MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
NJ Forensic Science Technology Center
1200 Negron Drive
Hamilton, New Jersey

January 14, 2013
10:00 a.m.

FINAL MEETING MINUTES

PANEL:

DR. DEBORAH SPITALNIK
MARY COOGAN
PATRICIA KLEPPINGER
VALERIE POWERS-SMITH (via telephone)
BEVERLY ROBERTS
WAYNE VIVIAN (via telephone)
DR. SIDNEY WHITMAN

STATE REPRESENTATIVE:
VALERIE HARR, Director
Division of Medical Assistance and Health Services

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**ATTENDEES**:

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| Evelyn Liebman | AARP |
| Dan Keating | Alliance for the Betterment of Citizens with Disabilities |
| Bernadette Katsur | Alkermes, Inc. |
| Corinne Orlando | American Heart Association |
| Jennifer Jacobs | Amerigroup New Jersey, Inc. |
| Robert Gallagher | Amgen |
| Cathy Chin | Alman Group LLC |
| Maureen McDermott | AstraZeneca |
| Joseph Winalski | Biogen Idec |
| Eric Uderitz | Boehringer Ingelheim Pharmaceuticals, Inc. |
| Barbara Geiger-Parker | Brain Injury Alliance of New Jersey |
| | Brain Injury Association of New Jersey |
| Tom Grady | Bristol-Myers Squibb Company |
| Virginia Plaza | Bristol-Myers Squibb Company |
| Ronald Poppel | Disability Rights New Jersey |
| Sue Saidel | Essex Court |
| Loy Teryhua | Greater Trenton Behavioral HealthCare |
| John Monahan | Healthfirst Plan of NJ |
| Andrea Cotton | Healthplex, Inc. |
| Frank DiGiovanni | Henry J. Austin Health Center |
| James Ryan | Home Care Association of NJ |
| Sherl Brand | Home Health Services and Staffing Association |
| Jean Bestafka | Horizon NJ Health |
| Dr. Phil Bonaparte | Horizon NJ Health |
| Karen Clark | Horizon NJ Health |
| Len Kudgis | Horizon NJ Health |
| Joseph Manger | Johnson and Johnson |
| Phil Lachaga | Johnson and Johnson |
| Michelle Paulik | KATZ Government Affairs |
| Mark Connelly | Lakewood Resource & Referral Center |
| Nechama Heinemann | Lakewood Resource & Referral Center |
| Sarah Rothenberg | Legal Services of New Jersey |
| Josh Spielberg | LIFE St. Francis |
| Janice Ruprecht | Mental Association of New Jersey |
| Dennis Lafer | Matheny Medical & Educational Center |
| Colleen Smith | MJ Strategies, LLC |
| Michele Jaker | |



**ATTENDEES**:

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| Candice Singer | National Council on Alcoholism & Drug Dependence-NJ |
| Carolyn Bray | New Jersey Association of Mental Health Addiction Agencies, Inc. |
| Shauna Moses | New Jersey Association of Mental Health Addiction Agencies, Inc. |
| Maureen Shea | New Jersey Association of Community Providers |
| Sue Gottesman | New Jersey Council on DD |
| Deborah Polacek | New Jersey Family Planning League |
| Melissa Chalker | New Jersey Foundation for Aging |
| Allison DeBlois | New Jersey Health Care Quality Institute |
| Theresa Edelstein | New Jersey Hospital Association |
| Jennifer Sryfi | New Jersey Hospital Association |
| Ray Castro | New Jersey Policy Prospective |
| Selina Haq | New Jersey Primary Care Association |
| Jacob Toporek | New Jersey Association of Jewish Federations |
| Raquel Jeffers | Nicholson Foundation |
| Mike Bond | Novo Nordisk |
| Paul Couturies | Novo Nordisk |
| Gayle Spier | Ocean County Board of Social Services |
| Karen Shablin | Optum |
| M. DiMaio | Otsuka |
| Liz Hicks | Otsuka |
| Judy Jenkins | Otsuka |
| Tom Ferris | Parent |
| Matt D'Oria | PerformCare NJ |
| Dean Gianarkis | Pfizer, Inc. |
| V. Caraballo | Rehabilitation Specialists |
| Mary Kay Roberts | Riker Danzig |
| Peg Kinsell | SPAN |
| Craig Nowacki | State Government Affairs |
| Dr. Ruth Perry | Trenton Health Team |
| Bill Cahill | United Healthcare Community Plan |
| Barbara May | Southern New Jersey Perinatal Cooperative |
| Zinke McGeady | Values into Action |
| Cindy Reich | Visiting Nurse Association |
| Lorraine Scheibener | Warren County Division of Temporary Assistance and Social Services |



**ATTENDEES**:

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| Molly Auciello | Wellcare |
| John Kirchner | Wellcare |
| Kathleen Whelan Ferris | Parent |
| Elizabeth Manley | Department of Children and Families |
| Brittany Johnson | Department of Health |
| Pauline Lisciotto | Department of Health |
| Dawn Apgar | Department of Human Services |
| Lowell Arye | Department of Human Services |
| Vicki Fresolone | Department of Human Services |
| Geralyn Molinari | Department of Human Services |
| Dr. Martin Zanna | Department of Human Services |
| Felicia Wu | Department of the Treasury |
| Nancy Day | Division of Aging Services |
| Kathy Mason | Division of Aging Services |
| Darlene Yannetta | Division of Developmental Disabilities |
| Maribeth Robenolt | Division of Developmental Disabilities |
| Karen Kasick | Division of Family Development |
| Meghan Davey | Division of Medical Assistance and Health Services |
| Robert Durborow | Division of Medical Assistance and Health Services |
| Marla Golden | Division of Medical Assistance and Health Services |
| Mollie Greene | Division of Mental Health and Addiction Services |
| Lynn Kovich | Division of Mental Health and Addiction Services |
| Holli Arnold | Division of Medical Assistance and Health Services |
| Karen Brodsky | Division of Medical Assistance and Health Services |
| Carol Grant | Division of Medical Assistance and Health Services |
| Kim Hatch | Division of Medical Assistance and Health Services |
| Richard Hurd | Division of Medical Assistance and Health Services |
| Roxanne Kennedy | Division of Medical Assistance and Health Services |
| Dr. Tom Lind | Division of Medical Assistance and Health Services |

**ATTENDEES**:

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| Jennifer Petrino | Division of Medical Assistance and Health Services |
| Michelle Pawelczak | Division of Medical Assistance and Health Services |
| Bob Popkin | Division of Medical Assistance and Health Services |
| Dianna Rosenheim | Division of Medical Assistance and Health Services |
| Heidi Smith | Division of Medical Assistance and Health Services |
| Irina Stuchinsky | Division of Medical Assistance and Health Services |



DR. SPITALNIK: Good morning and welcome to the first Medical Assistance Advisory Council meeting of 2013. I'm Deborah Spitalnik, I'm the Medical Assistance Advisory Council (MAAC) Chairperson, and I'm happy to welcome all of you. I want to thank Phyllis Melendez and Kim Hatch and Lisa Bradley for their assistance with this meeting. One of the things that we're going to ask because the meeting is being transcribed is if you do make a comment or ask a question, other than the MAAC members whose names are here, to please state your name.

We have two members on the phone. I'm going to first ask the MAAC members to introduce themselves. I'm going to ask the public to quickly introduce themselves.

We have been as a group able to proceed with integrating comments from the public with our deliberations as a body. Some gubernatorial appointed councils only permit a brief period of public comment isolated from the discussion. We've not had to create such rigid practices.

So let me ask the members to quickly introduce themselves and then let me ask the public to do so also.

(Speaker on phone inaudible.)



DR. SPITALNIK: We just had Valerie Powers-Smith introduce herself.

And Wayne Vivian, are you there?

MR. VIVIAN: Yes, I'm here.

DR. SPITALNIK: Okay. Wayne Vivian, member of the MAAC is here.

Valerie, let me ask you to introduce yourself.

MS. HARR: Valerie Harr, Director of Division of Medical Assistance and Health Services.

DR. WHITMAN: Sid Whitman, pediatric dentist, Chairman of the Oral Health Coalition of New Jersey.

MS. KLEPPINGER: Hi. Pat Kleppinger representing two differently-abled family members, and anybody else.

MS. ROBERTS: Good morning. Beverly Roberts, the Arc of New Jersey.

MS. COOGAN: Mary Coogan, Advocates for Children of New Jersey.

DR. SPITALNIK: I'll ask people to introduce themselves. And if you've not signed in, please do so before you leave so as to reflect your presence in the Minutes.

(Attendees introduce themselves.)



DR. SPITALNIK: Thank you all. I know it's time-consuming, for everyone to introduce themselves but I think it is really important to know with whom we are speaking and to acknowledge the full range of the Medicaid constituency represented.

I'm going to make a slight change in our agenda. We're going to approve the Minutes. I have two updates from the perspective of the MAAC: The Directors Report and the Comprehensive Medicaid Waiver update. We're going to shift some of our presentations around because of schedule, so we'll have an update from the Division of Developmental Disabilities, the Children's System of Care, the Behavioral Health Homes update, talk briefly about the Consumer Assessment of Healthcare Providers Systems® (CAHPS®) survey.

I will turn to the Minutes. We have two sets of Minutes.

Do we have a quorum in terms of approval of the minutes?

MS. MELENDEZ: We do.

DR. SPITALNIK: And this also includes the people on the phone, and I just want to remind the people on the phone to mute their lines.

We have Minutes from June 25th. Do we have any comments on those?

Beverly?

MS. ROBERTS: On the June 25th Minutes on page 5, in three places it refers to the Comprehensive Medicaid waiver, it talks about the Supports Waiver from the Division of Developmental Disabilities (DDD). Now, my understanding is that the program considered a Supports Program, not a Supports Waiver. And so I just wanted to check to confirm should that wording be changed in those three places.

DR. SPITALNIK: I would defer from someone from DDD.

MS. HARR: Yes. The supports program is part of the 1115 Comprehensive Waiver, so we can refer to it as the Supports Program under the umbrella of the 1115 Medicaid Waiver.

DR. SPITALNIK: So there will be a correction to the Minutes that anywhere where it says Supports Waiver be replaced by Supports Program.

Anything else on the June 25th Minutes?

Do I have a motion?

By Dr. Whitman.

Second, Roberts. The June 25, 2012 Minutes are approved.

We'll turn to the October 9, 2012 Minutes.

Do I have any additions or corrections?



DR. WHITMAN: I approve those Minutes.

DR. SPITALNIK: So I have a motion from Dr. Whitman. Second from Mary Coogan. All those in favor?

MEMBERS: Aye.

DR. SPITALNIK: The October 9th Minutes are approved.

I want to give you two updates. One is around the continuing issue of membership of the MAAC. We know that we have, for a very extended period of time, been below complement in terms of members. I know many of you have faithfully attended as members of the public and some of you have been in the pipeline for approval or nomination to the Council. I spoke to Judith Lieberman in the Governor's Office last week. She sends both her regrets and apologies that these nominations have not yet formally been made. They're actively working on them. It is not a reflection on the nominees, but rather their backlog which has been exacerbated by Super Storm Sandy. I have stressed the importance of the role of the MAAC, particularly with the approval of the Comprehensive Waiver. And I have been assured that it is a high priority.

I'd like to add apologies again to those of you who have been faithful attendees in waiting. We look forward to expansion of our membership and



enhancing our functioning that way.

In terms of our functioning, we underwent an internal process about six months ago. We did a review of the federal guidelines for the composition and functioning of the MAAC. We had a lot of input from Bob Popkin, Medicaid's Counsel, and we came up with a new set of MAAC Guidelines.

MS. COOGAN: Beverly Roberts and I were on the Subcommittee that reviewed the Guidelines, and I think they were circulated among all the members of the MAAC. I didn't see e-mails coming back that people had a problem with them, but we could take a vote.

DR. SPITALNIK: Mary Coogan and Beverly Roberts, thank you again for your leadership, and efforts. The Guidelines talk about objectives, functions and the appointment of membership of at least 12 and up to 16 members who are direct appointment by the State Board of Human Services with the consent of the Governor. Although as I mentioned earlier, all these appointments come through the Governor's Appointment Office. Appointments are for a three-year term; they should represent the full range of Medicaid consumers and there will be a Chairperson and a Vice Chairperson; that we may establish committees as necessary for carrying out our objectives; that we make



recommendations to the Director of the Division of Medical Assistance and Health Services; that we hold four meetings annually; that we publish those meeting dates according with State regulation; that there be a staff secretary; that an agenda be prepared in writing; that we have meeting Minutes; that we can amend the Guidelines; and, that we operate under Roberts Rules of meeting procedure.

So if people are comfortable with that, may I ask for a motion?

MS. ROBERTS: One comment. I just wanted to make one comment, which is stating the obvious, but for the record, we are in violation of these Guidelines in that it says there will be 12 members and up to 16 members, and we haven't had 12 members of the MAAC for a very long time. But for the record, it should be noted that the MAAC is in violation of the Guidelines with regard to our membership.

DR. SPITALNIK: Thank you. Any other comments or may I have a motion?

MS. COOGAN: I make a motion that we approve the Guidelines, as amended.

MS. KLEPPINGER: Second.

DR. SPITALNIK: All those in favor? Against? Abstentions?

So we have a new set of Guidelines. And again, thank you to the staff, particularly Bob Popkin.

I would like to mention the Balancing Incentive Program (BIP). The MAAC provided a letter of support for the Department of Human Services' application for a Balancing Incentives Program under the Affordable Care Act. And what we relied on was, not only our role in advising the Department, but prior to the planning of the Comprehensive Waiver, we had developed a series of Guiding Principles. We felt that the application for the BIP and the emphasis on community, rather than institutional care, was very much undergirded by those Principles and that vision. So we formally submitted a letter of support to accompany the BIP application.

I'd like to turn to Director Harr for her update. We appreciate the tremendous amount of work going on in the Division.

MS. HARR: Thank you. There is a tremendous amount of work going on. I have quite a few things that I'll quickly move over. The first item is a status update of the State Fiscal Year 2014 budget.

We are in budget planning mode right now. I have meetings this week with the Commissioner, the Department, and the Governor's Office, the Treasury



and Office of Management and Budget. We will know more about the budget in the Governor's Budget Address in February.

We continue to be committed to the principles and the delivery system changes in the 1115 Comprehensive Waiver. I look to establishing a Medicaid budget for 2014 that is consistent with what you see in the Comprehensive Waiver.

We've already heard Dr. Spitalnik mention, something that's overshadowing really everything that we do and moving into budget discussions -- the impact Super Storm Sandy. It is a factor in all of the budget discussions and everything that I think is going on in the state. Super Storm Sandy will play a role because it is a priority of the State to recover from the Super Storm.

Next is a request for a status update for the Medicaid expansion. With the Supreme Court ruling on the Affordable Care Act (ACA), expanding Medicaid for individuals under 133 percent of poverty, who have not been previously categorically eligible for Medicaid, remains an option to states. New Jersey has not made that decision yet. It will be the Governor's decision.

MS. COOGAN: There has been, I think,



significant mention of the expansion in the press and there are a lot of people who are concerned about the Medicaid expansion, including a lot of people in the audience. Part of the issue seems to be that people have concerns about the impact on the budget of those who might be already eligible but not yet enrolled in Medicaid. I don't personally have a cost assessment of that, but that seems to be the negative. Everything else seems to be very positive in that this would be a benefit to the people in New Jersey. So I guess I would ask if we could make a motion that the MAAC actually submit something in writing to the Governor in support of the Medicaid expansion. And I don't know how other members of the MAAC feel about that, but I think it is sort of what we're about, helping those who are in the Medicaid population. So having not seen anything beyond potential cost, which I can appreciate that is a concern, I would say we should support it.

DR. SPITALNIK: You want to make the motion?

MS. ROBERTS: I'm in full agreement with what Mary Coogan just said.

DR. SPITALNIK: That's a formal motion?

MS. COOGAN: Yes, the motion is we write a letter of support and submit it to the Governor's



Office.

DR. SPITALNIK: Okay. There's been a second. Any discussion from anyone on the phone?

MS. POWERS-SMITH: No.

DR. SPITALNIK: Is there any further discussion among us? No.

All those in favor of that?

(Members signify by raising hand.)

MS. COOGAN: I'll start drafting a letter, if you want, and we can circulate the draft.

DR. SPITALNIK: That would be great.

And I would encourage people who have concerns about this to be in communication with Mary Coogan at Advocates for Children in New Jersey. If anyone has any data, any other perspective that they would like to add, we'll take that.

MS. COOGAN: And if anybody has information, I'll wait after the meeting and I can give people my e-mail address, et cetera.

DR. SPITALNIK: Thank you very much.

MS. HARR: Next there are a few ACA provisions that have taken effect that I thought the MAAC and the audience would be interested in that I wanted to highlight.

First, there is a primary care provider rate

increase that under the Affordable Care Act went into effect January 1, 2013. We have a Newsletter that has gone out. It's Volume 23, No. 4, dated January 2013, with a subject, Affordable Care Act, as amended Section 1202 of the Health Care and Education Reconciliation Act of 2010 and Enhanced Reimbursement Rates.

So you know, this primary care rate increase is for certain codes. Medicaid will increase reimbursement to 100 percent of the Medicare rate. It will be in fee-for-service (FFS) and managed care. We did not get the codes from the Centers for Medicare & Medicaid Services (CMS) until November 2012. So the codes are not yet in our system. The codes may not be in managed care organizations' claims processing system yet either. But, in any event, we are planning to, once the codes are in the system, have a process to reprocess the claims to make the rates retroactive to January 1, 2013. Again, more information on that primary care rate increase can be found in the Newsletter. This, and other Newsletters, are found on the fiscal agent website, www.njmmis.com.

The second requirement we have implemented since January 1, 2013 under the ACA is a requirement to enroll non-billing providers. This is Newsletter Volume 22, No. 20, dated



December 2012, with a subject New Affordable Care Act Requirements. The ACA requires that all health care professionals who provide, refer, or operate or prescribe any type of service for Medicaid/NJ FamilyCare beneficiaries in FFS -- this applies FFS beneficiaries -- enroll in the Medicaid program as a non-billing provider unless already enrolled as a billing provider.

We have instances where it is a non-Medicaid physician prescribing prescription to our recipient then fills the prescription and the prescription is paid for by Medicaid FFS but the prescriber is unknown to us. And, so this is really a program integrity effort that now if you're a non-billing provider but you are a prescriber of Medicaid FFS, you must enroll as a non-billing provider. There are lots of details around this provision. We are working with different provider groups to try to make this as seamless as possible.

Let me also mention that annually we do get code updates (CPT code and HIPAA code updates), but for some, I guess there was a DSM update where there things happening at the federal level that have resulted in us having a larger-than-ordinary code update that we have to implement. And so we are in a process of doing



that. All the codes haven't been updated, but there are changes. This affects some mental health and dental billing codes. So we are in the process of updating those codes as well as our managed care contracted plans.

As Dr. Spitalnik mentioned, we are very pleased to announce that the Division of Aging Services, in consultation with the Division of Medical Assistance and Health Services, applied for the BIP program opportunity under the ACA. Our analysis would put us as a two percent state, meaning that once approved, for two and a half years, we would get an enhanced federal matching rate of our spending on home and community based services, and that enhanced funding must be used to expand services. So we're looking forward to CMS' response. CMS acknowledged receipt of our proposal, and we'll continue to work with them to answer any outstanding questions.

I was asked for an update on grievances and appeals reporting and uniform credentialing.

Division of Medical Assistance and Health Services' (DMAHS) Information Technology (IT) folks are working on enhancing the grievance and appeals reporting. DMAHS' Office of Quality Assurance wants to improve upon the reporting system. Thus, we're adding



fair hearing outcomes to that reporting system. So once we have a better system with better data to report, we will do so. Therefore, we will keep this topic on the agenda because it was raised on a previous agenda, but we're not quite ready to report on it.

Similarly, Dr. Lind continues to take the lead on the uniform credentialing initiative, and there's a meeting scheduled with the managed care organizations in February. So we'll update the MAAC when we have more information.

The Comprehensive Medicaid Waiver as a reminder was approved on October 2, 2012. We remain committed to what was outlined in the 1115 Waiver. There have been some delays in our planning as a result of Super Storm Sandy, and we have a number of other factors that are contributing to us thinking about some of the time frames of rolling out the initiatives.

We are also undertaking huge IT projects. We are in the process of designing an automated eligibility determination system statewide for our 21 county welfare agencies to use the Consolidated Assistance Support System (CASS). There are requirements from the ACA that we must adhere to. And with that, there are changes: There are new requirements on how to calculate income for all

Medicaid recipients, excluding our Aged, Blind and Disabled population and institutional population. This new calculation is referred to as Modified Adjusted Gross Income or MAGI. So there are MAGI rules, MAGI conversions and the overall streamlining of a Medicaid application.

In essence, there are seven critical factors the State must meet in order to be compliant with the requirements of MAGI on October 1, 2013. We are evaluating and making sure we are meeting the requirements of the seven critical factors in the ACA.

We are also in the process of drafting a new fiscal agent Request for Proposal (RFP) that we hope to have released this year.

We are re-evaluating some of our time frames for both the adult Administrative Services Organization (ASO) and Managed Long Term Services and Supports (MLTSS).

DMAHS continues to work on drafting the RFP for the adult ASO. We are looking at a "go live" date sometime after January 2014. In Managed Long Term Services and Supports (MLTSS), we are considering a number of factors: Super Storm Sandy, the budget and systems. We don't have a time frame yet. We do have our managed care partners coming in later this week,



and we will discuss that. We continue to work on managed care contract language, the quality strategy and other components of MLTSS, but we definitely need to rethink the start date.

We are still very committed to these initiatives, but with a number of other factors that have come into play and the delay in getting the Waiver approved, we need to be realistic and careful about the timing. We have also heard from a lot of stakeholders about the need to take things slowly. So we're taking that all under advisement.

The readiness reviews have not started. We'll keep you posted on when that will start based on new time frames for those major delivery system changes.

DR. SPITALNIK: Thank you so much. Questions from MAAC?

MS. ROBERTS: Thanks very much, Valerie. As we move forward, and you give us an update next time, I'm just interested in hearing about the communications plan, the letter and materials, and who's going to receive them, etc. When it is ready to roll out, the way in which it's communicated to people that receive the communication are going to be key to having everybody understand what's happening.



Another question has to do with automated Medicaid eligibility. People here may or may not be aware the Division of Developmental Disabilities (DDD) is instituting something where everybody who is receiving or wants to receive DDD services must be Medicaid eligible. There are a lot of people that can be Medicaid eligible, there are probably some who can't. But it concerns me in terms of the streamlining process that there are some people -- for example, who are Disabled Adult Children (DAC), where somebody was getting Medicaid and then when they got Social Security and Medicare, and sometimes that amount is very high, it may end their Social Security and Medicaid. I want to be sure that as this streamlining takes place, that we're not in any way inadvertently preventing some folks from accessing Medicaid.

MS. HARR: The CASS system is automating eligibility for the counties. All of the Medicaid eligibility rules will be automated. But, the eligibility rules aren't changing. So certainly, part of what we'll do is testing. And so we're creating, through our Office of Eligibility Policy, case scenarios to test and make sure the system's doing what it's supposed to do. Hopefully, there will be some improvement, but it doesn't change the eligibility



rules.

Perhaps later, Dawn Apgar of DDD can speak to the DDD eligibility piece.

The MAGI rules will not change the rules for non-Aged, Blind and Disabled (ABD) clients. MAGI will change how income and eligibility are determined.

MS. ROBERTS: If I could just have input in discussions as this goes forward, because the number of DACs who are impacted in this way is relatively small; but to our community, it's huge. And, sometimes even at the Board Social Services Office there's confusion. I want to be sure that if something is being done in a computerized way, we are including these relatively rare occurrences and make sure that they are incorporated.

MS. HARR: So we can, if it's okay with you, Dr. Spitalnik, make sure that you share your cases and concerns with Elana Josephick of DMAHS. We can use your scenarios as test cases in our testing of CASS. Both our vendor and Elana's Office will be doing training. We can maybe test the clients that you are concerned about as part of the training of the County Welfare Agency workers and directors.

DR. SPITALNIK: Thank you so much.

MS. COOGAN: The other issue I have is how

kids are going to be impacted by whatever Exchange system New Jersey ultimately adopts. I'm looking to try to make sure we identify any issues. I want to make sure families as they switch between Medicaid and the Exchanged that kids have a separate track and that those issues are covered. So I'm not sure how best to do that. If people in the general public want to get issues to me, that might be a way to do it.

Since I work at Advocates for Children of New Jersey, obviously, kids are a primary issue for us. So I guess I would just ask if there are people in the general public who might have some concerns about children's issues related to the development of whatever Exchange New Jersey ultimately adopts. And I'm primarily concerned about those children whose families, the parents are going to be eligible for the Exchange, or hopefully, with the Medicaid expansion, they might be in two different systems. And as families move back and forth, that that process be seamless, so the family on the outside always has the insurance and has the same provider to the extent that we can make that happen.

So I guess if people have other issues or concerns, again, you could contact me. If there are a lot of people who have major issues, I'd be happy to



schedule a meeting at my office at some point. And then I would ask that maybe we can put that on the agenda for the April meeting.

DR. SPITALNIK: Thank you.

Other questions from the MAAC?

Other questions from the public?

MS. MOTTOLA: I'm Dena Mottola, New Jersey Citizen Action, and my question is for Director Harr. You mentioned that the decision whether or not we expand Medicaid is the Governor's decision. And clearly, that's the case. My question is, what is your overall budget sense on this question? Will the Governor rely on your budget analysis, in part to help him make the decision?

From where we stand, it looks very positive for the State budget if we go forward with this expansion. But, do you have a different sense and can you share with us what your overall sense of the budget impact of moving forward with the expansion?

MS. HARR: When we look at the ACA, it's not just Medicaid. There are a number of factors in Medicaid, but there are other aspects of the ACA. So there could be savings and then there are costs that would go well beyond Medicaid, which is something that the Administration needs to consider. There are states



that are concerned that even though there's a commitment by the federal government of the 100 percent federal funding, if that could be pulled and that a State could do the expansion and then not have the full federal funding in the future. So, I present the information that I know, but there are a lot of other factors outside of my scope that would be considered in the Administration making a decision.

MS. MOTTOLA: Can I just ask a follow-up? If the federal government decides to pull back its commitment on the funding, can't the State just then decide, because the funding is not there, not to move forward?

MS. HARR: That's what the law enables now, but there could be changes in the future that none of us could anticipate. And so anytime you're considering starting a new program, to then take something away at a future date is very difficult. So I think anybody, before making a decision, will need to consider all those factors carefully.

I understand that the President and the Administration have said that they remain committed to make sure that funding is available. But Congress could take different action.

MS. SINGER: Hi, I'm Candice from the



National Council on Alcoholism & Drug Dependence. I have a question, and then I also have a couple comments, if that's okay. You spoke about the rates for primary care physicians (PCPs) being raised, is there talk of raising the rates for addiction providers? The reality is that the rates are the lowest in the country. They're not able to provide services at the rates that are currently intact. And, access is a serious problem. I can give you data about how much one can save by ensuring people get addiction treatment.

MS. HARR: So the increase on the PCP rates was part of the Affordable Care Act, and that is something that is 100 percent federally funded, so the increase involves a State setting rates up to Medicare levels. The substance abuse and addiction rates are absolutely under consideration for the adult ASO and Managed Behavioral Health Organization (MBHO). We are looking to contract with an entity that will do a whole rate setting analysis for us. So I could never commit to anything now, but we've been trained well from somebody from the Nicholson Foundation of the importance of addiction services and the rates, so it's on our radar.

MS. SINGER: Thank you.

DR. SPITALNIK: State your name, please.

MR. SPIELBERG: Josh Spielberg, Legal Services of New Jersey. I have two questions. The first one is about the provider rate increase. We're very encouraged that you're moving forward with that and have sent out the Newsletter. But I wondered whether you were going to do additional outreach on this?

And then the other part of that question is just if you're going to do those things, whether you could report back at the next MAAC meeting about that?

MS. HARR: Thank you, Josh. Absolutely. Our folks and the HMOs are meeting about this weekly, if not daily. Part of it is about how do we make sure that the funding that's coming from the federal government gets to the plans, gets to the providers. I don't know the status of where they each are in updating their code, so I can't comment on that. But certainly, we're working together on that.

I did meet with the New Jersey Chapter of the American Academy of Pediatrics, and we did offer to share the Newsletter so that they could then share that. When I've been meeting with different groups, I have asked that they share the news through their Newsletter. We are looking at any available forum to



share this information with providers.

MR. SPIELBERG: And, will you put that on the agenda for the next meeting?

DR. SPITALNIK: Yes.

MR. SPIELBERG: My other question was about the Medicaid expansion and the budget implications of the Medicaid expansion. We all know that for the first three years, it's a hundred percent federal match, so that should mean that there will be no cost to the state government. But my understanding is if the state government does not adopt the Medicaid expansion, it will be a cost to the State government -- specifically, the childless adults who are now getting General Assistance (GA) who are getting a 50 percent match, under the Medicaid expansion, that would be a hundred percent federal match. So you would be able to save money there. And, then, for parents who are under the Medicaid expansion, for parents under CHIP, right now you're getting a 65 percent federal match. Again, that would go a hundred percent, so you would be able to save money by adopting the expansion.

And, on the other hand, if you don't adopt expansion and you want to continue that coverage, it's going to be -- I think -- have to be at one hundred percent state dollars. So I



wondered if you could comment on those specific budget issues.

MS. HARR: On those two populations, I think We have to do a transition plan for some, regardless of whether or not we do expansion. We would have to do a transition plan because of the change in Medicaid categories under the Affordable Care Act. As I mentioned to the other individual, there are lots of other provisions under the ACA into play. But on those two populations, I think your understanding is my understanding as well.

MR. SPIELBERG: And just when you say there are lots of other provisions, are they impacted by taking the Medicaid expansion?

MS. HARR: Not necessarily. But there are other costs associated with the Affordable Care Act.

MR. SPIELBERG: Right, which you would have regardless of whether you expand or not, right?

MS. HARR: Yes.

DR. SPITALNIK: Evelyn Leibman and then Ray Castro.

MS. LIEBMAN: Thank you. Evelyn Liebman, AARP. Just two quick comments and then a question for the Director.

I just want to commend the Department for



submitting the BIP application. That will certainly help expand services for home and community care. I don't think it's any secret ARRP thinks that there are more benefits than potential costs in the Medicaid expansion, particularly in light of Hurricane Sandy and the changes in the eligibility rules which will now touch a number of people who really need coverage and would not otherwise be able to get it.

For Director Harr, I have a question about Accountable Care Organization (ACO) regulations. Can you give us an update? I think at the last meeting you thought those regulations might be promulgated in the spring. I was just wondering if you could give us an update on where you are with those?

MS. HARR: I think we're still on target for spring. There are implications for the Department of Banking and Insurance (DOBI), so we had DOBI review them. We had the Division of Mental Health and Addictions Services and the Division of Aging Services review them too. So we had a broader review of those regulations than maybe other Medicaid regulations in the past, so it's taken a little bit longer. But I believe they are on their way. I think they go to the Governor's Counsel office and then they will go to the Division of Law to be posted in the Register. So I

think we're still on target for spring. And, with that, I just had a meeting last week with the Center for Health Care Strategies who is providing the Division with technical assistance around the ACO demonstration. So I had a meeting with them and Rutgers Center for State Health Policy who's also named in the statute in reviewing the plan and coming up with the state savings model. So there are lots of active conversation. And yes, we're still on target.

DR. SPITALNIK: I am adding the ACO to the April agenda. Ray Castro.

MR. CASTRO: I was wondering if you could comment on an estimate in terms of how much New Jersey is going to receive in federal funds as a result of the primary care increase? How many providers will receive that? It seems like a lot in federal funds. I'm wondering if we're looking at that in terms of an opportunity to improve overall access, such as, for example, establishing performance standards?

MS. HARR: Certainly, I think that's the goal and that was the impetus behind this in the Affordable Care Act. If we're going to have more people with insurance, and presumably at that time it was a mandate that Medicaid would do the expansion, that there would be a broader provider network to serve



the clients. I don't have the numbers with me in terms of what we think the dollar amount is associated with that. And the number of providers that would be impacted, I'm not sure. We have to talk to our HMOs about managed care as part of the conversation, it's a good question to raise.

I think I want to talk to the Centers for Medicare and Medicaid Services (CMS) in terms of what are they going to do, because we all should be monitoring the impact. This is through Medicaid, but in this case, it's all CMS' dollars so I don't want to duplicate if they are implementing efforts to monitor.

DR. SPITALNIK: Thank you so much. We're going to now hear an update from the Division of Developmental Disabilities. I'm delighted to introduce Dr. Dawn Apgar who is Deputy Commissioner of the Department of Human Services.

DR. APGAR: First of all, I want to thank you so much for having me come to talk a little about innorvations that we're doing at the Division of Developmental Disabilities. I should say that this PowerPoint presentation is up on the website. So, if you go to the Department of Human Services, the Division of Developmental Disabilities homepage, on the



upper right-hand corner you'll see a page about the Supports Program, and this PowerPoint presentation, as well as a lot of other documents too. But the innovations within the system really are brought about by two recent changes.

One is the realignment of children services. And then the provisions in the Comprehensive Medicaid Waiver specifically related to people with intellectual and developmental disabilities. So those two changes really gave us an opportunity to look at the system of care for adults with intellectual and developmental disabilities across the State. And I'm going to talk briefly about that system of care which involves some pretty comprehensive transition planning -- our Supports Program, our Community Care Waiver and then a little bit about aging adults.

(Presentation of a PowerPoint by Dr. Apgar.)

DR. APGAR: Do you now want to open it up for questions now?

DR. SPITALNIK: Yes, I do. From the MAAC. And, thank you so much, Dr. Apgar.

Beverly, do you have a question?

MS. ROBERTS: Is a there a plan for an appeals process that families would be aware of? Because I think that a lot of people will be able to



get Medicaid, but we have been getting lots of calls and questions. There are going to be some people who will not be Medicaid eligible. So what would happen with them?

DR. APGAR: Since they're not eligible they would not go through the Medicaid appeals process, but we do have our own agency appeals process. And I really think one of the big issues we really need to look at is why they're not Medicaid eligible. And also, ask what do they need. Because we have some people in the system that may not be Medicaid eligible, but their level of support need may be able to be met by a non-DDD service. So it's going to depend. And we are working very closely with Medicaid to see if it's an asset issue or an income issue. Does their income cover their service need? In some cases, it does; in other cases, it doesn't, depending on what level of support they need. So we're going to work through those issues. But we've been working with many of families recently. And it's gone, I think, pretty well.

MS. ROBERTS: Do you have a person specifically assigned to this?

DR. APGAR: You'll be hearing in the next week or so, yes. Maribeth Robenolt heads up our Unit.

We don't have a hotline, but we will be working towards establishing something so families can call directly. We also were going to work through our providers, and we've been doing that. Many times, they call us, and we're also trying to educate our providers.

MS. ROBERTS: Thank you.

DR. APGAR: And I'm sure we'll rely on you, as well, to help us identify some of those situations.

MS. COOGAN: Just one quick question. You mentioned the information sessions. When are they going to start and are they going to be posted on the website?

DR. APGAR: We've had a lot of information sessions for providers. For families, we've been doing them through regional Family Support Councils. We've been trying to use other entities and mechanisms too. We can make sure to put out a master calendar so people come.

MS. COOGAN: That would be great.

DR. APGAR: No problem.

DR. SPITALNIK: Dawn, I want to thank you, not only for this presentation, but I really want to acknowledge your presence and others from DDD, others from the Department of Children and Families, the



Division of Aging Services, and the Department of Health, because it's been very important that all state agencies and entities that serve Medicaid beneficiaries participate. So, I thank you on both counts.

Dawn referenced the realignment of state government. And in support of that, I'm delighted to introduce Elizabeth (Liz) Manley who was recently appointed as the Director of the Division of Children System of Care in the Department of Children and Families.

Welcome. Congratulations on your appointment, and thank you for being here.

MS. MANLEY: Thank you. It's an honor to be here.

I am the Division Director for the Children System of Care. For those of you who are unfamiliar, it's formerly the Division of Child Behavioral Health which only recently has undergone some pretty significant changes, the biggest one which we're going to talk about today. On January 1st, we took on 15,000 new children who have been determined eligible through the Division of Developmental Disabilities.

We started that transition, as Dawn Apgar already spoke about, in October 2012.



We took on 450 children who were either receiving services in an out-of-home treatment facility or who were receiving in-home services -- very intensive support in-home services. Since that time, that number has grown pretty substantially, actually. Over 450 and closer to 500, at this time. We are managing those youths within the Children's System of Care through case managers, many of whom came over from DDD.

As of January 1, 2013, we took on Family Support too. Whatever we talk about today is going to look a lot different over the next three, four, or six months. Life is going to look really different for us as we learn many of the lessons that our families have to teach us on a daily basis.

On January 2, 2013, we began taking phone calls from families through PerformCare. So there were a lot of reasons why people were calling us, we found. But many of the reasons folks were calling us about was for services, specifically respite and case management which seemed to be the two big categories we seem to be fielding these days.

PerformCare, is our contracted systems administrator for the Child Behavioral Health System. PerformCare is taking on a whole new population of



youth with developmental disabilities and intellectual disabilities. PerformCare is a single point of access. They have a toll-free number. The number is 1-877-652-7624. PerformCare also has a wealth of information on their website at: Performcarenewjersey.com. They have a wealth of information, including FAQs, which will be updated shortly. So, families do call. And when they call, member services answers the phone call and they take their information. This is a little bit new for families, so they're adjusting. When families call, we update their information to make sure we know we have their correct address, date of birth, and information. We had a lot of information come over prior to the transition, but we just want to make sure it's all correct.

From there, families are asked what they're calling about. Some want to check their eligibility status and make sure that their child made it through the transition. Some families want to know that their support services continued. Those calls get transferred, and someone goes into a more detailed conversation with them. Our average length of a phone call with a parent for family support is about 40 to 45 minutes because we're really working through

issues.

Many families are calling hoping that we have new services. I can tell them that we picked up what DDD was providing and moved it over into the Department of Children and Families (DCF). Those youth who were within contracted slots are staying in those slots until we have a better understanding of what services are provided for families and how they really work. And then we'll be working to figure out whether we need to continue with those particular services or look at different services moving forward. So a lot of families are really hopeful that there are new services and there is new money. I can tell you that there isn't. There's just what we brought over. And we're going to be looking at efficiencies within those contracts and we'll be looking at efficiencies in other areas, as well.

So, that's a lot of what I know today. I would be happy to come back and talk about what life is going to look like after April 1, 2013 as Perform Care's role expands and we learn a lot of other lessons.

We are working on providing summer camp and we are taking applications currently. One other thing I failed to mention, and that is as of January 1, 2013



we do eligibility for youth coming in up to the age of 18. That eligibility application is currently available both on the DCF website as well as Perform Care's website. We are happy to walk families through that application process, and we have already began to receive the DCF applications. It's really helpful, though, if you're working with families that they complete the DCF application and not the DDD application. We're still working on that issue. So that concludes what we are working on.

DR. SPITALNIK: Thank you so much. Before I take questions, Director Manley, will you come back to our April 8, 2013 meeting and not only give us an update on the processes generally, but also on what's happening with the dual diagnosis pilot that is part of the Comprehensive Waiver and the pervasive developmental disorders pilot.

MS. MANLEY: Absolutely. It would be my pleasure.

DR. SPITALNIK: Thank you.

Questions or comments?

MS. ROBERTS: Quick question. For the children who were just with DDD, you just got them January 1, 2013, those that are in the 18 to almost 21 group, are they going to have to fill out an



application to be considered eligible by DDD, considering that they were just with DDD?

MS. MANLEY: I'm going to turn to Dr. Apgar to answer that.

MS. APGAR: When Director Manley says that people are filling out applications at DCF, if they were already through our eligibility, they are presumptively eligible already and that went over with their eligibility. So they're not filling out a whole new application. Any kids that were in process, meaning we had already started an application for them, DDD will continue to process that application to completion and then transmit the information over to DCF. So no one should ever fill out two applications.

MS. MANLEY: That's correct. These are all new applications. These are not youth that have been deemed eligible already. We actually have that list and we're working off of it. So we make sure that when a family calls that they haven't touched on the DD system at all and that is a brand new application. So we have started to receive brand new applications for youth.

DR. SPITALNIK: Thank you very much. Other questions or comments?



Thank you both for the update. Would you introduce yourself and stand.

MS. KINSELL: My name is Peg Kinsell. I am the Project Director of the Statewide Parent Advocacy Network, also Director of the Military Family Support Project. I was very surprised to hear about regulations that, first of all, I got no information about. And for the families and advocates out there that don't just peruse the New Jersey Register for casual reading, the fact that nobody knows about them is troublesome to me. Communication still, I think, needs to be worked on.

But my bigger problem is we worked very closely for the last year and got so much support for our military families from DDD, to see the regulations say something totally different for families of children under 16 is going to pose a huge problem for us and for the families that we're supporting on base and throughout the State. I want to bring that to your attention, and hopefully we can have a conversation sooner rather than later about that and the impact it's going to have.

The other issue is about some of the telephone calls that we're getting is about understanding the system change. If a family doesn't

think they are getting the information they need when they call PerformCare, I was wondering if the information can be made available on the Children's System of Care website?

MS. MANLEY: We are trying to streamline everything through PerformCare at this time. So the best thing to do for a family is to call and to say I'm unhappy with the response that I've gotten from Perform Care. At the end of every day, we actually go through every single phone call that was made to PerformCare and whether there was a response, what the response was, who made that response. Everyday I get information and we prioritize. The initial response was pretty huge, so our combined staffs were inundated with the number of phone calls that came in. We got most of the phone calls returned, but for the ones who need family support, we have to complete the application. That's about a 45-minute phone call for every family that we talk to. And that process is the one that has sort of delayed us. But we will be caught up very soon. I'm going to give you my card and we can discuss this further.

DR. SPITALNIK: Director Manley, can you clarify if a family was receiving family support services under DDD and now moved over to DCF, are they



also still having to, in a sense, go through that application process?

MS. MANLEY: Not if they're currently receiving services. So if they actually have a service provider and they're going to services, no, they don't have to complete that. It is for folks who are reporting that they had a service and that service is no longer in place for whatever reason. We're working through those issues.

DR. SPITALNIK: Thank you.

MS. WHELAN-FERRIS: My name is Kathleen Whelan-Ferris. I'm an independent disability advocate and a parent of a 21-year-old who's still in the school but moving into the adult DDD service model.

In my own personal experience with my son for mental health care needs, he's considered dual-diagnosed. He has anxiety and panic disorder in addition to having a developmental disability. We were very fortunate when all else failed and there was no medical expertise to address his psychiatric needs to have been afforded the opportunity for him to get mental health care through the program at the University of Medicine of New Jersey (UMDNJ), the Center for Excellence.

I have to tell you that the destructive



quality that was brought to our lives to not to have had expertise for mental health care almost got my son thrown out of school, and not because he had bad behavior, but because he was having panic attacks and nobody knew what that was for a person with a developmental disability. UMDNJ rescued his education.

I'm concerned about so many families out there who can't gain access to mental health care for children with development disabilities, like my son. They aren't getting treated because they don't know where to go. The Medicaid providers do not have the expertise. No one will pay for private health insurance. My biggest concern at this point is if those parents call and need this expertise, for example -- say there's was a loss in the family and they need somebody who can deal with grief with a child with a development disability who is minimally verbal or non-verbal, how are you going to provide access to them for that quality of health care and where should they look for that for their mental health needs?

MS. MANLEY: I think that is the exact benefit of bringing these two systems together. Because there are a large number of our children who really overlap both systems and who require us to have expertise on both sides. And so we do a preliminary



screen for every family right now. That happens at member services and support care, they uncover what the behavioral issues are.

MS. WHELAN-FERRIS: Actually, I'm talking about psychiatric care, not behavioral health care with behaviors -- I'm talking about expertise with medication management.

MS. MANLEY: We understand.

MS. WHELAN-FERRIS: Where a child doesn't end up in a hospital because of side effects because prescribing doctor was not knowledgeable enough to treat that individual.

MS. MANLEY: We agree. We totally agree. And that is actually what we're working on to bring this system. So we are working with UMDNJ. We are working with a lot of other providers that have some experience, and we are pushing our providers to gain a lot more training and a lot more experience so we do a better job.

MS. WHELAN-FERRIS: I understand you're working with UMDNJ, but they're threatened to be closed because DDD will no longer fund them. Are you going to fund them?

MS. MANLEY: Well, we just signed a contract with UMDNJ.

MS. WHELAN-FERRIS: You did?
MS. MANLEY: Yes.
MS. WHELAN-FERRIS: That's wonderful. What was the date on that?
MS. MANLEY: It was last week. Actually, I think I'm supposed to respond.
MS. WHELAN-FERRIS: Great. So what about adults, though? That will serve the children. My son, he's 21. What about him? Is he out in the cold now?
MS. MANLEY: I'll let Dr. Apgar answer that.
MS. APGAR: So we have a specialized group working closely with mental health so when we stand up the AS0 we will be able to make sure that we have a preferred provider network for people who specialize in the treatment of people with dual diagnosis. The whole realignment and the ASO is really not to put people with developmental disabilities in a silo over here while mainstream mental health treatment for kids is here, and all the mental health treatment for adults is over here. It's important to say that the mental health system needs to also serve people with dual diagnosis, whether it's on the adult side or it's on the children's side.
MS. WHELAN-FERRIS: I guess what I'm saying is it's not appropriate for my son to be a guinea pig



while they figure this out. I would like him to have an opportunity for care. Will he have access to UMDNJ as an adult?
MS. APGAR: We will have to explore his specific needs. Access to care is critically important.
MS. WHELAN-FERRIS: Well, there are 1200 adults that live in group homes and institutions that gain access to quality mental health care. And when I say quality mental health care, I'm talking about psychiatric expertise. Will they also be allowed access to UMDNJ, or are they going to be looking for new providers and starting all over and run the risk of ending up hospitalized because of lack of appropriately knowledgeable health care providers?
MS. APGAR: I think continuity of care is important. We have to provide that support. We have to make sure that their needs are met. We look forward to learning more about your son's specific needs.
DR. SPITALNIK: Kathleen, thank you very much for raising these issues. We certainly acknowledge that the needs of people with co-occurring mental illness and development disabilities are enormous, both on the children's and the adult's side. We'll be looking forward to hearing an update on the



pilot, which I realize doesn't address your son's situation, but I think the planning for the ASO is one of the places where we need to ensure continuity of care.
So I need to turn to Vicki Fresolone from the Division of Mental Health and Addiction Services. Vicki is the Clinical Manager for the Office of Care Management and is both working on the ASO and providing leadership in establishing behavioral health.
I should announce again that the PowerPoints that you are seeing always get put on the MAAC's website at: Http://www.state.nj.us/humanservices/dmahs/boards/maac/.
(Presentation of a PowerPoint by Vicki Fresolone).
MS. FRESOLONE: The first step in bringing a behavioral health home State Plan Amendment to New Jersey is to develop a concept paper. And we have developed a draft of that concept paper. CMS wants to know how behavioral health homes fit into the State's larger system and what part of the health home is part of the fuller physical health and behavioral health integration that the State is going through. They also want to be very sure that we're avoiding duplication. CMS is partnering with the Substance Abuse and Mental



Health Services Administration (SAMHSA) and is very interested in how a health home is encompassing the behavioral health needs of individuals. So basically the concept paper outlines our general intentions for the New Jersey State Plan Amendment.
The target population that we've identified in the concept paper is really those individuals with a serious mental illness or a substance abuse disorder and a co-occurring chronic medical condition. The State Plan Amendment will be centered around those with considerable or significant behavior health needs. We know from our current review of the data that probably the serious mental illness and the addiction alone will not be the only criterion for eligibility. We will also most likely focus on utilization and serving people who are high utilizers in the system or who are at risk of becoming high utilizers.
We will serve individuals with intellectual and developmental disabilities and a serious mental illness. So we want to pool that population into the service. The behavioral health home service will be new. And I should probably say the behavioral health home is a set of services. But those services will be new to the State Plan. We will not be converting any current services, such as targeted case management.

There are a few states who have used the health home or are in the process of using the health home to convert their targeted case management services that are in the State Plan. We are not planning to do that from the start. New York is an example of one state that's doing that comprehensively. And they may not be happy with their targeted case management outcomes. I don't think we're in that situation. So we're not, at least at first, planning to make that conversion. But those consumers who are receiving targeted case management will not be eligible for a behavioral health home service. Again, CMS is very concerned because health home services are mostly about coordination. They're very concerned that there isn't duplication in the system. Currently our plan is to implement by region or county. We are going to start with just one regional set of counties. We'll spend some time developing the implementation plan. We'll look at the outcomes, the impact on cost, and understand how the service is fitting into our system and what the impact of the service will be on our system. Then, later, we can look at more opportunities if we are able to.

We plan to implement the behavioral health home service prior to the rollout of the Administrative Services Organization or the Managed Behavioral Health



Care Organization. That's a little different than we had initially anticipated, but we are somewhat anxious to get the service moving.

We support provider capacity building for the service, so we are planning to develop a provider learning collaborative. And we will be reaching out to Intellectual/Developmental Disabilities (I/DD) providers to include them in our capacity building.

Our next steps include submitting the concept paper to CMS and submitting the concept, not the paper, in a different format to SAMHSA. SAMHSA has their own format for submission, and they must approve it before the State Plan Amendment goes to CMS. So once we have their approval, we can send the SPA to CMS. We are trying to synchronize all the moving parts involved in the implementation so we can maximize federal participation.

DR. SPITALNIK: Thank you so much. I'm going to open it up for questions, but I will ask a question first.

Do you have any estimates of the numbers of individuals that you're going to propose serving initially and going forth?

MS. FRESOLONE: We have a set amount of funding for the State's match. So right now we're



putting together financial models of what the cost per person will be and therefore backing into our numbers. That will help us determine the region and how many counties we can roll out the service for.

DR. SPITALNIK: Thank you.

Other questions?

Beverly Roberts.

MS. ROBERTS: Thank you. This is a follow-up to the question that we had just before you started to speak about the UMDNJ serving people with significant mental health needs in South Jersey. That's 1200 people that are served that are at risk of losing a provider who has provided excellent service for many years. Can it be recognized that there are already a lot of people being served and who need the service?

MS. FRESOLONE: Well, right now the primary eligibility is going to be serious mental illness or addictive disorder with a chronic medical condition. So if an individual has a serious mental illness, then they're eligible with a developmental disability or without. But the serious mental illness definition does not encompass all mental illness. It's a subset. So some of those individuals may qualify and some may not.



MS. ROBERTS: So how is that going to go forward? How is it going to be determined within the I/DD population which people would be eligible and which people would not?

MS. FRESOLONE: We have a draft of a serious mental illness definition that has a list of diagnoses that would make someone eligible and qualify with a serious mental illness.

MS. ROBERTS: The other part is the provider. Is it feasible to link in Dr. Levitas and company in South Jersey as a provider in the behavioral health home?

MS. FRESOLONE: If the county is a county that is chosen, then that's definitely possible because we would reach out to any provider to build capacity in the system. I think the system has a very rich set of credentialed staff, and you need a critical mass to provide the service. It's very specialized. And for most providers, it's going to be a service within their larger agency but it's going to require specialized staff.

So it's possible. You just have to work that out. But definitely it would be a possibility.

DR. SPITALNIK: Thank you.

Other questions?

Yes.
MS. WHELAN-FERRIS: Where could one obtain a copy of the list of the mental health diagnoses which would qualify a person for those services that you were just talking about?
MS. FRESOLONE: Right now, that definition is being developed and we're collecting some data and providing a survey to our providers to understand. We want to make that list of diagnoses true to what serious mental illness is but also make it as inclusive as we can. So right now, that definition is not published.
MS. KOVICH: Right. It's still in draft, but before we finalize it, we need to do the survey to get a sense of the diagnoses because, as Vicki said, we don't want to it to be exclusive, we want it to be inclusive. The survey will help us frame the serious mental illness definition.
MS. FRESOLONE: I think the survey is going to be out for about three months. So we would collect the data for about three months and then sometime after that we would be able to get the draft definition out.
DR. SPITALNIK: Other questions?
Yes.
DR. PERRY: If you could help me understand,



how the survey would be issued and to whom?
MS. FRESOLONE: The serious mental illness survey?
DR. PERRY: Yes.
MS. FRESOLONE: The survey is going to be issued to providers of mental health services in our current system to survey their consumers to understand how many of their consumers would fit the criterion of serious mental illness. The criterion actually has three elements. It has a diagnosis, a utilization element, and a functionality element. So we're trying to understand in our current system how many individuals would meet that criterion and based on which elements.
DR. PERRY: If I can follow-up on that. In our population in Trenton there are many individuals that have mental health and substance abuse issues, but they don't all get treated. Many come to the medical system so I think there could be a benefit in also having that survey completed by medical providers, as well as behavioral health providers. And then you can also see whether you have a match.
MS. FRESOLONE: That's good point. That is something we can talk about with our research folks.
DR. SPITALNIK: Thank you for that.



And thank you for considering that.
The last person who spoke, could you give us your name and your affiliation.
DR. PERRY: I'm Dr. Ruth Perry, I'm the Executive Director for the Trenton Health Team.
DR. SPITALNIK: Thank you.
Other questions?
MR. MONAHAN: John Monahan, Greater Trenton Behavioral Healthcare. Did you say that this would be implemented through managed care organizations (MCOs)?
MS. FRESOLONE: No. We will be implementing it from the State.
MR. MONAHAN: Thank you.
MS. FRESOLONE: This will be implemented prior to the Administrative Services Organization's (ASO) development.
MS. HARR: Our managed care organizations have already been working on patients that have medical homes. I think that's what Vicki was referencing. If the physical location is a behavioral health provider, there will need to be coordination with the MCOs because they will be a member of a managed care organization for their physical health services.
MS. FRESOLONE: The consumer will be a member of an MCO. The health home will have to



coordinate with them.
DR. SPITALNIK: Yes. Your question?
ATTENDEE: Can you walk us through a timeline for the next three quarters?
MS. FRESOLONE: I'll turn to Lynn Kovich.
MS. KOVICH: Vicki Fresolone outlined the behavioral health home. The original goal was to launch the behavioral health home at the same time that we launched the ASO. But I think Valerie Harr covered in her presentation that because of some factors, we are pushing back the start date of the adult administrative services organization. So our timeline on that right now is all very contingent upon Super Storm Sandy-related recovery as well our budget preparation. As Valerie Harr said, we're still working on our RFP. Hopefully that will be released sometime in the spring with an award date hopefully sometime in the fall, and then there will be a six-month readiness review from there. So we anticipate sometime in calendar year 2014 is when the launch would be. All things are contingent upon the budget and everything going the way it should. But while I'm up, if I could, I really do want to address your concern about individuals with I/DD.
MS. KOVICH: I just want to make the point

that we had a discussion around folks with I/DD and to make sure that their psychiatric and behavioral needs are met, and that's why they're being wrapped into the ASO. So there's a group right now that's working on developing specific requirements for providers to be part of this network. I think we all recognize mental illness manifests itself physically in someone with a developmental disability. We know that that's an area that we need to develop and we're working very hard to do that so we can improve both access to services and certainly increase quality so that we improve the outcomes of folks who have developmental disabilities. So that is really, really high on our radar. And with regard to the transition and readiness review, there will be a readiness review for this entity, and all of those things will be taken into consideration so that there's continuity of care for folks. This is all about serving people better.

MS. WHELAN-FERRIS: From what you're saying, you are not going to launch until sometime after July, and the contract with DDD ends in July. So we have a cliff for mental health care for people like my son.

MS. KOVICH: Dawn Apgar and I will talk to you more about that and your son's specific case.

DR. SPITALNIK: Thank you very much, Vicki



Fresolone, thank you very much. And will try to add behavioral health to our April 2014 agenda. There's a lot that we're covering that needs to be continually updated.

We're now going to move to a two-fold presentation on the Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) survey, which is one of the CMS mandated quality measures. And I'm delighted to reintroduce Dick Hurd who is the Chief of Staff of the Division of Medical Assistance and Health Services and also introduce Holli Arnold from the Office of Contract Compliance. They have a PowerPoint on the 2012 CAHPS survey. I know one of the items that we'll also want to address is the 2013 survey of which we're on a tight timeline if we have any suggestions for modifications that fit within the framework.

So Dick and Holli. Thank you.

MR. HURD: I want to introduce Holly Arnold as she's taking over the responsibility for the CAHPS survey and she'll walk you through the presentation and we can answer any questions.

MS. ARNOLD: I'll just briefly go through the results of the 2012 CAHPS survey and launch into the timeline for the 2013 CAHPS survey. I will cover the structure and response rates for the 2012 CAHPS



survey.

(Presentation of PowerPoint by Ms. Arnold.)

MS. HARR: Holli you were looking to see if the new section of the CAHPS survey had been released yet and I understand it's not available yet. But we still have the mandatory sections. With regard to the supplemental questions, we would like to offer to invite Dr. Spitalnik or anyone else from the MAAC who is interested in coming in and meeting with Holli to review the supplemental questions but this meeting will have to happen during January 2013, or February 2013 at the latest, to review the supplemental questions and to provide input on the 2013 survey.

DR. SPITALNIK: So there is interest in members of the MAAC participating on a Work Group to do that. The most efficient way of proceeding is to send out the supplemental questions electronically and then to schedule a meeting.

MS. COOGAN: That's fine.

DR. SPITALNIK: So I will tun to Phyllis Melendez and ask her to work with Holli Arnold and those interested members of the MAAC to coordinate.

And if anyone from the public wants to provide input, there are very limited ways that the CAHPS survey can be changed or influenced, and there's



always the trade-off between adding more questions and decreasing the response. So within those constraints we continue to try to find ways to have the input be as robust as possible in terms of the kinds of information.

MR. HURD: I don't think you can change the supplemental questions as they are asked, you can only pick the supplemental questions that you want to include.

MS. ROBERTS: This is something we've talked about in the past. But, is it possible to do an over-sampling of certain groups? I'm certainly concerned about people with developmental disabilities. It was last summer or fall that everyone was mandated to be in a Medicaid MCO whereas previously there had been an opt-out option. So now everybody that has DDD or another disabling condition who has Medicaid must get their services from a Medicaid MCO. I just want to see if there's some way to over-sample from people who do have significant disabilities so that we're sure that we're getting information from those people.

MS. ARNOLD: We currently over-sample, but the data sets are restricted to what CMS tells us.

DR. SPITALNIK: Maybe that's something we can discuss further. An additional question that I

have that I know Valerie Harr can address is -- as we move forward with Managed Long Term Services and Supports, how will that influence the CAHPS process? I know you have some national information to share.

MS. HARR: I learned that the Center for Health Care Strategies is working with CMS to pilot with some states a CAHPS survey for Managed Long Term Services and Supports. I volunteered New Jersey to be a state to do that, if that timing was right. As I understand it, there aren't any CAHPS questions specific to Managed Long Term Services and Supports, but it's being developed.

MS. ROBERTS: In that regard, a lot of people in the DDD world who have very complex needs have personal care assistance services, which is a service now that's carved into managed care. But, I belive it is considered a long-term care service. I know that I had heard about a lot of concerns from people who are accessing personal care assistance services. So I hope that that would be something that we could look at.

MS. HARR: We can only use the questions that are required of us, plus any additional supplemental questions. What we need to think about is if there are additional questions and consumer satisfaction questions that we have that aren't part of



CAHPS. We could explore developing another strategy for a survey that is New Jersey State specific. We probably need to brainstorm about this.

DR. SPITALNIK: Thank you. Thank you both. I think that brings us to the end of our formal agenda. Is there anything else that any of the members of the MAAC wanted to raise? Do I have motion for adjournment?

MS. ROBERTS: Motion.

DR. SPITALNIK: So moved.

MS. COOGAN: Second.

DR. SPITALNIK: We are adjourned. We will meet here again on April 8, 2013. Thank you all. Thank you, Director Harr, and everyone else who presented.

(Meeting concluded at 12:26 p.m.)



CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript of the proceedings is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate non-compressed transcript of the proceedings as recorded.

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