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

July 25, 2019
10:13 A.M.

FINAL
MEETING SUMMARY

Members Present:
Deborah Spitalnik, Ph.D., Chair
Sherl Brand
Theresa Edelstein
Beverly Roberts
Wayne Vivian
Mary Coogan
The Honorable Mary Pat Angelini

State Representatives:

Sarah Adelman, Deputy Commissioner
Jennifer Langer Jacobs, Director

Transcriber, Lisa C. Bradley
THE SCRIBE
6 David Drive
Ewing, New Jersey 08638
(609) 203-1871
The1scribe@gmail.com

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

DR. SPITALNIK: Good morning. We're going to get started. I apologize, as always, for the tardy beginning. Sometimes it's at the entry booth; today it was at security. But I appreciate everybody persevering.

I'm Deborah Spitalnik. I'm the Chair of the New Jersey Medical Assistance Advisory Council (MAAC). It's my pleasure to welcome you to the July 25th meeting. I need to start by assuring everyone that we have complied with the New Jersey Open Public Meetings Act in terms of notification of this meeting.

Because we are meeting in this building, I am also obliged to share with you the emergency evacuation procedures that in the unlikely event of fire alarm or an evacuation announcement, please leave the building by the exit behind us, the exit you came in, and gather at No. 9 spot in the parking lot. So thank you for having dispensed with that.

I will review the agenda and our procedures. We will have a welcome and introductions of a considerable magnitude today than we typically have. We'll then turn to the approval of the minutes. We have a series of presentations and then we'll have our regular informational updates.

I'm going to ask the members of the MAAC to introduce themselves. We are always delighted to have so many members of the public and stakeholders, and then we'll

ask you to introduce yourselves.

We pride ourselves that we have been able to operate in an interactive way and not limit interaction the way some councils have been put upon to do that. We reserve the right for the members of the MAAC to ask questions or make comments first. I will then call and recognize members of the public. We ask that you limit your time of speaking. Please stand, because you won't have a microphone, and please tell us your name and affiliation so that we can make sure it's part of the record.

We thank Ms. Bradley for the excellent record; and as always, Phyllis Melendez and the staff of the Division of Medical Assistance and Health Services (DMAHS) for getting us here.

So with that, I will ask the members of the MAAC to introduce themselves. And then we will ask the members of the public and then we will have a welcome for our new Medicaid Director.

(Members of the MAAC introduce themselves.)

(Members of the public introduce themselves.)

DR. SPITALNIK: Thank you all. I know that it's time-consuming, but I'm always impressed by the vibrancy and the number of people who participate. So welcome, everyone.

I'm going to go slightly out of order with the agenda and turn to the approval of the minutes. We have two

sets of minutes to look at, and I'll start with our January 1st. Please be aware this is not sloth, we didn't have sufficient representation to approve them.

So looking at the January 1st summary, are there any additions or corrections? Or can I have a motion from the MAAC for approval?

MS. COOGAN: I'll make a motion to approve the minutes from January.

MS. ROBERTS: Second.

DR. SPITALNIK: Coogan, motion; second, Roberts.

All those in favor?

THE MAAC MEMBERS: Aye.

DR. SPITALNIK: Any abstentions?

The minutes of January 1st are approved.

We turn to the minutes of April 25th, the meeting summary. Are there any additions or corrections therein?

MS. ANGELINI: I move to accept, as submitted.

MR. VIVIAN: Second.

DR. SPITALNIK: Thank you. Angelini, motion; second, Vivian.

All those in favor?

THE MAAC MEMBERS: Any abstentions?

Thank you. Those are accepted.

I bring you greeting and regrets from Commissioner Carole Johnson who had hoped to be with us this

morning but was called into another meeting. But I am delighted to welcome Deputy Commissioner Sarah Adelman. Sarah is Deputy Commissioner of the Department of Human Services whose responsibilities include the Medicaid program.

So, Sarah, we turn to you for a wonderful announcement.

DEPUTY COMMISSIONER ADELMAN: Good morning, everyone. As Dr. Spitalnik said, unfortunately, our Commissioner wasn't able to join us today, which leaves me the unique pleasure of introducing our new Medicaid Director. We are very excited to welcome Jennifer Langer Jacobs back home to New Jersey. She is a dynamic leader with deep roots in Medicaid and health policy. And having her on our team here at the Department of Human Services (DHS) and in Medicaid is a huge win for our Administration. And for all the stakeholders in this room, I know she is known and loved by many of you already. And for those of you to whom she is new, I look forward to you getting to know her today and over the coming months as we meet with all of you.

I want to give Jenn the opportunity to talk a little bit about herself and her background, so I won't go into her bio too much other than, again, to welcome her to our team at DHS and say how grateful we are for her to be back in New Jersey and welcome her home.

Jenn, do you want to say a few words?

MS. JACOBS: Good morning, everybody. I'm really happy to be here this morning. I'm incredibly honored to have the opportunity. I'm excited to tell you a little bit about me, although half of you, I think, know me for a decade or more. So I guess I would just start with maybe something not everybody knows, which is I started my career as a teacher in Jersey City. I taught 5th grade in a school that was almost entirely children eligible for free lunch and eligible for Medicaid. My mother would tell you that my career has been a little bit all over the place. I would say social determinants of health. This was a community that was under resourced in lots of ways, and I saw all those connections as a classroom teacher. It was a community that I became part of that's still part of me today. And everything I've done since then has been really in my mind and in my heart as an advocate for the students I taught and their families, and then later as I became involved in Medicaid and in Managed Long-Term Services and Supports (MLTSS), for their extended families, parents and grandparents.

So this work is very much in my heart. And I was incredibly honored to have the opportunity to come back and be part of the team at DMAHS, which has such deep expertise and such incredible energy for the mission. So I'm excited

to be working with that group and excited to be back together with you all. Palm trees and flip-flops are great and I really enjoyed my time in Florida. You can take the girl out Jersey but, apparently, you can't take the Jersey out of the girl. So I'm just thrilled to be back here with you and look forward to getting down to work. Thank you.

(Applause.)

DR. SPITALNIK: We welcome you back. We provided the temperature to make your transition seamless. And behalf of all of us on the MAAC, we want to add a particular welcome and our commitment to advising the Division and to supporting the work that we're all part of. So, again, welcome, and we look forward to working together. Thank you.

I turn back to Deputy Commissioner Adelman for a presentation.

DEPUTY COMMISSIONER ADELMAN: I wanted to give a few updates on the Fiscal Year (FY)'20 budget. The July MAAC is always the signal that we're at the start of a new fiscal year. We are beginning to implement some new budget initiatives, so it seems like the right time to talk with you all about those.

So the Fiscal Year '20 budget made a number of significant and important investments in New Jersey working families and, in particular, in the human services field. I think it makes sense to highlight a few of those that our

Department is working on this morning.

The first thing I'll talk about are the investments made in the nursing facility and nursing home space. There were a couple of things that happened. One, as part of our proposed budget, we are leveraging state and federal dollars to invest $60 million in increasing nursing facility reimbursements over the next year with a particular focus on raising the daily rate floor for our lowest-paid facilities and in implementing a new quality program that makes quality payments across five measures to our nursing facilities. So we're encouraging every nursing facility to try to meet the quality marks in all five categories to receive those additional payments. Each measure that is achieved will be paid out as a quality metric in our new system. And our plan is over the following years to evolve the quality program so that as we meet our benchmarks and exceed our benchmarks, we can start adding additional quality measures and continue to move the quality conversation forward. So we're very excited for the opportunity to work with the industry on this initiative. We believe that investing in quality is an important way to ensure that our facilities are paid adequately, but also paid for performance. The budget also added an additional 15 million to the base rates for nursing facilities. So in addition to our increasing the floor, the overall rate, and the quality

program, there's an additional 15 million allocated for nursing rates in FY '20 over the base rates from FY '19.

Next, I'll talk about our personal care assistance. We were able to increase our hourly rate for Personal Care Assistance (PCA) services from $16 in FY '19 to $18 in FY '20. There was another piece of legislation that moved at the same time that the budget moved that removed the passthrough requirement that previously existed for the wage increase for PCA. So the passthrough provision is still in place until the Legislature comes back to concur with that legislation, but at that time, the passthrough requirement for the increase in the wage will be eliminated. Part of what that does is allows the agency to pay for the cost of the increase and also allows them to be a little bit nimble as we look at the increase in the minimum wage over the next several years to reflect that increase and the wages that they pay to their workers.

I also wanted to mention autism and family planning. There were both benefits that we stood up in FY '19 that are, again, fully funded in FY '20 and well on their way to being fully implemented in New Jersey, which we're very excited about, and we're glad to be able to sustain these investments in FY '20.

Heidi Smith will be able to talk a little bit more about our family planning benefit in one of our presentations

this morning.

We also made a new investment in FY '20 in doula services for Medicaid, so we will be creating a doula benefit across our entire Medicaid managed care population, and we started in FY '20 with a $2 million investment for this effort. And there's a lot of work to do to start building up our community doula network over the next year, and this is a program we hope to grow over time.

And then on the Division of Developmental Disability (DDD) side, I know a lot of folks in the room pay attention to those issues. There are a couple of things to point out. Similarly to the increase in wage for personal care assistants, there was another increase in wage for the direct support professionals. That's a part of the individuals with developmental disabilities (I/DD) community. In FY '19, we were able to increase the rates by about 32 million between state and federal funds. We maintained that funding in FY '20 and added an additional 36 million in investments for direct support professional wages for FY '20.

And finally, in DDD we announced in the Governor's budget message at the beginning of the year a new initiative around supporting individuals with behavioral needs and supporting individuals with dual diagnoses of developmental disability (DD) and behavioral health (BH) diagnoses, and

we're doing three pretty new exciting things in that space with some money in the budget this year. There's a nine and a half million dollar investment to support these three initiatives.

The first is to increase our capacity to serve individuals with severe behavioral challenges when they are in crisis; the second is to do a landscape analysis of our inpatient capacity in New Jersey to support individuals with severe behaviors either related to a dual diagnosis or relating to an underlying I/DD diagnosis; and, finally, to work across our divisions and agencies in government to create a behavioral health home model for individuals with I/DD and co-occurring significant behavioral challenges. So we're working with, not just DDD, but our Division of Mental Health and Addiction Services and Medicaid and the Department of Children and Families (DCF) on an initiative that will support this population and think differently about how we coordinate services for these individuals and how we pay for them. So we're very excited about the work that's to come this year in this space as well.

And there are probably about 45 other budget initiatives we're also working on, but I think that's a good place to stop and some things to highlight for you all. Thank you.

DR. SPITALNIK: Thank you so much, Sarah.

Are there questions from the MAAC for the Deputy Commissioner?

Beverly.

MS. ROBERTS: Thank you so much. We are very excited about these initiatives, and in particular, the dual diagnosis with DDD. Obviously, very exciting.

A quick question on the increase in the PCA rate from $16 to $18. Do you know if that would also include people who are using the Personal Preference Program (PPP)?

DEPUTY COMMISSIONER ADELMAN: So the Personal Preference Program is not in this year's budget. There was not a change in the rate for self-directed services. There is a significant difference in the cost of going through an agency versus self-directing your services, but we are looking at this issue as the wage changes over the next several years to see if changes are necessary in that space.

The one other place where a change is reflected to go along with PCA agencies is in our Division of Aging Services (DoAS) Program. The Jersey Assistance for Community Caregiving (JACC) Program versus Assistance for Caregivers. For a couple ever years, their rates to agencies were lagging behind the PCA rate on the Medicaid and fee-for-service (FFS) side, and so they are were having a hard time finding agencies who could support the JACC Program, so we increased their rate from $15.50 up to 18 to match the

Medicaid program this year in the budget.

MS. ROBERTS: Thank you.

DR. SPITALNIK: Anyone else from MAAC?

Questions from the public?

Your name and affiliation, please.

MR. SPIELBERG: John Spielberg, Legal Services of New Jersey.

A question also about the legislation to eliminate the passthrough. Could you explain what the prior -- or the current system is, what this would do, and whether or not this would help the workers who actually provide the PCA care?

DEPUTY COMMISSIONER ADELMAN: Yes. So when the increase was first passed a few years ago -- and we've been phasing it in over time, about a dollar each year. With every increase in wages to workers, there is a cost formed by the agencies, pass that through in taxes and other things. Our estimates are it's about 12 cents per dollar. So our agency was actually on top of the increase, paying in addition to the agencies to cover the cost of that, the additional cost that they were facing. The industry advocated in this budget to eliminate that and allow it to come out of the additional dollars that are being passed through.

I think they would say that now that there is a minimum wage phase-in over the next five years, that will

drive and ensure that the rate increases year over year for their workers even without the pass-through provision.

DR. SPITALNIK: Others?

Hearing none, thank you very much.

We turn to Plan First Family Planning Program update from Heidi Smith. Heidi is Chief of Operations at the Division of Medical Assistance and Health Services.

Welcome, Heidi. Thank you for being with us.

And let me remind everyone that the slides that you see will be posted this afternoon on the DMAHS website so you can access them.

Good morning.

MS. SMITH: Good morning. Thank you.

So Plan First, that's the name of our family planning program that we'll be launching this fall. Governor Murphy signed legislation to increase family planning access to our New Jersey residents, and we are estimating that we're going to have between 30,000 and 55,000 people within the next five years on this new program.

\- - -

(Slide presentation by Ms. Smith.)

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

- - -

DR. SPITALNIK: From the MAAC, any questions?

From the public?

MR. GILLESPIE: Pat Gillespie on behalf of Amerigroup. I'll be brief, Heidi. I know you've heard me say this repeatedly. We are of the firm belief, and we've said on record, supporting this program, of supporting that it comes from managed care. We believe that integrating it with all the other services that we're doing would promote the service, provide folks in our network, and provide greater access to care and make the program more of a success, as well as integrating into the pregnant women category and the other maternal programs that we're already doing.

And then there's one covered benefit, Heidi, I just wanted to mention. A couple years ago, we had been covering treatment for [SECA]. I know SECA is not in the news now, but I don't know if you looked at that as a potential covered benefit as far as adding it to this expansion.

MS. SMITH: Thank you for that. New Jersey has been as comprehensive as possible with all of the benefits. Because this is a federally supported program, we are working with the government on what services will be covered under our family planning program.

MR. GILLESPIE: When is the State Plan Amendment (SPA)coming out for commenting?

MS. SMITH: So the public notice will come out first and then the State Plan Amendment. It will be in the fall.

MR. GILLESPIE: Thank you.

DR. SPITALNIK: Thank you.

We'll move to the next item on the agenda, which is an NJ FamilyCare update, which Heidi will also provide us with this morning.

MS. SMITH: Thank you.

- - -

(Slide presentation by Ms. Smith.)

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

- - -

DR. SPITALNIK: Thank you.

Any questions from the MAAC?

I had one comment. Could you explain, which we're always glad to see, the increase in the number of children covered, where that's coming from? It's close to 6,000 additional children from the March data.

MS. SMITH: So we're celebrating that, right?

DR. SPITALNIK: Absolutely. I hoped that I had been clear about that. I think it's absolutely important

that we added more children. Can you explain where that came from? Is it an increase in supporting enrollment?

MS. SMITH: So it would be all of that. We do have an active outreach unit that has not lost a beat. We do get referrals or people from the Federally Facilitated Marketplace (FFM), those who were eligible who applied at the FFM. We have active transfers that go back and forth with the federal Marketplace also.

DR. SPITALNIK: Which is great. And do we have a sense of additional children that we need to reach that are eligible? That may be too hard a question to answer on the spot, but we know that we're under-enrolled.

MS. SMITH: We have a pretty high saturation of children on the program. We are always outreaching more. We've got a lot of things in place now over the years. We can talk about that at another time.

DR. SPITALNIK: I would like to add that as an agenda item for next time in terms of ensuring that we're reaching as many children as we can.

It was definitely a positive thing, and we congratulate the Division and the outreach that's been done.

MS. BRAND: I have a question.

On the back table and upfront here, there were three documents. And I was wondering since they speak to census if someone could explain. Is this informational?

DR. SPITALNIK: Yes. I know Mary Coogan had wanted to speak about the census, so let's do that. Or should we have questions for Heidi first and then come back to the census? Maybe we should do that.

So, Josh, I think you had a question.

MR. SPIELBERG: So on the issue of enrollment, we're now at about 1.7 million. Two years ago, we were at about 1.8 million. So we've lost over 80,000 enrollees during that period, including children. There's a reduction of 27,000 since 2017 if you compare the high point until now, and about 58,000 adults. So my question is -- and I share Deborah's concern about making sure that everybody who is eligible is enrolled. And I wonder if there's been an analysis of that reduction over the past years and what steps the Division can take to increase enrollment so that we make sure that everybody who is eligible is enrolled. And maybe, again, if you want to discuss that more in-depth at the next meeting, that would be helpful, but I wanted to raise that issue.

DR. SPITALNIK: Thank you.

Sarah, did you want to respond to that?

DEPUTY COMMISSIONER ADELMAN: I guess I would just say that we share your focus and attention on this issue and your comments about wanting to make sure we reach every child who's eligible for our program. We're encouraged by

the uptick that we're seeing in this last quarter. There's not an exit survey when you leave Medicaid, so it's hard to identify every reason that it happens, but we try to look for trends. We know that there's a reduction in the expansion population, people getting jobs, changes in the economy, those kinds of things, and moving to other types of coverage, and exchange-based coverage. We also believe that some of the efforts at the federal level from the Trump Administration around mixed size families. It's had a chilling effect on kids who we know are eligible for our program and families being afraid to use the services that they're eligible for. We believe that is happening and that's part of it and we're trying to think about how to combat. But we absolutely share your commitment to reaching, especially the children, every possible eligible enrollee that we can.

We also do a lot of work around the school year and the free and reduced lunch and Supplemental Nutrition Assistance Program (SNAP) programs to make sure that we're linking our data with other agencies in government so we can identify kids who are eligible.

The last thing I would say on this is that as we are working with our Department of Banking and Insurance (DOBI) to stand up a State-Based Exchange (SBE) over the next couple of years. We're very excited about that, work that

we can do together to reach New Jersey families who are eligible for all coverage and working with them to link folks to the right programs. And we're excited about the possibility of making meaningful investments and navigators in New Jersey again, something that the federal administration has been scaling back over the last several years. So we know that community outreach is the way to get to folks, and those are the investments we're excited to start making in the Murphy Administration.

DR. SPITALNIK: Thank you.

Others?

Yes, Theresa.

MS. EDELSTEIN: Sarah, in follow-up to your comments, I'm wondering as we're working on standing up to State-Based Exchange and the issue of churn between programs, different types of insurance programs, is part of the thought process that since we'll have State-Based Exchange we can build in the ability to track people as they move from different types of plans and across Medicaid and to exchange-based insurance?

DEPUTY COMMISSIONER ADELMAN: That's a great suggestion, and now is the time that we're really talking about those kinds of cross-functionalities in our programs.

MS. EDELSTEIN: I think it would be really important if we could do it.

DR. SPITALNIK: Thank you so much.

Mary Coogan has brought information that she wanted to bring, information about the census. So Heidi's presentation has transitioned to that.

And, Mary, would you explain where you work?

MS. COOGAN: Sure. Good morning, everyone. So I do work at Advocates for Children of New Jersey (ACNJ).

With reference to the last topic, I think we all share a concern about the changing definition of public charge and how that's impacted, too. I think a lot of people are hesitant to access benefits even if their children are legally here in this country or they're citizens because of the impact on that as well.

I just wanted to spend a few minutes to talk about the census. As we all know, it's done every 10 years. Census 2020 is coming quickly next year. And I think there's a lot of people in this room who are impacted by the census. Beyond the fact that our representation in Congress is determined by the census count, there are close to 23 billion dollars that come from the federal government which are based on the census. There's a list which, actually, my office put together. It's on the back table. This is from 2016 funding, and you should all note Medicaid is the top dollar amount, about $9 billion. It impacts all of us. So from my perspective and a lot of people in this room, it's very

critical that we make sure we have an accurate count in the census. I'm sure people have been reading all about whether there's going to be a citizenship question on the census form. There's a lot of anxiety about completing census forms. I think some of that has been resolved.

There's another handout which we put together in terms of just some basic information of the census. There's categories of people hard to count and undercounted populations. My office is most concerned, obviously, about young children. But immigrants is very high on the list. Low-income families and households, people who move frequently, military households, and people of color.

So my office, which we are a statewide child advocacy and research organization, we put out the kids count data book. We've been working with some other organizations, the New Jersey Institute for Social Justice, Latin American Network Foundation, Wind of the Spirit, and Make the Road New Jersey and formed an informal coalition. But there's also a New Jersey State Complete Count Coalition. There was $9 million put in the budget this year for outreach through that coalition. So there are going to be dollars available both for some type of a media campaign that the Statewide Commission is working on, but also outreach dollars. There are also some private funders that are interested in putting some money together to do some

outreach.

This census is going to be the first time people will be able to complete their census form via the Internet as well as telephone. So we do have some concerns about people accessing that and how that's all going to work. So I think community providers that interact with these populations are going to become critical. I'm also hoping that some of the other organizations, like the managed care organizations who helped us in the past when we tried to do outreach on NJ FamilyCare, can also help us do outreach to make sure people know it's critical that they complete their census form.

On the one document, there's also some links. You can find out if you work within a hard-to-count or an undercount population. There's links to the Census Bureau. So there's a lot of information out there.

The last document is a handout of cities that have started to organize what they thought are local complete count commissions. And, again, we tried to work, meaning ACNJ and the other organizations we're working with, to identify local complete count commissions. Many of them started by public officials in that community, whether it be on a county level or a city community level. But also, they're looking for nonprofits to get involved, people who have access or work with or who are the trusted messenger in

the community. So the list out there just tells you sort of the status of those local complete count commissions as of the end of June. To the extent we had a person you can actually contact if you're interested in getting involved, please reach out to those people and get involved in your local complete count commission.

We have a lot of information on our website. There are links to the other organizations I mentioned. Feel free to reach out to us, and I seriously would encourage all of you to get involved to the extent you can.

DR. SPITALNIK: Thanks very much, Mary.

We're going to move on to the presentation on long-term care and Managed Long Term Services and Supports (MLTSS). We welcome Joe Bongiovanni, who is Director of MLTSS and Logistics for the Division. And, again, note that these presentations are available on the web.

MR. BONGIOVANNI: Good morning, everyone. So I'm going to give you an update on MLTSS or the Medicaid program.

\- - -

(Slide presentation by Ms. Bongiovanni.)

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

- - -

DR. SPITALNIK: Thank you.

Questions from the MAAC?

Wayne.

MR. VIVIAN: Thank you for the report.

In addition to representing COMHCO, I work in supportive housing in Jersey City. Regarding MLTSS and people's eligibility strictly or solely on their behavioral health needs, anecdotally, we find it extremely difficult to get people MLTSS services, because it's a supportive housing program, based solely on their behavioral health need. There has to be some kind of co-occurring physical disability, generally speaking. That's what we experience, that they have other needs in addition to their behavioral health needs. And we were hoping that MLTSS would be more accessible to people, like I said, an assessment done based on their ADL needs, their psychiatric needs, and not because they also have physical disabilities or other kinds of disabilities that prevent them from living, existing in a community.

MR. BONGIOVANNI: We can take that back.

Just for the record, MLTSS doesn't have behavioral health diagnostic criteria that says you do or don't qualify for MLTSS. The criteria to get into MLTSS clinically is based solely on whether or not you qualify for

nursing home services. So maybe what we need to do is sort of go back and look at what impact behavioral health has on the ability of an individual to function in the community and figure out a way if we can incorporate that into our level of care determination.

MR. VIVIAN: Because many of our consumers do need, like, a personal care assistant to live in the community, but it's based solely on their psychiatric functioning. And we just find that they're not getting approved.

MS. JACOBS: I think you're making a very good point. It's definitely, as Joe said, worth revisiting to make sure that as we're assessing for need for support of Activities of Daily Living and Instrumental **Activities of Daily Living** (IADLs), that we're taking into consideration all of the factors that might be driving that need. So thank you for raising the point.

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

MS. ROBERTS: It's a thank you for including I/DD and the TBI information. Much appreciated.

DR. SPITALNIK: I also want to suggest that with a new division director in the Division of Disability Services (DDS) and a revitalization of the Traumatic Brain Injury Advisory Council that there be a presentation about

the people in MLTSS to that Council and/or coordination.

MS. SHEA: Liz Shea from Porzio. I actually have a really quick question. I apologize. I should know this, but it changed a few times. The I/DD designation you talked about, how is that defined now? At one point, it was either going to be linked to DDD eligibility or not or a diagnosis. How do you tag on the I/DD designation or definition? What is that tagged to?

MR. BONGIOVANNI: I don't have the specific answer in my head to your question, but I can take it back.

MS. ANDREWS: I work in the Office of Business Intelligence at Medicaid. And the only way that we have right now of knowing that someone has an intellectual or developmental disability is that that they have either contacted DDD on their own or have been referred through the Division of Aging Services at some point seeking out services. And at that point, that designation is put on that recipient, and that will stay with that recipient throughout their time at Medicaid even if they come on or off of our program.

If there is someone who has never reached out for services and who is a Medicaid recipient receiving other services, acute care but nothing I/DD related, we don't have a way of knowing that. But we do feel that we have tried to outreach most of those people, and most of those recently have

been referred to that division and received a designation.

MS. SHEA: So that it's not tied really, like self-reporting, it's not tied to another -- it doesn't tie into another area of update, right?

MS. ANDREWS: Right. I don't think anyone was ever asked at any point by a provider or anything or even in their initial application. I think it's only if they seek out services on their own or are referred. Maybe they go to DoAS looking for, like you had said, looking for MLTSS services and then they say, "Oh, I think your needs can be met maybe better by going through DDD," and then they're tagged at that point.

DR. SPITALNIK: Your name, please?

MS. ANDREWS: Michele Andrews.

DR. SPITALNIK: Thank you.

We have come to the end of our formal agenda. What we typically do at this point, in terms of planning for our next meeting, which is in October, is to review the items that were raised that we want to put on the agenda.

So one of them, at least according to my notes, the issue of the level of care determination for individuals with psychiatric diagnosis and needs.

Were there other agenda items that came forward from our conversation?

Beverly.

MS. ROBERTS: It would be good to have an additional update of what Sarah Adelman talked about that we're very excited about, the DDD dual diagnosis program and the funding that's been available. As that's evolving, I would love to hear what's going on with that.

DR. SPITALNIK: Wayne.

MR. VIVIAN: Some kind of assurance that with Medicaid being the principal driver now of services provided for mental health consumers, that behavioral health is adequately funded. You have many, many things going on, like with Community Support Services and other programs, that there's tremendous angst amongst the consumers and provider community that we just want to make sure that mental health consumers don't experience a reduction in services due to possible enrollment into managed care and things like that.

DR. SPITALNIK: Thank you.

Others?

MS. ANGELINI: I second that.

DR. SPITALNIK: I think there's been ongoing concern about individuals with developmental disabilities in nursing homes. And we're very appreciative of the breakdown in data, whether we can address that next time, but trying to understanding what kinds of needs individuals have that they're being placed in nursing homes, whether they're being referred to nursing homes by DDD or at the county level in

terms of appropriateness, placement, and access to services.

MS. ROBERTS: Following up on that, anecdotally, I've heard -- I don't have any data, but I've heard that there are people who were, let's say hospitalization and then a nursing home for rehab and then really couldn't go back to where they were living before. And it's not that they needed to stay in a nursing facility, but within the DDD world, there wasn't any appropriate -- probably a medical group home in a lot of cases would be an appropriate alternative, but there aren't enough of those. And so there are people -- again, I don't know numbers -- but people that stay in the nursing facility who really don't need to be there. And everybody knows they don't need to be there, but the appropriate housing is not available.

DR. SPITALNIK: Thank you.

DEPUTY COMMISSIONER ADELMAN: Can I make one comment on that now?

DR. SPITALNIK: Please.

DEPUTY COMMISSIONER ADELMAN: Just a note. I didn't talk about this in our budget initiatives because we're using some federal money for this. But a note for you, Bev, and others in the room on this, the Division of Developmental Disabilities is planning to issue a Request for Proposal (RFP) in the coming months specifically designed for additional group home expansion for the medical group home

model and some additional homes for individuals with behavioral challenges with a kind of different design than our traditional group home model. So expect to see more to come.

MS. ROBERTS: Terrific. Thank you.

DR. SPITALNIK: Well, I want to, again, welcome Jenn Langer Jacobs.

(Applause.)

DR. SPITALNIK: And our thanks to Deputy Commissioner Adelman, to Heidi Smith, and Joe Bongiovanni, for your presentations.

Our next meeting is scheduled for Thursday, October 24th, also at this location.

Do I have a motion to adjourn?

MS. ROBERTS: Motion to an adjourn.

MS. COOGAN: Second.

DR. SPITALNIK: We are adjourned. Wishing everyone a healthy and safe summer. And, again, our thanks to the staff of the Division, especially Phyllis Melendez who prepared this. Thank you.

(Meeting adjourned at 11:25 a.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.

____

Lisa C. Bradley, CCR

The Scribe