

MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
New Jersey State Police Headquarters Complex
Public Health, Environmental and Agricultural
Laboratory Building
3 Schwarzkopf Drive
Ewing Township, New Jersey 08628

April 11, 2018
10:13 A.M.

FINAL
MEETING SUMMARY

Members Present:

Deborah Spitalnik, PhD, Chair
The Honorable Mary Pat Angelini
Sherl Brand
Christine Buteas (via phone)
Mary Coogan
Theresa Edelstein
Ryan Goodwin
Dot Libman
Beverly Roberts
Wayne Vivian

State Representatives:

Sarah Adelman, Deputy Commissioner, NJ Department of Human
Services

Carol Grant, Deputy Director, NJ Division of Medical
Assistance and Health Services

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Slide presentations conducted at Medical Assistance Advisory
Council meetings are available for viewing at:
<http://www.state.nj.us/humanservices/dmahs/boards/maac>.

Meeting Attendees (in Person)

Evelyn Liebman	AARP
Cathy Chin	Alman Group
Stephanie Myers	AmeriHealth Caritas
Ulan Nguyen	AmeriHealth Caritas
Matthew Minnella	Association of New Jersey Chiropractors
Chris Lull	Attendee
Jennifer Black	Beacon Health Options
Eric Uderitz	Boehringer Ingelheim Pharmaceuticals, Inc.
Francine Grabowski	Camden Citywide Diabetes Collaborative
Lucia Buffaloe	CBIZ, Inc.
Tara Porcher	Centers for Medicare & Medicaid Services
Al Kizar	Data Motion
Michael Brower	Disability Rights of New Jersey
Shelly Samuels	Easter Seals New Jersey
Liza Gundell	Family Resource Network, Inc./Autism Family Services NJ
Veronica Trathen	Family Resource Network, Inc./Autism Family Services NJ
Dennis Marco	Hamilton Public Affairs, LLC for American Diabetes Association
Matt D'Oria	Health Care Quality Institute
Lillie Evans	Horizon NJ Health
Chris Czvornyek	Hospital Alliance of New Jersey
Evan Lehman	KPMG, LLP
David Gaul	KPMG, LLP
Carol Katz	Katz Government Affairs
James McCracken	LeadingAge New Jersey
Joshua Spielberg	Legal Services of New Jersey
Jennifer Mojave	Lutheran Senior Life
Cynthia Spadola	Mental Health Association of New Jersey
Michael Azam	Medical Society of New Jersey
Ward Sanders	NJ Association of Health Plans
Carolyn Bray	NJ Association of Mental Health and Addiction Agencies
Paul Blaustein	NJ Council for Developmental Disabilities
Kevin Casey	NJ Council on Developmental Disabilities
Dennie Todd	NJ Council on Developmental Disabilities
Ruby Goyal-Carkeek	NJ Department of Children & Families
Michele Schwartz	NJ Department of Children & Families
Stefanie Mozgai	NJ Department of Health
Melissa Chalker	NJ Foundation for Aging
Sarah Schmidt	NJ Office of Legislative Services
Noah Glyn	NJ Office of Management and Budget
Graham Ruff	NJ Office of Management and Budget
Stephanie Gee	NJ Primary Care Association
Tyler Seville	Novo Nordisk
John Tritto	Ocean County Board of Social Services
Jessica Nugent	Prevent Child Abuse New Jersey
Rush Russell	Prevent Child Abuse New Jersey
Laura Kelly	Parent
Mary Kay Roberts	Riker Danzig Scherer Hyland & Perretti, LLP
Colleen McLaughlin	Rutgers University Boggs Center
Kim Todd	The Innovations Collaborative
Raquel Mazon Jeffers	The Nicholson Foundation

Stuart Grant	United Way Central Jersey
Zinke McGeady	Values Into Action New Jersey
Lisa Knowles	WellCare
Alison Dorsey	WellCare
Stuart Dubin	WellCare
Elizabeth Brennan	NJ Division of Aging Services
Kelli Rice	NJ Division of Developmental Disabilities
Catherine Yankitis	NJ Division of Developmental Disabilities
Heather Smith	NJ Division of Developmental Disabilities
Annette Riordan	NJ Division of Family Development
Joshua Lichtblau	NJ Medicaid Fraud Division
Kay Ehrenksantz	NJ Medicaid Fraud Division
Marc Gonzer	NJ Division of Medical Assistance and Health Services
Stacy Shanfeld	NJ Division of Medical Assistance and Health Services
Thomas Lind, MD	NJ Division of Medical Assistance and Health Services
Phyllis Melendez	NJ Division of Medical Assistance and Health Services
Gwen Carrick	NJ Division of Medical Assistance and Health Services

Identified Meeting Attendees (by Phone)

Steven Habbe	American Diabetes Association
Kitty Lathrop	Burlington County Board of Social Services
John Gorsvich	Care Plus New Jersey
Lauren Agoratus	Family Voices New Jersey
Karen Brodsky	Health Management Associates
Representatives	Medicaid Fraud Division
Kate Clark	New Jersey Family Planning League
Representative	Ocean County Board of Social Services
Laurie Brewer	Office of the Long Term Care Ombudsman
Representative	Southern New Jersey Perinatal Cooperative

AT&T Caller Data

Total Number of Callers: 35

Breakdown by Area Code:

<u>Area Code</u>	<u># of Callers</u>
202	1
609	17
617	1
646	3
732	6
856	1
973	6

DR. SPITALNIK: Good morning. I'm Deborah Spitalnik, Chair of the Medical Assistance Advisory Council (MAAC). It's my pleasure to welcome you to this meeting, to our April 11th meeting.

And some business before we start, I need to announce that pursuant to New Jersey's Open Public Meetings Act, adequate notice of this scheduled meeting was published per State requirements.

I also, on behalf of the Division of Medical Assistance and Health Services (DMAHS), as we are guests in this facility, need to let you know that in an event of an emergency, which is very unlikely, upon hearing an alarm, please leave the building via the nearest exit and gather in the parking lot at Sign Post No. 9.

We call to order. I want to reiterate the conventions which we've been able to operate as a State committee. We have prided ourselves at the MAAC that we are able to engage in discussion with all of you as members of the public, but I will set certain guidelines.

After someone speaks, the members of the MAAC may make their comments and ask questions, and then members of the public are allowed to raise questions or make comments. We have been delighted that we've never had to resort to an isolated period of public comment the way many councils do because of the richness of the exchange and our commitment as

a Medicaid program to stakeholder input, but I would rely on everyone to limit the time of their remarks so that everyone has a chance to speak and that we get through this agenda.

Before I ask people to introduce themselves, I'll review the agenda. We will have introductions. We'll approve the minutes. I'll have the pleasure of introducing Deputy Commissioner Sarah Adelman who will bring greetings from the Department. We will then have an opportunity for stakeholder input on the NJ FamilyCare Comprehensive Demonstration Waiver amendments. And that will be a more prolonged period of public comment because it is specifically an opportunity for stakeholder input. We'll then have informational updates on NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), Behavioral Health Care (BH), and the new diabetes legislation. And unlike a tardy start, we'll end promptly by 1:00 PM.

So with that, let me ask the Members of the MAAC to introduce themselves. We need to use microphones if members of the MAAC are speaking so people on the phone can hear us. If you are speaking from the audience, I'll ask you to speak very loudly. And we'll start with Mary Coogan and go around and then we'll move to members of the public.

(MAAC members introduce themselves.)

(Members of the public introduce themselves.)

DR. SPITALNIK: Thank you, everyone.

And people on the phone, could you please identify yourself.

(Those on the phone introduce themselves.)

DR. SPITALNIK: For the folks on the phone, there are approximately 80 people in the room, and we will endeavor to repeat questions so that you hear it. And I'm delighted to welcome everyone.

Before we move to the approval of the minutes, I want to welcome and introduce Deputy Commissioner Sarah Adelman. Sarah joined the New Jersey Department of Human Services as Deputy Commissioner this past February. She works with the Divisions of Medical Assistance and Health Services, Developmental Disabilities (DD), and Aging Services. She brings extensive experience in healthcare policy. Many of you know her through her previous role as vice president of the New Jersey Association of Health Plans, and previously as Chief of Staff of the New Jersey Health Quality Institute.

We're so delighted that Sarah has made the move into government and brings with her the expertise and commitment that all of you demonstrate on behalf of populations. So I want to welcome Sarah. Sarah is going to provide some remarks, but we'll not use it as a question-and-answer period in terms of the press of the schedule. But I know she'll be a frequent

companion both at these meetings and in the work ahead.

Sarah Adelman.

DEPUTY COMMISSIONER ADELMAN: Thank you.

Good morning, everyone.

As Dr. Spitalnik said, I am Sarah Adelman. I'm one of the two Deputy Commissioners to join the Department of Human Services, and I am working with Medicaid as well as the Division of Developmental Disabilities and the Division the Aging. I know at the last MAAC meeting, you heard from our new Commissioner, Carole Johnson, and I joined the Department the next week. So I'm happy to be here with you all this morning to introduce myself.

As Dr. Spitalnik just described, I have been working on healthcare issues in New Jersey for the last 12 or so years, so I have had the opportunity and the privilege to work with many of you in my past roles, and I look forward to doing so in new ways here at DHS. For those of you in the room that I don't yet have the opportunity of knowing, I look forward to building new relationships with you. I will be a steady attendee here at these meetings. I think you heard from Commissioner Johnson about some of our priorities for the Department at the last meeting. I will just reemphasize that as we look to build and improve on our existing programs, one of the things that we're very focused on is building and improving on the two-way communication that exist between our

Department and you all as stakeholders. So as we continue to look at ways to innovate and improve our programs, we want to hear from you and be listening to about your priorities. And we really believe that they can influence the direction of our program. So we appreciate your input, and I look forward to working with you all in the role.

Thank you.

DR. SPITALNIK: Thank you so much for being here.

We'll now turn to the minutes of our January 24th meeting.

Are there any comments or corrections to the minutes?

Yes, Mary Pat.

MS. ANGELINI: I actually was here in January. I came in late, and I was sitting in the audience.

DR. SPITALNIK: Thank you. And we'll make sure that that's reflected.

Other comments?

Beverly Roberts.

MS. ROBERTS: Yes. With regard to the previous meeting, I loved what the Commissioner said about wanting to eliminate silos between different divisions and departments. I'm also very concerned about the dual diagnosis pilot report that was discussed last time, hopefully to be released. Apparently, it has not yet been released. So I just wanted

to call attention to that and to the fact that the silos are still there to some extent.

DR. SPITALNIK: I would ask you, though, is that a formal comment on the minutes?

MS. ROBERTS: It's a comment on what occurred last time; it's not a comment to change the minutes.

DR. SPITALNIK: Okay. Then I would ask you to hold that concern, and I will assure you that we will bring it up on the agenda.

Are there other comments on the minutes? Or do I have a motion to approve?

MS. ANGELINA: So moved.

DR. SPITALNIK: Mary Pat moved. And second, Dot Libman.

Thank you.

I bring greetings today from Meghan Davey, the Director of the Division Medical Assistance and Health Services. Meghan and other members of the Medicaid team are in Minnesota at a national meeting with other Medicaid directors. And I'm delighted that the Division is so ably represented by Carol Grant, the Deputy Director of the Division.

I want to highlight, as Carol gets ready to do her presentation, that while the role of the MAAC is always advisory to Medicaid and in that role gather stakeholder

opinion, this is specifically a portion of the agenda that's a formal request for stakeholder input on the amendments to the NJ FamilyCare Comprehensive Waiver (Waiver). We've had a tradition of using the MAAC both in the genesis of the original Waiver, and this is a continuation of that kind of robust stakeholder input.

So, Carol, welcome. And if you want to go to the podium.

Carol will be showing some slides. And as always, the slides are posted on Medicaid's website at:

<https://www.state.nj.us/humanservices/dmahs/boards/maac/index.html> where you can access them after the meeting.

So Carol Grant.

MS. GRANT: Thank you very much.

Just to let you know, there is a public notice that describe these proposed State Fiscal Year 2019 initiatives, and it is posted on the NJ Department of Human Services (DHS) website.

(Presentation by Ms. Grant.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at:

<https://www.state.nj.us/humanservices/dmahs/boards/maac/index.html>).

DR. SPITALNIK: Carol, thank you so much. When we

were putting this item on the agenda, we were concerned about how to make this a coherent presentation because of the complexity, and you've certainly done that for us.

Let me ask the pleasure of the MAAC. Perhaps it makes sense to look at the three different items discreetly so that we have a coherent discussion, and I'll do that with the MAAC. Does that make sense to people?

MS. COOGAN: Yes.

DR. SPITALNIK: And then we'll take -- after those three items, both MAAC comment and stakeholder input, if there's any comments on the process of the amendments, we can discuss that.

So what I sense is agreement that we open this first to the MAAC about Item No. 1. And we can go back to the slide with the three different amendments. And the first one is about expediting financial eligibility determinations for individuals seeking Long Term Services and Supports.

Is there any comment from the MAAC?

Beverly.

MS. ROBERTS: It's actually just a question. I certainly have no problem with the way this is written. Is there a process to expedite financial eligibility determinations for somebody who is not under the New Jersey State Office of the Public Guardian? This says that they have to be under that office.

DR. SPITALNIK: As I understand it, the structure for input -- and I apologize for not saying this upfront -- is to raise those concerns, and they will be gathered through the legal record of the transcript and then they will be both commented on conveyed to the Centers for Medicare & Medicaid Services (CMS) as part of the process. So your point about expediting financial eligibility --

MS. ROBERTS: I'm certainly in favor of it. It was just a question as to if you were not under the New Jersey State Office of the Public Guardian, is there a process for those people to have an expedited financial eligibility?

DR. SPITALNIK: Thank you.

Other comments from anyone on the MAAC?

Anyone in the public?

Josh Spielberg, Legal Services. And, Josh, would you stand and project as best as you can. Thank you.

MR. SPIELBERG: So in a sense it's a follow-up on a Bev's question, but also some clarity. Is this just for people who have Medicaid in the community, or is it also for long-term care Medicaid recipients?

The difference is that resources are a concern for people in the community, but if you get to long-term care, you're also talking about transfer of assets.

MS. GRANT: We're generally not going to answer questions because this is really to listen, but we're going

to see about clarification.

In general, the initiative is what it is. It is directed to those served under the Office of the Public Guardian. I think if there are comments that relate to that about whether or not that should be sort of the initiative, I think that's what we can accept here. But this is specifically targeted.

MR. SPIELBERG: So I'm not sure those in the Office of Public Guardian (OPG) are limited to those in the community, also concerns as to Long Term Services and Supports (LTSS). But I would think it should be applicable to both.

And the other thing is you referred to the amendment you were going to submit to CMS?

MS. GRANT: Yes.

MR. SPIELBERG: So we have what's up there, number one. And then in the legal notice there was a little bit more description. But is the amendment going to be more specific of the terms of how financial eligibility is going to be expedited compared to the regular process? That's a question and a comment. I think it should be, if possible.

MS. GRANT: So that's a recommendation.

MR. SPIELBERG: Yes.

DR. SPITALNIK: Thank you. And I understand this can feel a little awkward in terms of back and forth, but it's really designed to cast as broad a net as we can in terms of

questions and comments, each of which will be considered and reported.

Are there comments from anyone on the phone? If there, please just say your name and that you'd like to speak, in case there are multiple many people speaking. Any comments from anyone on the phone around the financial eligibility determination issue?

Hearing none, I think we can proceed.

Please.

MS. EDELSTEIN: This is a question and then a comment. I'd like to understand why people under OPG are being specifically targeted for financial eligibility being expedited?

Now the comment. Because I think arguments can be made that there are other segments of the LTSS population who could benefit greatly from expedited financial eligibility determinations and whose financial eligibility is 98 percent of the time rock solid, to coin a phrase, when it comes to being approved for Medicaid eligibility. And I think we can all cite situations where this would be extremely helpful.

DR. SPITALNIK: Thank you.

Other comments?

Yes?

UNIDENTIFIED SPEAKER: Will they be able to explain how they intend to expedite the financial

determinations?

MS. GRANT: We'll make note of your question. I'm not sure we can answer it today.

MS. LIEBMAN: Evelyn Liebman, AARP. I just want echo Theresa's comments in terms of other populations that would greatly benefit from expedited financial eligibility determinations and just recognize the beneficial impact from a cost perspective. Many folks who can be served with community-based supports in the community at a much lower cost than institutional care, the sooner they can get those services, the more likely they are able to continue to live in their homes and communities and perhaps avoid institutional placements altogether.

DR. SPITALNIK: Thank you.

Hearing no comments from the phone. If no one wants to weigh in at this juncture -- and I'll ask at the end in the summary -- let's go on to the amendment about the one-time allowance for the community transition benefit.

Any comments from the MAAC about that?

From other stakeholders, please?

Anyone on the phone?

Okay. Thank you. But, again, let me also encourage people that there's the opportunity to comment in writing. If in writing would not be accessible to anyone, we can make arrangements for you to call in to Medicaid with your

comments.

We'll now move to the third amendment, which is expanding and enhancing what's been a demonstration project to implement the New Jersey Home Visiting Pilot Program.

Any comments from the MAAC?

I would like to comment and step out of the Chair role from a stakeholder perspective about the incredible importance of the Home Visitor Program, the need to expand this, what this represents both in the health of New Jersey families as well as having an impact on downstream service and cost needs in terms of setting children and their families on a healthier path and ready for school. So from the perspective of the New Jersey Leadership Education and Neurodevelopmental Disabilities MCH Program, I want to really very positively reinforce this. Thank you.

MS. BRAND: I would also echo your comments. I am fully supportive. There's a plethora of documented success with all three of these programs, so I think it makes complete sense to expand on what's already there.

DR. SPITALNIK: Thank you.

Mary.

MS. COOGAN: Just as an additional -- and I'm assuming that the Department has looked at the recent legislation of Family First Prevention Act that was signed by Congress and by our President in February that allows the State

to draw down foster care dollars for prevention programs. So since the home visitation is an evidence-based program, I'm going to suggest there should be some coordination with those efforts. I don't know if that would provide some additional dollars to expand the program, but I'm hoping there's an effort to look at that as a source of funding.

DR. SPITALNIK: Thank you.

Other comments from MAAC?

Raquel.

MS. JEFFERS: Hi. Raquel Jeffers from the Nicholson Foundation.

A question and a comment. So when you say you're going to expand evidence-based initiatives for home visiting, does that include incorporating potentially new evidence-based curriculum for home visiting -- and here is my comment -- because with the increase in substance abuse, there are some very exciting new evidence-based curriculum focused on the mother-infant dyad that are specific for substance abuse in families, and the Foundation is working with the Yale Child Study Center to look at two of those evidenced-based curriculums, in particular, Family Based Recovery and Mothering From the Inside Out. And it would be great if those could be considered as part of your expansion, and we'll be happy to work more with the State to develop that idea.

DR. SPITALNIK: Thank you.

Other comments?

MR. RUSSELL: Mr. Russell, Prevent Child Abuse.

I just want to emphasize that I think we heard the emphasis on the collaborative nature of New Jersey currently supports three evidenced-based models to home visitation in all 21 counties. That does allow New Jersey to reach more families, to customize services, to better meet the needs of each individual family. And I'll say that collaborative spirit really has been recognized and has allowed New Jersey to move forward ahead of many other states that have more of a divisive approach to this issue. And it is recognized that New Jersey is a leader in that kind of collaborative approach that allows us, again, to reach more families. It was a hallmark of recently the Congress just approved the reauthorization of the Maternal Infant and Early Childhood Home Visiting Act. And, again, that collaboration was a key part. So we just want to make sure and we'll make comments to underscore that in any amendment that approves additional funding in this area that we make sure it includes all three models and supports the type of collaborative opportunity we've had here.

DR. SPITALNIK: Thank you.

Josh.

MR. SPIELBERG: So it sounds like a great program, and I just wanted some clarification. What it appears to be

doing is adding services and then adding about 500 families to the existing 5,000. And the legal notice says there's no budget neutrality impact for this waiver amendment. So the question is what is the benefit of doing this through a waiver as opposed to just expanding services without the waiver amendment? I don't know if you can address that now, but it would be helpful to know.

DR. SPITALNIK: Thank you.

Any comments from anyone on the phone about the enhancement of the Home Visiting Program?

Hearing none.

I also had committed to are there any other comments about this process from either the MAAC or the public that people would like to raise at this point?

Anything that occurs to people about the three things we discussed that you might not have thought of but that this would be a good opportunity to raise?

Let me, again, reinforce and invite you to visit the website to provide comments and questions and clarification in writing, and a reminder that the comment period ends May 11th.

Thank you all. I think it's been deeply gratifying to see the evolution of the waiver and how much it's been strengthened by the comments of the community.

We now move to a series of informational updates.

And Carol thought it was safe to sit down, but I'm turning to Carol for an update on NJ FamilyCare.

Carol Grant.

MS. GRANT: We really do encourage your comments. I think you've raised good questions which really are tantamount to comments about this, so we appreciate your participation.

I'm going to give you a few updates. Thi

(Presentation by Ms. Grant.)

(Slide presentations conducted at Medical

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MS. GRANT: I believe that's it. I don't know if there's questions. And maybe -- I don't know whether we can ask Sarah also to help perhaps with some of this if there are questions on budgeted issues.

DR. SPITALNIK: Sarah, did you want to add anything to this in terms of the budget language?

DEPUTY COMMISSIONER ADELMAN: I think Carol summarized the changes nicely. I think part of what we are hoping to convey in this first budget is that Governor Murphy, as part of his pledge to commit to a stronger and fairer New Jersey, is investing in some of the program changes that I think as stakeholders we all have known need to be made in the

Medicaid program for quite some time now. So I think you'll see a strengthening of these kinds of services from autism to Hepatitis C. The Governor's first bill signing was around family planning and restoring funding that has been cut over the last eight years. So we are sending a clear and strong signal to all of you that correcting these things is a top priority for this administration, and we'll continue to do and build on this work over the next several years. But in this first budget, we're very excited about the Governor's commitment to enhancing our Medicaid program and building out some of these areas where we've really been lacking.

DR. SPITALNIK: Thank you.

Comments or questions from the MAAC?

Beverly.

MS. ROBERTS: So I want to thank the Governor and the Department in particular for improving access to autism services. That's something very dear to us in the IDD field. Very eager to hear more information. When do you think the stakeholders will be able to get additional information on this?

DEPUTY COMMISSIONER ADELMAN: As Carol said, our next step on the autism side is to start stakeholdering around this. We do envision the benefits to be broader than just ABA and all the services that Carol talked about. And stakeholdering on that, you should be hearing from us very soon

as we begin that dialog.

MS. ROBERTS: Thank you. Again, this is very exciting.

One additional comment or question. With regard to NJ FamilyCare on the Medicaid expansion side, we have some folks with intellectual and developmental disabilities (I/DD) who have been getting Medicaid through Medicaid expansion. And then what we find out is when it comes time for renewal, because the parent is taking that child as a tax deduction, they're looking at the whole family income. And so they're told, "Your Medicaid is terminated for that reason." But these folks may very well be eligible for community Medicaid, possibly for NJ WorkAbility. And to my knowledge, they're not being told about other categories for which they might be eligible; they're just getting a termination notice. So I wanted to know if you have anything that can be done about that?

MS. GRANT: Heidi, I think that's something we need to take back.

MS. SMITH: So the single is transitioning from one program to another is something that we definitely are looking at. We're coming up with short-term workaround fixes until we can get our electronic, our online system to handle this more seamlessly for the family so that the work is on our side to evaluate for other programs as opposed to the family.

DR. SPITALNIK: Let's follow-up with putting that

as an agenda item to keep track of in our July meeting.

Any other comments?

I would raise a comment and a question about the expansion of autism services, which we're delighted to see, particularly given that CMS has provided guidance since July of 2014 about including autism services. One comment is that in looking at the scope of services that there are many families who need what has been typically described as family support or respite but needed to be more expert or behaviorally informed than typical respite services. So I'd like to mention that.

The other thing that I'd like to raise for consideration in terms of expanding beyond the pilot was how this will be integrated into EPSDT and whether the services will go through that route or through the Children's System of Care and how will those come together. So not to be answered now, but I think that those should be addressed in the process.

Other comments from my colleagues on the MAAC?

Comments from the community?

Kevin Casey.

MR. CASEY: Kevin Casey, New Jersey Council on Developmental Disabilities.

Just a couple of quick comments. In fact, the advantage of going after Dr. Spitalnik is she covered mostly what I was going to cover. Just a specific issue. There are

a lot of people on the autism spectrum who do not meet the ICF standard of care and yet need increased supports and services. And I would suggest that some need to, at least, think about how we're going to serve that population.

Last, on the autism work group, I would specifically request that families and self-advocates with autism beyond the workgroup, not just on a group that reviews it later, but on the workgroup itself, and I'll be very self-serving and request a specific role for the New Jersey Council on Developmental Disabilities on that task force.

DR. SPITALNIK: Thank you.

Josh Spielberg.

MR. SPIELBERG: So I also want to applaud the Department and the Governor for these initiatives. It's already been talk about the autism services, also the family planning services, and in particular the Hepatitis C expansion availability for medication, which, even though it may cost more in the short-run, will save money in the long-run.

One question. And this relates to the family planning services, as well as the NJ FamilyCare as a whole. There's usually a presentation which statistics have been breakdowns amongst general categories. So with family planning services, which will be a specific category, it raises a question of whether that can be broken out so you can see how many people are enrolled in that. But a more general

question, if we could break down the data, for example, Disability, Medicaid Disability has 300,000 people, but it would be useful to know which programs they're in, whether it's WorkAbility or NJ FamilyCare Aged, Blind, Disabled Programs.

We know for Long Term Care we have very good data on that. But having that broken down, I think, would be very helpful. And I know that the Department is committed to getting more data. Having that type of data would be helpful. Maybe that's something that can be brought up at the next MAAC meeting.

DR. SPITALNIK: Thank you.

Yes?

MR. MINNELLA: Matt Minnella from the Association of New Jersey Chiropractors. At the last meeting I had asked Director Davey about the 21st Century Cures Act. The Act requires all providers that are on a Medicare managed care network to also join the State panel. But there is a moratorium on certain provider groups joining the State panel, including chiropractors. She said that they were working on solutions. I was wondering if there was any updates on that.

MS. GRANT: I don't have any report to give at this time, but I can assure you it's being addressed.

DEPUTY COMMISSIONER ADELMAN: And in the context of this budget. You'll hear an update about that.

DR. SPITALNIK: Thank you.

Others in the room?

Anyone on the phone with comments or questions on the NJ FamilyCare update?

Thank you very much. A very exciting update.

We now move to Elizabeth Brennan who's the Assistant Division Director for the Division of Aging Services for an update on Long Term Care (LTC) and Managed Long Term Services and Supports (MLTSS).

Elizabeth, welcome.

MS. BRENNAN: Thank you.

So I'll be presenting the Long Term Services and Supports (LTSS) dashboards. You'll notice that the time frame of these statistics are a little bit different than the Medicaid enrollment ones. At our January meeting we presented December statistics. At this meeting, we'll only be presenting January, and there are a couple reasons for that. One is we're earlier in the month, so the statistics are not quite available for the next available month. Additionally, the Department has made the determination to build in a two-month lag on the presentation of these statistics.

(Slide presentation by Ms. Brennan.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at:

[http://www.state.nj.us/humanservices/dmahs/boards/maac/.](http://www.state.nj.us/humanservices/dmahs/boards/maac/))

MS. BRENNAN: Any questions?

DR. SPITALNIK: Thank you so much.

Questions or comments from the MAAC?

From the public?

From anyone on the phone?

A testament to the comprehensiveness of the presentation. Thank you so much, Elizabeth.

We now move to a presentation on Behavioral Health Care (BH), and I want to welcome Gwen Carrick who is program specialist with the Division of Medical Assistance and Health Services.

Gwen, thank you for being here.

MS. CARRICK: Thank you.

Roxanne and I were here at the last meeting to present the substance use disorder (SUD) piece of the Comprehensive Waiver. So this is just an update on that status. So as part of the Waiver, CMS provides us with special terms and conditions, so this is an update on those.

(Presentation by Ms. Carrick.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at:

[http://www.state.nj.us/humanservices/dmahs/boards/maac/.](http://www.state.nj.us/humanservices/dmahs/boards/maac/))

DR. SPITALNIK: Gwen, thank you so much.

Questions or comments from the MAAC?

Questions from the public? Comments?

Yes. Please stand and identify yourself.

UNIDENTIFIED SPEAKER: Can we see the timeline slide again. I'm sorry.

DR. SPITALNIK: Did you want to make comment, or you just need to see it?

UNIDENTIFIED SPEAKER: Just needed to see it.

DR. SPITALNIK: Okay. Thank you. Our pleasure.

Other comments or questions?

Any comments or questions from the phone?

Yes?

UNIDENTIFIED SPEAKER: (Inaudible.)

DR. SPITALNIK: I'm sorry. We can't hear you up here.

UNIDENTIFIED SPEAKER: (Inaudible.)

MS. GRANT: The budget includes a basic true-up of mental health or behavioral health services in three programs. It is really an alignment with Managed Long Term Services and Supports. We'll include the Division of Developmental Disabilities (DDD) and the Fully Integrated Dual Eligible Special Needs Plans. And we're in the process now of working with our health plans to make sure that we are ready for those changes. There will be a substance abuse benefit package that also will be implemented across the board within the three programs, so work is well underway.

UNIDENTIFIED SPEAKER: From a provider standpoint, if a patient has presumptive eligibility (PE) needed at a hospital and only have PE coverage fully approved and then the managed care organization (MCO) kicks in about a month or two months later. Once this transition happens, will the timeline of the MCO effective date be retroactive to the beginning of the Medicaid start date or the future date such as it is now?

MS. GRANT: You're asking when the true-up is actually effective?

UNIDENTIFIED SPEAKER: Yes.

MS. GRANT: It's July 1.

UNIDENTIFIED SPEAKER: When that takes place and the MCOs start covering these new services, the question is is there any retroactive coverage to the MCOs after July 1st?

MS. GRANT: Heidi, can you help?

MS. SMITH: No. I don't understand the question.

MS. GRANT: Steve?

MR. TUNEY: All managed care enrollment is prospective, so they're going to come in under fee-for-service (FFS). They will get put into a MCO the following month, maybe the one after that. That's when the MCO takes over. The MCOs are expected through continuity of care to either -- if they don't have a contract with you, then they need to make arrangements to get somebody to a different provider. But for

the services you provide, you should be protected.

MS. GRANT: It's very hard to hear you. I'm sorry.

DR. SPITALNIK: I think it was responsive.

DR. SPITALNIK: Other questions or comments from the audience?

Other questions or comments from the phone?

Hearing none, I'm not sure if the MAAC is the appropriate forum, but I think this will become an issue for the population, which is how are we planning and how are we addressing neonatal abstinence syndrome (NAS) and who do we need to bring together in terms of presenting to this body and to thinking about those issues. I don't know if anyone wants to comment or whether we want to make sure that we address that in future agendas.

MS. ANGELINI: I definitely concur to put it on the agenda for the future.

DEPUTY COMMISSIONER ADELMAN: I think maybe at the next agenda if you're interesting in hearing more that also as part of that State Fiscal Year 2018 budget the Governor has included a hundred million for opioid funding, and it is certainly a priority of both the Governor and the First Lady and our Department, working with the Department of Health and others to do more to improve maternal fetal health and especially some of the racial disparities that exist there. So maybe at the next MAAC meeting, as we have further developed

how that hundred million is being allocated and spent and what priorities exist, that we can provide an update to you all. And to the extent that you have feedback now, we'd be happy to hear it.

DR. SPITALNIK: Thank you. That would be great.
Theresa.

MS. EDELSTEIN: I'm just going to make an offer. Within our membership at the New Jersey Hospital Association (NJHA), there are several providers that specialize in NAS, so I'm sure they would be more than happy to come and talk about their experiences and maybe offer insight.

DR. SPITALNIK: Thank you.
Raquel.

MS. JEFFERS: Raquel Jeffers from the Nicholson Foundation.

So the Foundation has been in partnership with the Robert Wood Johnson Medical School, has been convening a workgroup together with State partners, Medicaid, Department of Children and Families, Department of Health. And we've been meeting over the last four months to begin thinking about a concept map for structuring a program potentially using Project Echo as a vehicle for training birthing hospitals in evidence-based practice for the medical management, but not the child in isolation, in partnership with the mom and really thinking about post hospital discharge, what evidence-based

practices can the families use. Also, I'm looking at Dr. Lind because he can tell you, make sure we're focused on prevention, as well.

So there is a foundation of a group that's been meeting and we have a collaborative concept map that we've been developing to try to think through how would we structure a program around this, and we're very happy to include others and think collaboratively with everybody.

DR. SPITALNIK: Thank you.

Any other comments?

Gwen, thank you so much.

And speaking of Dr. Lind, we'll turn to Dr. Tom Lind, the Medical Director of the Division for an update on diabetes legislation.

Dr. Lind.

DR. LIND: As the last speaker of the day, it's a great pleasure to say good morning. I don't think that's ever happened before.

In the middle of last year, Public Law 2017 Chapter 161 passed, which is specific to individuals diagnosed with prediabetes, diabetes, and gestational diabetes, and provides for several services and supplies, specifically access to diabetes prevention programs, to diabetes self-management education, and medical nutrition therapy.

(Presentation by Dr. Lind.)

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DR. SPITALNIK: Thank you so much.

Questions?

MS. ROBERTS: Thank you very much. This is very exciting.

Do you know the extent to which there will be coordination for people who are duly eligible for Medicare and Medicaid? Because Medicare, I think, has some sort of diabetes project. I don't know how it compares with what we're doing in Medicaid.

DR. LIND: As usual, we would be the payer of last resort.

MS. ROBERTS: So that you would then cover --

DR. LIND: We would cover whatever Medicare would not cover with relation to the specifics in the law.

MS. ROBERTS: So then if there were a piece of this that Medicare didn't have, for example, then Medicaid would just cover it?

DR. LIND: Correct.

MS. ROBERTS: As an educational piece?

DR. LIND: Correct.

MS. ROBERTS: Good.

DR. SPITALNIK: Thank you.

Other comments?

Comments or questions for Dr. Lind from the public?

By phone?

Hearing none.

MS. GRABOWSKI: Francine Grabowski, diabetes educator.

We're very excited. We've never been providers. Is this too early to ask how -- that's never been a Medicaid provider become a provider?

DR. LIND: We are in the process of making those changes to the system to add you as a provider. So that's something that's coming.

DR. SPITALNIK: Other questions or comments?

MR. HABBE: I have question from the phone.

DR. SPITALNIK: Yes, please. And identify yourself.

MR. HABBE: This is Steve Habbe from American Diabetes Association.

Dr. Lind, in terms of the diabetes prevention program, is it foreseen that only licensed healthcare professionals will be delivering the services or will it also include community-based organizations with trained lay workers, like Medicare would cover.

DR. LIND: At this point, we're saying that it's

medical professionals. That's how it's written in this law.

MR. HABBE: Okay.

DR. SPITALNIK: Other comments from the phone?
Comments or questions?

Thank you, Dr. Lind.

DR. LIND: We are going to be releasing a provider newsletter with further details on this, as well.

DR. SPITALNIK: Thank you.

Typically at the end of the meeting, we review things that have been raised for the previous agenda, but before we get to that I'd like to turn to the Deputy Commissioner, and Deputy Director Grant, if there are any closing comments or things each of you would like to reflect on?

MS. GRANT: I have one little bit of good news. We were notified yesterday that our MCO January 2018 contract was approved.

Thank you, CMS; and thank you, Mark Gonzer of my staff.

DR. SPITALNIK: And I had a closing announcement. I very much want to recognize Lisa Bradley for her ongoing work to bring us the meeting summaries of the meetings. And, I want to acknowledge Ryan Kroslin of the Luczak Data Center, at the Division of Medical Assistance and Health Services, for his ongoing support and technical assistance during MAAC meetings

- thank you, Ryan. And, I thank everybody for gathering here on Ryan's birthday to celebrate with him, so we extend the wishes of the MAAC.

So far, what I have for our next agenda is -- we are meeting again in July. The comment period, again, reminder, closes May 11th. We're talking about the Medicaid expansion and the renewal.

We were looking for an update from Heidi Smith or others of when people are transitioning between different programs, how that works and how we can communicate that.

There was also a request for more of a breakdown in terms of which Medicaid programs that people are utilizing; the issue of neonatal substance abuse; and an update on the contract that was just approved by CMS.

So that's what I have in my notes.

Does anyone else have an agenda item?

Beverly.

MS. ROBERTS: So the dual diagnosis pilot is something that had been discussed at the last meeting. I would really hope that we will have further details and an actual report that we can have for the next meeting.

I would also like see if there could be a way to address the silos that exist between duly diagnosed individuals who have a developmental disability and a mental health disorder, the silos between DDD and Division of Mental

Health and Addiction Services.

DR. SPITALNIK: Thank you.

Anything else?

Theresa.

MS. EDELSTEIN: I had submitted this to Phyllis so I wouldn't forget, but the request was to have a presentation and update on the Medicaid Innovation Accelerator Program that the Division has received and what is happening with each of them and any new ones that have been applied for.

I also think it would be helpful to get a better understanding of what is happening with credentialing by the MCOs, because what I hear is that the delays are enormous, and I think it needs to get addressed somehow while we're waiting for Purchase and Property to do what it needs to do on the universal system.

DR. SPITALNIK: Thank you.

Hearing no other items, we may have been late in starting, but we are early in finishing, which, I really want to acknowledge, is also a testament to the preparation that's been done by the Division and the Department in presenting such clear information.

So do I have a motion to adjourn?

MS. BRAND: So moved.

DR. SPITALNIK: Brand; second, Libman.

We are adjourned.

Thank you all, and we look forward seeing you on
July 18th, same place.

(Meeting adjourned at 11:40 a.m.)

CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby
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