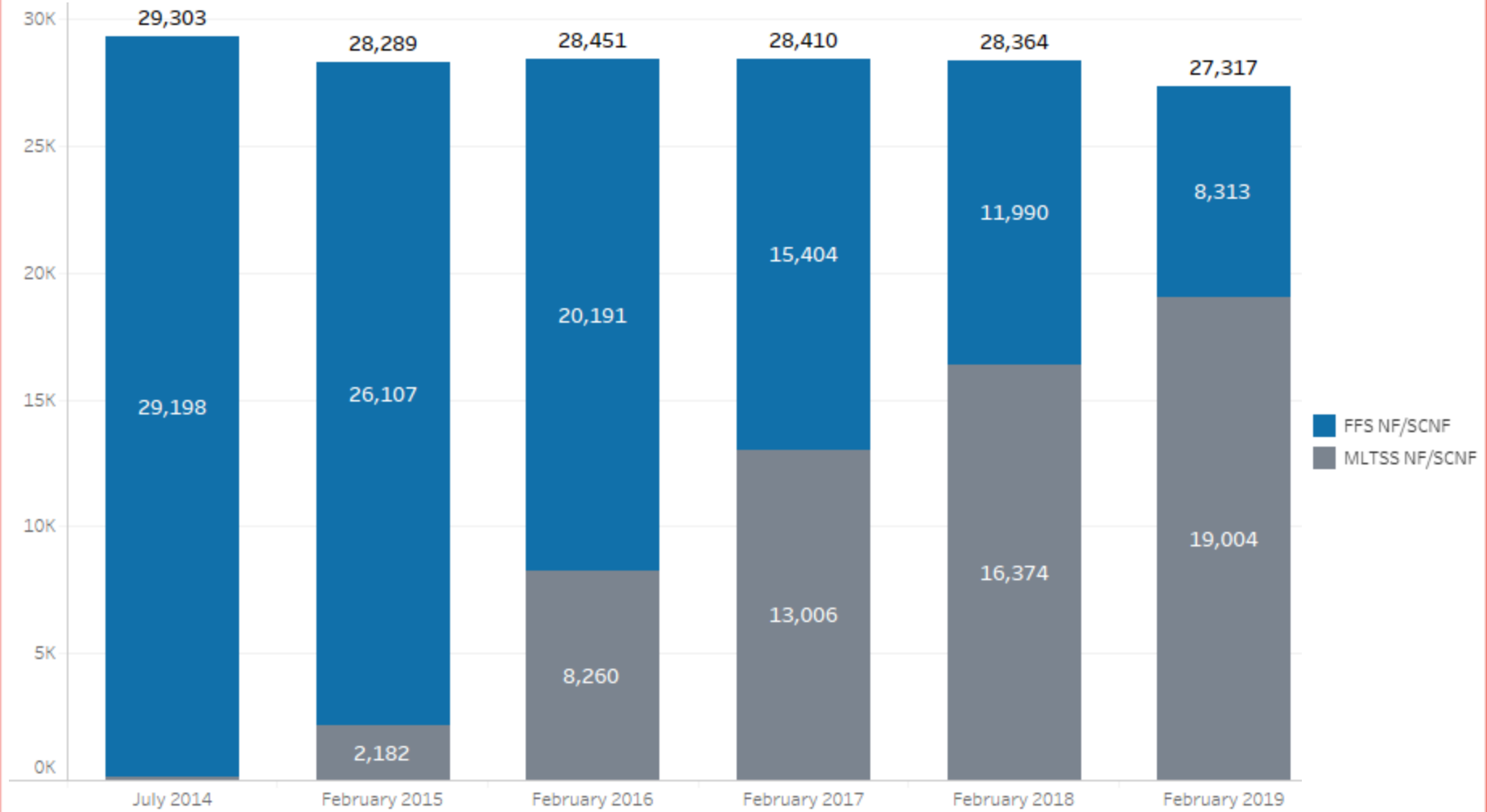
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Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically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

Advisory, Consultative, Deliberative

Nursing Facility Population

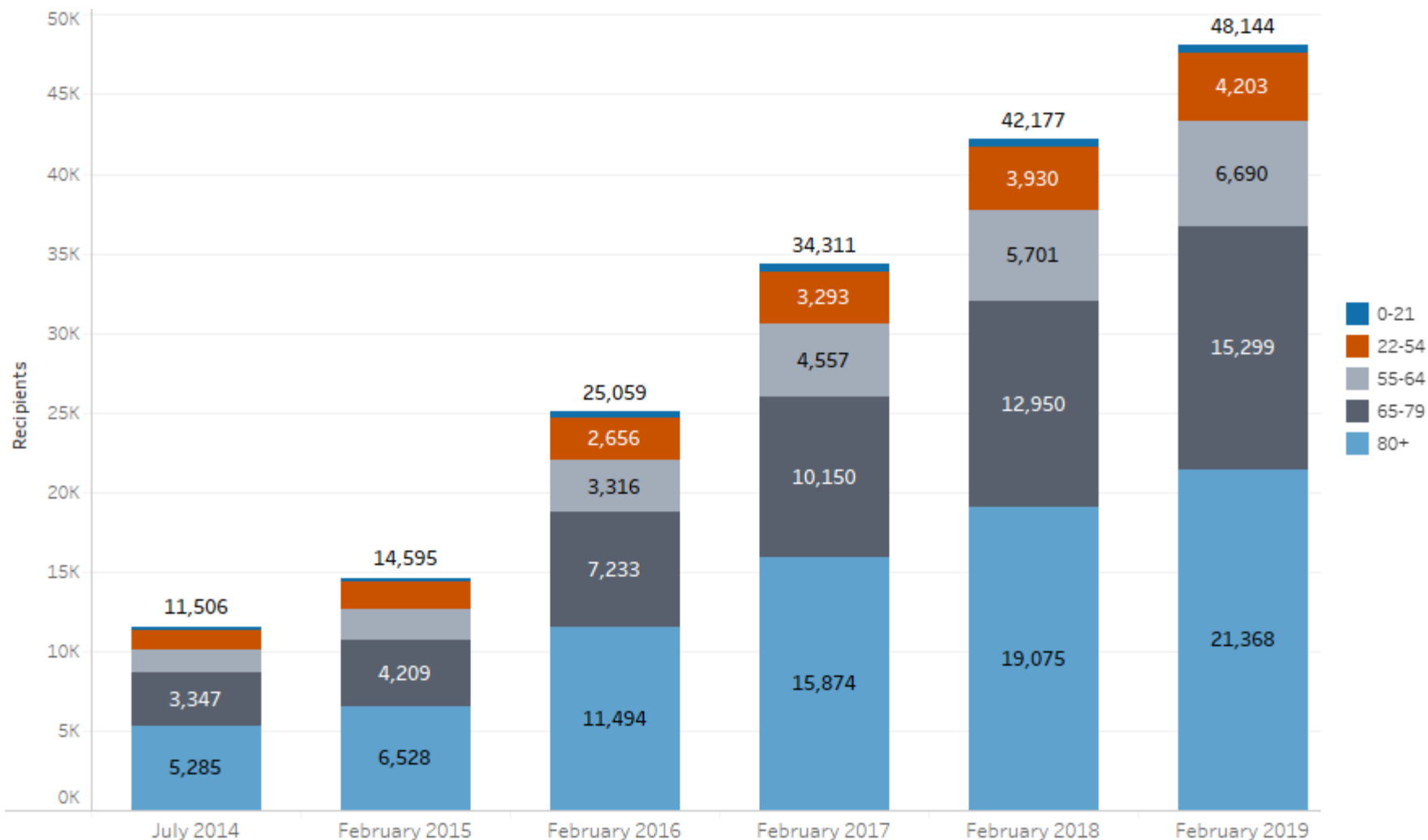


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed April 2019.

Notes: "MLTSS NF" population is defined as recipients with Capitation Code 78199, 88199 or with a SPC 61. "MLTSS SCNF" population is defined as recipients with Capitation Code 78399, 88399, 78499 or 88499 or with a SPC 63, or 64. "NF FFS" population includes all recipients with a Special Program code of 65, 66 or 67 as all other recipients with COS code 07 that do not meet any of the previous criteria (this subgroup uses a completion factor to account for claims which have not yet been received but are forthcoming).

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MLTSS Population by Age Group

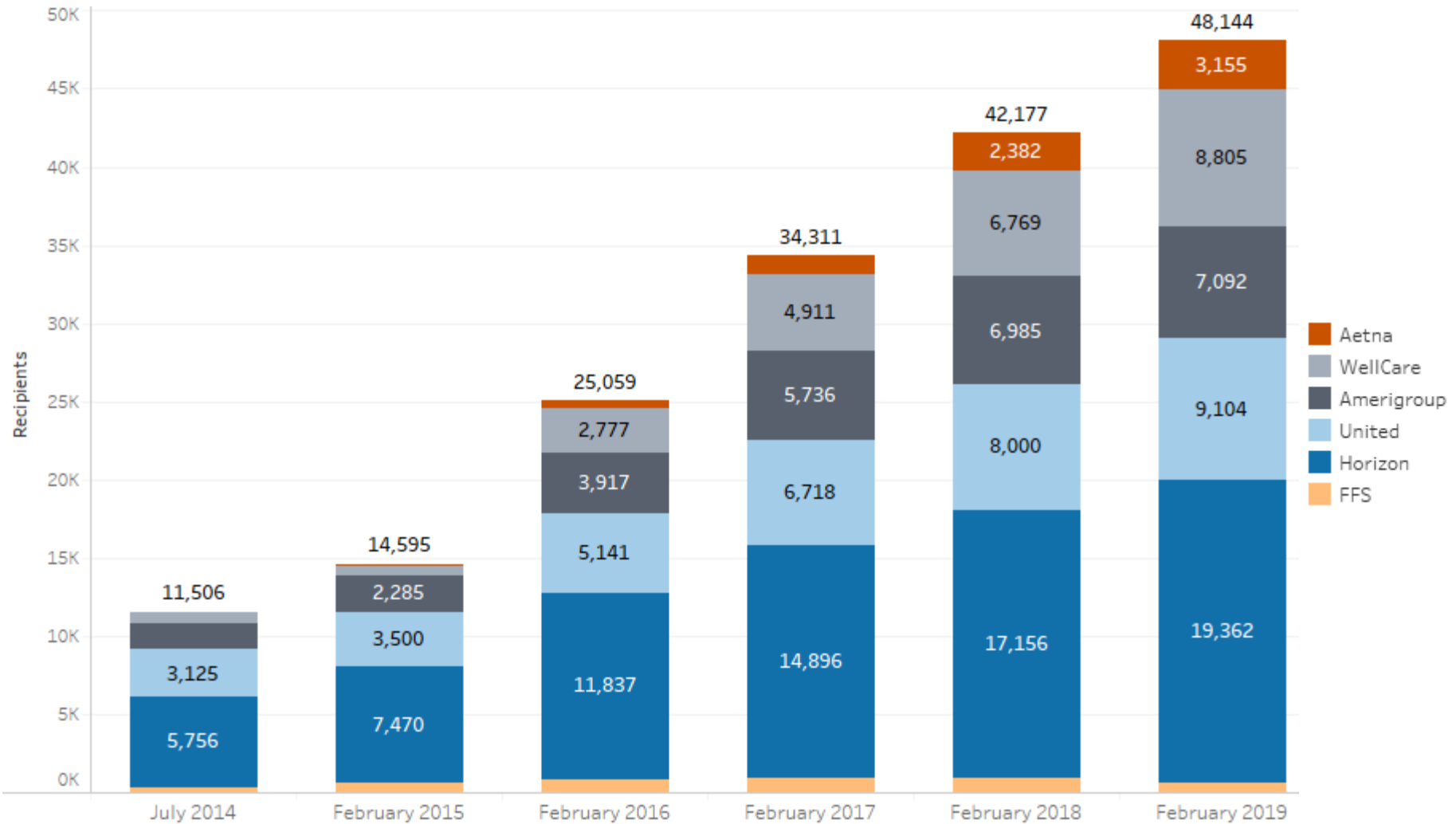


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated April 2019.

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.

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MLTSS Population by Plan



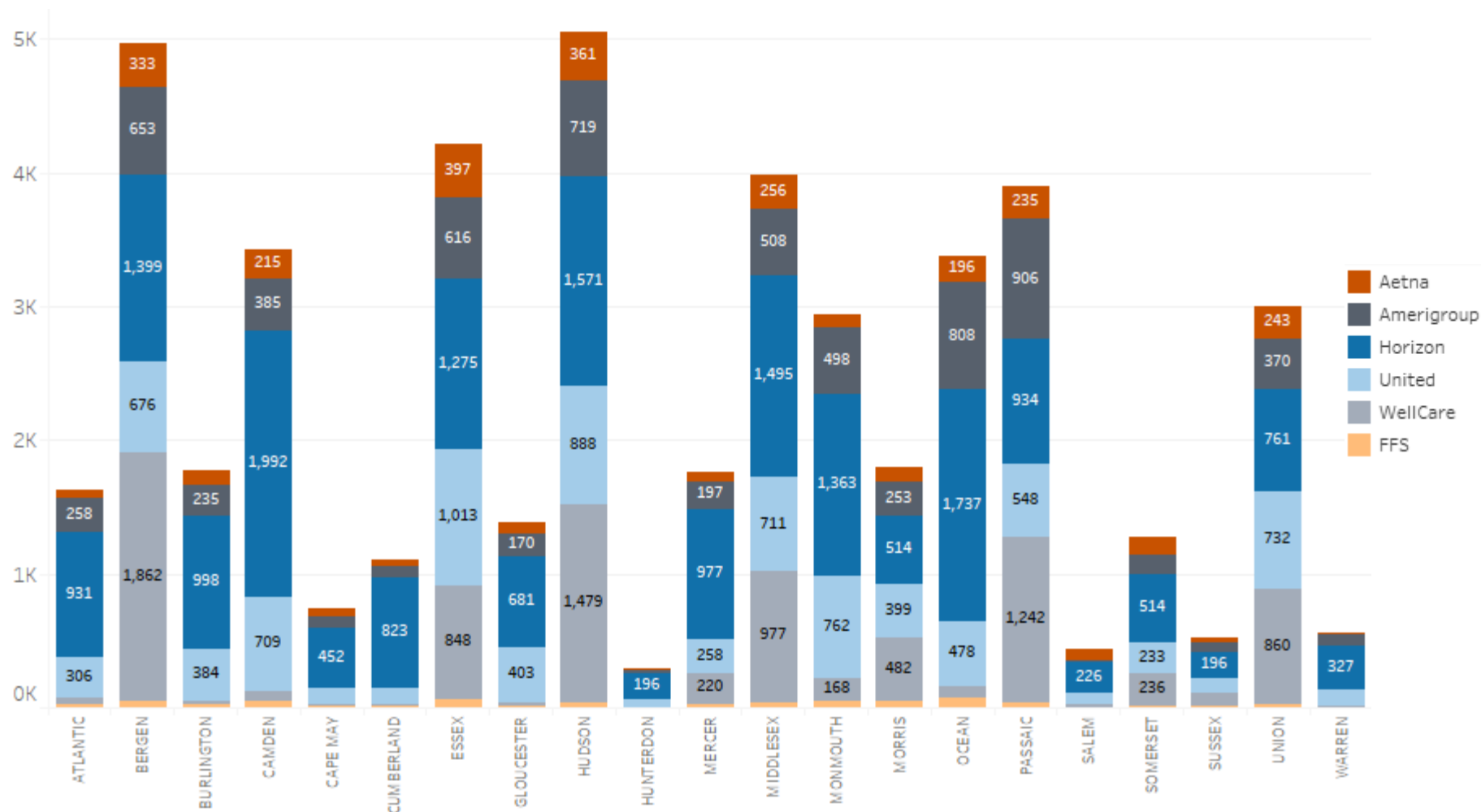
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, updated April 2019.

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 in the subsequent month.

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MLTSS Recipients per County, by Plan

February 2019

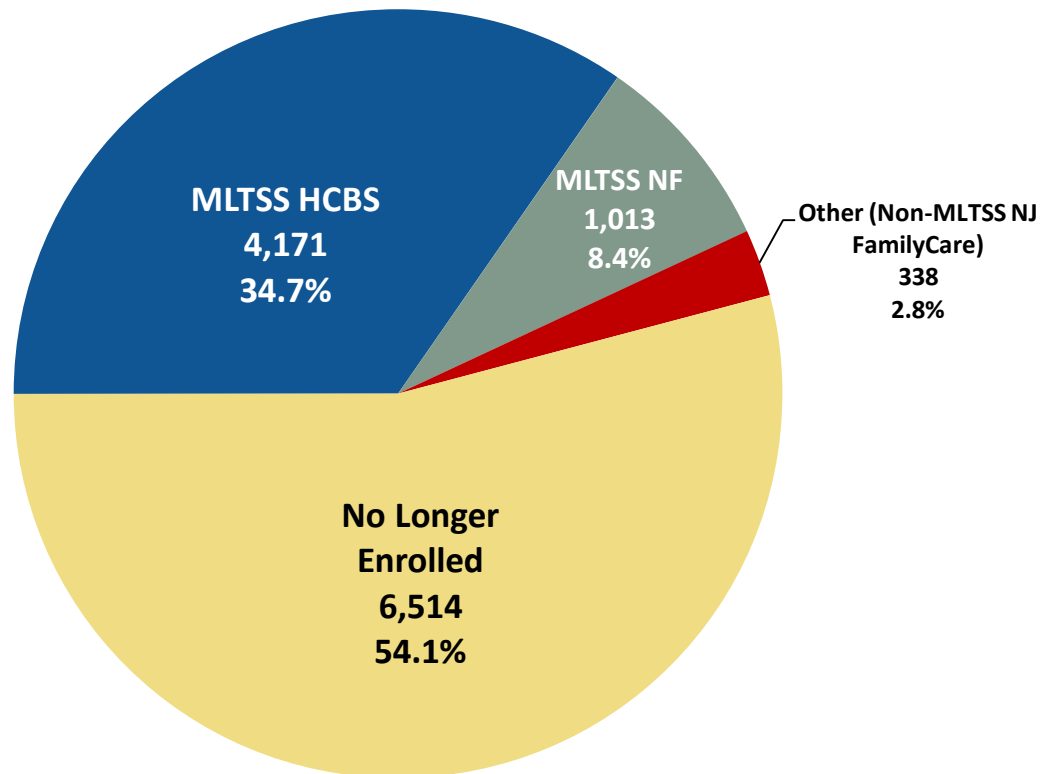


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, updated April 2019.

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.

A Look at the June 30, 2014 Waiver Population Today

All Waivers (6/30/14 = 12,036)



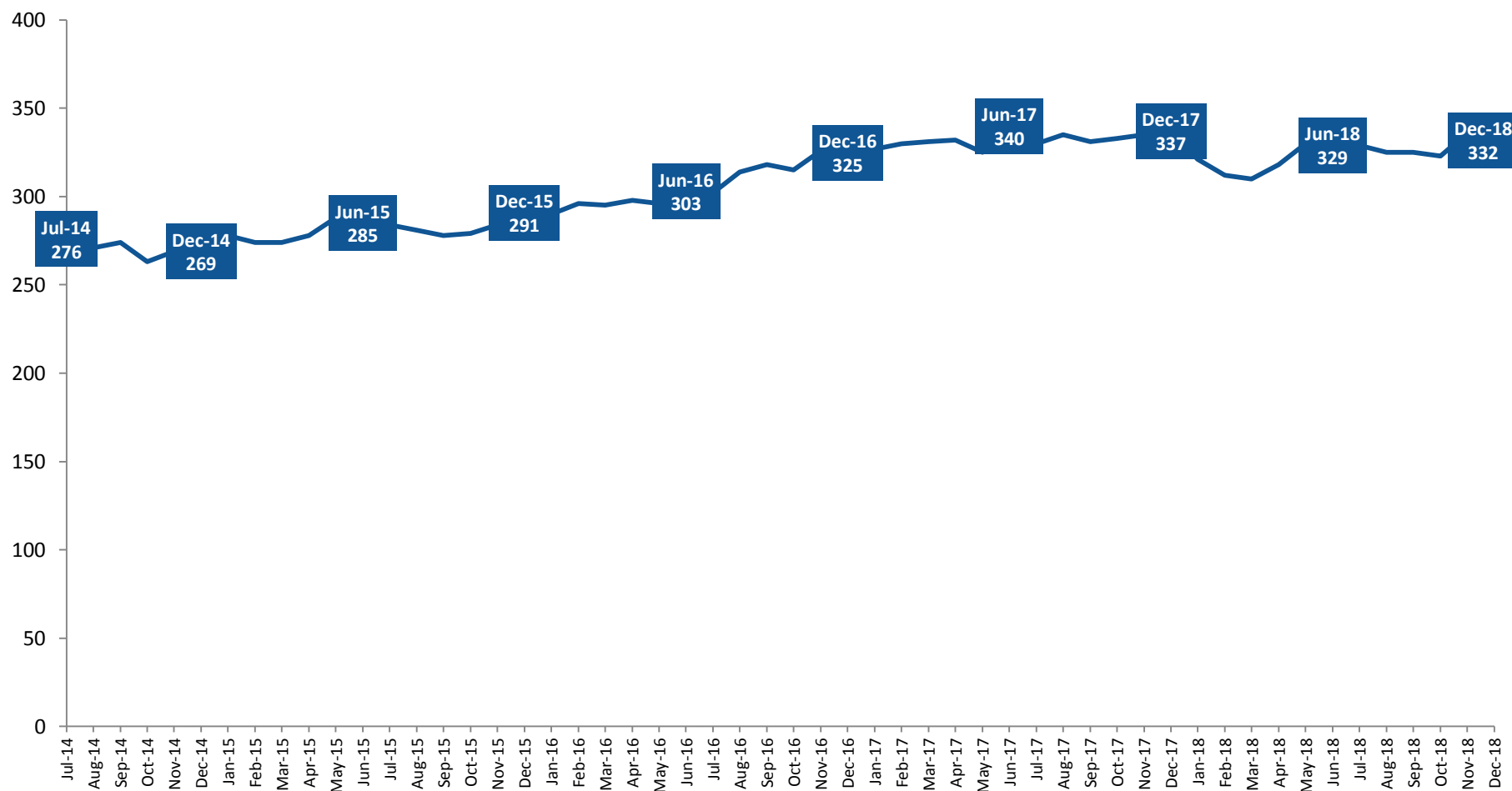
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed April 2019.

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 Recipients with a TBI Diagnosis

MLTSS Recipients with a TBI Claim in Given Month

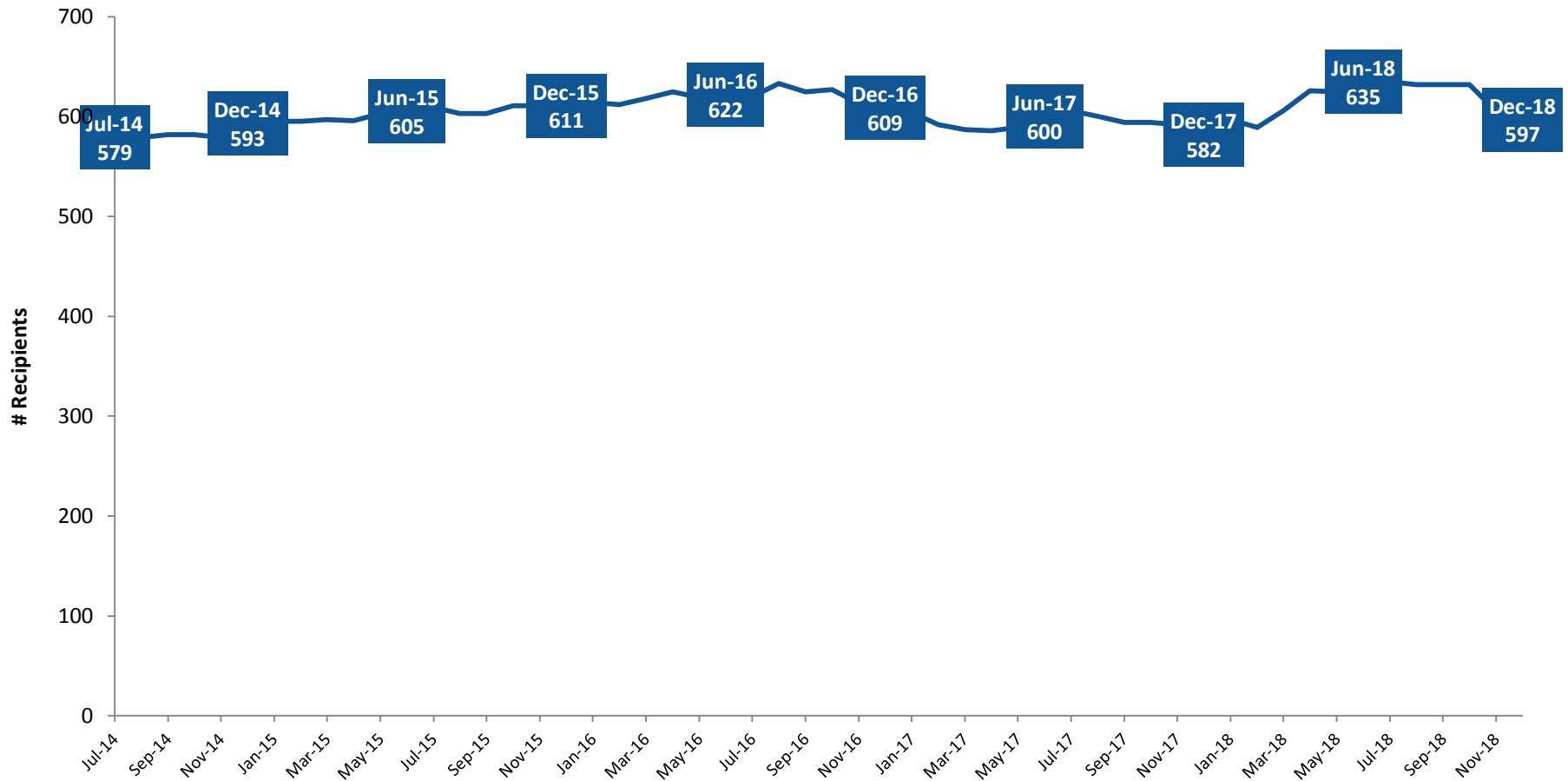


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed April 2019.

Notes: Recipients had a MLTSS capitation code as well as a TBI Service as defined in the MLTSS Services Dictionary (Cognitive Therapy, Occupational Therapy, Physical Therapy, Speech/Language/Hearing Therapy or TBI Behavioral Management).

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I/DD* Recipients Residing in a Nursing Facility



Source: NJ DMAHS Share Data Warehouse Recipient Table and Claims Universe, accessed 4/22/19.

Notes: * I/DD status identified by recipient having a DDD cap code (17399;37399;49499;77399;87399), a DDD SPC (07/46) or a DDD paycode designation (4, 6, B, C, D, J, K, S, U, W & X), on the RHMf between 1/1/13 & present. DDD paycode descriptions are as follows: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; FACTOR 8/9 & DDD (w & w/out HIV), DYFS and ABD and DDD (w/ & w/out AIDS, HIV, FACTOR 8/9), respectively. Note that the same recipient may appear in multiple month's counts. NF status identified by ENC COS NFC claim or COS 07 claim in the given month.

NJ FamilyCare Update

March 2019 Enrollment Headlines

1,704,652 Overall Enrollment

2,622 (0.2%) Net Increase Over February 2019

94.4% 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.

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March 2019 Eligibility Summary

Total Enrollment: 1,704,652

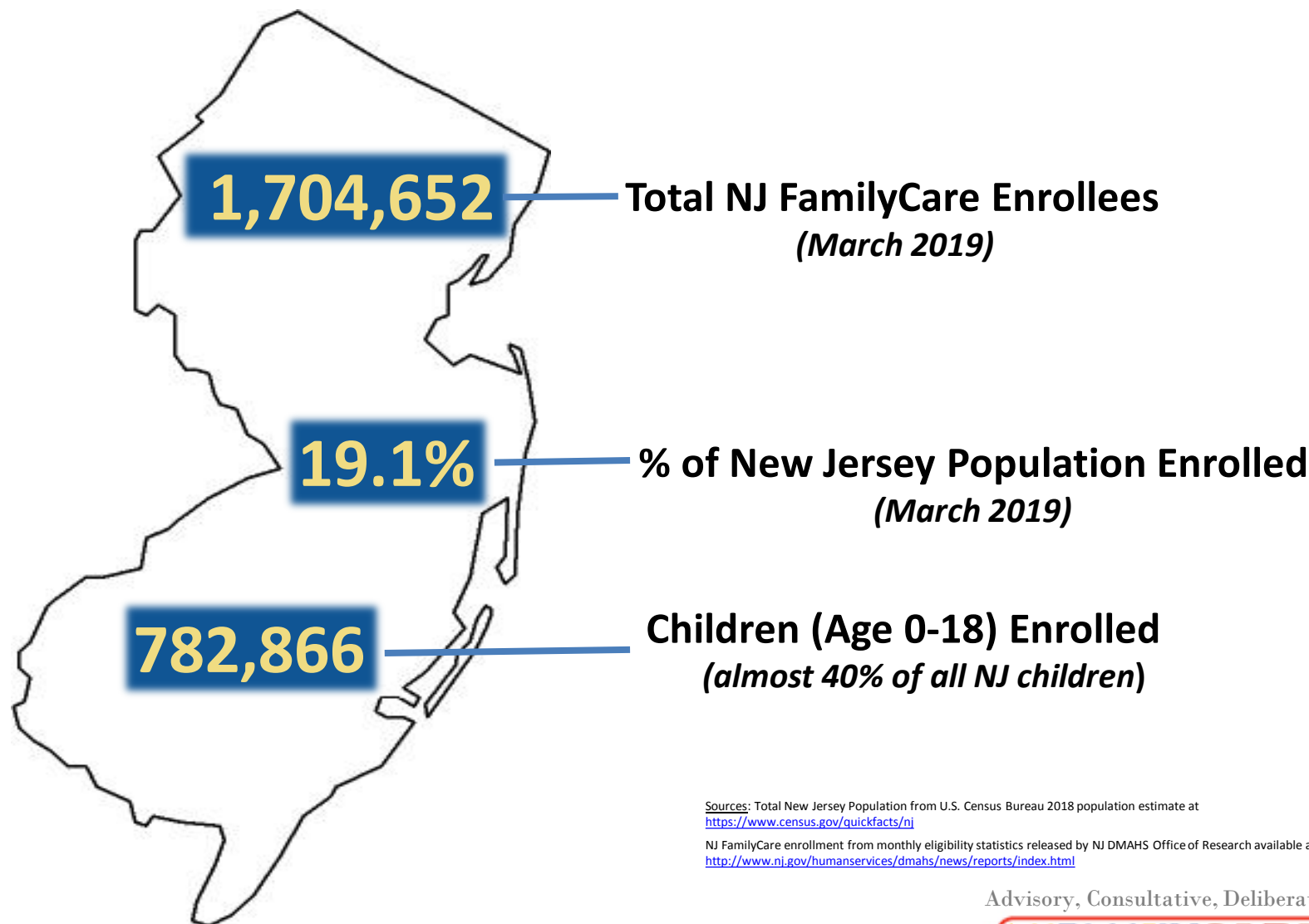
Expansion Adults	521,329	30.6%
Other Adults	97,872	5.7%
Medicaid Children	570,743	33.5%
M-CHIP Children	93,702	5.5%
CHIP Children	119,059	7.0%
Aged/Blind/Disabled	301,947	17.7%

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

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NJ Total Population: 8,908,520



Sources: Total New Jersey Population from U.S. Census Bureau 2018 population estimate at <https://www.census.gov/quickfacts/nj>

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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Governor's SFY '20 Proposed Budget

Fully funds DHS programs and services

Provides enhanced funding for clients with both developmental disabilities and mental health needs

Creates Doula care benefits in Medicaid for expectant and new mothers

Continues \$100 million in funding to address the Opioid crisis

SFY'19 Medicaid Initiatives

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.

Family Planning

Expanding family planning services to residents with incomes up to 200% of the federal poverty level. Newly eligible recipients have access to a package of family planning-related services, including post-partum coverage of LARC, allowing NJ to remove a restriction limiting access to one of the most effective forms of contraception.

Treating Opioid Use Disorder

Medicaid will offer a more complete service package to assist those who are battling Opioid and other SUDs. Implementation will expand Medicaid coverage of peer services and case management services for individuals with SUD 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.

SFY'19 Medicaid Initiatives

continued

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.

Expanded Hepatitis C Treatment

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

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.

Comparison of SMDL # 18-012: Ten Opportunities to Better Serve Individuals Dually Eligible for Medicaid and Medicare

Comparison of SMDL # 18-012: Ten Opportunities to Better Serve Individuals Dually Eligible for Medicaid and Medicare

Opportunity	Implemented	Under Review
State Contracting with D-SNPs	✓	
Default Enrollment into a D-SNP		✓
Passive Enrollment to Preserve Continuity of Integrated Care	✓	
Integrating Care through PACE	✓	
Reducing the Administrative Burden in Accessing Medicare Data for Use in Care Coordination	In process	
Program Integrity Opportunities		✓
MMA File Timing	✓	
State Buy-In File Data Exchange	✓	
Improving Medicare Part A Buy-In	✓	
Opportunities to Simplify Eligibility and Enrollment	✓	